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Wisconsin Models for BSN-Completion in Rural – Urban Settings

Taking the LEAD for Nursing in Wisconsin:
Leadership, Educational Advancement & Diversity

WISCONSIN MODELS FOR BSN COMPLETION IN
RURAL - URBAN SETTINGS

The *Wisconsin Models for BSN Completion in Rural-Urban Settings* were developed as part of the Robert Wood Johnson Foundation® *State Implementation Program (SIP)* grant, *Taking the LEAD for Nursing in Wisconsin: Leadership, Educational Advancement & Diversity.*

The overarching project goal for this focus area of *LEAD* was to increase the proportion of Wisconsin nurses with a BSN through the development of a statewide plan and facilitation of academic progression, with an accompanying objective to increase the enrollment of students in RN to BSN completion programs in public and private schools in Wisconsin by 15%.

The activities of the project focused on the importance of academic- practice partnerships. The use of academic-practice linkages is well supported in literature and has been used successfully in multiple Wisconsin projects, including the Marquette HRSA-funded nurse residency program, the UW-Milwaukee College of Nursing and Department of Labor-supported Fast Track (*SWIFT*) Nurse Educator Initiative, and the UW-Madison School of Nursing and HRSA-funded LEAP Project – *Linking Education and Practice for Excellence in Public Health Nursing.*

The Institute of Medicine's (IOM, 2011) report, *The Future of Nursing: Leading Change, Advancing Health,* recommends that 80% of nurses are educated at the baccalaureate level by 2020, and that leaders from academic centers should partner with healthcare organization leaders to facilitate this goal. The IOM also advises that in order for current and future generations of nurses to deliver safe, quality, and patient-centered care, changes in education are necessary. Research has shown improved patient outcomes for clients in organizations with greater percentages of BSN or higher prepared nurses; therefore, the IOM calls for innovative programs which allow for a seamless transition between nursing degree programs.

Wisconsin Center for Nursing (WCN) data on the state nursing workforce also support the need for this project. According to WCN 2014 RN Workforce data, 36.2% of Wisconsin nurses hold ADN as their highest nursing degree. Historically, only 17% of ADN nurses in the state complete higher degrees in nursing. Wisconsin data also indicate that the chief barriers to BSN-completion vary by locale, class, and culture. Academic progression takes considerable time,

effort, and resources for nurses who continue to work and care for families while they go to school part-time. Additional challenges are presented in rural areas, where access to educational programs may be difficult. This clearly provides an evidenced-based foundation and impetus for the development of effective program models which can facilitate these nurses to advance their degrees.

For the reasons cited above, the *LEAD* project focused on the development of models for both rural and urban settings. Our project included the following action steps as strategies to accomplish this:

1) Explore partnerships with at least 2 employers to support ADN to BSN completion and collaborate on recommended strategies including on-site curricula, tuition reimbursement and paid time.
2) Develop pilot design for BSN completion model with intent to pilot model design in a future project

The project resulted in the development of two key deliverables:
- Two employers (one rural, one urban) now have a strategic plan to support RN-BSN progression
- Both models have an articulated plan for their pilot programs

In the following sections of this summary document, these models are presented in detail to be disseminated and utilized to advance nursing education through other academic-practice partnerships that could benefit from their design.

The Urban BSN Completion Model:

Bellin Health System and Bellin College

Leaders from the Bellin Health System and Bellin College in Green Bay, Wisconsin (2013 population: 104,779) fully embraced the recommendations from the 2011 IOM Report and came together to develop a model for BSN-completion.

In September of 2013, Chief Nursing Officer (CNO) Laura Hieb of Bellin Health System was aware that at least 54% of the over 800 nurses in the Bellin Health System had a Bachelor of Science in Nursing (BSN) degree or higher, which is slightly higher than the national level of 51% ,as reported by the Future of Nursing™ *Campaign for Action*. Her 5-year plan included bringing the Bellin nursing workforce to 80% BSN by 2020. Conversations began with the CNO of Bellin Health System, President Connie Boerst, and Dean of Academic Affairs, Stephanie Stewart of Bellin College, to collaborate in the effort to achieve the metric of 80% BSN workforce through the development of a unique RN-BSN program customized for Bellin Health System. It was agreed that Bellin would be a suitable urban pilot for the *LEAD* grant project on BSN-completion models.

The challenge for the CNO was to get buy-in from Chief Executive Officer (CEO) George Kerwin and Chief Financial Officer (CFO) Jims Dietsche to offer financial and other incentives for the nurses to advance their education. She had already shared the research on better patient outcomes with the administrators, but a considerable challenge was to create a strong financial argument for the proposed plan. She noted that her MBA was useful when she was able to create a financial model to show that offering tuition reimbursement, with an expectation that the nurse commit to work in the system for several years to off-set the cost of his or her education, was cost effective when comparing the cost of a nurse resignation, turn-over, and subsequent orientation of a new nurse. Her model was accepted and approved by the CEO and CFO.

The plan to offer BSN-Completion was also presented to and approved by the Board of Trustees (BOT) of Bellin College, with the CEO of Bellin Health System providing strong support. The president of Bellin College and the CNO agreed on tuition pricing. The nurses' out-of-pocket costs were agreed to be reasonable and acceptable.

The Bellin College RN to BSN workgroup began meeting in February 2014. An extensive literature search was completed, in addition to a review of nursing accreditation standards. A consultant from the University of Texas Arlington, Mary Mancini, a nationally known expert for creative RN to BSN programs, spoke with the group on several occasions. A "readiness survey" was then administered to ADN and Diploma nurses within the health system. The survey yielded a 50% response rate. Cost and time proved the greatest barriers to advancing nurse education. The survey also demonstrated that many of the nurses had general education credits and some had bachelor's degrees in other areas.

Based on all data gathered, a 120-credit hybrid program with nine nursing courses was drafted, with 70 credits accepted for the ADN or diploma degrees. Those nurses who had a bachelor's degree in another field would be granted their general education credits. Several meetings with the admissions department and the registrar helped to refine the program and the general education requirements.

A meeting with nursing leaders from the healthcare system provided everyone with the vision of how the nursing courses could interface with the ongoing projects (quality, safety, readmission rates, for example) at the system. Time will be provided for the nurses to work on their projects as part of their coursework. Everyone became very excited at the synergy this program created among the education and practice partners.

Both parties agreed that the nursing courses will be co-developed and co-taught in 8-week sessions using the Canvas learning management system. The courses will be developed with a technology course designer who is employed at the college. The program is currently waiting for Higher Learning Commission approval, which should occur very soon. The first nursing courses, with cohorts of 20 to 25, will be offered fall semester 2015, with subsequent cohorts offered each January to meet the goal of 20% BSN by 2020.

Everyone working on this collaboration feels the program is unique because of the nursing courses, which are designed to be relevant to both the nurse and the health system. Our literature search did not reveal such a program, and we eagerly anticipate its outcomes for nurses, patients,

and the health system. We plan on disseminating the outcomes at state, local, national, and international professional meetings and submitting manuscripts to professional journals.

THE RURAL BSN COMPLETION MODEL:

UNIVERSITY OF WISCONSIN-EAU CLAIRE COLLEGE OF NURSING & HEALTH SCIENCES AND BLACK RIVER MEMORIAL HOSPITAL

In October 2013, discussions began between Melissa Bergerson, VP-Patient Care Services; Mary Beth White-Jacobs, CEO Black River Memorial Hospital (BRMH); and Linda Young, Dean, Eau Claire College of Nursing (UW-EC), for partnership activities for a rural BSN-completion model project between BRMH in Black Rivers Falls, Wisconsin (2013 population: 3,613) and the UW-EC in Eau Claire, Wisconsin (2013 population: 67,545).

The group felt it was necessary to gather baseline data on the nurses at the hospital. They decided their first course of action was to determine if there was an instrument to survey their nurses. An "RN Readiness Tool" for advancing education, developed be LePaine McHenry, was utilized and refined to be used in small rural hospitals. The plan was to give it to membership hospitals of the Wisconsin Rural Health Cooperative (WRHC) for feedback. At the January, 2014 meeting of the Nursing Roundtable managers group of WRHC, the tool was discussed, with feedback on the tool from over 20 CNOs attending this meeting. We also shared a "CNO Toolkit for Academic Progression," which had been recently developed as another *LEAD* grant deliverable and could be used by CNOs to better inform their constituents. The toolkit was shared with the 54 members of this consortium via email.

In February and March 2014 the "RN Readiness Tool" was used to survey the nurses at BMRH. They achieved a 76/79 (96%) response rate. Their data manager compiled the results and developed an executive summary of the data. The data were shared with the nurses in May for Nurse's Week. Highlights from the survey include that time and costs were the greatest barriers to obtaining a higher degree. Almost all of the nurses were comfortable with computers and had Internet access, and the majority was comfortable with online courses. Over 50% of the nurses indicated that an online/in-person combination (hybrid) would be their preferred method of

learning. Almost half identified benefits to obtaining a higher degree, and 15% were already taking classes.

Since the survey results have been shared with the nurses, the BRMH Senior Leader Team has identified ways to make improvements to their employee education reimbursement plan, which had already been described as "excellent," according to the survey. They are considering incorporating educational hours into working hours and other incentives to further educational advancement.

Dean Linda Young discussed with leaders at BRMH the shared BSN-completion program currently offered through UW-EC, *BSN@HOME*. The *BSN@Home* program offers core nursing courses and general education courses, with a final semester face-to-face class and a clinical Capstone arranged near the student's place of residence. The BRMH will become a pilot site for ADN to BSN completion. Lorraine Smith, Academic Advisor at UW-EC, will come to BRMH to perform a transcript/curriculum review.

Both BRMH and UW-EC proposed a pilot program for this rural initiative. The cohort that is the focus of this pilot project is the ADN nurse returning to school to complete a BSN degree. The BRMH ADN nurses would enter the UW-EC BSN-completion program after having met the admission requirements. The two BSN-completion courses, N310 and N480, are immersion courses, which require coming to campus several times a semester for each course. The frequency of coming to campus would be reduced for the BRMH students. This would mean that instead of coming to campus seven times a semester for N310, only four to five times per semester would be required. For N480, instead of coming nine times to campus, students would be coming seven times to campus for that semester. Additionally, the two classes would be offered on the same day to help with transportation costs; BRMH support of student travel would be provided.

The following outline provides an overview of programmatic needs and timeline to initiate a pilot for the Rural BSN Completion model:

1. Support resources recommended for student success include:
   a. A room at BRMH in which books, journals, and a computer(s) with program capability for distance education (DE) connections
   b. BSN-completion advising capability through DE
   c. Development of a peer-support program at the BRMH site
   d. Laptop computers for students to use while in the BSN-completion program for online classes
   e. IT support available to the students, inclusive of updated software
2. UW-EC leadership will be needed to provide consultation to assist with a change in culture to support BSN-completion as a benefit for the healthcare organization. This would include development of a sense of urgency within the hospital and other organizations to support BSN-completion.
3. First round of applications to the UW-EC BSN-completion program to be received by March 1, 2015.
4. It was identified that alternative resources, such as grant funding, will be needed to support the project.

This rural BSN-completion model project identified the critical need for small hospitals to assess their nursing workforce educational levels, to identify strategies to mitigate the challenges inherent in rural areas, and as one such strategy, to develop collaborative partnerships to improve access to education for enhanced means of academic progression.