



*Equip and Empower for Educational Transformation:  
Getting to 80% Baccalaureate by 2020*

## **A RESOURCE GUIDE II**

For State Teams  
Spring and Summer 2011  
Webinars with States and their Leaders



CENTER TO  
**CHAMPION NURSING**  
IN AMERICA



# Table of Contents

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**I. Executive summary**

**II. Background**

**III. State Models and Efforts for Educational Transformation—**

*Northeast: New York, Massachusetts, North Carolina*

*Western States: New Mexico, California, Washington*

*Southern States: Mississippi, Florida, Texas*

*Midwestern States: Indiana, Michigan, Ohio*

**IV. Next Steps**

**V. Appendices**

# I. Executive Summary

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The landmark report *The Future of Nursing: Leading Change, Advancing Health* released in October 2010 is a thorough examination of the nursing workforce and proposes recommendations for an action-oriented blueprint on the future of nursing. Two of the recommendations addressed the need for a transformed education system for future nurses:

**Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.** Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

**Recommendation 5: Double the number of nurses with a doctorate by 2020.** Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

During the spring and summer of 2011, CCNA held a series of webinars, *Equip and Empower for Educational Transformation: Getting to 80% Baccalaureate by 2020*. These online meetings convened nursing leaders from across the country by region to showcase their efforts in education progression. The webinars served as a forum for state leaders to discuss and learn about effective implementation strategies that align with the IFN report's recommendations. The overall purposes of the webinars were to:

- Identify baseline educational transformation strategies in states.
- Value success factors from other state models and consider how to use these strategies in other states.
- Recognize essential partners needed to transform nursing education in states and regions.
- Connect resources from national nursing education organizations to state and regional efforts to transform nursing education.
- Identify initial next steps to achieving educational transformation at the state and regional levels.
- Communicate technical assistance needs related to building learning collaborative for educational transformation.

These webinars were designed to build a collaborative learning community to achieve nationwide goals around educational transformation. This is the second of two resource guides prepared as a result of the series. This guide focuses on the regional perspectives pertinent to achieving recommendation 4.

## II. Background

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### Action Coalitions

A critical component of the *Campaign for Action* is Action Coalitions (AC), which are organized groups of both nursing and non-nursing leaders and stakeholders working at local, state, and regional levels to transform health care through nursing. The purpose of these ACs is to share best practices, track lessons learned, and identify replicable models. With technical assistance from CCNA, ACs will develop and implement a unique set of regional goals and campaigns within the framework of the IOM recommendations.

There are currently ACs in 25 states, and the Campaign will select 20 additional ACs for the third phase of the expansion effort. Phase 3 expansions will begin in September 2011 with the goal of establishing ACs in all 50 states and the District of Columbia by the end of 2012.

### Guiding Principles and Strategies

The leadership of the Center to Champion Nursing in America is committed to ensuring everyone has a skilled nurse when and wherever they need one—which starts with education transformation. To improve the nation’s education system, states must play an integral part in helping nurses achieve higher levels of education and training to promote seamless academic progression.

Strategies identified to advance IOM recommendations on educational transformation included:

- Leverage advocacy groups and professional societies to raise awareness of educational issues.
- Forge relationships between hospitals and schools to increase teaching salaries.
- Seek out opportunities with health plans to produce more capable providers at lower costs.
- Provide federal incentives for states.
- Transition messaging to focus on the need for master’s and doctorate degrees.
- Expand opportunities for technological innovation in education.
- Explore and build effective residency programs.

## III. State Models for Educational Transformation

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### ***Northeastern States: North Carolina, New York and Massachusetts***

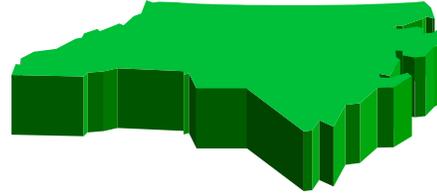
**Session Facilitator:** Maggie McClure RN, EdD, FAAN, Professor, New York University’s School of Medicine and the College of Nursing

Three states with successful models were presented during the webinar and included North Carolina, New York and Massachusetts. The states each addressed the IFN recommendations of reaching the goal of 80% of nurses with a baccalaureate degree by the

year 2020. A brief summary of each state model follows to provide insights and recommendations on the similarities and differences among each model.

## **NORTH CAROLINA**

**Speaker:** Polly Johnson, RN, MSN, FAAN, President and CEO of North Carolina’s Foundation for Nursing Excellence



### **Background**

North Carolina, although not a northeastern state, has experienced much success with the launch of an innovative multi-regional, urban and rural project called *Regionally Increasing Baccalaureate Nurses (RIBN)*. Bringing several of the state’s community colleges and four-year universities together, the program aims to help nursing students in rural areas overcome economic, geographic and other challenges to earning baccalaureate degrees.

RIBN is a two-state project run by the Jonas Center for Nursing Excellence, RWJF and North West Health Foundation’s (NWHF) New York-based Partners Investing in Nursing’s Future program (PIN). The project brings community colleges in New York and North Carolina together with four-year institutions in their respective states to forge a unified approach to admissions and curriculum so that nursing students can enter community colleges on a four-year baccalaureate track.

North Carolina’s Foundation for Nursing Excellence is coordinating the North Carolina part of the project where, after three years at the community college, students are eligible for licensure and may begin working as nurses, while simultaneously completing their fourth year of studies—sometimes online—and earning their baccalaureate degree. The project began in the rural western part of the state to test dual admission criteria and a collaborative curriculum. The program admitted the first students in the fall semester of 2010 to advance seamless education progression from ADN to BSN degrees in the state.

### **Elements of the RIBN Model**

The four-year curriculum begins with years 1 through 3 at the home-based community college. During those three years, the curriculum includes one university course per semester to maintain the admission status and earn credits for a BS degree. In year 4, the student completes the BS at a participating university while being eligible to work as an RN at a local employer.

A unique incentive for students to complete year 4 is that support for loan programs ends at year 3. If a student decides *not* to enroll in year 4, the student forfeits money that would be made available to them if they do not complete the full 4 year curriculum. It is made apparent to students from the very beginning of the program that a full 4 years of education is essential to receive full funding from their student loan. In addition, the model stresses the necessity for students to commit to all 4 years to advance their future career as a nurse.

The collaborative model consists of an OCNE-inspired model featuring:

- Dual admission criteria
- Complete the first three years at the community college and receive an ADN
- Final year of program is taken at the university to complete BSN program
- Primary focus of model is to help develop a structured template to

- Increase the number of BSN-prepared nurses in patient care roles
- Increase MSN students and ergo, increase the faculty and Advanced Practice Registered Nurse (APRN) pipeline.

### **Other Elements: Stakeholders and Continuing Partnerships**

- Model involves nursing faculty in the planning process as well as university administrators from all levels in the planning process: presidents, chancellors, deans, registrars, student services directors and state-level administrators,
- RIBN created a local advisory committee that includes the current (i.e. hospital employers) and future employers to ensure employers in nursing homes, hospice care and public health community see RIBN students as potential new employees in their systems.
- Funding organizations are essential partners that provide support in planning and first implementation of the model throughout the entire four years.
- Two of the schools in North Carolina involved in the program started a collaborative effort that involved sharing classroom space and a simulation lab.
- To alleviate institutional leaders' sometimes overwhelming responsibilities, hiring a part-time "detail facilitator" helped to keep the project on track by ensuring that all the proper documents were signed and approved across institutions.
- A full-time *Student Success Advocate* position was created to promote the program throughout the state by reaching out to high schools and educating guidance counselors.

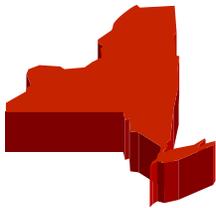
### **Outcomes**

- The first cohort of students in the RIBN model is currently in the second semester of pre-nursing education and, more importantly, are on-track to receive their BSN in 2014.
- Expansion of the model in North Carolina is expected to continue soon with five regional partnerships including five universities, 13 community colleges and one private associate degree nursing program.
- North Carolina State Department of Commerce ranked the counties involved in the model on a level of economic wellbeing.
- The model is looking to enhance economic resources to provide additional payment options to attract a higher number of high school graduates

### **Takeaways**

- Involve administrators from every participating academic institution from the very beginning of project.
- Engage primary employers in the region in the planning process and gain their buy-in for the model to support the vulnerable period between year three and four.
- Continually update nursing faculty by implementing development activities and workshops to help them feel ownership in the program.
- Actively engage funding organizations from the very beginning to ensure students get adequate financial aid.
- Outreach to high schools will raise awareness of post graduation options for students.
- Designate someone to coordinate the project and facilitate details to ensure the model starts and stays on track.

- Share all resources among partners.
- Create dual entry points at the very beginning of four-year track to reinforce seamless transition and education progression.
- Offer students online classes, especially in rural areas; this gives students flexibility with family, finances and family obligations.



## **NEW YORK**

**Speaker:** Maureen Wallace, Office of the University Dean of Health & Human Services, City University of New York

### **Background**

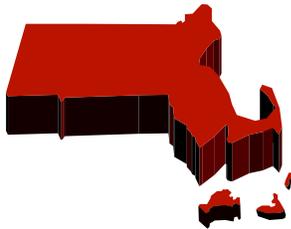
The City University of New York is working to bring its associate degree and baccalaureate degree nursing programs together with the intent of increasing the number of baccalaureate degree nursing graduates and therefore increasing the number of nurses poised to pursue graduate education, creating a long-term solution to the nursing shortage. Of the 2007-2008 academic years, 943 graduates were at the AAS level and 375 were at the BS level. CUNY is working to change the graduation statistics and increase the proportion of BS graduates to better reflect the health care needs of the metro New York area.

### **Elements of the Model**

- The current model is completely internal to city nursing schools (Lehman, Hostos Community, LaGuardia Community, Bronx Community Colleges) and CUNY is not yet offering the program to state system or community colleges beyond New York City.
- The partnership for educational transformation includes 13 CUNY colleges that offer nursing programs at varying levels, from LPN to DNS.
- The partnership also includes clinical agencies, acute care and community-based centers, as well as funding agencies.
- Leaders at CUNY work closely with faculty and their development to advance the collaborative effort.
- The program is centered on eight competencies and 28 sub-competencies that were developed with the help of Chris Tanner of the OCNE model. While the competencies *are* standardized, the curriculum is not. The colleges meet each semester to show how they are meeting the competencies and measuring the outcomes.
- Key activities in the CUNY model included development of:
  - Standardized admission criteria
  - Standardized competencies
  - Aligning fundamental courses across all participating schools
  - Pedagogical changes

### **Takeaways**

- Work through complex issues like credit allocation, financial aid and other challenges.
- Dedicate staff and pledge the willingness to help facilitate the process as it moves forward.
- Standardize admission criteria and competencies.
- Introduce case-based learning and use of simulations.
- Choose agencies and institutions that are open to change when selecting partners.
- Keep funding partnerships strong to maintain program longevity.
- Align communication strategies and initiative activities with all participating partners.



## MASSACHUSETTS

**Speaker:** Maureen Sroczyński, RWJF Partners Investing in Nursing's Future Grant: Creativity and Connection: Building a Regional Nursing Education Framework

### **Background**

Massachusetts developed a model in 2006 through a broad partnership which included the Massachusetts Board of Higher Education (BHE), and the Massachusetts Organization of Nurse Executives (MONE), along with a number other accrediting agencies/organizations including, the Massachusetts/Rhode Island League for Nursing and the Massachusetts Association of Colleges of Nursing. Through a collaborative process, the organizations framed education redesign by integrating the concerns of both the educational setting and the environment of nursing practice.

BHE and MONE convened a two-day summit with multi-stakeholders in nursing education and practice leaders who shared common national and state models for redesigning nursing education.

The summit gave stakeholders the opportunity to learn about emerging best practices as well as agree to establish a formal coalition to create seamless progression. On the second day of the summit, they developed consensus on the top priorities in nursing education.

Priorities included:

- Creation of a seamless progression through all levels of nursing education
- Development of sufficient consensus on competencies to serve as a framework for educational curriculum
- Development of a statewide nurse internship/preceptor program
- Assessment of the Commonwealth's patient demographics and needs
- Establishment of a formal coalition to foster continuing commitment to partnerships between nursing education and practice

In addition, the group identified a set of secondary priorities:

- Increasing the number of qualified faculty
- Engagement of campus and practice leadership
- Regionalized simulation for use by both practice and academia
- Translation of competencies into curriculum

- Review of outcomes of other state models

To ensure the goals of the process were carried through, summit participants created subcommittees for future work:

- Planning/Steering
- Competency Identification
- Transition into Practice
- Technology/Simulation

### **Elements of the Model**

- A gap analysis of both community college and university curricula determined overlap and differences. Findings indicated a savings of \$25,176 per student for those entering a community college with seamless transfer to a BS curriculum rather than entering the traditional four-year university BS program. The gap analysis also found that curriculums in both AD and BS programs were missing system based practice, informatics, quality improvement, evidenced-based practice and communication.
- The NCLEX pass rate meets the university residency requirements.
- The partners, from different approaches and backgrounds related to education, developed a shared understanding, a common goal and framework.
- The scope of the curriculum reaches beyond the core competencies and across the entire profession focusing on knowledge, attitudes, and skills:
  - Evidence-based practice
  - Quality Improvement
  - Safety
  - Teamwork and collaboration
  - Communications
  - Informatics and technology
  - Systems-based practice
  - Leadership
  - Professionalism
  - Patient-centered care
- The curriculum is not standardized, but the model aims to reach standardized outcomes.
- Examination of how to best integrate accreditation and make academic transitions between different community colleges and universities smoother for students.
- Massachusetts has begun working with New Hampshire and Rhode Island to develop different approaches, yet using the common goals and framework already established in Massachusetts for educational transformation.

**The Massachusetts model has expanded into the neighboring state of New Hampshire and Rhode Island. Key elements of these state's expanded model are described below.**

### **New Hampshire Model Elements**

- Four partnerships that work on education redesign models in the state.
- Model has one seamless transition competency-based curriculum and implementation plan which is to be completed December of 2011.

### **Rhode Island Model Elements**

- All five nursing programs in the state are working on a gap analysis, curriculum redesign and curriculum implementation process.
- One bridge course was created for the all nurses in Rhode Island to progress to BSN level.

### **Takeaways**

- There is a need for common language between education and practice.
- Similar gaps exist in curricula across states in both ADN and BSN programs, including:
  - System-based practice
  - Informatics
  - Quality improvement
  - Evidenced-based practice
  - Communication
- Practice (employers of practicing nurses) needs to be involved early in the education process.
- There is tremendous energy in collaboration and the dialogue that occurs between education and practice drives both the process and the outcomes.
- Panels and open discussions are a good way to learn from others and facilitate collaboration.
- Like the Massachusetts model, there are lessons to be learned from other state models to understand how to create a statewide model and recognize who the essential partners are to transform education for the future.
- Continual feedback loops among all partners are important to ongoing success.
- A foundation of *trust* must be built between all change agents involved in the development process.
- Gap assessments are helpful in identifying specific needs.

## ***Western States: New Mexico, California, Washington***

### **NEW MEXICO**

Speaker: Jean Giddens, PhD RN, Professor and Executive Dean, College of Nursing, University of New Mexico

### **Background**

New Mexico is the fifth largest state in the nation but only the 36<sup>th</sup> largest in terms of population base, and is 49<sup>th</sup> out of 51 states and the District of Columbia in nurses per population. Thus, New Mexico faces significant challenges in effectively delivering health care to its rural areas. Compounding the problem is nursing schools' earnest but disjointed efforts and a lack of capacity to prepare enough nurses. Community colleges—the primary training ground for nurses—were competing for scarce resources and there was no logical, coordinated educational progression. In response, the New Mexico Nursing Education Consortium (NMNEC) was developed.

### **Elements of the Model**

- Broad collaboration is key: Partners included every public nursing program, select private programs, the New Mexico Board of Nursing, the Center for Nursing Excellence and Blue Cross Blue Shield.
- Teamwork and shared resources are essential.
- Rules related to the shared curriculum have to be followed. Whether or not community colleges and universities are working together directly, each participating program should be accountable for teaching the shared curriculum.
- Associate degree programs compose part of the curriculum traditionally provided in the third year of a baccalaureate program.
- Those students wishing to exit the baccalaureate program after three semesters are allowed to sit for the NCLEX and graduate with an associate degree. More courses are required if those students later choose to pursue their BSNs. The final year of the program for baccalaureate students is provided through a university but may be delivered at a community college.

### **Takeaways**

In addition to increasing the numbers of nurses and in particular baccalaureate-prepared nurses, the impact of the NMNEC has been wide-ranging:

- The quality of care provided by graduates has improved.
- Cost efficiency has improved by eliminating duplication of resources (e.g., multiple curriculum committees).
- Access to education and its sustainability have improved.
- Both the community colleges and the universities gain academic credits.

### **California**

Speaker: Liz Close, PhD, RN, Professor and Chair, Department of Nursing, Sonoma State University, Special Consultant and Coordinator, CSU Nursing Education Pathways Project (AB1295), California State University Chancellor's Office

### **Background**

California is a large state that has offered RN-BSN programs for more than three decades; there is, however, consistent evidence of ineffective coordination of general nursing education requirements throughout the system and across the state. The California Collaborative Models of Nursing Education (CCMNE) was one of two major initiatives to transform nursing education in California through regional partnerships. These partnerships between California community colleges and California State University were designed provide opportunities for seamless academic progression. The second influence was California Assembly Bill 1295, which was fueled by frustration and concern over unnecessary duplication of requirements for the post-licensure baccalaureate student. It was initiated by California community colleges to focus attention and action on obstacles to associate to BSN progression. Under the legislation, California State University and the California Community Chancellor's Offices must implement articulated nursing degree pathways by fall 2012.

### **Elements of the Model**

- The CCMNE model features dual admission to a university and community college, an integrated curriculum, and a shared faculty.

- The baccalaureate can be achieved within one year after completing the associate degree program.
- Among future goals is the addition of dedicated education units and career counseling for students.

### **Takeaways**

- The role of the legislature continues to be crucial: the California legislature is working on articulation requirements for nursing degree programs and “un-siloing” the community colleges and baccalaureate programs.
- The lack of streamlining and uniformity among the California educational programs has created redundancies for students, as well as a waste of students’ time.
- Uniformity in curriculum encourages competencies to be met.

### **Washington**

Speakers: Gerianne Babbo, RN, MN, Professor, Associate Dean of Nursing, Olympic College Nursing Programs; Sharon Gavin Fought, PhD, RN, Director, Nursing Program & Healthcare Leadership Program University of Washington

### **Background**

Olympic College (OC), seeking baccalaureate-granting authority, and a local hospital partner seeking Magnet designation each had an interest in increasing opportunities for baccalaureate-level education for nurses. The Washington state legislature appropriated funding for four baccalaureate programs in community college settings with the intent of making education more accessible to place-bound students living on the Olympic Peninsula. The result was a partnership between Olympic College, Harrison Medical Center, and the University of Washington, Tacoma (UWT) to navigate the highly competitive process. Olympic College’s bid was approved by various state bodies, and the program is now accredited by Commission on Collegiate Nursing Education.

### **Elements of the Model**

- A well-developed memorandum of understanding between Olympic College and UWT clearly defined the roles, responsibilities and costs associated with the joint advising, recruiting, and admission and jointly offered courses as well as for faculty development.
- In the planning year, experienced masters prepared educators from Olympic College enrolled in graduate nursing education courses at UWT as part of planned faculty development and worked to design OC’s RN to BSN program through their graduate independent study at UWT.
- The university and OC collaborated to recruit students, and for the first year of instruction, students were admitted to a two-year, part-time BSN program at UWT and Olympic College. Faculty from both institutions jointly taught four BSN core courses on site at Olympic College.
- During the second year of instruction, OC assumed responsibility for the program’s instruction and administration, and those students in their second year of school had the option to continue at UWT or Olympic College, and the newest student cohort was admitted to Olympic as BSN students.
- The program also now offers a full-time one year option.

- In order to meet the needs of a diverse student population, one course can fulfill more than one requirement. For example, a nursing course on diversity can fulfill a social science credit requirement as well.
- The program is well-positioned to meet the local workforce needs, and is a cost effective way for the state to increase the number of BSNs in the region.

### **Takeaways**

- Devoted faculty and staff committed to developing and maintaining a high quality program and curriculum was fundamental. Colleagues with program startup and curriculum development experience were invaluable.
- An established, positive relationship facilitated trust-building, and open communication and a united front in response to review boards, the media and students were key.
- Support at every level is important, from the local legislature to industry to administrative, faculty and staff of all schools.
- From the outset, ensure a student pool of sufficient size to sustain a program over time—long-term enrollment is important to everyone.
- Among the many questions and challenges were developing an infrastructure and processes that were not necessarily familiar to the community colleges; determining faculty workload and salary (which leads to recruitment and retention challenges); the implications of dual admission (such as sharing student records and accepting each other's credits); and financial aid for baccalaureate institutions.
- Among the many successes to date are consistently increasing admissions; assumption of leadership roles by alumni; alumni effecting policy changes within their own health care organizations; scholarship and tuition support from a local medical center; and a thriving partnership between Olympic College and the Kitsap County Health District.
- Increasing access to such programs may help garner support from institutions' administration.

## ***Southern States: Mississippi, Florida, Texas***

### **Mississippi**

Speaker: Wanda Jones, PhD(c), MSN, Executive Director, Mississippi Office of Nursing Workforce

### **Background**

Only two areas in Mississippi are considered urban, leaving much of the state medically underserved. There are 22 schools of nursing with 17 associate degree programs and 17 programs offering baccalaureate degrees and higher. Approximately one-third of nurses are baccalaureate-prepared and two-thirds have associate degrees.

Most of the RN to BSN programs are online, which makes it easier to recruit students, but there are also multiple points of entry, including Certified Nurse Assistant, Licensed Vocational Nurse and Licensed Practical Nurse programs. The state is also trying to encourage innovations in programs that offer an Emergency Medical Technician or respiratory therapy to RN track. Given its "ruralness," the Mississippi Action Coalition, of which the Office of Nursing Workforce is a co-lead, is working to create a seamless progression through nursing education. Mississippi was one of the five pilot Action Coalitions.

### **Elements of the Program**

- Capacity was increased through a Critical Nursing Faculty Shortage PIN grant, focused on formalizing education/practice partnerships, StudentMax clinical placement software, faculty salary raises of \$12,000/year, and the Statewide Simulation Alliance, which provided faculty development and allowed resources to be shared.
- Education redesign was added to the strategic plan of the Council of Mississippi Deans and Directors of Schools of Nursing in 2009. The council meets regularly, and works closely during legislative sessions.
- The Office of Nursing Workforce facilitated and funded webinars for all deans and directors and selected faculty, as well as funding expenses for leaders of the Nursing Education Redesign Task Force and nursing practice to attend conferences.
- Nursing in Mississippi has a strong relationship with the state legislature—particularly with the chairs of the appropriations and public health and welfare committees.
- The objectives of the Mississippi Action Coalition are to revise the Mississippi Competency Model to include needs of the work environment, redesign nursing curriculum, recognize and replicate residency programs in nursing, and continuously improve nursing education.

### **Takeaways**

- Faculty development—particularly with simulation—is an important piece of nursing education.
- Deans and directors unanimously accepted the Massachusetts Model as the new Mississippi Competence Model.
- Volunteer pilots schools (AD and BSN) will begin curriculum gap analysis fall 2011.
- Next steps include developing a core curriculum and increasing the numbers of nurses being educated.

### **Florida**

Speaker: Mary Lou Brunell, MSN, RN, Executive Director, Florida Center for Nursing

#### **Background**

Nursing schools in the state of Florida turned away thousands of applicants in 2010, demonstrating significant interest in nursing education and a frustrating lack of capacity to meet that demand. The appropriate data provides a solid basis for decision making, including resource allocation, particularly in such high-demand areas like Florida. Data can also help to remove bias with regard to policy development or budget allocations. Furthermore, data can inform next steps by highlighting past success or failure.

### **Elements of the Program**

- In an effort to further the 80/20 goal of the Campaign for Action, the Florida Center for Nursing is examining the component elements of the recommendation, such as whether the 80% of nurses recommended to achieve their baccalaureate degrees or higher includes RNs and APRNs, or whether is it aimed at those RNs not working in a nurse practitioner capacity.
- What is gathered about nursing supply information at the state level is also important. Many boards of nursing do not track an individual's highest degree attained (if, for instance, one was granted a license upon the attainment of his or her

associate degree, the board would not necessarily be aware of a subsequent doctorate being granted), as it is irrelevant to their purposes.

- Currently, Florida is collecting information above and beyond the National Nursing Workforce minimum data sets through their online renewal process. Responses to these questions are optional. Statutory change would be required to mandate this collection, but they have a high response rate. Information gathered includes license type (e.g., APRN, RN, LPN), demographics, highest degree achieved, and employment information.

### **Takeaways**

- Access to these types of data allows for a more accurate reflection of the numbers and types of nurses working in the state, how many will be needed in the years to come, and provides insight as to how to further the 80/20 recommendation.
- Each state must carefully articulate its goals, decide what data is necessary and relevant, and determine what objectives are realistic.

### **Texas**

Speaker: Sondra Flemming, MS, RN is the Vice President of Health and Economic Development at El Centro College in Dallas, Texas

### **Background**

IN 2001, the Texas Legislature passed the Nursing Shortage Reduction Act, providing \$14 million for nursing programs to increase the numbers of graduates. In 2003, the Texas Center for Nursing Workforce Studies was established, helping to make the state's data collection more consistent and streamlined. In spite of this progress, however, the shortage has continued, and in 2009, a multi-stakeholder effort was convened, resulting in \$50 million for the Texas Nursing Shortage Reduction Act. Some funding was tied to increases outcome measures per program—increasing numbers of graduates. The team behind this effort is preparing to apply to be a recognized Action Coalition.

### **Elements of the Program**

- Teams to advance nursing education and to advance nursing practice have been established, as has a strategic advisory committee made up of business, healthcare, academia, education and consumers to cultivate relationships with stakeholders and policy makers.
- One tactic to drive their strategies is to educate policy makers, and the team, formed in 2008, developed a strategic plan to address Texas's nursing shortage.
- Given the geographic size of the state and its varied populations in both rural and urban areas, it became evident that every licensure program in Texas must be maintained and additional programs must be developed to meet the 80/20 recommendation. Thus, inclusivity is critical.
- To strategically attack the state's size issue, seven regions were created: East, West, North, South, Upper Rio Grande, Central, and Gulf Coast. Using the HRSA model and graduate numbers, each region determined its needs to address the shortage numbers. These projections are updated annually.
- Regional curriculum innovations were also developed with the support of grants from the Texas Workforce Commission.

- The Texas Nurses Association is the Action Coalition nursing partner, and Texas Blue Cross and Blue Shield is the non-nursing partner.
- The Texas Nurses Association is completing a study of the current general education and prerequisite courses for nursing programs in the state. Preliminary results suggest different views on essential and non-essential coursework, which is to say that streamlining may be part of the process.

### **Takeaways**

- Partnerships, particularly between universities and community colleges, are critical.
- Future efforts include dual admissions, a centralized application system, new plans for simulation, and seamless progression.

## ***Midwestern States: Indiana, Michigan, Ohio***

### **Indiana**

Speaker: Donna L. Boland PhD, RN, ANEF, Associate Professor and Associate Dean for Evaluation, Co-Chair Indiana Action Coalition

### **Background**

Leaders at the Indiana University School of Nursing wanted to better understand the current and future impact of health care reform on practice so as to better align education programming, curriculum and expectations to better meet the future of nursing. Thus, in the spring of 2011, Dr. Donna Boland undertook a qualitative study of nurse executives' perceptions on baccalaureate education, Aligning Education and Practice.

### **Elements and Findings of the Study**

- The sample included 29 chief nursing administrative officers from around the state of Indiana. A majority of the respondents came from acute care settings, but many also had background in some community orientation.
- The survey was designed not only to examine perceptions of health care reform impact, but its impact on nursing roles in order to identify the necessary competencies to meet the future demands of an evolving and dynamic health care system.
- The survey also explored the potential partnerships that respondents believed could be helpful in preparing new nurses.

### **Takeaways**

- There was an overarching theme of unanimous support for a paradigm shift from sickness to health, indicating a wide recognition that more than minor revisions are necessary. This includes a need for different educational orientations that focus on health and prevention.
- Respondents also indicated a need for increased emphasis on the behavioral aspects of health, communications skills, and stress and coping.
- Respondents anticipated a significant shift in employment setting, moving from in-hospital to out-of-hospital settings. This has important implications for education, as it has traditionally focused on treating acute episodes and illnesses—which is to say the focus has been on tasks, rather than managing care needs.
- They also anticipated an increase in the complexity of care in acute care settings, and that care will be driven by more technology, requiring a new and different skill set.

There are also implications for nurse-sensitive outcomes and non-reimbursable outcomes.

- Interprofessional education and practice will be critical to all of these issues, as will a strong evidence base.
- The complexity in non-acute care settings will require that the next generation of nurses develop leadership skills across settings.
- Respondents also believed that nurses should develop a service mentality, particularly as patient satisfaction is often an outcome.
- They identified competencies related to “system thinkers,” and those who have a broad perspective of the continuum of care needs, looking across the continuum of care settings.
- Nurses need to be prepared to lead within their institutions and in their broader communities.
- Finally, respondents recognized the challenge of meeting 80 percent by 2020, but felt strongly about leading the effort to provide seamless transitions and expanded access to advanced levels of preparation.

## **Michigan**

Speaker: Teresa Wehrwein PhD, RN, NEA-BC, Associate Dean for Academic and Clinical Affairs, Michigan State University College of Nursing

### **Background**

In 2004, the state of Michigan created the Office of the Chief Nurse to examine and address nursing workforce issues, among others. With input from 40 nursing organizations known as “COMON,” the Coalition of Michigan Organization of Nursing, the Office of the Chief Nurse was able to share their collective concerns with the Department of Community Health and establish a number of task forces to address them. Among the task forces created was one on regulation, which included data collection, practice, and education.

The task force on education eventually offered seven recommendations for the future. The first was to require national accreditation for all pre-licensure programs, including associate degree programs. They also looked at opportunities to work together, such as sharing a curriculum and methods to improve safety and quality preparation. Finally, they recommended implementing residency programs. The Committee on Nursing Education has been charged with moving this work forward.

### **Elements of the Model**

- White papers to support the recommendations in the areas of scope of practice, delegation and supervision are being developed.
- Public forums are being conducted across the state to get input from interested nurses and citizens about the issues of nursing practice.
- House Bill 4496 has been approved in the state House of Representatives, and authorizes community colleges to award some baccalaureate degrees, including the Baccalaureate of Science in Nursing.
- The “BSN in 10” initiative has been adopted as policy by the Munson Health System, a multi-hospital system located in Northwestern Michigan with more than 1,000 registered nurses. The policy provides that all registered nurses with associate degree or diploma preparation sign a commitment to earn their baccalaureate in 10

years or they would forfeit employment with Munson. When Munson began its assessment of this policy in 2007, 31 percent of staff had a baccalaureate or higher degree in nursing. As of 2011, 37 percent of their nurses are at the baccalaureate level.

- Efforts are also being directed at seamless transitions, joint enrollment, and streamlining the financial aid process.

#### **Takeaway**

- Educational institutions need to work with where students are, understand why they make the choices they do, and set an expectation that they are entering the associate degree programs as a first step towards being a baccalaureate-prepared nurse.

### **Ohio**

Speaker: Susan H. Taft, PhD, MSN, RN, Associate Professor and Director, MSN-MBA/MPA Dual Degree Programs, and MSN in Nursing and Healthcare Management Program, Principal Investigator, PIN Project, Online Nursing Education for Non-Traditional Faculty College of Nursing, Kent State University

#### **Background**

As are most states, Ohio is facing a nursing shortage, including faculty. One strategy to combat the issue is to create a new source of nursing faculty specifically trained to provide online education—Non-Traditional Nurse Educators (NTNEs). In addition to supplementing and expanding the capacity in colleges of nursing, the project also prepares this new group of educators to deliver high quality online education to part-time nursing students. This effort is part of the Robert Wood Johnson PIN Project.

#### **Elements of the Program**

- NTNEs are masters-prepared nurses from a variety of backgrounds who would like to teach part-time. These include nurses who are retired or are approaching retirement, young nurses with family responsibilities, and physically disabled masters-prepared nurses, among others.
- NTNEs are recruited and trained by traditional nurse educators.
- The faculties of five universities have taken the “train the trainer” course, who will, in turn, train additional educators. The course will be offered annually.
- As NTNEs complete their courses, they will be entered into a national database which will be a resource for any university in the U.S. to easily identify masters-prepared nurses in areas of shortage.

#### **Takeaways**

- While many of the social-professional aspects of nursing need to be learned in a person-to-person environment, leaders of the project have found the science of online education to be quite robust.

## **V. Next Steps**

### **Readiness for Educational Transformation: Baseline Assessment**

#### **Assessment Factors for Future Surveys**

Educational transformation assessment factors were developed through CCNA's work with the 30 state teams participating in the Technical Assistance Program. These include:

- Partnership with employers
- Common admission portals
- Common admission standards
- Clinical placements systems
- Development of core curriculum across multiple nursing programs
- Dedicated education units
- Shared faculty resources
- Shared simulation resources
- Interdisciplinary simulation and other learning experiences
- Community college/university partnerships (beyond articulation agreements)

In addition, for national implementation efforts to be successful, each state must determine its own plan for success. A statewide assessment is essential for states to:

- Leverage current partnerships and appreciate successful efforts underway relative to educational transformation,
- understand trends in health care reform in their state.
- identify needs of the consumers and projected needs of consumers.
- examine demographic data related to future patients as well as future nursing workforce trends.
- assess their current status of nurses with baccalaureate and higher degrees.

The Center to Champion Nursing in America recognizes and tracks the work being done in each state to advance educational transformation. CCNA will continue to assess appropriate indicators and success factors to help all states develop their pathways toward the 80% baccalaureate by 2020 goal.

### **Next Steps**

The Center to Champion Nursing in America is committed to helping all states develop successful collaboration for educational transformation. Action coalition leaders will be engaged in shared dialogues to help them lead the complex partnerships needed for success that were noted by the leaders on the Northeastern States webinar.

Furthermore, a learning community will be established for those who want to engage in ongoing conversations about new learning possibilities to achieve educational transformation. CCNA will continue to provide states with online resources to share the latest information on best practices, emerging practices, and connections with national organizations to move toward the goal that 80% of our nation's nurses are prepared at the baccalaureate level by 2020.

For more information on the webinar visit, <http://.championnursing.org>.

## **Appendix**

## Evaluations/Surveys

Evaluations of the perceived usefulness of the webinars were conducted through SurveyMonkey after each regional webinar.

- Sixty-four percent (64%) of respondents felt confident that they could identify success factors from other state models and would consider how to utilize these factors in their states/regions.
- Seventy-two percent (72%) felt that they could connect the national perspective to their state/regional efforts to transform nursing education.
- Fifty-two percent (52%) felt confident that they could identify essential partners needed to transform nursing education in their states/regions.
- Fifty-three percent (53%) felt they could identify baseline educational transformation strategies in their states
- Forty-two percent (42%) felt they could identify initial next steps to plan for educational transformation in their states/regions.
- Seventy-six percent (76%) of respondents indicated that their participation in the webinar was a good use of their time and was very valuable.

Among the feedback received, participants expressed the following:

*“Excellent! I enjoyed all aspects of the presentations and am thrilled to hear of the collaborative work done to enhance the education level of nursing.”*

*“The presentations were interesting and showed that different states face similar obstacles.”*