The NC RIBN Initiative Academic Progression in Nursing

Moving toward an 80% baccalaureate and higher degree workforce by 2025





NC RN Nursing Education

• 60 ADN Programs: 55 CCs & 5 private

2 Diploma-granting programs

· 20 BSN programs: 12 public; 8 private

1generic MSN program

• 21 RN-BSN programs: 11 are state-funded



NC RN Workforce in 2012

- 97,222 RNs living/licensed in NC
 - -43.2% ADN/Dip
 - 39.4% BSN/Higher Degree in Nursing
 - -8.2% BS/Higher other degree
 - 9.2% Degree unknown
- 3452 RN graduates 58.5% ADN
- Only 17.8% of ADNs have completed a BSN or higher degree as of 2012



NC Academic Progression Journey 2002-2011

- 2002-2004: The NC Institute of Medicine (NCIOM) convenes task force to study the nursing workforce, publishes report recommending increase in % of BSN workforce
- 2008-2010: Began RIBN initiative with AB Technical CC and Western Carolina University; 1st cohort begins in 2010
- 2010: IOM Future of Nursing Report recommends 80% BSN nursing workforce by 2020
- 2011: RIBN Expansion = major focus of NC Future of Nursing Action Coalition; funded by The Duke Endowment and Jonas Center for Nursing Excellence & RWJF PIN grants

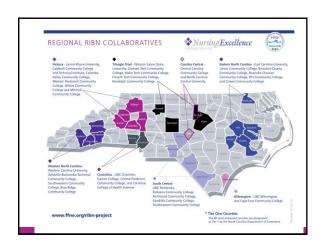




RIBN Journey continues.... 2012-14

- 2012:
 - 4 more regions admit 1st cohort of RIBN Students; 2 more beginning planning phase
 - Awarded Academic Progression in Nursing (APIN) grant by RWJF
 - Awarded funding from NC AHEC: "Connect for Success" RIBN Program; support SSAs
- 2013: Business Case Analysis Report; 190 RIBN students enrolled across state Fall Semester
- 2014: 1st RIBN BSN graduates; expansion continues





What is RIBN?

- Partnership between community colleges and universities to <u>Regionally Increase Baccalaureate</u> Nurses
- Dual Admission Criteria and Curriculum approved by both institutions
- Recognized as BSN program by NC Educational Assistance Authority (FELS Loan program)
- · New 4-Year Educational Track to BSN degree

NOT an RN to BSN program



Four Year RIBN Curriculum

- Home-based at CC Years 1-3
 - Take one university course per semester to maintain admission status and earn credits toward BSN
 - Most university courses on-line
- Year 1 General education/nursing prerequisites
- Years 2 & 3 Complete ADN program; eligible for RN licensure
- Year 4 Complete BSN courses/degree at university while being eligible to work as RN



RIBN Outcomes

- Increase proportion of BSN-prepared nurses
- · Improve quality of care & patient outcomes
- Increase access to BSN degrees, particularly in rural areas
- · Increase younger & more diverse workforce
- Increase pipeline for faculty, leadership & APRN roles
- Economically feasible option to achieve BSN





Establishing a RIBN Partnership

- Planning Phase
- · Admitting First Cohort
- RIBN RN Student/Employee



RIBN Agreements between Academic Partners

- Dual Admission Criteria and Processes
- · Curriculum/Articulation Agreements
- · Financial Aid Agreements



Essential Partners for Success

- Administrators of all partnering academic institutions – presidents, chancellors, deans, registrars, student services directors, financial aid
- Nursing Faculty/Staff
- Primary employers in region CEOs, CNOs, Recruiters, Staff Education Coordinators
- State-level: Academic Administrators; Board of Nursing; Professional/Trade Groups
- Funding organizations



Student Success Advocates

- Key Role for Implementation of RIBN in each region
 - Main interface between CC and University re financial aid, registration
 - Markets to area high schools
 - Counsels potential applicants
 - Supports RIBN students throughout program
 - Maintains data to determine success factors



RIBN Tools

- · Replication Guidelines
- · Sample Documents
- Business Case Analysis
- Student Success Advocate Toolbox
- Transition to Employment & Professional Practice Guidelines
- · Brochures/websites for each region
- www.ribn.org



Economic Impact of RIBN*

RIBN BSN – Tuition costs ~ \$6855 more than ADN but \$9175 less than traditional BSN; higher ROI after 20 years than ADN or BSN

Community Colleges - Additional revenue from Year 1 RIBN student fees; additional cost for Student Success Advocate positions

Universities - Additional revenue for Year 4 RIBN tuition; additional cost for increased faculty and support services

*Report by N Didow & D Bridges, Kenan-Flagler Business School, UNC-CH

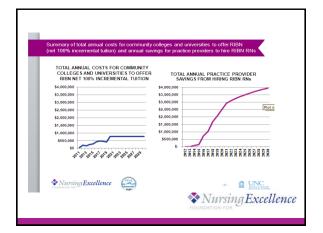


Cost Savings to Hospitals & Other Practice Providers*

- Reduced tuition reimbursement expenses
- Projected increase in retention rates
- By 2020, annual savings almost double the expense to academic institutions to offer RIBN educational pathway

*Report by N Didow & D Bridges, Kenan-Flagler Business School, UNC-CH





Challenges and Opportunities

- Partners: Build strong working relationships with practice & academia
- RIBN Students: Keep focus on BSN; Increase diversity of applicant pool
- Resource/Support Needs:
 - Fund expansion of RIBN across state
 - Continued support for SSA positions@ CCs
 - University resources to increase enrollment
 - UNC GA & NCCCS support for academic partnerships

Nursing Excellence

RIBN Success Factors

- Commitment to collaboration between the academic programs; support of practice partners in region
- Standardized Curriculum across CCs
- Regional Coordinator to "sell" dual concept, assure all agreements met/signed across institutions; keep project on track!
- Student Success Advocate to market program to high schools, advise applicants, support students

 Nursing Excellence

Connect for Success Initiative

- Connect RIBN students with each other, faculty, other BSN/higher degree students, practicing nurses: Orientations; social events; sharing faculty; professional meetings
- Regionally and statewide Facebook, Newsletter, Video & on-site conferences
- Establishing mentoring program



RIBN Lessons Learned.....

- Enhanced collaboration among partners
- · SSAs are critical to student success
- Planning time essential to reach agreements on admissions/curriculum/financial aid
- Assure university online course availability
- Involve clinical partners early to shape practicum/employment processes

Nursing Excellence

Moving RIBN Forward......

Regionally:

- Continue to increase diversity of RIBN applicant/student pool
- Develop mentoring/buddy programs for RIBN students: RNs & "Sr" RIBN students
- Support Transition to Employment for RIBN RN students: Post Yr 3 through Yr 4



Sustaining RIBN Into the Future...

Statewide:

- Create coordinating/oversight mechanism with NCCCS and UNC GA
- · Financial support for SSA positions
- Support expansion of Year 4 enrollment
- Create new RIBN partnerships; Explore LPN-BSN &/or RN-MSN "RIBN" pathways



Other APIN Initiatives in NC

Standardize RN-BSN Prerequisites in NC

- Build a better bridge for practicing RNs to complete a BSN or higher degree
- Achieve a statewide agreement on a Common Course Catalog for transferrable general education and nursing prerequisite courses
- Focus on uniformity across state-funded programs.



Promote Diversification of Future Nursing Workforce

- Increase racial, ethnic and gender diversity to better reflect the regions being served
- Attract younger students to the field of nursing
- Work with AHEC Health Careers & Workforce Diversity Initiative and DPI



Reaching 80% BSN & Higher Degree in Nursing Workforce by 2025. . . .

We are

moving

forward!!!!



❖Nursing Excellence







Regionally Increasing Baccalaureate Nurses Replication Guidelines

The WNC RIBN team first developed these replication guidelines in 2011 to facilitate the process for regional implementation throughout North Carolina of a dual admission, seamless progression educational track to increase the number of BSN-prepared nurses. These guidelines have been updated in early 2013 to reflect lessons learned as our RIBN journey continues to unfold. We hope that each RIBN collaborative will find this a useful roadmap for the RIBN journey.

Getting Started on your RIBN Journey – The Leadership Team:

Each regional collaborative will need to assemble a leadership team comprised of key representatives from the nursing programs of each of the participating college and university partners. This core leadership team may also include representatives from nurse employer organizations in the community and regional AHEC representatives. The major operations of this team during the planning phase will be to develop or oversee the development of dual admission and continuation requirements and to design the curriculum.

Critical to the early work of this team is identifying a Project/Curriculum Coordinator to facilitate the development of the dual admission/progression criteria and curriculum. This individual may also facilitate the navigation of all necessary documents through appropriate channels within each of the participating colleges and universities. The navigation process will require assistance from the nursing program director and other key administrators within each participating academic system to ensure that all processes and administrative approvals for this new educational track are secured within the identified project timeframe.

These Replication Guidelines identify the key phases of the project and approximate time frames in which activities (strategies) should occur for successful implementation of the RIBN project. As noted on the grid, activities in one phase will often occur concurrently with work in other phases. A timeline format would be helpful in tracking project progression.

Successful implementation of the RIBN project will require the leadership team to be familiar with these replication guidelines, the applicable accreditation standards for each academic system and nursing program, and NC Board of Nursing requirements. The team needs to meet **regularly** (at least monthly during early phases), maintain records of the team meetings as well as records of key decisions made at upper administrative levels within each participating college/university.

Developed: 2/7/2011; Revised: 2/14/2013

Local or Regional Advisory Council:

In addition to the core leadership team, a Local or Regional Advisory Council (LAC/RAC) should be convened early in your assessment/planning phases. This Council is critical to assuring widespread stakeholder support for the RIBN initiative in your region. Support from the LAC/RAC includes input, feedback, logistical support, and advice beginning with the planning phases and continuing throughout initial implementation and evaluation of the RIBN educational tract as well as for ongoing classes of RIBN students. LAC/RAC members should include leaders from healthcare organizations who will be the primary employers (acute care, public health, long term care, etc.) of RIBN graduates as well as the regional AHEC representative and other key community leaders, funders, and policy makers. We recommend that this group **meet at least twice a year** to be updated on the project's progression and to provide advice and support including Transition to Practice and sustainability of the program.

Resources:

For information about the Oregon Consortium for Nursing Education (OCNE) which served as a model for RIBN, go to http://ocne.org.

Further information about the **RIBN Project** is available on the Foundation for Nursing Excellence website www.ffne.org. Documents that may be downloaded from this website include:

- WNC RIBN Brochure
- WNC RIBN Curriculum
- WNC RIBN Curriculum Narrative
- WNC RIBN Dual Admission Criteria
- WNC RIBN Replication Guidelines
- WNC RIBN Timeline Template and Sample: This is a sample of a timeline used for planning and implementation. Items are color coded to designate state of development. Color Key:
 - o Red: action approved
 - o Green: pending approval
 - o Blue: negative action
 - o Purple: action unnecessary
 - o Black: future action or deadline
- WNC RIBN and NC RIBN Logo: You are welcomed and encouraged to use the basic structure of the original logo developed by WNC RIBN and adapt it to include your regional participating schools and their colors. There is a logo designed to use on agendas, other communications, stationery, etc. and a logo designed to use as a patch to wear on lab coats or uniforms. For example, you may select to use an individual community college and partnering university for the patch, and you may want to use a logo designating all partnering community colleges and the partnering university for Regional or Local Advisory Council meetings.

Developed: 2/7/2011; Revised: 2/14/2013

- Articulation Agreement between Asheville-Buncombe Technical Community College Associate Degree in Nursing and Western Carolina University Bachelor of Science in Nursing (WNC RIBN)
- Verification and Application form
- Job descriptions:
 - o RIBN Project/Curriculum Coordinator
 - o RIBN Nursing Advisor/Student Success Advocate
- For any questions related to above documents, please contact the Foundation for Nursing Excellence at email@ffne.org
- Transition to Employment for RIBN Students. Unpublished project paper by Leigh Angel, BSN RN CNML and Karen Moseman, BSN RN CNML. Western Carolina University, MS(N) Nursing Administration
- Business Case Analysis: Coming in April, 2013.

Guidelines: The following guidelines are provided to assist you through assessing, planning, implementing, and evaluating your RIBN program.

Phases	Measureable Outcomes	Strategies	Time Lines	
Assessment	All stakeholders agree to support RIBN educational track.	Directors of all involved nursing education programs are committed to developing the RIBN initiative.	12-18 months prior to student enrollment	
		 Upper level administration in each academic system is supportive of RIBN initiative. 	12-18 months prior to student enrollment	
		Nursing faculty at each participating program are receptive to collaborating in RIBN initiative including joint curriculum development, shared teaching, and student guidance as needed.	12-18 months prior to student enrollment	
		Faculty development needs related to RIBN initiative are identified and utilized to facilitate communication and collaboration among partner programs.	12-18 months prior to student enrollment	
		 University has or will develop online offerings for pre-requisite and specified nursing courses. 	6-12 months prior to student enrollment	
		Other departments in participating colleges/universities are willing to collaborate re. records , data, policies, and procedures	12-18 months prior to student enrollment	
		Distance vs. Residence status for RIBN students must be determined and necessary procedures initiated within university system.	12-18 months prior to student enrollment	
		Community employers/stakeholders are informed and supportive of RIBN and willing to alter work schedules of RIBN new hires to facilitate their completion of year 4.	12-18 months prior to student enrollment and ongoing especially year 3 of student enrollment	
	RIBN Students are ready for online courses.	 Student Services Advisor (SSA) assesses applicant's prior participation in online learning. SSA provides guidance for participation and success in on-line courses. A course is available within community college to assist students to learn study habits especially related to online courses. 	6 months prior to student enrollment	

Developed: 2/7/2011; Revised: 2/14/2013

Phases	Measureable Outcomes	Strategies	Time Lines	
Planning	Curriculum meets all approval requirements.	 Faculty participate in curriculum planning with an individual or committee to oversee the process. All nursing-related faculty (NA through graduate level) in each participating institution are informed of RIBN initiative Curriculum is approved by the appropriate administrative bodies within each participating institution. 	12-18 months prior to student enrollment 12-18 months prior to student enrollment	
	Dual admission criteria are established	 All appropriate departments in each institution are involved in identifying admission requirements and procedures for sharing records. Formal agreements are written to confirm all arrangements. It is strongly recommended that all partnering Associate Degree programs agree to a common set of admission criteria. 	 12-18 months prior to student enrollment 6-12 months prior to student enrollment Ongoing with annual review 	
	RIBN students have distance status at university for Years 1-3	 Initiate necessary administrative procedures within university system to support distance status for lower tuition & fees rather than residential status. "Home school year 1-3 = community college; "Home school" year 4 = University. This is important for NCBON status and for the Forgivable Education Loans for Service Program (FELS) status. 	12 months prior to student enrollment	
	RIBN students are eligible for Forgivable Education Loans for Service program (FELS) (formerly known as Nurse Scholars program) The Forgivable Education Loans for Service was established by the North Carolina General Assembly in 2011 and the first loans available for the 2012-13 academic year. The loan provides financial assistance to qualified students who are committed to working in North Carolina in fields designated as critical employment shortage professions Recipients cannot receive FELS funding concurrently with other state-funded loans.	 FELS program description: Student is full time at home school Home school = community college year 1,2, and 3: Funded at \$3000 per year (2013 rate) Home school = university year 4: Funded at \$7000 (2013 rate) Loan repayment begins immediately if student exits RIBN program before completing BSN Eligibility Be a legal North Carolina resident and NC resident for tuition purposes At the time of application, present a cumulative minimum grade point average (GPA) of: 3.00 for graduating high school students (weighted GPA) 2.80 for undergraduate students pursuing an associate or bachelor's degree Register with the Selective Service System, if required; Recipients must not be in default, or does not owe a refund, under any federal or State loan or grant program Maintain Satisfactory Academic Progress according to the enrolling policy of the institution. Be willing to work in NC in a designated critical employment shortage profession. 	See www.cfnc.org/fels for application deadlines The 2013 application deadline is April 1.	

Phases	Measureable Outcomes	Strategies	Time Lines	
Planning (Cont'd)	Student Advisor is available to recruit, screen, and guide RIBN applicants.	 Job description outlines all responsibilities and accountabilities Hire qualified candidate for role 	 Job description 12- 18 months prior to student enrollment; 12-15 months prior to student 	
		Student Advisor provides information and guidance to students regarding online learning and how to participate and be successful in an online course.	enrollment • 6 months prior to enrollment and prior to first online course enrollment	
	Financial aid programs are available to RIBN students.	 Financial aid offices in all participating institutions agree to share information and payment processes and procedures. Timelines for loan/scholarship applications 	 12-18 months prior to student enrollment; 6 months prior to 	
		identified & posted.	student enrollment	
	Faculty development is initiated.	 Faculty members from all participating nursing programs come together for shared learning opportunities that address knowledge, collaboration, & socialization needs. 	Throughout planning and implementation with 1-2 sessions per year; Ongoing annually, 18 months, or every 2 years	
RIBN track is All RIBN admiss communicated timelines, etc. appropriate accommunicate accommunicated broadly within region.			8-12 months prior to student enrollment	
	Logo identifies RIBN project & participants	 Logo supports marketing of collaborative RIBN initiative & socialization of students. WNC RIBN logo is available as a resource for schools to maintain basic structure and substitute their regional participating schools and their colors. Logo is available in patch format for use on uniform or lab coat and non-patch format used for agendas, other communications, stationery, etc. Schools are welcomed and encouraged to use the basic structure of the original logo developed by WNC RIBN and adapt it to include regional participating schools and their colors. For example, schools may select to use an individual community college and partnering university for the patch, and may want to use a logo designating all partnering community colleges and the partnering university for Regional or Local Advisory Council meetings. 	12-18 months prior to student enrollment and ongoing	

Phases	Measureabl e Outcomes	Strategies	Time Lines	
Implementation	Students are admitted and maintain enrollment.	 RIBN Student Advisor (SSA) maintains relationship with each student to provide support, monitor student enrollment and performance SSA provides frequent check-ins with students during first semester of Year 1 especially in relation to online course work. 	Ongoing during student enrollment	
		RIBN Student Advisor shares Forgivable Education Loans for Service Program (FELS) and other financial aid information with student applicants	Admission application period and immediately upon acceptance	
		Community College Nursing Education Department assigns a nursing advisor in addition to Nursing Student Advisor to monitor student enrollment and performance	Annually and ongoing	
		Student Nurse professional association involvement is encouraged as strategy to assist student identification as a baccalaureate student dually enrolled in both schools.	Annually and ongoing	
		Upper class BSN students are encouraged to serve as mentors to new RIBN students.	Ongoing	
	Continuatio n criteria	 Decision made and policy developed re: use of a "wait list" to handle attrition. Policies in place at university and community college(s) re: required Grade Point Average to 	3-6 Months prior to student enrollment Annual review by all	
		continue in RIBN track. • Academic probation policies in place.	partnering schools.	
	Faculty developmen t continues.	Faculty development activities for all partnering schools are held to address continuing learning, collaboration, and socialization needs.	Preferably annually or at least every 18 months to 2 years.	
	Faculty participation is active.	 All faculty are aware of the RIBN program and how it compares to other programs within community college and affiliate university. Faculty from cc and university are involved in sharing teaching or guest lectures as feasible. Use video conferencing as available to familiarize students with associate degree and university faculty and campus activities. 	Ongoing	
	RIBN students are connected via statewide network	"Connect for Success" teleconference sessions coordinated by NCAHEC system are offered on a regular basis to connect students from RIBN programs in participating schools across N.C.	Ongoing	
	RIBN students achieve RN licensure between Years 3 &4; maintain enrollment in Year 4; may choose to work parttime in Year 4 but should not exceed 20 hours work/week.	 RIBN program provides an orientation plan to assist employers and students with successful transition to practicing RN status. Employing organizations alter work hours to support RIBN students' 4th Year course enrollment as well as transition to practice. Employers and partnering University School of Nursing develop supportive strategies including preceptors and mentors to maintain student enrollment and employment. 	 End of Year 3 RIBN enrollment Summer after Year 3 RIBN enrollment Year 4 of RIBN enrollment Year 3 and 4 of RIBN enrollment 	

Phases	Measureable Outcomes	Strategies	Time Lines	
Evaluation	Student admission numbers are met.	 Quantitative measures meet goal set for program. A "wait list" may be used. Students on wait list follow same curriculum as RIBN student to be ready for acceptance. 	Year 1 of student enrollment and ongoing	
	Student graduation numbers are met.	 Quantitative measures meet goal set for program. Reasons for any student loss are known. 	Year 4 of student enrollment and ongoing	
	RIBN Students' NCLEX scores are comparable to those completing standard ADN & BSN programs.	Quantitative measures indicate this subgroup meets same expected performance standards as generic students.	Summer after Year 3 RIBN enrollment	
	Faculty resources are adequate.	Quantitative measures related to budget for faculty resources are monitored and evaluated.	Ongoing and especially Year 3 - summer of student enrollment	
	Faculty support and value the RIBN program.	 Faculty evaluation is addressed and tools are standardized as feasible. Qualitative measures indicate positive experience with RIBN program. Quantitative measures indicate positive experience with RIBN program. 	Prior to student enrollment and ongoing	
	Employing organizations value part-time RN RIBN 4 th year student and see this employee as a good return on their investment.	 Mentors serve as liaisons to employing organizations and RIBN students; RN and faculty mentors coach students and employers to support appropriate balance of work hours and student expectations. 	Summer after Year 3 and Year 4 of student enrollment and ongoing	





Foundation for Nursing Excellence: Regionally Increasing Baccalaureate Nurses in North Carolina (RIBN)

BUSINESS CASE ANALYSIS AND ECONOMIC IMPACT

Executive Summary and Recommendation

March 2013

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Executive Summary

This research examines the economic impact of the Regionally Increasing Baccalaureate Nurses in North Carolina (RIBN) initiative — an innovative new educational track to BSN sponsored by the Foundation for Nursing Excellence (FFNE) — on its key stakeholders.

RIBN is a new educational partnership between community colleges and universities across North Carolina that blends the best of both the two year community college based ADN and the four year university based BSN degree programs (*FFNE RIBN Academic Progression in Nursing* proposal to the Robert Wood Johnson Foundation, 2012). RIBN students are dual enrolled by both a community college and a university and spend the first three years home-based at the community college and the fourth year enrolled at the university to complete their BSN degree. It is projected that RIBN will eventually include 55 community colleges and 15 universities organized into regional collaborative or partnerships across the state. The current plan for RIBN envisions growing the program to a steady state of 938 dual enrolled RIBN students by 2020, with 763 enrolled at community colleges and 175 enrolled as additional fourth year nursing students at universities. Fully developed, a total of 767 RIBN BSN students will have graduated and entered the workforce by 2020 and an additional 175 RIBN BSN students will graduate and enter the workforce each year thereafter.

The four key stakeholders in RIBN are

- Nursing students
- Community colleges
- Universities
- Hospitals and other "practice provider" employers.

Initial planning by FFNE hypothesized that RIBN would be cost neutral for community colleges and universities to participate and that hiring RIBN BSN graduates instead of ADN RNs would result in cost savings and other benefits for employers like hospitals and other practice providers across North Carolina.

The major findings of this study with respect to the four key stakeholders are as follows:

- 1. For nursing students choosing between a two year ADN, a four year BSN, or a RIBN BSN education, the RIBN BSN is financially more worthwhile over a lifetime nursing career than either an ADN or a traditional four year BSN. Furthermore, the RIBN BSN enables a nurse to be more fully engaged in the nursing profession sooner, including qualifying for leadership positions, fully participating in case management and progressing along professional nursing career ladders.
- 2. Participating in RIBN is not cost neutral for community colleges. RIBN student enrollments replace ADN student enrollments at community colleges and therefore do not represent additional tuition revenues, except for the tuition revenue for Year 1 general education courses. At the same time, community colleges assume the major costs of hiring Student Success Advocates (SSAs) to recruit nursing

students into the RIBN program and manage their progress. When fully developed by 2020, the current RIBN plan represents an additional annual cost of \$610,500 for community colleges to hire the needed number of SSAs across the state, assuming that 100% of additional tuition revenue from year 1 RIBN students is applied to the costs of offering RIBN.

- 3. Participating in RIBN is not cost neutral for universities, even though RIBN students enrolled during their fourth year are additional fourth year nursing students and therefore represent additional tuition revenues for the universities. This additional tuition revenue does not fully cover the expected additional costs for more nursing faculty and university support staff needed for the additional RIBN nursing students. After subtracting 100% of the estimated incremental tuition revenues from incremental university expenses, RIBN will still add an additional \$155,050 in annual costs for universities from 2020 forward.
- 4. Hiring RIBN BSN graduates rather than ADN nurses will save hospitals and other practice providers an estimated \$3,000,000 a year by 2022 and these annual cost savings will grow to almost \$4,000,000 by 2030. These cost savings will come from reduced tuition reimbursement costs for new ADN RNs to obtain their bachelors degree and from lower RN turnover and reduced RN recruitment and "onboarding" replacement expenses. Annual tuition reimbursement cost savings alone are estimated to be \$1,575,000 a year by 2020. Practice providers are also expected to experience other cost savings and revenue enhancements that are not currently monetized and included in the economic model, including cost savings by shifting appropriate physician tasks to nurses and additional revenues from increased Pay for Performance from Medicare and Medicaid.

Recommendation

The authors of this study recommend that the FFNE, community colleges, and universities engage in discussions with hospitals and other practice providers to explore the possibility of the latter funding the additional costs for community colleges and universities to offer RIBN.

When RIBN is fully developed by 2020, the annual tuition cost savings alone for hospitals and other practice providers is estimated to be \$1,575,000 a year, a dollar amount 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. This assumes that the community colleges and universities will be able to allocate 100% of incremental RIBN student tuition to the direct costs of offering RIBN.

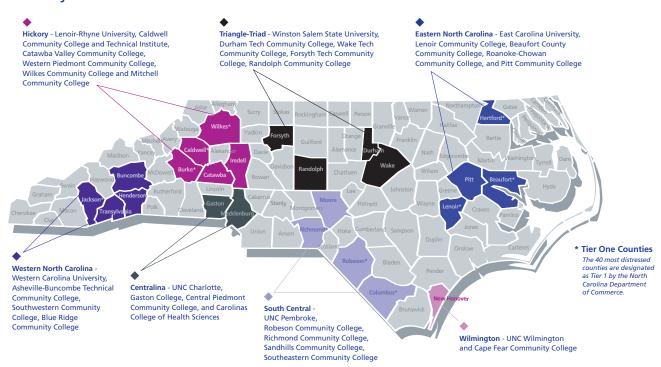
Regionally Increasing Baccalaureate Nurses in North Carolina

RIBN – Regionally Increasing Baccalaureate Nurses in North Carolina – is a new education track to the BSN that is currently being implemented across the state (*FFNE RIBN Academic Progression in Nursing* proposal to Robert Wood Johnson Foundation, 2012). It was first piloted in 2010 as a partnership between A-B Technical Community College in Asheville and the School of Nursing at Western Carolina University. The RIBN BSN is designed to blend the curriculum and advantages of both the community college and the university. A RIBN BSN student is dual enrolled by both the community college and the university and spends the first three years at the community college, then enrolls in the university during the fourth year to complete their BSN degree. RIBN students complete the ADN program at the community college and become eligible for RN licensure after year three. They are also eligible to work as an RN during their fourth year while at the university completing the BSN degree.

The following map shows the current plans for RIBN partnerships of community colleges and universities that will cover much of the state. When fully developed in 2020, RIBN BSN partnerships will include 55 community colleges and 15 universities.

Today a number of RIBN BSN students are already "dual enrolled" at several community college sites across the state and the initial set of RIBN students will enter the universities as fourth year nursing students in 2013. When fully developed by 2020, RIBN will have a steady state enrollment of 938 students, with 763 RIBN BSN students enrolled during years one through three at community colleges and 175 RIBN BSN students enrolled annually at the universities as fourth year nursing students. A total of 767 RIBN BSN students will have graduated and entered the workforce by 2020 and 175 additional RIBN students will graduate and enter the workforce each year after 2020.

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



ADN vs BSN vs RIBN BSN? – The Nursing Student Stakeholder Perspective

Are there lifetime career financial differences between entering the nursing profession through an ADN educational pathway versus a traditional four year BSN versus a new community college and university RIBN BSN? It is generally recognized within the nursing profession that a BSN degree is required to qualify for a number of leadership and management positions, effectively engage in case management with representatives from other medical disciplines, and make progress along professional nursing career ladders at most employers. Having more nurses entering the profession with a BSN degree also increases the pool for future nursing faculty and advanced practice nurses. Setting these nursing career progression and career participation matters aside, is there any difference in the career earnings between these three educational pathways to the nursing profession?

Profiles for each educational pathway were developed using average tuition expenses for community colleges and universities, the terms and limitations for education loans under the FELS Program, and employment salary data from the Raleigh metropolitan area (US Department of Education, National Center for Education Statistics, IPEDS, Fall 2010 and Spring 2011, US Department of Health and Human Services; www.payscale. com; FELS, College Foundation of North Carolina). The three profiles are summarized below.

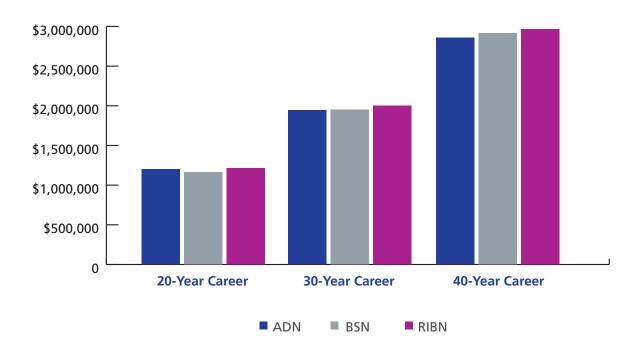
	ADN Model	BSN Model	RIBN BSN Model
Description	2 year education at community college	4 year education at university	3 year education at community college; 4th year at university
Total tuition cost	\$3,795.53	\$19,825.50	\$10,649.66
Education loans forgiven under FELS?	Yes	Yes up to cap on FELS; total tuition exceeds loans forgiven under FELS	Yes
RN licensure after	2 years	4 years	3 years
Work for practice provider after	2 years as ADN	4 years as BSN	4 years as RIBN BSN (may work part-time after year 3)
Average starting salary	\$43,209	\$45,495	\$45,495
Experienced RN salary	\$60,890	\$66,316	\$66,316

Lifetime career earnings were estimated for each model assuming that the individual pays for their tuition and living expenses through loans and savings and assuming the individual does not subsequently obtain a graduate degree or a significant career promotion. Net present value calculations were made assuming career longevity of 20, 30, and 40 years. The net present value for a 30 year career RN is \$1,944,715 for

an ADN, \$1,951,295 for a traditional four year BSN, and \$2,001,639 for a RIBN BSN graduate. Financially the RIBN BSN program is worth \$56,924 more than an ADN program over a 30 year career lifetime and \$50,344 more than a traditional four year BSN program over the same career lifetime.

The following charts summarize the results of this net present value analysis of earnings over a 20, 30, and 40 year career, without regard to further career and educational opportunities. The RIBN BSN is financially in the best interest of a nursing professional over any of these lengths for a lifetime career in nursing.



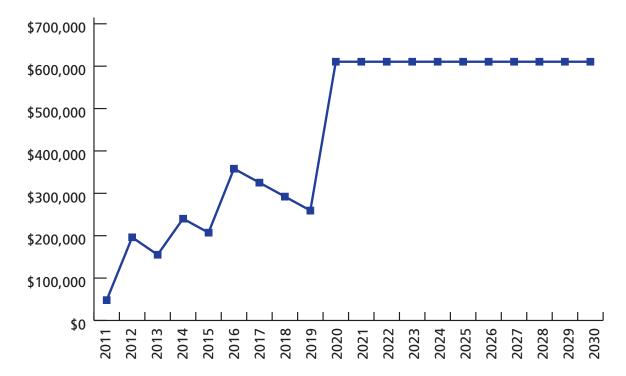


The Community College and University Stakeholder Perspectives

For community colleges, RIBN student enrollments replace ADN student enrollments and therefore RIBN students do not represent any additional, incremental tuition revenues. According to the plan for RIBN (FFNE RIBN Academic Progression in Nursing proposal to Robert Wood Johnson Foundation, 2012), community colleges will lead in hiring Student Success Advocates (SSAs) to recruit students into the RIBN program and manage their progress, particularly within the first three years while they are enrolled at community colleges. The SSA annual cost is expected to be \$48,000 per SSA and each SSA will work part-time at two or more community colleges. When RIBN is fully developed in 2020, it is planned to include 55 participating community colleges with 23 shared SSA support staff. This will represent an additional annual cost of \$1,104,000 for the community colleges, which will be reduced by \$493,500 in incremental tuition revenue from year 1 RIBN students enrolled at community colleges taking prerequisites and general

education courses. The growth in this annual net cost to community colleges is tracked over the coming years by the following graph.

Annual cost to the Community Colleges reduced by incremental tuition revenue



The economics are different for universities participating in RIBN.

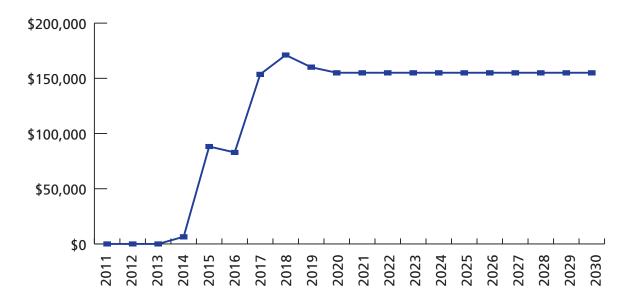
On the revenue side, tuition revenues for universities will increase as RIBN students enroll as additional full time students at universities in year four of the RIBN track, even though much of the curriculum is online. Using the UNC System Student Credit Hour Budget Model (Office of the President, University of North Carolina General Administration), the 175 RIBN students enrolled annually at universities from 2020 on will result in an additional \$999,950 in tuition revenue per academic year. This assumes average additional tuition revenue of \$5,714 for every fourth year RIBN student enrolled at universities. Each university will need to determine how much of the incremental tuition revenue from RIBN student enrollments will be allocated to the incremental direct costs of offering RIBN versus allocated to other university budget line items. This analysis assumes that 100% of the incremental tuition revenue will be allocated to offset the additional direct costs of offering RIBN.

On the expense side, university schools of nursing (ECU, WSSU, and WCU) have indicated they expect to need to hire 1.5 additional faculty members for every 20 RIBN students, plus an additional advisor or staff support person for every 40 RIBN students. The expected annual cost for a school of nursing faculty member is \$75,000 and the annual cost for an advisor or staff support person is \$45,000.

For universities, the additional tuition revenues could considerably offset the additional expenses for faculty members and staff, yet the unfunded direct costs increase over the years as RIBN is developed even when 100% of the new tuition revenue is allocated

to the costs of offering RIBN. By 2020 the net annual cost for RIBN to universities after adjusting for 100% of incremental tuition revenues, is expected to be about \$155,050 per year. The following graph summarizes the growth in net annual cost to universities as RIBN expands by 2020.

Annual cost for Universities to offer RIBN less 100% of incremental tuition revenues



In summary, RIBN is not cost neutral to either community colleges or to universities. Community colleges incur the majority of the net incremental cost for RIBN, estimated to stabilize by 2020 at \$610,500 a year for the 23 Student Success Advocates. The net cost for RIBN after 100% tuition revenue credits for universities is estimated to stabilize at \$155,050 a year for additional faculty and support staff. This results in a total estimated overall annual cost of \$765,550 a year from 2020 forward for community colleges and universities to offer the RIBN program. This analysis assumes all the incremental tuition revenue is allocated to offset the additional direct costs for the community colleges and the universities to offer RIBN.

The Practice Provider Stakeholder Perspective

For hospitals and other practice providers, RIBN BSN graduates add to the pool of baccalaureate degree nurses entering the workforce instead of ADN RNs. Increasing the number of staff RNs with baccalaureates and increasing the percentage of nurses with a bachelor degree contributes toward a hospital or other practice provider achieving Magnet Status and also generally supports increased professionalism for all employees. Hiring RIBN graduates instead of ADN RNs, however, is expected to result in four major cost savings or revenue enhancements (*Investing in Nurse Education: Is There a Business Case for Health Care Employers?*, Patricia Pittman, Katie Horton, Alex Keeton, and Carolina Herrera, The George Washington University, RWJF Grant 68816, April 11, 2012):

- Cost savings from reduced tuition reimbursement expenses for new ADN RNs to obtain bachelors degrees
- 2. Cost savings from reduced RN turnover and reduced RN recruitment and onboarding replacement expenses

- 3. Cost savings by shifting appropriate physician tasks to better trained nurses
- 4. Additional revenue from increased Pay for Performance from Medicare and Medicaid

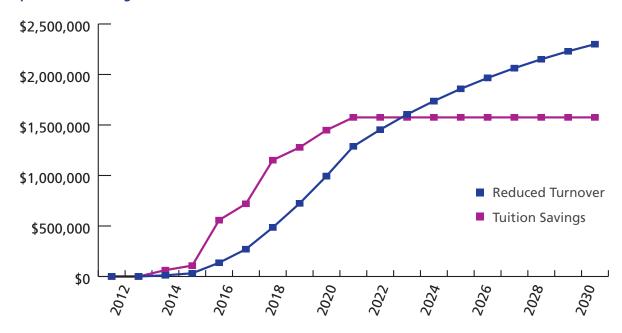
Only the first two major cost savings are estimated and monetized in this analysis.

Hospitals and other practice provider cost savings from reduced tuition reimbursement expenses for new ADN RNs to obtain their bachelors degree while working full time are estimated assuming a total historic average of \$9,000 in tuition reimbursement and other financial support for these employees (Vidant Health, Randolph Hospital). Hiring RIBN BSN employees instead of ADN RNs enables practice providers to avoid this tuition reimbursement expense. With 175 RIBN BSN employees entering the workforce each year from 2020 onward, this represents an annual cost savings of approximately \$1,575,000.

The second major source of cost savings comes from reduced RN turnover and onboarding replacement expenses that should result from employing RIBN BSN RNs rather than ADN RNs. Assuming that a current annual nurse turnover rate of 14% would be reduced to a target nurse turnover rate of 10% and that the average cost of replacing a nurse is \$42,000 (North Carolina Hospital Association Workforce Report, NCHA, 2010), the entry into the workforce of a cumulative total of 767 RIBN RNs by 2021 should result in an annual cost savings to employers that year of \$1,288,560. This source of cost savings will continue to increase as more RIBN RNs enter the workforce at a rate of 175 a year from 2020 onward.

The following graph tracks these two major sources of cost savings for hospitals and other practice providers as RIBN is developed and RIBN BSN graduates enter the workforce.

Annual practice provider savings in tuition reimbursement expense and turnover expense from hiring RIBN RNs



Summing these two major sources of cost savings from employing RIBN RNs instead of ADN RNs totals \$2,501,520 in annual cost savings by 2020 and continues to grow into future years. RIBN will result in significant cost savings and other benefits for RIBN BSN employers.

Summary

So what is the economic impact of RIBN on its key stakeholders – nursing students, community colleges, universities, and hospitals and other practice provider employers?

For nursing students considering entering the profession through either a two year ADN, a four year traditional BSN, or a RIBN BSN, a bachelors degree is increasingly required for engagement and progression in the profession, and the career financial benefits of a RIBN BSN are greater than either of the other two pathways. This is particularly the case with respect to the career financial advantage of entering the nursing profession with a RIBN BSN as opposed to a two year ADN.

For community colleges and universities, offering RIBN is not cost neutral. In fact, when RIBN enrollments are fully developed and stabilized in 2020 the additional overall annual net cost after applying 100% of incremental RIBN student tuition revenue for community colleges will be about \$610,500 and for universities about \$155,050 each year forward resulting in a total net cost of \$765,550 per year summed across the 55 community colleges and 15 universities participating in RIBN from 2020 forward.

The additional cost to offer RIBN for community colleges comes primarily from the expense of hiring Student Success Advocates across the state to recruit students into RIBN and manage their progress. RIBN students replace existing ADN students for community colleges and thus offer no opportunity for additional tuition revenues.

RIBN students at the universities, however, are enrolled as additional fourth year nursing students. They add to the student enrollment figures for university schools of nursing. University schools of nursing will need to hire additional faculty and additional support staff to support these additional students. At the same time, tuition revenues for universities will also increase as these 4th year RIBN students are additional RN student enrollees at the university.

The graph below tracks the total overall annual cost for community colleges and universities to offer RIBN by year as RIBN enrollments are developed. From 2020 forward when RIBN is fully developed, this total overall annual incremental cost to offer RIBN is estimated to be \$765,550 a year for the participating community colleges and universities.

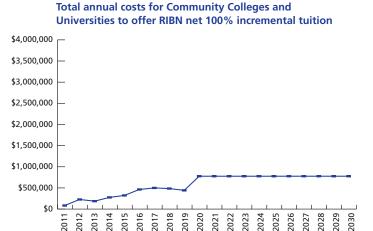
Hospital and other practice provider cost savings from hiring RIBN BSN graduates as opposed to hiring ADN RNs are significant and will be approximately \$3,000,000 annually by 2020 and \$4,000,000 annually by 2030. The cost savings captured in this economic analysis come from only two of the four major areas of cost savings and revenue enhancements available to practice providers.

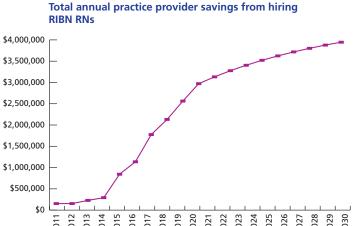
According to the RIBN plan, by the year 2020 about 767 RIBN BSNs will have entered the workforce and an additional 175 RIBN students will enter the workforce annually. Employing these RIBN graduates instead of ADN RNs will enable practice providers to realize annual cost savings of about \$1,575,000 a year from reduced tuition reimbursement expenses alone for new ADN RNs to obtain their bachelors degree while working full time.

Annual cost savings from reduced RN turnover and replacement expenses are estimated to be \$1,288,560 a year by 2020 and will continue to increase annually.

The graph below charts the annual total practice provider cost savings from reduced tuition reimbursement expenses and reduced employee turnover expenses as RIBN expands and is fully developed.

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





In summary, the cost savings for hospitals and other practice providers that benefit from hiring RIBN graduates exceed the overall additional costs and expenses for the community colleges and universities to offer RIBN as RIBN graduates enter the workforce. By the year 2020, the annual savings for practice providers is almost double the overall annual expense for community colleges and universities to offer RIBN.

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 better education and higher professionalism for nurses.

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.



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