

STATE BOARD OF COMMUNITY COLLEGES
Ad Hoc Committee Report on The Future of Community College Nursing Education

In Fall 2014, Dr. Scott Ralls, former President of the North Carolina Community College System, appointed an ad hoc committee to examine the role of the North Carolina Community College System in relationship to the recommendations from the *Institute of Medicine's 2010, The Future of Nursing Leadership, Change, Advancing Health* Report to increase the proportion of baccalaureate prepared nurses to eighty percent by 2020.

The committee was co-chaired by Dr. Mary Rittling, President of Davidson County Community College and Dr. Sam Powell, Programs Committee Chair of the State Board of Committee Colleges.

The committee was composed of multiple stakeholders which included community college presidents, chairs/deans of health science programs, and board members. External stake holders represented the North Carolina Board of Nursing, North Carolina Hospital Association, North Carolina Health Care Facilities, North Carolina Assisted Living Association, North Carolina Foundation for Nursing Excellence, North Carolina Nurses Association, Watts School of Nursing, and the Cecil G. Sheps Center at UNC.

The Ad Hoc Committee Report on The Future of Community College Nursing Education is attached. The referenced appendices in the report are available upon request.

Contact Person:

Lisa Chapman, Ed.D.
Senior Vice President/CAO
Programs and Student Services
919.807.7196

REPORT:

The Future of Community College Nursing Education

Chapter 1

Charge and Process

In the Fall of 2014, Dr. Scott Ralls, President of the North Carolina Community College System, appointed the Future of Community College Nursing Education ad hoc committee to examine the structure and role of the North Carolina Community College System (NCCCS) nursing programs in relationship to the Institution of Medicine (IOM) recommendation to increase the proportion of baccalaureate prepared nurses to eighty percent by 2020. (*IOM 2010, The Future of Nursing Leadership Change, Advancing Health*) (Appendix A)

The committee's charge was to examine the impact of hospital and statewide goals and make recommendations as to whether additional efforts should be made to encourage and facilitate NC community college nursing students to achieve a Bachelor of Science in Nursing (BSN) degree, and to identify the most effective and efficient ways to achieve those goals including:

- Expansion of the Regionally Increasing Bachelors in Nursing (RIBN) collaborations between NC community colleges and universities and new proposals for 3+1 BSN articulation;
- Developing statewide on-line programs, or utilizing statewide partnerships such as Western Governors University, to facilitate BSN completion;
- Developing programs leading to BSN or Master of Science in Nursing (MSN) for a significant number of nursing students entering community college programs with bachelors degrees; and/or
- Converting some existing community college ADN programs to BSN granting status.

The ad hoc committee was co-chaired by Dr. Sam Powell, Program Committee Chair of the State Board of Community Colleges, and Dr. Mary Rittling, President of Davidson County Community College. The committee was composed of multiple stakeholders which included: community college presidents, chairs/deans of health science programs, board members, and representatives from the North Carolina Board of Nursing, North Carolina Hospital Association, North Carolina Health Care Facilities Association, North Carolina Assisted Living Association, North Carolina Foundation for Nursing Excellence, North Carolina Nurses Association, Watts School of Nursing, and the Cecil G. Sheps Center for Health Services Research at UNC. (Appendix B)

The ad hoc committee convened its first meeting in October 2014 and held subsequent meetings in November, January, February, and March 2015. At the meetings, presentations were given to provide information to the membership concerning national, state and local perspectives. Presenters provided a national perspective on profession trends, processes and accreditation of nursing programs. These perspectives set the stage for discussion and also answered a number of questions regarding the facts related to the accreditation of nursing programs.

The full context of each presenter's presentation may be found in the attached appendices. The following is a synopsis of each presentation:

- Dr. Marcy Stoll's (Southern Association of Colleges & Schools Commission on Colleges) (SACSCOC) presentation focused on addressing the committee's charge i.e. RIBN, articulation, on-line programs, and RN to BSN programs at the community college. Currently, all 58 community colleges within NCCCS are approved at a Level 1.

Level 1 gives authority to offer only associate degrees. Currently 55 of the 58 North Carolina community colleges offer associate degrees in nursing. If community colleges within the NCCCS sought to award baccalaureate degrees (RN to BSN), this would be a substantive change. In order to award a baccalaureate degree, the community college(s) would complete the *Application for a Member Institution Seeking Accreditation at a Higher or Lower Degree Level*. The Level 2 classification approves the institution to offer the baccalaureate degree as the highest degree. The SACSCOC reclassification process requires that standards are met and a site visit occur. This process takes 18-24 months to complete. (Appendix C)

- Ms. Roxane Fulcher's (American Association of Community Colleges) (AACC) presentation addressed the nursing profession and nursing workforce. She stated "AACC encourages all community college students and graduates to pursue additional education and training." She also noted that AACC's position is, "the associate degree in nursing is an appropriate credential for RN practice. An RN is an RN as defined by shared NCLEX passage, NCLEX pass-rates, and scope of practice (licensure)." National trending information related to magnet status, employers, and state practices to facilitate academic progression were reviewed. (Roxane Fulcher, October 4, 2014 slide presentation) (Appendix D)
- Dr. Sharon Tanner (Accreditation Commission for Education in Nursing) (ACEN) discussed the importance of national nursing accreditation. She reported on the number of accredited associate degree nursing programs within each of the southeast regional states, the definition of a substantive change, the application process for ACEN and ACEN standards/criteria. Currently, 17 of the 55 NCCCS programs are ACEN accredited. Based on Dr. Tanner's presentation, NC ranks six out of seven for the number of accredited associate programs in the Southeast Region. (Appendix E)
- Ms. Joyce Roth (North Carolina Board of Nursing) (NCBON) provided a copy of the *NC Trends in Nursing Education Report* to committee members. (Appendix F) Ms. Roth shared the three educational pathways (diploma, associate and baccalaureate) an individual can pursue in preparation for NCLEX-RN and entry into practice as a Registered Nurse. Both the diploma and associate degree provide a solid foundation for nurses in the continuation of their formal education
- Ms. Polly Johnson (Regionally Increasing Bachelors in Nursing) (RIBN) provided an update on the RIBN program. A RIBN student is dually admitted into both a community college program and a university program, and most students in the RIBN program attend college year round. During the first three years of study, the student completes general education and nursing courses at the community college and takes one course per semester at the university. After successfully completing these courses, the student will receive an ADN from the community college and will be eligible to sit for the NCLEX-RN examination. The student then completes a fourth year of study on the university campus, where he or she will take nursing courses in gerontology, community health nursing, and nursing leadership. On completion of the fourth year, the student will be awarded a bachelor of science in nursing (BSN) degree.

In 2010, students in the first cohort of the RIBN program were dually admitted to Asheville-Buncombe Technical Community College and Western Carolina University. In 2014, the first class of RIBN BSN students graduated from Western Carolina.

Statewide, 32 of the 55 community colleges that are approved to offer an ADN are partnering with neighboring universities to participate in the RIBN initiative. Currently, 32 community colleges, one private ADN program, eight state and one private university compose the nine regional RIBN partnerships. In 2014, 323 RIBN students were enrolled in the program. It is projected there will be 617 students enrolled in RIBN in 2016, 797 students enrolled in 2018, and 938 students enrolled in 2020. (Appendix G)

- Dr. Lisa Chapman and Renee Batts provided information on the RN to BSN Articulation Agreement between the UNC system and the NCCCS. In addition, survey data from the 55 associate nursing programs was shared. (Appendix H) The State Board of Community Colleges and The UNC Board of Governors approved the *Uniform Articulation Agreement between the University of North Carolina RN to BSN Programs and the NC Community College System Associate Degree Nursing Programs* in February 2015. This approval includes a Five Block Degree Plan with Transfer Course List. The Five Block Degree Plan contains the following elements: Block One consists of 23 semester hours of credit (SHC) that will be taken as part of all ADN programs at the community colleges. Block Two consists of 18-19 SHC that are additional general education courses that are required for the BSN, but are not part of ADN requirement (taken at community college). Block Three consists of 17-18 SHC that are additional requirements for the BSN that are not part of ADN (taken at community college). Block Four consists of 30-34 SHC (depending on the allocation in block five) awarded for NUR courses taken as part of the ADN curriculum (these are awarded after an RN student has successfully completed one or two initial BSN nursing courses). The ADN curriculum standard requires a minimum of 43 SHC of nursing courses (34 semester hours of credit are awarded by the university for the 43 semester hours). Effective Fall 2015, individual ADN programs may choose as many as 10 hours beyond the designated 43 SHC of nursing courses in Block Four and 23 SHC in Block One to meet college specific degree requirements. Block Five contains 30-34 SHC (depending on credit allocation in block Four) of university-based nursing courses (these university classes are taken either on-line or in the classroom).

While individual university programs may require a maximum of two courses or six credits to meet university-specific degree requirements that are not part of the unified RN to BSN, these additional requirements cannot necessitate the student to complete more than 128 credits to earn a BSN.

Effective Fall 2015, all Associate Degree Nursing (A45110) programs of study must include the general education courses listed in Block One of the Five Block Degree Plan.

The Uniform Articulation Agreement between Associate Degree Nursing Programs and the RN to BSN Programs promotes a more seamless, concise pathway for students moving from community colleges to public universities.

- Dr. Julie Alexander (Vice Chancellor of Academic & Student Affairs at Florida College System) provided an overview of the Florida College System (FCS) Baccalaureate Degree from 1999 to 2014. Per Section 1007.33 (2) of the Florida Statutes, the FCS institution that offers one or more baccalaureate degree must maintain as its primary mission: (1) response to community needs, (2) provide associate degrees programs, (3) open door admission policy, and (4) outreach to underserved populations. During the 2012-13 year, the top 5 baccalaureate degrees by enrollment were:

supervision/management, nursing, public safety administration, business administration and health service administration. At the time of Dr. Alexander's presentation, she stated a moratorium was placed on Florida's "State Board of Education that they may not approve Florida College System institution baccalaureate degree program proposals from March 31, 2014, through May 31, 2015." Twenty of the twenty-eight FCS colleges offer a Bachelor of Science in Nursing degree on their campuses. Each of the colleges has a 2+2 program where a student must complete the associate in science (RN) and then articulate into the RN to BSN program. (Appendix I)

- Dr. Erin Fraher (Director of the Program on Health Workforce Research & Policy at the Sheps Center and UNC) focused on the vital role played by nurses in assuring the delivery of high quality care to the people of the state, and the way the nursing workforce needs to adapt to the rapid changes underway in the health care system in North Carolina and across the country. Some of the key points in her presentation included: "(1) The nursing workforce is critical to transforming our health care system. (2) The practice and geographic characteristics of ADN nurses differ significantly from nurses with an initial baccalaureate degree or higher in terms of both the settings where they practice and the likelihood of practicing close to where they are educated. ADN graduates who go on to complete a BSN demonstrate mobility in terms of the types of places they practice, but are more likely to remain in small towns and rural areas of the state than those who did a BSN as an initial degree. We need to be aware of these differences as we plan for the future. (3) Health system transformation is going to have a profound effect on the nursing workforce. (4) We need to retool: the existing workforce and our education, regulatory and payment systems in order to be fully responsive to the changing workforce needs of a reformed health system." (Dr. Fraher, January 8, 2015) (Appendix J)

Dr. Fraher noted the state has an adequate supply of Registered Nurses. According to NCBON licensure data, NC in 2012 had 97,222 in active practice. Health Resources and Services Administration (HRSA) on a national level projected NC would have 95,800 nurses which was 1,422 fewer nurses than our actual supply. Based on licensure data over the past ten years the state's average growth rate annually has ranged between 1.8-3.5%. She noted nurses are retiring later in their careers which increases the workforce supply. (Dr. Fraher, January 8, 2015) (Appendix J)

- Dr. Lori Gonzalez, (Special Advisor to the Senior Vice President for Academic Affairs at UNC-General Administration) presented on The University of North Carolina's RN to BSN programs. She reported that RN to BSN programs within the UNC system have available "slots" for admission. Dr. Gonzalez indicated the institutions are planning to increase their capacity in 2015-2016 by an additional 825 seats (35%). She noted that, "The UNC Institutions are poised to become a collaborating partner to address pipeline and access issues for ADN graduates." (Gonzalez, March 13, 2015) (Appendix K)

Upon review of all information gained from the presenters, data and associated readings, the committee engaged in a robust discussion. Clearly, the future of nursing education is a complex issue. Professional standards, licensure, accreditation and curricular requirements add to the complexity. The 21st century health care system will define the educational skill base required by the profession, and the needs of the various levels of nursing education needed to meet North Carolina's nursing workforce.

Chapter 2

Findings

North Carolina has over 97,000 nurses in active practice. Nursing is the largest licensed health profession within our state. In 2012, our state's RN workforce by highest degrees were: 40% with an associate degree in nursing, 34% (approximately 33,000) with a baccalaureate in nursing, 5% with a baccalaureate in another field, 10% with a master's in nursing, 3% with a master's in another field and 1% with a doctorate. Of the 33,000 baccalaureate nurses, slightly less than half (14,300) had an ADN as their entry degree but had obtained a baccalaureate degree or higher in their career. (Fraher, January 8, 2015)

Between 2009 and 2014, North Carolina had 23,585 first time test takers sitting for the NCLEX-RN Boards. Of this total, 14,645 (or 62%) were associate degree in nursing graduates as shown in the following table. Although the number and percentage of baccalaureate prepared nurses have increased steadily during this period, the ADN degree remains the predominant degree among new RNs entering the profession in North Carolina, and will continue for the foreseeable future. The NCCCS continues to play a vital role in preparing the state's nursing workforce.

First time test takers sitting for the NCLEX-RN Boards

	2009	2010	2011	2012	2013	2014
NCCCS Associate Degree Nursing Graduates	2,212 56%	2,152 54%	2,022 52%	2,004 52%	2,091 52%	2,140 53%
*"Other" Associate Degree Nursing Graduates	377 10%	343 9%	343 9%	339 9%	330 8%	292 7%
BSN Graduates	1245 31%	1307 33%	1349 35%	1348 35%	1432 36%	1434 36%
**Diploma (Hospital Programs) Graduates	126 3%	148 4%	135 4%	145 4%	136 3%	135 3%
Total number of Nursing Graduates to sit for the NCLEX-RN	3960	3950	3849	3836	3989	4001

*Other Associate Degree Nursing graduates were from one of the following: Cabarrus College of Health Sciences, Carolina College of Health Science, Gardner Webb University, ITT Technical Institute, Queens University of Charlotte and South College

**Diploma Programs include Mercy School of Nursing and Watts School of Nursing.

One of the core values of community colleges is providing affordable educational opportunities for persons living in a given geographic area, allowing students to remain close to home while pursuing a degree, and offering rewarding career opportunities for graduates once they complete

their education. The fifty-five community colleges in North Carolina that offer the associate degree in nursing have demonstrated this value over the years with a high percentage of their graduates remaining in the area and taking jobs in local hospitals, health departments, long-term care facilities, and other health care agencies. In her presentation to the task force, Dr. Fraher noted that ADN nurses are twice as likely as BSN nurses to work in rural counties and are significantly more likely to work in our most economically distressed counties (Tier 1). (Dr. Fraher, January 8, 2015)

In addition, in comparing the practice patterns of nurses with an ADN to those with an initial BSN, Dr. Fraher's analysis looked at a third category of nurse, which she called the "mobility nurse." She defined the mobility nurse as a nurse with an ADN entry degree who pursues additional education at the baccalaureate or higher level. The "mobility nurse" employment setting more closely mirrors that of the baccalaureate or higher nurse. Mobility nurses are less likely to work in long-term care and home health than ADNs, and are more likely to work in acute care or public health. In terms of geographic location, though, "mobility nurses" more closely resemble ADNs, and are more likely to work in rural and other underserved settings. Thus the mobility nurse embodies the best of both worlds in that the BSN offers additional types of employment opportunities while still assuring that a high percentage remain in the geographic areas of the state where they are most needed.

Finally as part of her presentation to the task force, Dr. Fraher emphasized that in response to the rapid changes underway in the health care system, all nurses, regardless of educational preparation, need to have the right skill mix to match the needs of a reformed health system. These skills include an understanding of population health, a greater focus on preventive care, and an ability to work in inter-professional teams. This need to remain current means that all nurses must be committed to lifelong learning to assure that their skills match the needs of a reformed health system.

One of the recurring themes heard by the task force at several of its meetings was how the increasing complexity of the way health care is delivered, particularly in hospitals, is requiring higher levels of education for nurses and other types of health professionals. This represents a national trend that is also reflected in hospitals in North Carolina, and has gained further momentum with the release of the 2010 report on the Future of Nursing (*IOM 2010, The Future of Nursing Leadership Change, Advancing Health*). This trend is also reflected in specific hospital recognition programs such as the Magnet Hospital program, a program credentialed by the American Nurses Credentialing Center. There are a number of requirements of Magnet hospitals, but a critical one involves the nursing staff, where the facility must demonstrate transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation and improvements, and empirical quality results.

<http://nursecredentialing.org/Magnet/MagnetNews/2008-MagnetNews/NewMagnetModel.html>

Currently there are twenty-three Magnet hospitals in North Carolina, and all require that an identified percentage of the nurses working in the hospital either hold a baccalaureate degree or are working to complete such a degree. (Appendix L)

According to the Future of Nursing North Carolina Action Coalition, "In July 2013, the NC Foundation for Nursing Excellence (FFNE) collaborated with the NC Hospital Association to conduct a survey of Chief Nursing Officers (CNOs) in NC hospitals. The survey requested information related to educational preparation of employed nurses. The response rate was 42% with 50 of 120 hospital CNOs answering the survey." Results of the survey showed:

- One third of respondents indicated that 16-30% of RNs were prepared with BSN or higher degrees.
- Eighty-eight percent of respondents indicated that their institution had a plan in place to increase the percent of BSN prepared nurses.
- Fifty percent of respondents had a goal to achieve an 80% BSN workforce by 2020.
- Fifty-one percent of the respondents indicated their facility currently had or was pursuing Magnet status.
- Strategies identified by the CNO to reach their established goals included:
 - Require the BSN for initial hire (40%)
 - Require the BSN of currently employed nurses within an established period of time (approximately 28%)
 - Offer tuition reimbursement for nurses seeking baccalaureate in nursing (97%)
 - Limit promotions to RNs with a BSN and higher degrees (60%)
 - Other (includes partnerships with academic institutions) (40%)

Future of Nursing North Carolina Action Coalition <http://www.futureofnursingnc.org>

When the fifty-five Associate Degree Nursing Directors were asked in the survey completed by the NC Community College System Office:

Are employers in your services area requiring new hires to sign a contract indicating they will obtain their Baccalaureate in Nursing?

- Thirty-five of the fifty-five respondents (63.6%) indicated at least one hospital/health care facility in their area requires new hires to obtain their Baccalaureate in Nursing. (2 to 4 years to enroll in a program and to complete the program within 5 to 7 years.)

Please indicate the number of these ADN graduates (2014) who are now employed as an RN.

- Forty-two of the fifty-five respondents (76.4%) indicated all their graduates found employment.
- Nine of the fifty-five respondents (16.4%) indicated unknown i.e. “we do not track employment until one year after graduation.”
- Four of the fifty-five respondents (7.3%) indicated all of their graduates had not been hired. (Appendix H)

In order to meet the needs of many hospitals and other employers for baccalaureate prepared nurses, a number of programs have been put in place to provide opportunities for nurses with an ADN degree to obtain a BSN. These programs, such as RN to BSN programs, offered both via classroom teaching and online, dual degree programs like RIBN, and several other options have been developed in North Carolina and are described in other sections of this report. In addition to these programs, there is a national trend among community colleges to offer bachelor’s degrees to support workforce needs and educational goals. Currently twenty-three states allow community colleges to award bachelor’s degrees. In most states however, only a few institutions offer the programs. The bachelor degree programs are designed to meet local workforce needs and expand

access to four year degrees to a broad range of students. “States typically place limits on the type and number of bachelor’s degrees that community colleges can offer to avoid program duplication and competition with nearby four-year institutions.” (Fulton, 2015)

The expanded role of community colleges into the bachelor’s degree arena is not without thoughtful analysis concerning “... the mission of community colleges, program duplication, quality of degrees conferred by community colleges, among other.” (Fulton, 2015)

As a result of the information gained, the findings suggest:

- The existing BSN college/university programs provide 36% of the registered nurses in the NC health care workforce.
- The Associate Degree in Nursing (ADN), offered through the NCCCS, provides over 50% of the registered nurses in the NC health care workforce.
- The ADN and the BSN qualifies a graduate to take the NCLEX-RN exam.
- The designation of registered nurse (RN) defines the licensure level of practice.
- The ADN is a core foundation for career mobility.
- The profession of nursing requires lifelong nursing education and ongoing nursing professional opportunities to assure that nurses remain on the forefront of change that is occurring in the health care field.
- The changing health care delivery system has a direct effect on the nursing skill mix, nursing education and diversified nursing workforce needs of the State.
- The nursing practice required by an increasing number of health care facilities is a BSN.
- The redesign of nursing education is imperative in the changing health care environment incorporating alternative delivery models.
- The community colleges in some states are expanding their degree level classification to address their states’ workforce needs.

Chapter 3

Recommendations

The recommendations that follow address the four areas the task force was charged to review.

All members had an opportunity to voice their opinions. The task force was in agreement concerning the recommendations.

It is the opinion of the task force that the ADN programs in the NCCCS system are vital to the health care delivery system. They serve a significant number of students who may not be in a position to initially attend a BSN program. NCCCS ADN programs are a major provider of registered nurses to the health care system. The ADN program provides a first step in the career path for registered professional nurses. It is important that the NCCCS ADN programs do not lose their strategic role in the workforce pipeline.

The task force recognizes the expectations of the IOM 2010 report "... to increase the proportion of baccalaureate prepared nurses to eighty percent by 2020." It is our intent that collectively these recommendations will address this need as well as expanded access to nursing education.

1. Expand the Regionally Increasing Bachelors in Nursing (RIBN) collaborations between NC community colleges and universities

The RIBN program has merit. It was the first program that introduced a strategic educational plan to partner ADN programs and BSN programs in a collaborative manner. Currently thirty-two of the fifty-five community colleges participate in a RIBN collaborative.

Concerns for the financial viability of the program after 2016 were expressed. The current funding is grant based. In addition, the program is a collaborative between two systems, both the NCCCS and the UNC System, and NCCCS and the North Carolina Independent Colleges and Universities. Maintaining these partnerships is tenuous due to cost and commitment.

The RIBN program is commended for the efforts and support given in making the ADN/BSN opportunity available to students.

Recommendations:

- Recruit and design a pipeline for potential students from the Career and College Promise health care track. The curricular expectations of RIBN could be accelerated through the Career and College Promise courses. The "traditional student" interested in nursing could benefit through this early start.
- Provide support for a student success advocate. The advocate advises the RIBN students through the educational process.
- Develop a public relations and marketing statewide campaign that provides nursing career and educational options.
- Redesign the course load to accommodate for both the community college and university curriculum requirements.

- Expand nursing and general education on-line courses at both the community college and university level.

2. Develop statewide on-line programs, or utilize statewide partnerships such as Western Governors University, to facilitate BSN completion

Competency-based curricular programs provide another opportunity for completion of the BSN. The success of such programs is cited by the outcomes of Western Governors University.

The task force discussed this option, noting that currently a competency based program in North Carolina does not exist. Information suggests that this program would be a viable option for students who hold a non-nursing baccalaureate degree to obtain a BSN or MSN.

Recommendations:

- Consideration should be given to the development of a competency-based BSN completion program at one of the UNC system nursing schools in collaboration with the NC Community College System.
- The competency-based program should be a collaborative effort between educational organizations and the health care industry in both the development of the curriculum and program delivery.
- Expand nursing and general education on-line courses at both the community college and university level.

3. Expand the 3+1 BSN Articulation with the State University Partners

The RN to BSN Articulation Agreement “presents a uniform, statewide academic progression agreement that will promote educational advancement opportunities for registered nurses moving between North Carolina community colleges and the constituent institutions of The University of North Carolina in order to complete BSN degrees. It describes a progression degree plan that includes required general education and nursing prerequisite courses that are acceptable to all state-funded RN to BSN programs. Students who follow the progression degree plan will meet the entrance requirements at all of the North Carolina public RN to BSN programs. Nurses may then apply to any of these programs without taking additional and sometimes duplicative courses.” (*Uniform Articulation Agreement Between The University of North Carolina RN to BSN Programs and North Carolina Community College System Associate Degree Nursing Programs*) The articulation intent is to address concerns, reduce barriers, and create a seamless transition for the RN to obtain their BSN. The articulation is an agreement to recognize and transfer credits. There is no guarantee that students will be admitted to the university.

Recommendations:

- Collect and monitor data utilized in the evaluation of the agreement. The data analysis should include:
 - 1) The number of eligible students completing applications.
 - 2) The number of students that are admitted.
 - 3) The number of students that complete the program and the length of time for completion.

- Expand nursing and general education on-line courses at both the community college and university level.
- Annually assess the university admission capacity to enroll students in the RN to BSN program.
- Develop curriculum, coding, tracking, and financial aid processes that differentiate and facilitate potential and actual nursing students in their completion of nursing program courses and RN to BSN articulation agreement pre-requisite coursework for seamless transition to BSN completion.

4. Convert some existing community college ADN programs to RN to BSN granting status

The changing health care delivery system has a direct effect on the skill base of nursing. Advanced nursing practice requires additional education beyond an associate's degree. The question facing the NCCCS is: Should the NCCCS expand its degree offerings to include community college baccalaureate degree in nursing?

The task force recognizes the challenges of this change. Fundamentally, core elements of state policies will require revision and approval, and changes to the operation of the community college system and individual campuses will be required. A thorough and deliberate process is required in order to shape policy decisions when considering the merits of community college bachelor's programs to meet educational and economic priorities.

To meet the 2020 IOM recommendation to increase the proportion of baccalaureate prepared nurses to 80% by 2020 consideration of this option is warranted.

Recommendations:

- The State Board should conduct a state-wide feasibility study to identify need and criteria for the implementation of RN to BSN programs in NCCCS. Core elements to be reviewed are:
 - The value of the ADN program should be recognized in the feasibility study for the inclusion of the RN to BSN in the NC Community College System.
 - The location of the institutions offering the RN to BSN programs should be strategically planned to avoid duplication.
 - The number of participating institutions and the degree level authority should be determined by the feasibility study.
 - The determination of program demand by employers, students and enrollment projection should be evaluated.
 - The approval process by the regional institution accreditation (SACSCOC) and national nursing accreditation ACEN/CNEA should be considered in the discovery phase.
 - The cost effectiveness of an RN to BSN program needs to be assessed.
 - The funding model needs to maximize the efficient use of available resources and should not negatively impact existing resources.
 - Consistent data collecting, reporting and review processes should be developed.

This option requires state leaders to consider a comprehensive feasibility study to be conducted by a consulting firm. Through the process, additional questions may arise. The feasibility study is essential since the educational scope of NC community colleges would change significantly if this option was pursued. This study should also take into account the state's context with respect to educational goals, workforce demands, demographics, geography and politics.

At this time, all fifty-eight community colleges within the NCCCS are approved at a Level 1. The highest degree any of the institutions may offer at a Level 1 is an associate degree. Once a community college receives accreditation approval at a Level 2 they would then have the opportunity to pursue offering bachelor degree programs in multiple areas.