



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
H. Martin Lancaster, President

January 21, 2005

MEMORANDUM

TO: Presidents
Chief Academic Officers
Directors of Continuing Education
Deans of Health Sciences
Directors of Nursing Programs

FROM: Cathy Franklin-Griffin, Director
Program Services

SUBJECT: The State Board of Community Colleges
Responses to Institute of Medicine Recommendations

The State Board of Community Colleges (SBCC) held a called telephonic meeting on December 16, 2004. The Board members voted on responses to 23 Institute of Medicine (IOM) Recommendations that impact community colleges in the state. The proposed responses were the result of committee work by Committee Chair (and State Board Vice-Chair) Hilda Pinnix-Ragland, State Board members Joanne Steiner, Stuart Fountain, Bob Greene, and Linwood Powell. All SBCC committees were represented on the SBCC Committee to Respond to IOM Recommendations. Cathy Franklin-Griffin served as NCCCS staff to the committee.

Attached are the SBCC responses to the IOM Recommendations, pertinent definitions, and a resource list. The Committee to Respond to IOM Recommendations and the State Board members are to be commended on their thoughtful and timely responses. The responses will be shared with the IOM Taskforce at the Review of Progress to be held on January 25, 2005. President Lancaster will represent the North Carolina Community College System at that review.

If you have any questions, please contact Cathy Franklin-Griffin at (919) 807-7118 or griffinc@ncccs.cc.nc.us.

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Attachments

c: H. Martin Lancaster
Fred Williams
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CC05-017
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Report of State Board of Community Colleges Committee
to Address
Institute of Medicine (IOM) Recommendations
on the Nursing Workforce in North Carolina

Submitted to the

North Carolina
State Board of Community Colleges

By:
Ms. Hilda Pinnix-Ragland, Vice Chair
Ms. Joanne Steiner, Board Member
Dr. Linwood Powell, Board Member
Dr. Bob Greene, Board Member
Dr. Stuart Fountain, Board Member
Dr. Cathy Franklin-Griffin, System Office Staff

Dr. Delores A. Parker, Vice President

H. Martin Lancaster, President

December 16, 2004

**REPORT OF SBCC COMMITTEE TO ADDRESS
INSTITUTE OF MEDICINE RECOMMENDATIONS
ON THE NURSING WORKFORCE IN NORTH CAROLINA**

Charged with responding to the twenty-three Institute of Medicine (IOM) recommendations that were directed toward and/or impact the community colleges in North Carolina, the committee of five members worked diligently over the past month. The committee met twice and held a teleconference to finalize responses and next steps to take forward to the called December State Board of Community Colleges (SBCC) meeting.

Historically, the National Conference on the Nursing Workforce met in Charlotte, North Carolina, in December 2002, in response to a growing concern on the current and projected nursing shortage in the nation. The conference was funded by the Duke Endowment. The first Nursing Workforce Taskforce meeting was held in February 2003, funded by Duke Endowment, hosted and facilitated by North Carolina Institute of Medicine, and partnered with North Carolina Nursing Association, North Carolina Hospital Association, North Carolina Center for Nursing, North Carolina Board of Nursing, and North Carolina Allied Health Education Centers. The group met for two years, expanding the membership to include UNC System, NCCCS, and private schools of health sciences, entertaining pertinent presentations and developing initiatives from workgroups. The resultant 48 recommendations were published in the May 2004 issue of the *North Carolina Medical Journal*.

In addition to the North Carolina Community College System, the UNC System, North Carolina Hospital Association, North Carolina Center for Nursing, North Carolina Board of Nursing, North Carolina Nurses' Association, North Carolina AHEC have all taken steps to respond to recommendations. On December 10, 2004, a Steering Committee will meet to plan the January 25, 2005, IOM Review of Responses to Recommendations. President Lancaster plans to present the responses of the North Carolina Community College System at the January IOM meeting.

Attached for SBCC member review, recommendations, and approval, is a chart delineating the 23 IOM recommendations directed toward or impacting the community colleges in North Carolina, the committee responses, and next steps for staff to take. The underlined recommendation numbers indicate "priority" by the Taskforce on the Nursing Workforce in North Carolina. To facilitate interpretation, a list of definitions follows the recommendations and responses.

Committee Members: Ms. Hilda Pinnix-Ragland, Vice Chair; Ms. Joanne Steiner, Board Member; Dr. Linwood Powell, Board Member; Dr. Bob Greene, Board Member; Dr. Stuart Fountain, Board Member; and Dr. Cathy Franklin-Griffin, NCCCS Staff



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
H. Martin Lancaster, President

INSTITUTE OF MEDICINE RECOMMENDATIONS, COMMITTEE RESPONSES, NEXT STEPS
(Note: Underlined numbers indicate priority recommendations from IOM Committee)

<i>Recommendation</i>	<i>IOM RecommendationS</i>	<i>SBCC Committee Responses</i>	<i>Next Steps for Staff</i>
<u>#3.1 a-c</u>	Production of prelicensure RNs should be increased by 25% from the 2002-2003 graduation levels by 2007-2008. The NC Community College System (NCCCS), UNC System, private colleges and universities, and hospital-based programs affected by these goals should develop a plan for how they will meet this incrEased production need and report to the NC General Assembly in the 2005 session. Greater priority should be placed on increasing production of BSN-educated nurses in order to achieve the overall Task Force goal of developing a nursing workforce with a ration of 60% BSN:40% ADN/hospital diploma graduates.	<i>Support increasing by 20 -25% prelicensure RNs from the 2002-2003 graduation level of 1,461 by 2010 beginning in 2007. This timeframe reflects a two year lag to prepare the increased number of faculty by the University System and for NCCCS to apply the initiatives stimulated by the recommendations. Support didactic Distance Learning delivery. Did not address the 60% BSN and 40% ADN ratio recommendation.</i>	<i>Verify with Admissions Personnel and Nursing Directors the number of NCCCS graduates. Numbers reflective of NCLEX completers. Consider #ADN students enrolled as of 10/01/03: 4,483. A 25% increase = 5,604.</i>
<u>#3.6</u>	Nursing education programs in the community colleges should be reclassified as “high cost” (therefore increasing per capita funding of these programs).	<i>Endorse the recommendation that has gone forward from NCCCS to the Education Oversight Committee to reclassify all North Carolina Community College Health Science programs as “high cost programs” and provide additional funds per FTE (totaling \$26 million) to cover actual costs. As determined by Business and Finance, to cover actual costs would require an FTE value of 1.47 instead of the current 1.00 .</i>	
<u>#3.8</u>	The NC General Assembly and/or private philanthropies should invest funds to enable NC	<i>Endorse the proposed 58 new counselor positions put forth in the proposed budget</i>	<i>Continue to solicit input from directors,</i>

	community colleges to employ student support counselors specifically for nursing students and to provide emergency funds to reduce the risk of attrition for students in ADN and PNE programs.	<i>The current ratio of students to counselors exceeds the recommended 250:1. Although the 58 additional counselors are for ALL college programs, there is clearly a nexus between those needs and Health Sciences/Nursing.</i>	<i>admissions personnel, counselors of “model programs” on the value of defined nursing/health sciences counselors.</i>
#3.28 a-b	<p>The Comprehensive Articulation Agreement between community colleges and UNC System campuses should be further refined and implemented fully.</p> <p>a. Associate Degree nursing curricula should include non-nursing courses that are part of the Comprehensive Articulation Agreement (CAA) between the NCCCS and the UNC System.</p> <p>b. The UNC System and Independent Colleges and Universities offering the BSN degree should establish (and accept for admission purposes, UNC System-wide) General Education and Nursing Education Core Requirements for the RN-to-BSN students who completed their nursing education in a NC community college or hospital-based program after 1999.</p>	<i>Strongly support joint staff efforts and meetings between the University System and the Community College System and the recommendations by the IOM Task Force.</i>	<i>Commitment from University System and legislative funding are required to accomplish through joint staff efforts by 2006.</i>
#3.2	Approval for (and funding to support) enrollment growth should be limited to those nursing education programs where attrition (failure to complete) rates are lower than the three-year average attrition rate for that category of education program (BSN, ADN, or PNE) and the pass rates on the NCLEX-RN or NCLEX-PN examination exceed 80%.	<i>The committee supports this recommendation with the understanding that consideration will be given to programs with special circumstances and special needs in looking at 3-year averages.</i>	<i>Collect retrospective data on impact for community colleges if this recommendation had been in effect 2000-2003.</i>

#3.3	NCBON-approved “slots” should be with current enrollment in NC nursing education programs by 2006.	<i>The committee could support this recommendation with the realigned “slots” based upon a 3-year average of enrollment, special circumstances and needs taken into account, and the potential for realignment to begin in 2010 instead of 2006. The 2010 timeframe recognizes the time lag in new faculty preparation at the University System and the realization time of actions implemented in 2004-2005.</i>	<i>Collect retrospective data on impact community colleges had if this recommendation had been in effect 2000-2003.</i>
#3.4	Clinical facilities, in collaboration with local/regional nursing education programs, should identify and make available more clinical training sites for nursing education.	<i>The committee supports this recommendation provided that there is no adverse impact on patient safety or clinical agency staff. The committee supports maximizing the utilization of the current sites and redefining “clinical” experiences..</i>	<i>Review recommendations of nursing directors, BOG committee, Long-Term Care and Hospital representatives.</i>
#3.5	<p>Nursing education programs and clinical agencies should work together to develop creative partnerships to enhance/expand nursing education programs and help ensure the availability and accessibility of sufficient clinical sites:</p> <ul style="list-style-type: none"> a. AHEC should convene regional meetings of nursing educational programs and clinical agencies to develop creative educational opportunities for clinical nursing experiences. b. Nursing education programs of all types at every level should work together to develop creative educational collaborations with clinical facilities and programs that promote educational quality, efficiency and effectiveness. 	<i>The committee supports this recommendation (see 3.4 above). Additionally, the committee recommends more weekend/evening scheduling of courses (currently 12 weekend/evening ADN programs in the 54 colleges with ADN programs).</i>	<i>See 3.4 above and review “Best Practices.” Explore models in other states (i.e., Florida for weekend/evening scheduling).</i>

#3.7	An alternative method of financing the expansion of community college-based nursing programs should be considered by the NC General Assembly (instead of the dependence on external resources for such expansions).	<i>The committee supports this recommendation.</i>	<i>Support recommendation.</i>
#3.9	Funding should be made available to enable every nursing education program to apply for and attain national accreditation by 2015.	<i>The committee does not support this recommendation. Neither NCLEX pass rates (87% for BSNs in North Carolina in 2003 and 91% for ADNs in North Carolina in 2003) nor employer satisfaction surveys support that accreditation of nursing programs in North Carolina adds value to the program, the graduates, or the licensed nurse in the workplace. There are no proven returns on what would be an estimated \$800,000 cost for initial accreditation of the 78/90 community college nursing programs not accredited and the annually recurring \$100,000 cost for renewals.</i>	<i>Do not support required national accreditation.</i>
#3.10	The Community College System should include in the comprehensive data and information system being developed data on nursing student applications, admissions, retention and graduation.	<i>The committee supports this recommendation in better tracking of nursing students to more effectively set benchmarks, thus more effectively evaluating initiatives.</i>	<i>Deans of Health Sciences explore and recommend consistent definitions for attrition and retention. Coordinate efforts with Admissions personnel, auditors, programmers, and CIS. Results to come back to committee.</i>

#3.11	A consistent definition of “retention” (or “attrition”) should be developed by the Community College System and used in every community college.	<i>The committee supports this recommendation for consistency and more accurate benchmarking and reporting.</i>	<i>Evaluate proposed model and definitions from Deans of Health.</i>
#3.12	A consistent standard should be developed and used within the Community College System for the evaluation of retention-specific performance criteria for each nursing education program.	<i>The committee supports this recommendation for consistency and more accurate benchmarking and reporting.</i>	<i>Evaluate proposed model, definitions, and applications from Deans of Health Sciences. Identify commonalities in “model programs.”</i>
#3.13	The NC General Assembly or private philanthropies should fund the Community College System to undertake a systematic study of the relationship between competitive, merit-based admission policies and graduation/attrition rates.	<i>The committee supports this recommendation.</i>	<i>Explore “Best Practices” of “model” NCCCS nursing programs. Evaluate results with definitions and model from Deans.</i>
#3.14	Admission criteria in community college nursing programs should be coupled with competitive, merit-based admission procedures in all community college-based nursing programs .	<i>The committee would endorse if the above study proves that this connection is the precursor to successful completion of the program, successful NCLEX results, and meeting the community needs.</i>	<i>Review of “Best Practices,” models and definitions with nursing directors with admissions personnel.</i>
#3.1 d-e	Increase pre-licensure LPNs by 8% from the 2002-2003 graduation levels by 2007-2008	<i>The committee recommends an increase in pre-licensure LPNs by 15% from the 2002-2003 graduation levels by 2010. Rationale for timeline is the same as for the increase in pre-licensure RNs. The 15% increase is based upon increasing need in extended care facilities, aging of the population, encouragement of LPNs to enter ADN and BSN programs, and changing demographics from manufacturing to health (and other) service careers. Didactic DL delivery and Weekend/evening schedules encouraged.</i>	<i>Determine numbers of admissions to PN programs and number of graduates. In 2004, number of NCLEX completers were 2005.</i>

#3.30	All NC BSN and ADN nursing education programs should explore creative LPN-to-ADN and LPN-to-BSN pathways to facilitate career advancement and avoid unnecessary duplication of content in these curricula.	<i>The committee supports this recommendation. Distance learning (DL) for the didactic portions of the programs is encouraged, as appropriate.</i>	<i>Support recommendation.</i>
#3.31	The State Board of Education and the NCCCS should promote dual enrollment programs for PNE programs in high schools.	<i>The committee could support the general education portion of the PNE program taught as part of high school/community college dual enrollment, but not the laboratory or clinical portions. Rationale: patient safety, maturity in performance and judgment, liability, clinical availability, further faculty siphoning, and precedent of high school graduation before NAI registration.</i>	<i>Explore models in other states.</i>
#3.32	All PNE programs in NC should seek and attain national accreditation by 2015 with adequate funding provided for faculty resources, student support services, and NLN accreditation application fees.	<i>The committee does not support this recommendation (see ADN rationale in 3.9).</i>	<i>Do not support recommendation.</i>
#3.33	Efforts of NC DHHS, NC BON and NCCCS to create “medication aide” and “geriatric aide” classifications should be encouraged and supported.	<i>The committee does not support unlicensed Medication Aides. Insufficient data to propose a position on Geriatric Aide.</i>	<i>Do not support recommendation.</i>
#4.3	NC BON should convene a group to study options to improve school-to-work transitions, including: a. intensive clinical experience in direct patient care during the final semester of study for nursing students, and b. a supervised/mentored clinical internship experience either pre- or post-licensure.	<i>The committee supports this recommendation to include community college programs, university programs, proprietary school programs, employing agencies, and NCBON education consultants.</i>	<i>Review other agency initiatives (NCBON, NCHA, NCCCS).</i>

#4.2	AHEC and the professional nursing schools should offer educational opportunities for leadership development, conflict resolution and communication skills training, interdisciplinary team building, and preceptor training.	<i>The committee supports this recommendation. The NCCCS offers leadership programs in various formats and methodologies. Additionally, leadership development courses are taught in continuing education for a nominal fee and in some curriculum areas (one course/semester free to employees).</i>	<i>Continue to support professional development.</i>
#3.22a-d	Existing programs via AHEC, the health science programs in community colleges, universities and colleges, the NC Center for Nursing, and employers that target a diverse mix of middle and high school students to encourage them to consider health careers and prepare them for entry into programs of higher learning need to be strengthened and expanded.	<i>The committee supports this recommendation. The NCCCS already has partnerships with middle and high schools for health career recruitment initiatives.</i>	<i>Continue to support the initiatives.</i>

Definitions

Distance Learning (DL): Delivery method to meet student’s learning needs when student and faculty are separated by distance.

North Carolina Board of Nursing (NCBON): Regulatory body for the education, licensure, and practice of nurses in North Carolina.

Board of Governors (BOG): Administrative body for the University System in North Carolina.

State Board of Community Colleges (SBCC): Administrative body for the North Carolina Community College System.

North Carolina Center for Nursing (NCCN): Agency charged with preventing nursing shortages in North Carolina.

Institutes of Medicine (IOM): A non-political source of analysis and advice on issues of relevance to healthcare in North Carolina.

Area Health Education Centers (AHEC): Organization to support health sciences education/training regionally.

Associate Degree Nurse (ADN): A graduate of a two year AAS in nursing program.

Practical Nursing Education (PNE): A one -year educational program (diploma) for preparation as a “dependent” nurse.

Licensed Practical Nurse (LPN): Practical nurse who was successful on the National Licensing Exam for PNs.

Registered Nurse (RN): A graduate of a two, three, or four year program for preparation as an “independent nurse” who was subsequently successful on the National Licensing Exam for RN-prepared students.

Bachelor of Science in Nursing (BSN): A four-year program in a college or university that prepares a student for the role as an “independent nurse.”

Master of Science in Nursing (MSN): Higher level degree than BSN. Some clinical facilities and teaching institution prefers an MSN.

Clinical: Setting that provides education/training with patients; currently, under revision through NCBON.

Preceptor: An experienced nurse at or above the level of the student’s degree, who mentors students at clinical.

National Council Licensure Exam (NCLEX): National licensing exam for pre-licensure RN’s and pre-licensure LPNs.

North Carolina Community College System (NCCCS): Third largest public CC System in the US – 58 colleges.

Comprehensive Articulation Agreement (CAA): Agreement between UNC System and NCCCS for course transfer

Co-op: Cooperative work experience/education collaboratively determined by clinical site and community college

Health Sciences/Allied Health: All programs relating to provision of health care (nursing may be considered separately)