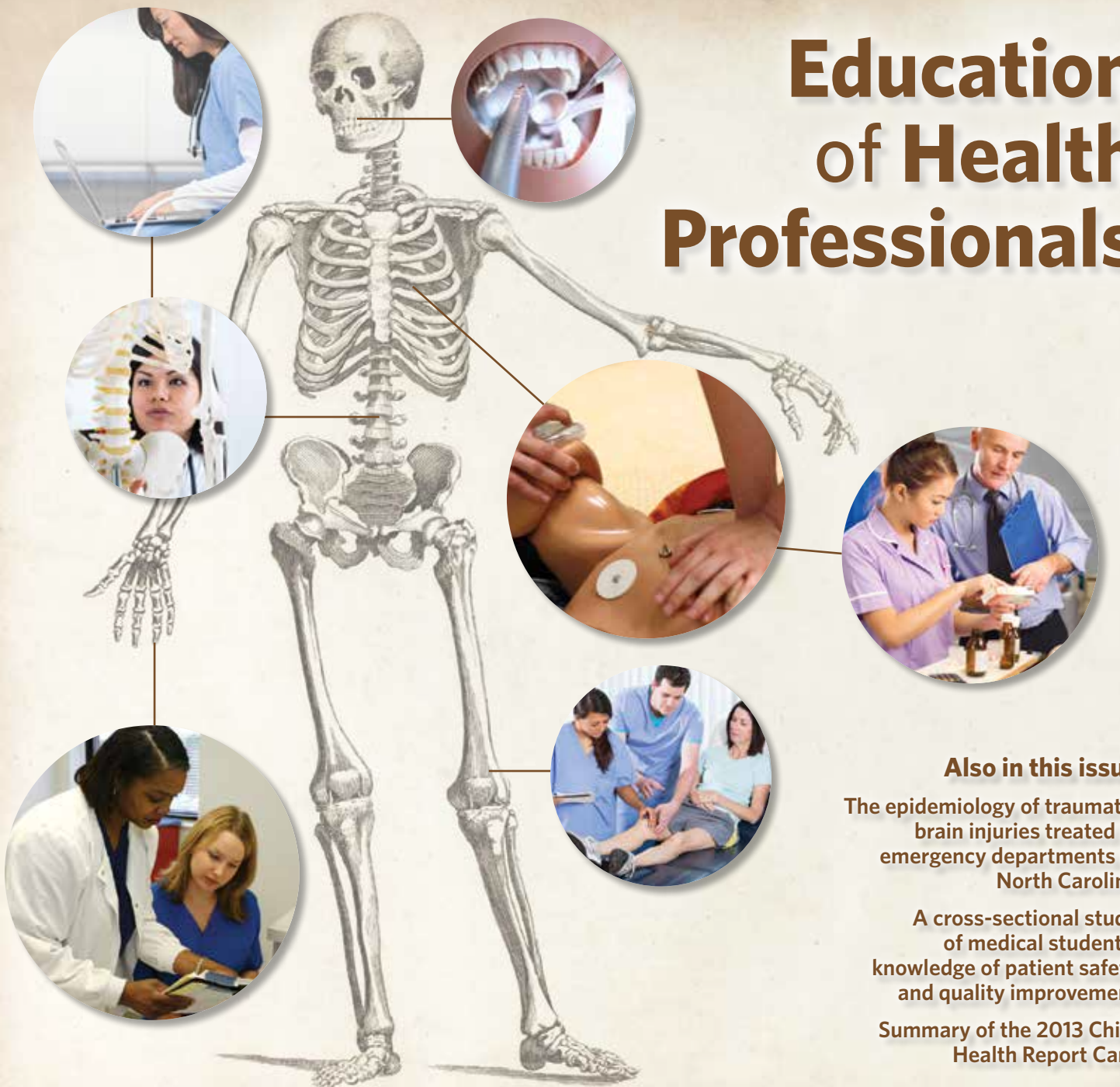


NCMJ

NORTH CAROLINA MEDICAL JOURNAL

a journal of health policy analysis and debate

Education of Health Professionals



Also in this issue

The epidemiology of traumatic brain injuries treated in emergency departments in North Carolina

A cross-sectional study of medical students' knowledge of patient safety and quality improvement

Summary of the 2013 Child Health Report Card

The RIBN Initiative: A New Effort to Increase the Number of Baccalaureate Nurses in North Carolina

Polly Johnson

To meet the increasing demand for a more educated nursing workforce, the Regionally Increasing Baccalaureate Nurses (RIBN) initiative provides an economically feasible educational pathway between community colleges and universities so that more North Carolina nursing students can achieve a baccalaureate degree at the beginning of their career.

To help transform our health care system and improve the nation's health, the nursing profession is being challenged to significantly increase the educational preparation of its workforce over the next decade. As early as 2004, visionary North Carolina health care leaders saw that the state's changing demographics might negatively impact health care delivery, and they recommended increasing the proportion of registered nurses (RNs) with a bachelor of science in nursing (BSN) degree. Specifically, they recommended that the number of RNs educated at the baccalaureate level be increased relative to the number of RNs educated at the associate-degree level, from a ratio of 40:60 to 60:40 [1]. More recently, in the 2011 publication *Future of Nursing: Leading Change, Advancing Health* [2], the Institute of Medicine of the National Academies called for the proportion of nurses with a BSN degree to be increased to 80% nationwide by 2020. The North Carolina Future of Nursing Action Coalition has set the goal of achieving that 80% benchmark by 2025 [3].

Demand for an increase in nursing education is being driven by a number of forces: an older and more diverse population, including an increasing number of both children and adults with complex chronic conditions; an urgent need to focus on wellness promotion and preventive care across the lifespan; and needed improvements in quality, safety, and cost containment across our fragmented health care delivery system. These improvements require nurses to employ high levels of critical thinking, problem solving, and patient management skills at all levels of care, and there is growing evidence that patients in acute care settings benefit when they receive care from nurses with higher-level degrees [4, 5]. Academic progression is also urgently needed to ensure that North Carolina has sufficient numbers of indi-

viduals with master's or doctoral degrees who can serve as faculty members, administrators, and advanced practice nurses.

In North Carolina, the 2-year associate degree in nursing (ADN) program is the prevailing level of prelicensure nursing education; 55 community colleges and 4 private colleges offer ADNs, whereas only 20 programs offer prelicensure BSN degrees, and 4 of these 20 programs are in the initial phases of development. In 2012, ADN programs educated 58.5% of the state's new RN graduates, BSN and entry-level Master of Science in Nursing (MSN) programs educated 37.2%, and diploma programs educated 4.3% [6]. Thus our challenge is to increase the number of nurses who pursue further education after initially being licensed at the associate-degree level.

Although 21 RN-to-BSN programs are available in North Carolina and there are multiple out-of-state, Web-based opportunities that allow ADN nurses to achieve a BSN degree, few of North Carolina's ADN graduates continue their education. In 2011, 54.6% of the 95,335 RNs working in North Carolina held an ADN as their initial degree for licensure. Of these, only 16.7% went on to achieve higher nursing degrees: 12.5% obtained a BSN degree, 4.1% obtained an MSN degree, and 0.1% obtained a nursing doctorate (unpublished data from the North Carolina Health Professions Data System). Historically, the majority of ADN nurses who do pursue a BSN degree or other higher education do so well into their careers, which lessens the long-term impact of their educational progression. To help the state's nursing workforce effectively participate in the transformation of health care and to build the necessary pipeline for future nursing faculty and advanced practice nurses, North Carolina must create new pathways that allow qualified nursing students to enter ADN programs and then seamlessly progress to the completion of a BSN degree at the beginning of their careers.

Electronically published January 21, 2014.

Address correspondence to Ms. Polly Johnson, Foundation for Nursing Excellence, 3700 National Dr, Ste 206, Raleigh, NC 27606 (polly.johnson@ffne.org).

N C Med J. 2014;75(1):39-44. ©2014 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2014/75109

A Community College's Perspective on the RIBN Initiative

Kent Dickerson

The Regionally Increasing Baccalaureate Nurses (RIBN) initiative pairs community colleges and private colleges with universities to help nursing students complete a bachelor of science in nursing (BSN) degree early in their career. In the Eastern North Carolina Collaborative of the RIBN initiative, East Carolina University is partnered with 5 community colleges: Beaufort County Community College, Pitt Community College, Lenoir Community College, Roanoke-Chowan Community College, and Craven Community College. All of the partners in this collaborative have rigorous nursing programs and know how valuable the RIBN program can be to our region. In this sidebar, I will specifically describe Beaufort County Community College's perspective on the RIBN initiative.

Beaufort County Community College serves not just the county of Beaufort but also Hyde, Tyrrell, and Washington counties—essentially, the landmass between the Pamlico and Albemarle sounds. In total, our service area is slightly more than 2,000 square miles [1]. In addition, students from neighboring Martin County who wish to pursue nursing may also attend Beaufort County Community College, because Martin Community College does not offer a nursing program. The North Carolina Department of Commerce currently designates all of these counties as tier 1 counties (a designation given to counties that are most economically distressed); residents of these rural counties face barriers such as limited infrastructure, a higher unemployment rate, limited access to health care, and limited access to higher education [2].

When the leaders of the nursing program at Beaufort County Community College were approached about the RIBN concept, we immediately realized that participation in this initiative would allow our program to become part of an affordable solution for students who wanted to earn a BSN degree. Our program's nursing graduates overwhelmingly choose to stay in the rural communities in which they live. They are employed by long-term care facilities, small community hospitals, physician offices, and agencies that provide home health care or hospice care. These employers have not had access to an applicant pool of nurses with baccalaureate degrees, but we believed that the RIBN initiative could change that. Thus the RIBN program will have a significant positive impact on rural students who wish to pursue a BSN degree and on health care establishments in the region.

The RIBN initiative has also prompted a frank discussion of how we can better prepare students in the traditional associate degree in nursing (ADN) program so that they are better positioned to pursue further education once they graduate from Beaufort County Community College. This conversation led to a paradigm shift in the way we advise students. Historically, we gave our prenursing students a curriculum plan that could be completed in 2 years. If they wanted to continue their education and

earn a BSN degree after completing the ADN program, they faced the challenge of having to take college algebra, statistics, microbiology, additional courses in the humanities, and other transfer courses; this meant having to study for an additional year and a half—while working a full-time job—before they could apply to a RN-BSN program. However, we now encourage prenursing students to take the more advanced courses needed to satisfy transfer credit requirements, instead of taking lower-level courses that fulfill only the minimum requirements for the ADN. Currently, approximately 20% of our students take courses that would fulfill BSN requirements, but we hope to increase this percentage. Our lofty goal is that 75% of ADN graduates will need only the university-level nursing courses to obtain their BSN degree. As part of this shift, we are currently in the process of reviewing articulation agreements for the RN-BSN programs; these agreements provide a simplified, guaranteed transfer process. We are also increasing enrollment in transfer courses, providing information to students regarding the RN-BSN admission requirements of nearby universities, and realigning our ranking procedure to give “points” to students who take more advanced courses that provide transfer credits.

Over the next few years, we hope to significantly increase the percentage of nursing students at Beaufort County Community College who enroll in the RIBN program. The RIBN program and other initiatives are better preparing our students to function in and lead the health care establishments in our communities. With the changes that are now taking place in national health care policy, we are going to need many new leaders to help our rural communities navigate through the storm. NCMJ

Kent Dickerson, MSN, RN director of nursing, Beaufort County Community College, Washington, North Carolina.

Acknowledgments

Potential conflicts of interest. K.D. is an employee of Beaufort County Community College.

References

1. Beaufort County Community College Fact Book 2012–2013. <http://www.beaufortccc.edu/Planning/PDF/Fact%20Book/BCCC%20Fact%20Book.pdf>. Accessed November 13, 2013.
2. 2014 North Carolina Development Tier Designations. North Carolina Department of Commerce Web site. <http://www.nccommerce.com/Portals/0/Incentives/CountyTier/2014%20Development%20Tier%20Rankings%20Detailed%20Report%20-%20FINAL.pdf>. 2013. Accessed December 4, 2013.

Electronically published January 21, 2014.

Address correspondence to Mr. Kent Dickerson, Beaufort County Community College, 5337 Hwy 264 E, Washington, NC 27889 (kentd@beaufortccc.edu).

N C Med J. 2014;75(1):40. ©2014 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0229-2559/2014/75110

The Regionally Increasing Baccalaureate Nurses Initiative

In 2008 North Carolina began implementing a new 4-year BSN educational pathway called the Regionally Increasing Baccalaureate Nurses (RIBN) initiative. This initiative partners community colleges and private colleges with universities to help more students achieve a BSN degree at the beginning of their career. Key components of the RIBN initiative include the establishment of dual-admission criteria and enrollment processes, a seamless 4-year curriculum, and financial aid agreements between the partnering academic institutions. The specific goals of the RIBN initiative are to increase the proportion of RNs educated at the BSN level at the beginning of their careers; to provide access to an economically affordable BSN education, especially for students living in rural and/or economically depressed regions; to improve health outcomes by strengthening the educational preparation of nurses, particularly in gerontology, community health, leadership, and evidenced-based nursing practice; to increase the pool of nurses poised to pursue education at the master's and doctoral levels, in order to address the critical need for nursing faculty members and advanced clinical practitioners; to increase the diversity of the nursing workforce to better represent the communities served; and to maximize the use of faculty members and educational resources in university and community college programs.

Dually enrolled RIBN students are based at a community college for the first 3 years of study and concurrently take a university-based course each semester to satisfy baccalaureate degree requirements. The student progresses through the 4-year pathway as follows: In year 1, the student

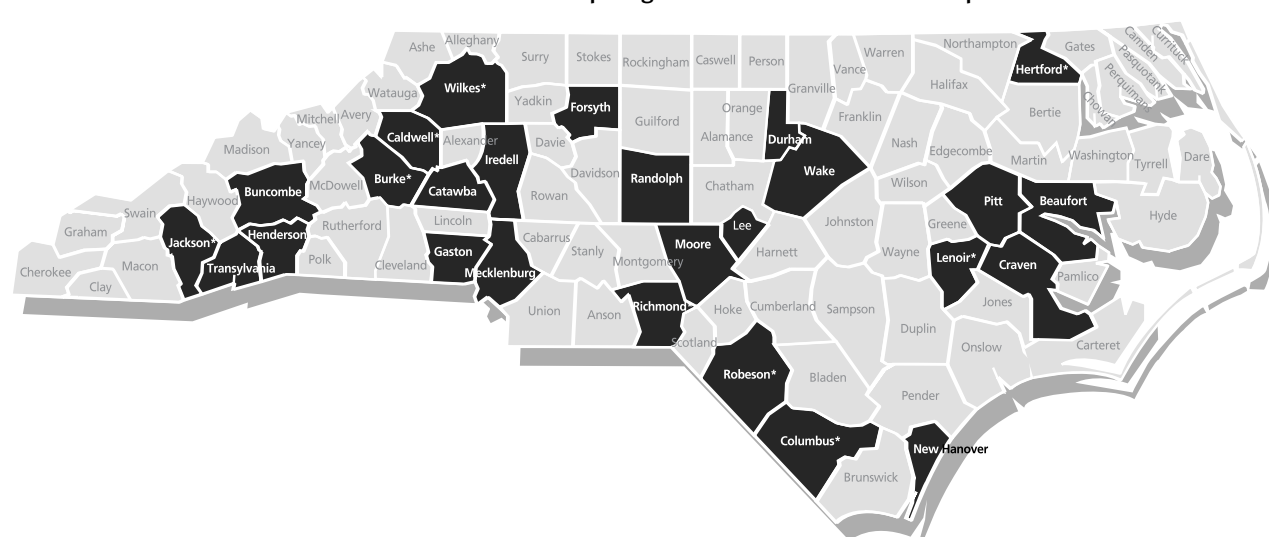
completes educational prerequisites for both the ADN and the BSN programs. In year 2, the student enters the 2-year ADN program. In year 3, he or she completes the ADN portion of the RIBN program; the student must achieve licensure as an RN at the end of this year in order to progress. In year 4, the student completes a full-time course of study at a university; this includes classes about community and population health, a more intense focus on geriatric patients and other vulnerable populations, and leadership development related to interdisciplinary teamwork, critical thinking, and evidence-based practice. While completing these final requirements toward the BSN degree, the student also has the option of working part time as an RN.

Expanding the RIBN Educational Pathway Across North Carolina

Asheville-Buncombe Technical Community College and Western Carolina University developed the RIBN model and enrolled their first cohort of students in 2010. Interest in this model quickly spread to other regions of the state, with academic institutions, health care providers, and funders strongly embracing the concept of dual admission and seamless educational progression from a community college or private college to a university. More than 40% of all ADN and BSN prelicensure nursing education programs in North Carolina are now participating in the development or implementation phases of the RIBN pathway (see Figure 1). Seven of these academic institutions are located in counties that the North Carolina Department of Commerce has designated as being economically depressed [7].

Given the rapid expansion in the number of institutions involved in the RIBN initiative to date, it is projected that 55 of North Carolina's 59 ADN programs and 15 of the univer-

FIGURE 1. North Carolina Counties With Institutions That Are Participating in RIBN Educational Partnerships in October 2013



Note. RIBN, Regionally Increasing Baccalaureate Nurses. Asterisks denote counties that the North Carolina Department of Commerce has designated as being economically depressed. The names of these regional educational partnerships and the partnering institutions are available at <http://www.ffne.org/library/library/ribn/ribn-map-2013.pdf>.

sities with prelicensure BSN programs will offer the RIBN option by 2020 [8], thereby making this new educational pathway accessible to qualified applicants across the state.

The number of students admitted into the RIBN track is decided within each region based on the size of the partnering ADN programs and the number of students the university can accommodate in the fourth year of the program. As this new educational pathway unfolds, participating ADN programs are reserving, on average, 20% of available slots for RIBN students. It is hoped that partnerships will increase the number of RIBN students as the pool of qualified applicants expands, depending on available resources at the university level. As of fall semester 2013, 190 students were enrolled in the RIBN track across 5 regions of the state—105 students in the first year of the program, 66 students in the second year, 13 students in the third year, and 6 students in the fourth year (oral communication with Kellie Monacell, RIBN project coordinator, Foundation for Nursing Excellence; October 4, 2013). While there has been some attrition of students, this trend mostly reflects the growth of the program: In 2010 and 2011 only 1 community college and 1 university were admitting students, but by 2012 the program included 14 community colleges and 5 universities. Given the number of academic RIBN partners projected in 2020, we expect to have 175 students graduating with a RIBN BSN degree in 2020 (see Table 1).

As part of the rollout of the RIBN initiative, a wide range of data are being collected to identify the variables and best practices that contribute most to the success of the program. To date, the following factors have played key roles in moving this project forward: A standardized, concept-based curriculum is being used across all 55 community colleges offering the ADN program. Accelerated learning modalities, including online and shared video conferencing, are being used to accommodate students across a wide geographic region. Student Success Advocates (SSAs) are marketing the RIBN model, counseling and screening applicants, and providing information and support for students as they enter and progress through this new academic pathway. Upper-level administrators and nursing faculty members at the statewide level and on individual campuses are committed

to collaborating across academic institutions. The North Carolina Area Health Education Centers are invested in the RIBN initiative. Employers, recognizing the need for more nurses with BSN and higher degrees in their workforce, are also interested and invested in the initiative. Finally, state and national funders are providing financial support to integrate this new educational pathway into nursing education across the state.

Of special value are the SSAs, who work for the RIBN partnership but spend most of their time at the community colleges; these individuals have also moved out into each of the communities served by the RIBN pathway to inform high school students, faculty members, and counselors about requirements for the program. SSAs participate in career fairs and partner with other community leaders involved in increasing the diversity of our future health care workforce. In addition, SSAs are the primary advisors and advocates for RIBN applicants and students; they carefully monitor and support the students' progression, particularly through the first 3 years of the program, when students are based at the community college.

Economic Impact and Benefits

Understanding the immediate and long-term costs and benefits of this new educational initiative is critically important both for the individuals and organizations directly involved in the initiative and for the communities being served. Based on the projected statewide RIBN enrollment and graduation figures through 2020, a study by faculty members of Kenan-Flagler Business School at the University of North Carolina at Chapel Hill identified economic impacts on 3 types of primary stakeholders [8]. The main effect on nursing students is that the tuition cost for the RIBN pathway is approximately \$9,200 less than for a traditional BSN degree program, although the cost for the RIBN pathway is \$7,000 greater than for an ADN. Also, RIBN BSN graduates have higher career financial benefits (a measure that includes not only salary but also the time and money invested in educational preparation) compared with either ADN or traditional BSN graduates. The second group of stakeholders is made up of community colleges, private colleges, and

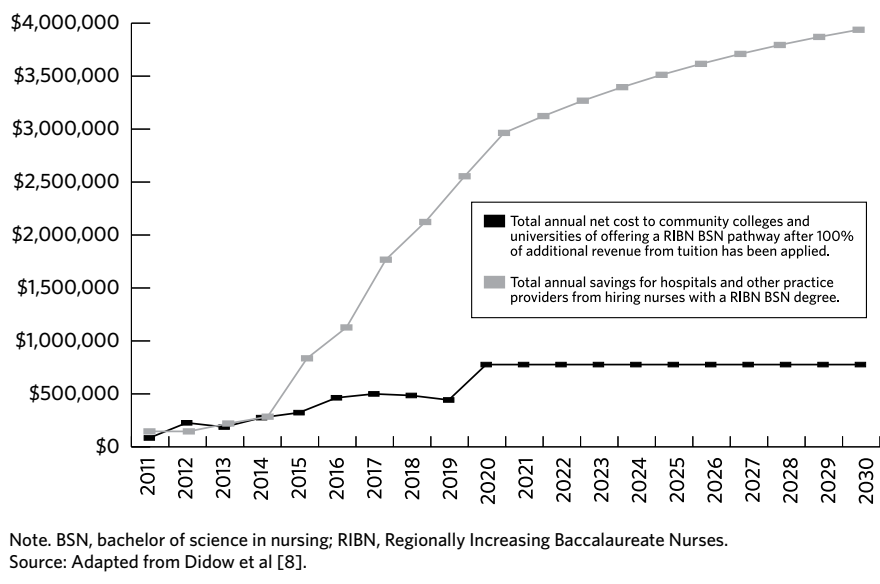
TABLE 1.
Actual and Projected Participation of Academic Institutions and Students in the RIBN Initiative, by Academic Year

	No. participating in, enrolled in, or graduating from the RIBN initiative				
	2010	2012	2013	2016	2020
Community colleges and private colleges (ADN)	1	14	26	30	55
Universities (BSN)	1	5	8	11	15
Students enrolled	16	105	190	600	900
Students graduating with RIBN BSN degree	—	—	—	77	175

Note. ADN, associate degree in nursing; BSN, bachelor of science in nursing; RIBN, Regionally Increasing Baccalaureate Nurses.

Source: Foundation for Nursing Excellence.

FIGURE 2.
Costs and Savings Associated With the RIBN Initiative



universities, all of which receive at least some additional revenue in the form of student fees. However, additional costs are incurred in the form of salaries for SSAs, and universities must hire additional faculty and support staff. Finally, the third group of stakeholders, consisting of hospitals and other employers who hire RIBN BSN graduates, experience a significant reduction in tuition reimbursement expenses. In addition, nursing staff turnover is reduced because RIBN graduates tend to remain in their local communities, with subsequent reductions in nursing recruitment costs and “onboarding” costs.

By 2020, the RIBN pathway will result in an annual projected cost savings for employers that is more than 3 times as great as the overall annual expense incurred by community colleges and universities (see Figure 2). Such cost savings create the impetus for strong economic partnerships between educational institutions and health care institutions to help meet the need for improved health care across the state.

Sustaining the RIBN Educational Pathway Into the Future

The RIBN educational pathway must be embedded as a core component of nursing education in North Carolina at both the regional and state levels. Regional partnerships across academic institutions and employers are fundamental to creating and sustaining this new pathway, which offers more students an economically feasible opportunity to achieve a BSN degree at the beginning of their careers while remaining in their home communities. Involving health care and community leaders in these partnerships reinforces the value of this program in each region. Statewide coordination is also integral to successfully spreading this model across the state. Replication guidelines, samples of shared curri-

cula, agreements among academic institutions, diversity initiatives, and other resources that are useful in RIBN pathway development are available online [9].

To ensure sustainability of the RIBN program as an ongoing basic option for BSN education once current grant support ends, a statewide coordinating structure will be needed to regularly review program challenges and outcomes; in addition, this structure should identify and disseminate best practices and other success factors to ensure the quality and ongoing integration of the RIBN pathway as an entry-level educational option for the future nursing workforce. Continued success in this important journey toward improving the health and health care outcomes of all North Carolinians will be built on strong academic and practice partnerships at both community and state levels. **NCMJ**

Polly Johnson, RN, MSN, FAAN chief executive officer, Foundation for Nursing Excellence, Raleigh, North Carolina.

Acknowledgments

The RIBN initiative is supported by grants from The Duke Endowment, the North Carolina Area Health Education Centers program, the Robert Wood Johnson Foundation, and the Jonas Center for Nursing Excellence. Each partnering educational program has provided significant in-kind contributions to program planning and implementation.

Potential conflicts of interest. P.J. has no relevant conflicts of interest.

References

1. North Carolina Institute of Medicine (NCIOM). Task Force on the North Carolina Nursing Workforce Report. Durham, NC: NCIOM; 2004. <http://www.nciom.org/wp-content/uploads/2004/05/full-report.pdf>. Accessed October 5, 2013.
2. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine of the National Academies. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press; 2011. <http://www.aamn.org/docs/future-of-nursing.pdf>. Accessed November 11, 2013.
3. NC Action Coalition. BSN & Higher Degree. Future of Nursing North

Carolina Action Coalition Web site. <http://www.futureofnursingnc.org/bsn-higher-degree>. 2012-2013. Accessed October 5, 2013.

4. Blegen MA, Goode CJ, Park SH, Vaughn T, Spetz J. Baccalaureate education in nursing and patient outcomes. *J Nurs Admin*. 2013;43(2):89-94.
5. Kutney-Lee A, Sloane DM, Aiken LH. An increase in the number of nurses with baccalaureate degrees is linked to lower rates of post-surgery mortality. *Health Aff (Millwood)*. 2013;32(3):579-586.
6. North Carolina Board of Nursing. North Carolina Trends in Nursing Education: 2007-2012. <http://www.ncbon.com/myfiles/downloads/nursing-education-trends-2012.pdf>. April 2013. Accessed October 5, 2013.
7. 2013 County Tier Designations. North Carolina Department of Commerce Web site. <http://www.nccommerce.com/research-publications/incentive-reports/county-tier-designations>. 2013. Accessed October 5, 2013.
8. Didow N, Bridges D. Regionally Increasing Baccalaureate Nurses in North Carolina (RIBN): Business Case Analysis and Economic Impact: Executive Summary and Recommendation. Raleigh, NC: Foundation for Nursing Excellence; 2013. <http://www.ffne.org/library/library/ribn/ffne-businesscaseanalysis-web.pdf>. Accessed October 5, 2013.
9. RIBN Resources. Foundation for Nursing Excellence Web site. <http://www.ffne.org/ribn-resources>. Accessed November 12, 2013.



**I WILL
WATCH
LESS TV!**

EMPOWER YOURSELF.

Time to turn off the TV or computer and get active.

Americans spend on average 3 to 4 hours a day watching TV.

Instead, spend that time doing something for yourself and your family – walk, jog, bike or play.

Just have fun and get active!

Find more tips at: www.MyEatSmartMoveMore.com

Then turn off the TV or computer and start moving.



RIGHT SIZE
YOUR
PORTIONS

**WATCH
LESS TV**

MOVE
MORE

EAT MORE
FRUITS
& VEGGIES

PREPARE
MORE MEALS
AT HOME

DRINK MORE
WATER