Iowa Regional Action Coalition  
RN to BSN Task Force  
  
White Paper  
“RN to BSN Transition in Iowa”  
  
October 26, 2012  
Revised December 11, 2012

Revised September 9, 2013

This white paper supports the goal of the Iowa Regional Action Coalition Task Force on the transition of RN to BSN education to increase the percentage of registered nurses in Iowa prepared at the Bachelor of Science level to 50 percent by 2020. The Task Force submits the following recommendations to increase the percentage of baccalaureate prepared nurses in Iowa in alignment with the recommendation of the Institute of Medicine[[1]](#footnote-1) Report on the Future of Nursing: Leading Change, Advancing Health (2010). These recommendations are focused on the future nursing student.

**Recommendations:**

* **Recognize and obtain support for the implementation of consistent minimum qualifications for entry into nursing education across all programs:**
  + **ACT score of 20 or greater**
  + **Achievement of minimum “C” for any prerequisite course**
  + **Minimum of 2.5 GPA**
* **Recognize and obtain support for the implementation of consistent pre and co-requisite courses:**

|  |  |
| --- | --- |
| **Standard Pre-requisite Courses** | **Co-Requisites Courses** |
| * Anatomy & Physiology I -II * Chemistry * Composition I * Biology * Intro to Psychology * Intro to Sociology * Algebra | * Composition II * Developmental Psychology * Speech * Microbiology * Statistics * Nutrition |

* **Recognize and support individual choice of pathway to obtain a Bachelor of Science in Nursing**
  + **Generic BSN**
    - **Traditional university model**
    - **Associate degree pre-requisite completion with transfer to university**
  + **RN to BSN**
    - **1 plus 2 plus 1 or dual AA degree model – student completes an associate of arts and associate of applied science degree in a community college then transfers to university for completion of BSN requirements. Appendix A**
    - **3 plus 1 model – student completes pre & co-requisites, and nursing curriculum in a community college (6 semesters) and then transfers to university for completion of BSN requirements. Appendix B**
      * **This requires an change in the Iowa Code to increase the allowed semesters at a community college to six, or**
      * **Student transfers after five semesters at a community college and completes all remaining credits for BSN at university.**
* **As a condition of continued licensure, new graduates (date to be determined) of Associate Degree programs in nursing education be required to:**
  + **Enroll in a Bachelor’s degree in nursing completion program prior to their first license renewal (Within two years) and**
  + **Complete a Bachelor’s degree in nursing prior to the second renewal of their registered nurse license (Within an additional three years)**

Background  
The more than 2.5 million members of the profession of nursing comprise the largest component of the United States health care workforce (Bureau of Labor Statistic, 2010). Since the passage of the 2010 Affordable Care Act (ACA), nurses have and will play an important part in meeting the objectives of this broad overhaul of health care. As the health care system rapidly changes, nurses must be prepared to address the demands of clients, families, communities and government. Preparation for meeting these demands means that nurses must be appropriately educated to be professionally competent in a complex, transforming health care system.

The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM), in 2008, launched a two-year examination of the nursing profession in an effort to respond to extensive, rapid changes in the health care system. The IOM established the RWJF Initiative on the Future of Nursing, with the purpose of producing a report that would make recommendations for an action-oriented plan for the future of nursing. Through its deliberations, the committee developed four key messages.

1. Nurses should practice to the full extent of their education and training.   
2. Nurses should achieve higher levels of education and training through an improved

education system that promotes seamless academic progression.   
3. Nurses should be full partners, with physicians and other health care professionals, in

redesigning health care in the United States.  
4. Effective workforce planning and policy making require better data collection and

information infrastructure. (IOM Report 2010)

The IOM Report is the latest in a long line of reports to examine nursing over the past 90 years. In 2008, the challenges of society in the United States and in the world laid the context for this IOM report in a much different environment than had been seen in previous studies. In 2008 the nation had millions of uninsured Americans, an economic crisis loomed and two wars were underway in the Middle East. In addition, a new president faced congress and the nation with a campaign goal to reform health care in his administration. The profession of nursing was and is challenged by inconsistent state regulations for advanced practice nurses, acute care settings demand more complex skills and higher levels of knowledge, and the shortage and distribution of nurses continues to resist all efforts to meet demands. (Fairman and Okoye, 2011) These circumstances, along with many other challenges facing the profession of nursing lead to this study and the publication of the IOM Report on the Future of Nursing.

Since the early 2000’s, research on nursing and patient outcomes has identified that the level of education of the practicing nurse does influence the outcomes of patient care. Aiken and associates from the University of Pennsylvania have conducted several studies that show a positive relationship between the practice of nurses prepared at the BSN level and the outcomes of patients in their care (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, … Shamian, 2001; Aiken, L, Clarke, Cheung, Sloane, Silber, 2003; Ridley 2008; and Estabrooks, Midodzi, Cummings, Ricker, and Biovannetti, 2005). In 2002, their seminal work showed that nurse education has an impact on mortality showing that every 10 percent increase in proportion of nurses with a BSN degree in hospitals is associated with a five percent decline in mortality (Aiken, Clarke, Sloane Sochalski and Silber (2002 and 2003; Morin, 2011). Since this initial work, Aiken and associates, and other researchers, have studied international nursing care, working conditions and the influence of nursing specialty education on patient mortality. (Aiken, Clarke S, Sloane, Scholski, Busse, Clarke P and Biovannetti…Shamian (2010); Estabrooks, Midodzi, Cummings, Ricker, and Biovannetti, (2005); Kendall-Gallagher, Aiken, Sloane and Cimiotti (2011); and Zhu, Li-ming, Sheng, Liu, Fang, Hou, Lu…Zhang (2012). The results of these studies consistently indicate that the level of nurse education has a positive correlation with mortality rates and lengths of stay.

Aiken recognizes the impact of her research on the work of nurses in providing patient care. She notes that the results compel nurse leaders and health care organizations to consider the policy implications of knowing that a better work force is associated with better patient outcomes (Morin, K. (2012).

The narrow debate about nursing education levels within the profession now becomes a matter of public interest that nurses have appropriate levels of education. The conversation is evident in the IOM Future of Nursing Report that recommends a work force of at least 80 percent of nurses prepared at the bachelor’s level by 2020 (IOM, 2010 p. 173). In 2011, 46, 257 nurses were registered in Iowa of which 26 percent hold the BSN as their highest degree (IBN, 2011). The interest of the public extends beyond the composition of the workforce to consider that basic nursing education at the bachelor’s level prepares nurses for advanced education to be nurse practitioners, nurse faculty and nurse researchers. The need is great in these areas and a higher educational level for entry into practice feeds the pipeline for nurses in specialty practice, teaching and research (Aiken, 2011 and Morin, 2012).

In June of 2010, the Iowa Organization of Nurse Leaders, the chief nurses of Iowa’s hospitals, wrote a position statement in recognition of evidence-based research and the position of the American Organization of Nurse Leaders, to confirm that “the educational preparation of the nurse of the future should be at the baccalaureate level. The BSN educational preparation will prepare the nurse of the future to function as an equal partner, collaborator, and manager in the complex patient care journey, and will improve the clinical outcomes of Iowans” (IONL, 2010). Many Iowa hospitals support ADN-prepared registered nurses as they pursue their BSN degrees and some have initiated efforts to prioritize hiring of new nurse for those prepared at the BSN level.

Chronology of the work of the Task Force:

Nurses in Iowa are ready and willing to respond to the IOM report recommendations and action is already underway. In November 2011, a “Nursing Summit” was held in Des Moines that brought Dr. Susan Hassmiller, RWJF Senior Advisor for Nursing and Director, Future of Nursing: Campaign for Action to speak to the many stakeholders who must address the recommendations of the IOM report. From that meeting, the RN to BSN Task Force took its charge to develop a seamless transition for Iowa’s associate-degree educated nurses to obtain their bachelor’s degrees.

The task force has met several times in the past two years to discuss the issues associated with this transition. The task force addressed various strategies for approaching the question of seamless RN to BSN education including: 1) a competency-based curriculum, 2) RN to MSN educational track, 3) shared statewide curriculum and 4) community colleges granting BSN degrees.

The task force members agreed that a competency-based curriculum would be the focus of continuing efforts and they confirmed the need for consistency in admission criteria for students in associate degree programs and students in bachelor’s degree programs. In addition, consensus was achieved on identifying the essential pre-requisite courses for the education of nurses at each level. The chart below identifies the admissions criteria and the pre-and co-requisite college-level courses:

|  |  |  |
| --- | --- | --- |
| **Minimal Admission Criteria** | **Standard Pre-requisite Courses** | **Co-Requisites Courses** |
| * ACT score of 20 or greater * Achievement of minimum “C” for any prerequisite course * Minimum of 2.5 GPA | * Anatomy & Physiology I -II * Chemistry * Composition I * Biology * Intro to Psychology * Intro to Sociology * Algebra | * Composition II * Developmental Psychology * Speech * Microbiology * Statistics * Nutrition |

The precipitating factors to support these changes in nursing education include;   
1) the overwhelming evidence cited above that BSN-prepared nurses have a very positive impact on patient outcomes, 2) nursing students’ attrition rates reported to be as high as 30% in some programs within the State of Iowa, 3) limited number of nurse educators to fill all faculty positions and 4) nursing students’ success within a academically challenging curriculum.

The task force members, in addition to developing educational models for BSN education developed a proposal for consideration of an Administrative Rules change for nursing licensure in the State of Iowa. A change in administrative rules was proposed in order to facilitate the transition of ADN graduates in obtaining a BSN within a prescribed amount of time. The time is associated with licensure renewal just as continuing education is at this time. This approach would allow the Iowa Board of Nursing to oversee the continued licensure of nurses and their acquisition of the BSN degree. The following proposal was presented to and accepted by the Iowa Board of Nursing on September 12, 2012 for further consideration:

Beginning January 1, 2015, graduates of Associate Degree programs in nursing education will be required to:

1. Enroll in a Bachelor’s degree in nursing completion program prior to their first license renewal (Within two years) and
2. Complete a Bachelor’s degree in nursing prior to the second renewal of their registered nurse license (Within an additional three years)

On August 29, 2012, representatives of the RN to BSN task force met with the presidents of Iowa community colleges to discuss the proposal. As anticipated, concerns were expressed by the presidents; however, the efforts of the task force continue to address the challenges this proposal presents to educators, employers and practicing nurses. In September of 2012, the Iowa Board of Nursing appointed a work group to review the proposal. In December of 2012, the work group agreed that pursuing the proposed administrative rules change would not be successful and the work group was disbanded.

Additional work of the Task Force:

The task force met on October 4, 2012 to continue defining the competencies for graduates at each level and to begin outlining the implementation of the proposal for each level of education. At the November 9, 2012, “summit” an assembly of 110 stakeholders from throughout the state met to discuss the on-going challenges of the transition of associate degree graduates to bachelor’s degree completion programs. Many concerns and suggestions were offed and these were considered by the task force members at the December 11, 2012 meeting.

On December 11, 2012, the task force met to review and confirm the competencies that address the practice expectations for graduates of each level of nursing education. The competencies are attached as Appendix A. Also, the task force carefully reviewed and discussed the strategies for students in Iowa to achieve the BSN. These options are illustrated in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **New Strategy** | Current option | Current Option | Current Option |
| **Yr. One** at community college: Pre-requisites **Yr. Two and Three** at community college: Associate degree nursing content **Yr. Four**: at Four year degree granting institution: BSN nursing content | **Yr. One and Two** Associate degree nursing program to achieve ADN. **Yr. Three**: completion of requirements for admission to BSN program **Yr. Four**: BSN nursing content | **Yr. one and sometimes two:** at community college: pre-requisites for transfer to identified BSN program **Yr. two to four**: at four year institution: complete BSN nursing content. | **Yrs one to four:** at four year institution: Complete pre-requisites and nursing content to achieve BSN. |

The proposed new strategy would include one academic year of pre-requisite courses and two years of nursing courses to achieve the Associate Degree in Nursing and to be well-prepared to enter an RN to BSN completion program in a baccalaureate degree granting institution to complete the final academic year of study. The additional strategies will remain in place for Associate Degree nurses who graduate before January 1, 2015 and for students wishing to pursue a bachelor’s degree without first obtaining an associate degree in nursing.

The task force recognizes that this proposed curriculum plan will have many ramifications for LPN, ADN and BSN educational programs. Questions and concerns were identified and will be addressed by each educational leadership group including the directors of all LPN, ADN and BSN programs in Iowa. The task force acknowledges that there may be some educational programs that do not wish to participate in this transition plan and that there may be modifications to the admission criteria, pre-requisite and co-requisite course requirements. It is anticipated that task force members will bring back to the next meeting progress reports on discussions with each of their leadership groups and address additional concerns and suggestions.

The work of the task force remains collegial, cooperative and progressive. Members are open to input from external groups and eager to continue working on the educational, transitional strategies to achieve the overall goal of 50 percent BSN prepared nurses practicing in Iowa by 2020.

Future work

Members of the task force are deeply aware the demands on nursing education programs that are and will arise as educators work to achieve a higher level of preparation for nurses. The role of community colleges is important in two ways at this time: 1) educating nurses at the associate degree level and 2) preparing entry level bachelor degree students with pre-requisite courses for transferring to bachelor’s degree programs. The colleges and university programs are aware of the need to address a seamless transition for associated-degree graduates and to assure that entry-level and completion students all achieve the knowledge, competence and attitude essential to meeting the demands of the complex health care system.

Conclusion  
The “stars have aligned” to compel the profession of nursing to make the necessary plans to face the challenges of current and future health care demands. The ACA has faced down the challenges taken to the Supreme Court, and the health care system is poised to respond; the IOM report documents the present situation of the nursing profession and calls for significant change. The nursing profession stands at a “tipping point” that requires cooperation, collaboration and action. Across the nation, states are embarking on innovative initiatives to advance the educational preparation of the nursing workforce. In Florida, Colorado, New York, California and Delaware, partnerships between community colleges and state colleges have created plans for dual admission to ADN and BSN programs. Seventeen states are developing shared or common curricula between community colleges and four year bachelor’s programs. Nine additional states are creating competency-based models for nursing education that facilitate transition from associate degree to BSN programs.

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**Appendix B**

**Potential Proposals for Stand-alone ADN Programs Incorporating RN-to BSN Task Force General Education Courses with the exception of Biology and Speech\* TOTAL HOURS: 83 s.h.-86 s.h.**

**Model I: 5 Terms**

0 Term

ACT 20

CNA requirement if so desire credit (3 s.h.)/non-credit

College GPA 2.5. in the following courses

Chemistry with lab 4 s.h.

College Algebra 4 s.h.

A&P I 4 s.h.

Intro to Psychology 3 s.h.

15 s.h. – 18 s.h. if CNA is required

Acceptance into the program

Term I Summer

A&P II 4 s.h.

Composition I 3 s.h. (\* will be advised to take 4 s.h. Comp/ Speech I

but AS 28 will reflect Comp I only)

7 s.h.

Term II Fall

Nursing I 8 s.h.

Developmental Psychology 3 s.h.

Microbiology 4 s.h.

15 s.h.

Term III Spring

Nursing II 10 s.h.

Nutrition 3 s.h.

Sociology 3 s.h.

16 s.h.

Term IV Fall Nursing III 12 s.h.

Statistics 3 s.h.

15 s.h.

Term V Spring

Nursing IV 12 s.h.

Composition II 3 s.h. (\*will be advised to take 4 s.h. Comp/Speech II

but AS 28 will reflect Comp II only)

15 s.h.

42 nursing 41 gen eds +3 CNA = 86 credits (fulfills IAC of 50% of credits from Career/Technical)

Only Biology and Speech are absent from original pre/co-req requirements identified by the

RN to BSN Task Force.

**Appendix B**

**Model II 6 Terms**

0 Term

ACT 20

CNA requirement if so desired credit (3 s.h.)/non-credit

College GPA 2.5 in the following courses

Chemistry with lab 4 s.h.

College Algebra 4 s.h.

8 s.h.

Acceptance into the Program

Term I Summer

A&P I 4 s.h.

Microbiology 4 s.h.

8 s.h.

Term II Fall

A&PII 4 s.h.

Intro to Psychology 3 s.h.

Nursing I 8 s.h.

15 s.h.

Term III Spring

Developmental Psychology 3 s.h.

Composition I 3 s.h. (as above)

Nursing II 10 s.h.

16 s.h.

Term IV Summer

Nutrition 3 s.h.

Statistics 3 s.h.

7 s.h.

Term V Fall

Composition II 3 s.h. (as above)

Nursing III 12 s.h.

15 s.h.

Term VI Spring

Sociology 3 s.h.

Nursing IV 12 s.h.

15 s.h.

42 nursing 41 gen eds + CNA (3 s.h.) = 86 credits (fulfills IAC requirement of 50% of credits from Career/Technical area)

Only Biology and Speech are absent from original pre/co-req requirements identified by the

RN to BSN Task Force.

1. The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.  Established in 1970, the IOM is the health arm of the National Academy of Sciences. <http://www.iom.edu/About-IOM.aspx> [↑](#footnote-ref-1)