

FOUNDATION FOR NURSING EXCELLENCE ANNUAL REPORT 2012-2013

Dear Friend of FFNE,

I begin the letter for the annual report again referring to the significant changes in healthcare reform. Headlines about the difficulties implementing the Affordable Care Act of 2010 have consistently been highlighted in the media for the past four months. Every system and member of our community is being affected by these changes.

With more than 97,000 working registered nurses in North Carolina, the nursing profession is the largest segment of the state's health care workforce. Working on the front lines of patient care, nurses can play a vital role in helping realize the vision of the Affordable Care Act. However, based on the recommendations of the Institute of Medicine's 2010 Report on the Future of Nursing, we must address the changes needed for nurses to participate more effectively in the transformations in health care delivery in our state. FFNE exists to explore and implement innovative ways to ensure that nurses are well-positioned to lead change and advance health in our state.

Our main focus of activities in 2011 and 2012 was to expand the Regionally Increasing Baccalaureate Nurses (RIBN) project, provide leadership to the North Carolina Future of Nursing Action Coalition and to continue the development of online modules and simulated scenarios for the Transition to Practice project. Please read further to learn more about our work and contributions to the field of nursing.

Sincerely,



Polly Johnson, RN, MSN, FAAN
CEO

OUR MISSION

To improve health outcomes for citizens of North Carolina through the support of leadership development, research and demonstration projects intended to enhance the practice of nursing.

RIBN > TTP > FINANCIALS >



REGIONALLY INCREASING BACCALAUREATE NURSES (RIBN) PROJECT

Advancing the Education Level of the Nursing Workforce

DESCRIPTION

RIBN is a seamless educational pathway characterized by its economically feasible dual enrollment, 4-year nursing education track between community colleges and universities. The RIBN model is an additional educational option that will help NC increase the educational level of the nursing workforce.

BACKGROUND AND SIGNIFICANCE

According to the Future of Nursing Report, increasing the educational level of the nursing workforce through an improved nursing education system is critical to ensuring the delivery of safe, effective care within a complex and rapidly reforming healthcare system. Nurses must have the requisite competencies to respond to calls to “fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals.” (National Academies 2010) In addition to enhanced clinical outcomes, preparation at the baccalaureate (BSN) level provides the foundation for advanced degrees required for faculty and advanced practice roles. In 2011, 54.6% of the RNs working in North Carolina held an ADN as their initial degree for licensure. Of these, only 16.7% had achieved higher nursing degrees (12.5% BSN, 4.1% MSN, and 0.1% nursing doctorate) while 64.6% continued to hold an ADN as their highest degree. Our challenge in North Carolina is to significantly increase the proportion of nurses with baccalaureate and higher degrees.

METHODOLOGY

The RIBN Model

RIBN students are dually admitted to the community college and university. For the first three years, the student takes one university course each semester concurrently with community college coursework. At the end of Year 3, they must pass NCLEX-RN to complete Year 4 at the university. A series of “connecting activities” which aims to increase engagement and completion of the BSN degree are embedded in the model. Formal agreements related to admission requirements, curriculum and articulation are established between all partnering institutions.

Business Case Analysis and Economic Impact

Research conducted by Didow and Bridges (2013) examined the economic impact of RIBN on its key stakeholders. Key stakeholders are defined as: nursing students, community colleges, universities, and practice employers. To read the summary of the report, see pages 3 and 4.

Accomplishments

2012

- Admitted Year 1 RIBN students in four additional regions.
- NC awarded one of nine Robert Wood Johnson Foundation Academic Progression in Nursing (APIN) Grants to support RIBN expansion and provide a national model for academic progression.
- NC AHEC Programs support Connect for Success project for RIBN Students and additional funding for Student Success Advocate positions
- Strong support from NC Community Colleges System and UNC General Administration

59 total

24

Community and Private Colleges in North Carolina participate in the RIBN Program



BUSINESS CASE ANALYSIS AND ECONOMIC IMPACT EXECUTIVE SUMMARY AND RECOMMENDATION

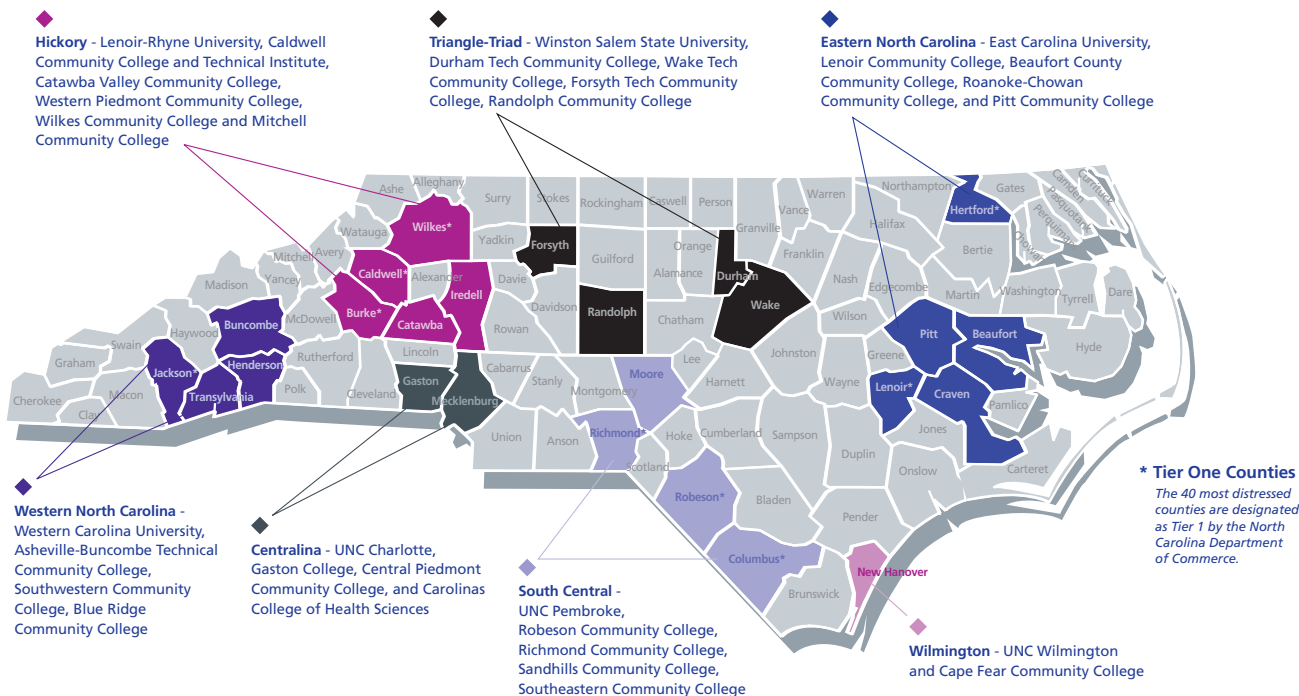
By Nicholas Didow, PhD, MBA and David Bridges, CPA
Kenan-Flagler Business School, University of North Carolina

BACKGROUND

The *Business Case Analysis and Economic Impact* examines the economic impact of the RIBN initiative on nursing students, community colleges, universities, and employers of nurses.

The RIBN initiative is an educational partnership coordinated by the Foundation for Nursing Excellence to increase the number of baccalaureate prepared nurses in the workforce by combining the best benefits of community college based ADN programs and university BSN programs. RIBN students are dual-enrolled at a community college and partner university. They spend the first three years based at the community college and the fourth year as a full-time student at the university. The RIBN project is projected to include 55 community colleges and 15 universities organized into regional collaboratives across the state when fully developed. Below is a current map of existing partnerships.

Current regional RIBN partnerships of community colleges and universities already cover much of the state



FINDINGS

For nursing students, the RIBN BSN is financially more worthwhile over a lifetime nursing career than either an ADN or traditional four year BSN. The RIBN BSN enables nurses to be more fully engaged in the profession sooner.

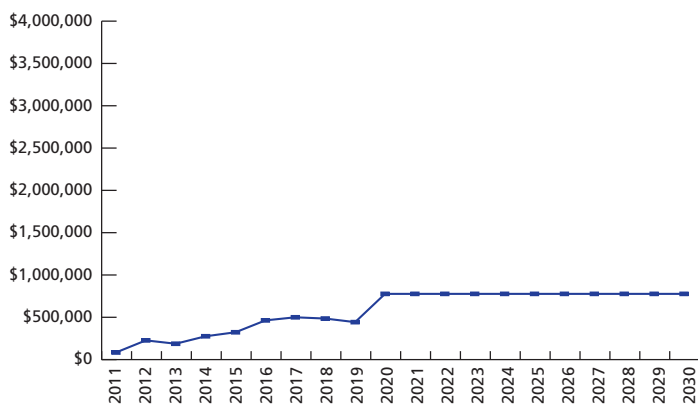
Participating in RIBN is not cost neutral to community colleges or universities as originally expected. RIBN students replace ADN student enrollments and bring only one year of additional tuition revenue as they take their first year general education classes at the

community colleges. The community colleges are also responsible for the costs of hiring the Student Success Advocates that serve as advisors to the RIBN students. The additional tuition revenue at the university does not fully cover the expected additional costs for the RIBN students.

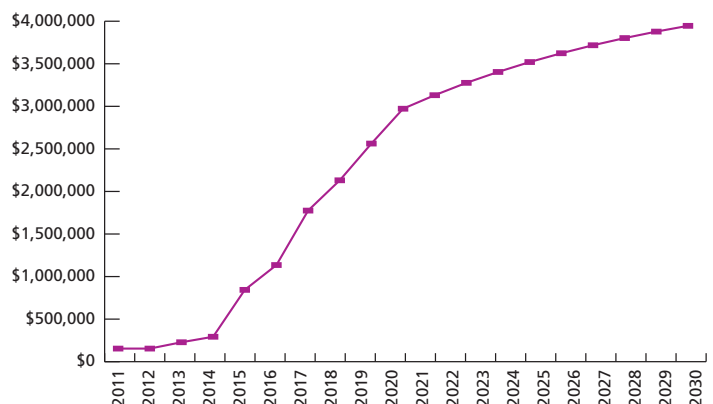
With a projected 175 RIBN BSN graduates entering the workforce annually beginning in 2020, hiring RIBN BSN graduates will save hospitals and other practice providers an estimated \$3 million by 2022 and \$4 million by 2030. Savings will come from reduced tuition reimbursement costs, as well as lower recruiting and “onboarding” replacement expenses due to reduced turnover. Below is a chart showing the costs for Community Colleges and Universities to offer RIBN in comparison to the practice provider savings.

Summary of total annual costs for community colleges and universities to offer RIBN (net 100% incremental tuition) and annual savings for practice providers to hire RIBN RNs

Total annual costs for Community Colleges and Universities to offer RIBN net 100% incremental tuition



Total annual practice provider savings from hiring RIBN RNs



Recommendation

Hospitals and other practice providers should financially support the development of RIBN by community colleges and universities as doing so is strongly in their own economic self interest, in addition to the many other reasons to support more favorable patient outcomes from having a better educated nursing workforce.

When RIBN is fully developed by 2020, the annual tuition reimbursement cost savings alone for hospitals and other practice providers is estimated to be \$1,575,000 a year, a dollar amount far in excess of the estimated total annual cost of \$765,550 for community colleges and universities to offer the RIBN BSN as an alternative to the traditional two year ADN and four year BSN education tracks to enter the nursing profession.

RIBN also increases the pool for future faculty to assure the continued preparation of the nursing workforce as well as increases the number of advanced practice nurses providing access to quality health care for all North Carolinians.

To access the full *Business Case Analysis and Economic Impact Executive Summary and Recommendation* report, presentation, and interactive models, please visit our website at www.ffne.org.



95 Total students
enrolled
in 2012

Total students
enrolled
in 2013 190

SUMMARY OF FINDINGS

Growth and Expansion

The first RIBN partnership enrolled students in 2010; 7 universities, 23 community colleges, and one private college are now involved in the project. Additional regions have declared their intent to join RIBN and are developing partnerships. Student enrollment currently approaches 200 and the first graduates will be awarded BSN's in 2014. The model is projected to create an additional 175 BSN prepared nurses for NC annually beginning 2020. Ongoing evaluation and program refinement is identifying best practices in regards to policy, student qualifications, and success factors and strengthening the program as statewide expansion occurs.

ECONOMIC IMPACT

- Entering the workplace as a BSN early in the nursing career offers career progression and financial earning advantages.
- The cost of earning a BSN through RIBN is economically feasible at \$6855 > ADN and \$9175 < traditional BSN.
- The net cost of RIBN, adjusted for incremental increases in revenue from student tuition, is incurred by the community colleges and universities primarily in support of the Student Success Advocates (SSA).
- Hospitals and practice settings realize significant cost avoidance as a result of reductions in employee turnover and tuition assistance costs.

See page 4 for charts

RECOMMENDATIONS

- Expand and embed RIBN state-wide as an economically feasible option to increase the proportion of BSN nurses in North Carolina to 80% by 2025.
- Hospitals and other practice providers should financially support the expansion and sustainability of RIBN given the robust return on investment.

ACKNOWLEDGMENT

RIBN is coordinated statewide by the Foundation for Nursing Excellence with financial support from The Duke Endowment, the Jonas Center for Nursing Excellence, the Robert Wood Johnson Foundation and the NC Area Health Education Centers Program.

Accomplishments

2013

- Six WNC RIBN students complete Year 3, earn an associate degree in nursing (ADN), achieve RN licensure, begin part-time employment and enter final Year 4 of RIBN pathway with expectation of achieving a BSN degree in spring 2014.
- Three more universities and 12 more community colleges begin development of RIBN partnerships
- 190 student enrolled in RIBN educational track beginning Fall Semester 2013
- Growth exceeds all projections with more than 42% of the 59 ADN nursing programs and 40% of all pre-licensure BSN programs involved in RIBN project by October 2013
- Presented RIBN to UNC Board of Governors as effective workforce model
- Survey of hospital CNOs reconfirms practice's commitment and momentum toward a higher educated North Carolina nursing workforce; 50% of CNO respondents indicate that they have a plan to reach the 80% BSN workforce by 2020
- Business Case Analysis and Economic Impact Report projects costs to community colleges and universities to be less than half the savings to hospitals hiring RIBN BSN graduates by 2020 and onward (*See full Business Case Analysis on pages 3 and 4*)
- Emphasis on increasing diversity of RIBN applicants through collaboration with NCAHEC Health Careers and Workforce Diversity program and community outreach to better reflect diversity of communities being served

EVIDENCE BASED TRANSITION-TO-PRACTICE INITIATIVE

GOAL

The goal of this multi-year project was to ensure that newly licensed nurses are afforded the opportunity to gain confidence and competence as they enter the workforce, thus enhancing patient safety and increasing retention in the workplace.

BACKGROUND

Based on recommendations from the 2004 NC Institute of Medicine Nursing Workforce Report to improve the school-to-work transition for newly licensed nurses in North Carolina, the Foundation for Nursing Excellence (FFNE) launched its Transition-to-Practice initiative with an Agency for Healthcare Research and Quality (AHRQ) grant-supported research conference titled *Building an Evidence-Based Transition to Nursing Practice*. This conference identified the core competencies needed by new nurses regardless of practice setting and developed reliable measures to assess competency.

PHASE I began in 2006 with funding from BlueCross BlueShield of North Carolina Foundation (BCBSNCF). This Phase determined the significant elements in current transition experiences. **Key findings from Phase I were that the quality of the new nurse/preceptor partnership had a direct relationship with how competent a new RN felt about his/her nursing practice and the higher competency score correlated with fewer reported practice errors at both four and six months.**

PHASE II was completed in 2009, with support from BlueCross BlueShield of North Carolina Foundation, The Duke Endowment (TDE), and Kate B. Reynolds Charitable Trust. A comprehensive literature review of best and promising practices in new nurse transition programs and preceptor preparation, as well as a survey of North Carolina clinical agencies to determine current practices related to preceptor preparation were completed. In addition, two invitational conferences were convened: *Best and Promising Practices in Preceptor Preparation* and *Role Development and Simulation and New Nurses: Promising Practices to Facilitate Transition to Practice*.

PHASE III: With continuing funding support from BCBSNCF and TDE, the focus of Phase III was the development, testing and evaluation of strategies and tools to prepare preceptors for their critical role in the transition of newly licensed nurses to the practice setting. In addition to the online modules, face-to-face simulation scenarios were used so preceptors could practice their roles and receive individual feedback on their performance in managing preceptor-preceptee situations.

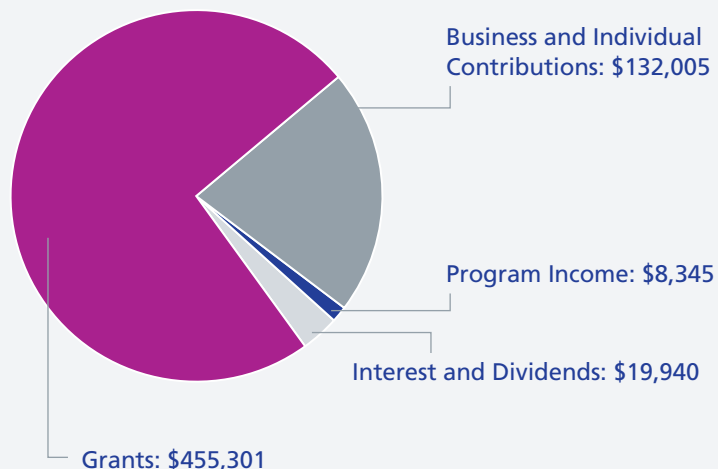


For a full summary of the project, visit ffne.org.

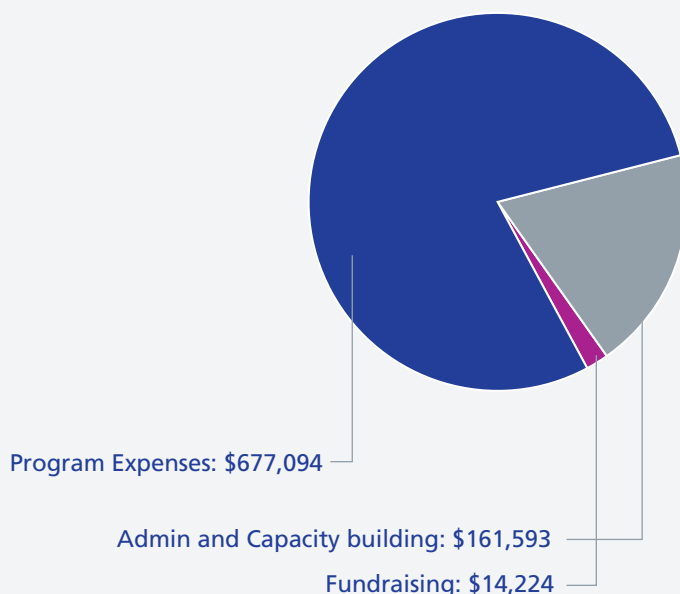
Thank you for placing your trust in us.

We will continue to steward your contributions to benefit the nursing profession and patients in North Carolina.

REVENUE
\$615,591



EXPENSES
\$852,911



CONTRIBUTE ONLINE AT **FFNE.ORG**

GRANT ORGANIZATIONS

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The Foundation for Nursing Excellence, along with representatives from several other nursing organizations, hosted a *Statewide Summit for Creating the Future of Nursing and Health Care in North Carolina* ([click here to read more about the meeting](#)) in April 2011 for more than 200 thought leaders across healthcare, academia, government, consumer and business sectors in attendance. This meeting focused on a Call to Action to transform nursing as a major component of improving the health and the delivery of healthcare of North Carolinians.

Leah Devlin, former NC State Health Director and member of the Committee on the Robert Wood Johnson Foundation Initiative on The Future of Nursing, at the Institute of Medicine, provided an overview of the Institute of Medicine (IOM) Committee's Work and National Campaign for Action by the Robert Wood Johnson Foundation (RWJF).

After a review of the recommendations put forth in the 2011 IOM *Future of Nursing: Leading Change, Advancing Health* Report as well as an overview of selected current initiatives in North Carolina that directly related to the IOM recommendations, attendees chose the following four priority areas for action to transform nursing and improve health care in North Carolina:

- Remove barriers to practice
- Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020
- Prepare, enable and expand opportunities for nurses to lead change in health care and diffuse collaborative improvement efforts.
- Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

FFNE invested a significant amount of time and effort to help launch the Future of Nursing Initiative in North Carolina over the past two years to ensure this vital work continues. To learn more and to get involved [click here](#).

www.futureofnursingnc.com

Scenarios and Simulations

Beginning in January 2014, NC AHEC will be the new host of the Nurse Preceptor Modules. Please visit www.aheconnect.com/newahec/courses.asp for more information about how to access these online learning tools.

Please note that the companion Simulated Scenario modules will remain with FFNE and can be accessed at www.ffne.org.

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