Nursing Baccalaureate Study Group

September 17, 2013
Chancellor’s Office
Sacramento, CA

Chris Mallon; Marshall Alameida; Pam Kersey
Nursing Specific Topics

- Need
- Program Approval/Accreditation Issues
- Curriculum
- Pros and Cons
- Alternatives
- State Context
- Financial Considerations
- Conclusion
The need for more BSNs has been well established and documented.

For this presentation we will not discuss the need but instead will look at specific information about how to make it happen.
California Board of Registered Nursing (BRN) Approval Issues

- Continuing to offer an ADN will not change current BRN approval

- ADN-to-BSN programs (post licensure) do not need approval by BRN

- Establishing new BSN programs requires BRN approval

- Pam received this information directly from the BRN
Accreditation Issues

Choice of accrediting bodies, each with different accreditation criteria and procedures

- Accreditation Commission for Education in Nursing (ACEN)
- Commission on Collegiate Nursing Education (CCNE) Part of the American Association of Colleges of Nursing (AACN)
ACEN (formerly NLNAC) Accreditation

- Accreditation Commission for Education in Nursing
- All Types of Nursing Programs may be accredited by this organization
- A Community College with an ADN program that is accredited would have to go through the process to have a new RN to BSN program accredited.
- They did not respond to Pam’s email however this information is based on what could be found on their website.
Accreditation of Baccalaureate and Graduate nursing education

Community College ADN program could not be accredited by this organization
ACCJC/WASC Accreditation Issues

- This would be a college level not nursing program specific issue. Another group is researching this.
Pros and Cons of Community Colleges offering a BSN

Pros

• Students graduating with an ADN can take the licensure exam and begin working as a nurse while they continue their education.

• Students who may be intimidated by moving into a larger university setting may be more comfortable continuing their education at the community college.

• Students may be able to start their BSN education sooner instead of waiting for a CSU placement.

Cons

• CCC would compete with existing programs for nursing faculty and clinical placements, already in short supply.

• Students remaining in the community college setting do not get the same experience that a university offers.

• Diverts state funding from enhancing existing programs to new programs and structures.

• Does not focus on aligning ADN program curriculum for transfer.
Curriculum

- See AB 1295 BSN Content handout
- Developed by CCC and CSU faculty working on AB 1295 in 2011
- CCC ADN programs have requirements that vary by district and college
- Units required for ADN programs vary
- LAO has urged greater consistency to improve transfer and to make degree completion more efficient
- CSU fulfillment of AB 1295 is online https://www.calstate.edu/adn-bsn/
Proposed Curriculum

- Developed by Community College Nursing Program Directors:
  - Debbie Yaddow (Grossmont College)
  - Debbie Berg (San Diego City College)
  - Sandy Baker (Riverside College)

- See Handout
BSN Option

- Implementation of the ‘differential nursing courses’ that are currently not taught in the ADN curriculum as an ADN-BSN model.
  - The ADN-BSN could be considered as a one (1) year continuation curriculum, post NCLEX-RN, at which time student would be awarded the BSN.
  - The ADN-BSN could be considered as a concurrent, overlay to the existing ADN curriculum (e.g., summers).
  - The ADN-BSN could be considered in terms of a fee-based program, if allowable under Community College guidelines. In this manner, students could offset much of the cost of the program and still attain a BSN at a remarkably affordable cost.
BSN option

- The establishment of ‘Online Technology Centers’ that facilitate the differential BSN courses in an online environment.
  - An existing center(s) or a new center(s) with the most current technology that has built in capacity for future, long-term growth of online education in general.
  - Possibility of State budget funding for on-line education expansion. The following model does not address the infrastructure development for online education delivery.
Continued

- Multiple campuses would collaborate and their students would co-mingle in the lecture, learning environment.
- In this manner we can maximize student enrollment in the theory courses to offset the cost of clinical cohorts for Community (highest cost course).
- We can also maximize instructor resources from a system wide, statewide, nationwide pool.
The model is based on a 1:120 student/lecture class environment (online). It is also based on a 1:15 clinical ratio for Community clinical reflective of a preceptor method of instruction.

The model can be adjusted. *Marshall suggests:* increments of 15 in accordance with the clinical ratios.

Marshall acknowledges lack of knowledge on all of the possible variables associated with Community College funding though he is eager to learn.
<table>
<thead>
<tr>
<th>Course</th>
<th>Lecture Units Hours</th>
<th>Lecture Load</th>
<th>Lab Units Hours</th>
<th>Lab Load</th>
<th>Total Units Hours</th>
<th>Total Load</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Research</td>
<td>3/54</td>
<td>20%</td>
<td></td>
<td></td>
<td>3/54</td>
<td>20%</td>
<td>$16,500</td>
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<tr>
<td>Theory</td>
<td>3/54</td>
<td>20%</td>
<td></td>
<td></td>
<td>3/54</td>
<td>20%</td>
<td>$16,500</td>
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<tr>
<td>Advanced Health Assessment</td>
<td>2/36</td>
<td>13.33%</td>
<td>*1/54: omits lab see note below</td>
<td>2/36</td>
<td>13.33%</td>
<td>*$10,997.25: omits lab see note below</td>
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<tr>
<td>Community Health</td>
<td>2.5/45</td>
<td>16.67%</td>
<td></td>
<td></td>
<td>2.5/45</td>
<td>16.67%</td>
<td>$13,752.75</td>
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<tr>
<td>Community Clinical</td>
<td></td>
<td>1.7/91.8</td>
<td>25.5% x 8 = 204%</td>
<td>1.7/91.8 x 8 = 13.6/734.4</td>
<td>25.5% x 8 = 204%</td>
<td>$21,037.50</td>
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<td>Ethical/Legal and Contemporary Issues</td>
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<td>3/54</td>
<td>20%</td>
<td>$16,500</td>
</tr>
<tr>
<td>Leadership &amp; Management</td>
<td>3/54</td>
<td>20%</td>
<td></td>
<td></td>
<td>3/54</td>
<td>20%</td>
<td>$16,500</td>
</tr>
<tr>
<td>Model Nursing Totals</td>
<td>16.5/297</td>
<td>110%</td>
<td>1.7/91.8 x 8 = 13.6/734.4</td>
<td>25.5% x 8 = 204%</td>
<td>30.1/1031.4</td>
<td>Lecture: 135.5% Lab: 204%</td>
<td>$259,050</td>
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<tr>
<td>Model Upper Division GE</td>
<td>9/162</td>
<td>60%</td>
<td></td>
<td></td>
<td>9/162</td>
<td>60%</td>
<td>$49,500</td>
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<tr>
<td>Model Totals</td>
<td>25.5/459</td>
<td>170%</td>
<td>13.6/734.4</td>
<td>204%</td>
<td>39.1/1193</td>
<td>399%</td>
<td>$308,550</td>
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<tr>
<td>-$82,500 /Faculty</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$48,138.75</td>
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<td>Model Benefits 15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$356,668.75</td>
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<tr>
<td>Total Model Costs</td>
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<td></td>
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## BSN option

<table>
<thead>
<tr>
<th>Course</th>
<th>Lecture Units Hours</th>
<th>Lecture Load</th>
<th>Lab Units Hours</th>
<th>Lab Load</th>
<th>Total Units Hours</th>
<th>Total Load</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health Assessment</td>
<td></td>
<td>1/54</td>
<td></td>
<td>15%</td>
<td>1</td>
<td>15%</td>
<td>$12,375</td>
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*This lab is defined in the curriculum as an adjunct of Advanced Health Assessment Lecture. My suggestion is that it be integrated within currently funded clinical/lab hours of the ADN curriculum so that clinical/lab ratios would not have to be added to the model cost.*
<table>
<thead>
<tr>
<th>Model Assumptions [120 Student Model]: $356,668.75</th>
<th>State Level Model Cost Assumptions: $0?</th>
<th>Additional Savings Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Faculty Cost: $94,875 ($82,500 + $12,375 benefits [15%])</td>
<td>- 7700 Annual ADN Graduates (Foundation for California Community Colleges)</td>
<td>- Reduction of overall units for students when individual colleges standardize prerequisites and reduce units to conform with an overall 120-130 unit ADN + BSN.</td>
</tr>
<tr>
<td>- Centralized Online Delivery of Lecture Courses 1:120 Faculty/Student Ratios</td>
<td>- 7700/120 Students = 65 Student Models</td>
<td></td>
</tr>
<tr>
<td>- One Lecture Course Each Topic/Model</td>
<td>$356,668.75 x 65 Student Models = $23,183,468.75 Annual Cost</td>
<td></td>
</tr>
<tr>
<td>- Community Clinical Faculty/Student Ratios 1:15</td>
<td>-$23,183,468.75 / 7700 Students = $3,111 Additional Student Fees</td>
<td></td>
</tr>
<tr>
<td>- Eight Clinical Sections per each 120 Student Model</td>
<td>- Student Cost For Community College Baccalaureate 92.8 (assumes 120 overall curriculum) Units X $46/unit = $4,268. Baccalaureate Differential Curriculum = $3,111 [If we ran the program as an added year to the ADN Curriculum and or were able/willing to make it more of a fee based offering].</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total ADN &amp; BSN Tuition = $7,380</td>
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CCC ONLINE TECHNOLOGY CENTERS (OTC) BSN potential benefits

• OTC BSNs potentially decrease the cost of a baccalaureate degree for California’s students and California taxpayer
• OTCs allow for expansion of Community College course offerings inclusive of expanded baccalaureate degrees
• OTCs allow for the CSU to direct capacity planning toward IOM recommendations 5, 7 & 2, thereby benefitting California and the Profession of Nursing
  • 5: Double the number of nurses with a doctorate by 2020
  • Marshall suggests: EXPAND Doctor of Nursing Practice (DNP)
• 7: Prepare and enable nurses to lead change to advance health
• 2: Expand opportunities for nurses lead and diffuse collaborative improvement efforts
CCC ONLINE TECHNOLOGY CENTERS (OTC) BSN potential benefits

- OTC BSNs provide a potential market of approximately 7700 California Community College graduates annually with a seamless transition into the ADN-BSN curriculum.
- OTC BSNs provide a curriculum that follows the student vs. restricting employment migration and decreasing entry motivation into ADN-BSN programs.
- OTC BSNs eliminate the complex maze of TMC development.
- OTC BSNs provide the approximately 20% of CCC prior baccalaureate ADN graduates a shortened ADN-BSN timeline due to the potential elimination of 30 unit residency requirements.
Alternatives to Community Colleges offering BSN

1. CSUs and CCCs jointly pursue state funding for streamlined ADN-to-BSN programs.

2. CCC nursing programs could agree on common standards that make ADN completion requirements more standardized, and that would make transfer to the CSU for BSN completion easier to accomplish (like has been done with CSU GE Breadth, IGETC, and Associate Degrees for Transfer).
Alternative

AB 1295 Seamless State Nursing Education Pathways

LAO recommendations

- Common GE Pattern for ADN programs
- Transfer model curriculum CCC-to-CSU
- Prescribed unit total for ADN-to-BSN

http://www.calstate.edu/adn-bsn/
State Context

2011-12 Pre-licensure enrollment distribution

- 46% in ADN (9.7% ↓)  (Capacity exists here)
- 47.5% in BSN (1.9% ↑)  (Capacity exists in ADN-to-BSN)
- 6.5% in ELM  (Capacity exists here)

New Student Enrollment by Program Type

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<tr>
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<tbody>
<tr>
<td>New Student Enrollment</td>
<td>7,457</td>
<td>7,825</td>
<td>8,926</td>
<td>11,131</td>
<td>12,709</td>
<td>12,961</td>
<td>13,988</td>
<td>14,228</td>
<td>13,939</td>
<td>13,677</td>
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<tr>
<td>ADN</td>
<td>5,316</td>
<td>5,547</td>
<td>6,160</td>
<td>7,778</td>
<td>8,899</td>
<td>8,847</td>
<td>9,412</td>
<td>8,594</td>
<td>7,688</td>
<td>7,411</td>
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<tr>
<td>BSN</td>
<td>1,903</td>
<td>1,960</td>
<td>2,371</td>
<td>2,709</td>
<td>3,110</td>
<td>3,404</td>
<td>3,821</td>
<td>4,842</td>
<td>5,342</td>
<td>5,445</td>
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<td>ELM</td>
<td>238</td>
<td>318</td>
<td>395</td>
<td>644</td>
<td>700</td>
<td>710</td>
<td>755</td>
<td>792</td>
<td>909</td>
<td>821</td>
</tr>
<tr>
<td>Private</td>
<td>980</td>
<td>1,150</td>
<td>1,614</td>
<td>2,024</td>
<td>2,384</td>
<td>2,704</td>
<td>3,774</td>
<td>4,607</td>
<td>4,773</td>
<td>4,795</td>
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<tr>
<td>Public</td>
<td>6,477</td>
<td>6,675</td>
<td>7,312</td>
<td>9,107</td>
<td>10,325</td>
<td>10,257</td>
<td>10,214</td>
<td>9,621</td>
<td>9,166</td>
<td>8,882</td>
</tr>
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State Context

Since 2006-07
- public enrollments down 14%
- private enrollments more than doubled

California needs to invest in public nursing education programs
State Context

Enrollment Capacity in Existing CSU Nursing Programs

<table>
<thead>
<tr>
<th>2014-2015 CSU Undergraduate Impacted Programs Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakersfield</td>
</tr>
<tr>
<td>Nursing, Basic</td>
</tr>
<tr>
<td>Nursing, RN to BSN</td>
</tr>
</tbody>
</table>

- All pre-licensure BSNs are impacted (“I”)
- Capacity (“O”) in post-licensure (ADN-to-BSN)
- CSU can produce more BSNs through transfer
Financial Considerations

- How will ADN tuition compare with RN to BSN tuition in the community college?
- Will financial aid be an issue when pursuing a Baccalaureate degree in a community college?
- Tax dollars are limited, how will allocation be different?
- If tuition is less at the CCC will students be drawn to these programs instead of the CSU?
- Will the CCCs only accept their own graduates or will they accept any RN wanting to obtain a BSN?
- Many students have opted for more expensive private schools to obtain their post licensure BSN.
Conclusion

- Pam, Marshall and Chris agreed to disagree as we worked on this project together. We have included our best information in these slides.
- A lot of work has been done by others before this work group was initiated and we have included some of that information.
- California is fortunate to have so many options available for students and so many educators who are passionate about giving the best solutions for RNs to obtain a BSN.