Outcomes from the APIN Grant:
Academic Progression Strategies
to Assist
Current and Future RNs Achieve the BSN

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Advancing Nursing, Transforming Healthcare
Some Background Info on APIN

- Work across the country started prior to release of the IOM report in 2010.
- Since the Campaign for Action, 44 state Action Coalitions are engaged in academic progression projects.
- Seventeen states are funded by the State Implementation Program (SIP) for academic progression projects.
- Nine states are funded for the Academic Progression In Nursing (APIN) Grants.
- Common issues related to academic progression implementation are experienced across the country.
Essential Elements for Success

After site visits to the nine APIN states, the NPO identified the following essential elements for successful projects:

• Strong Relationships
• Strong Leadership
• Supportive Infrastructure
• Sustainability/Institutionalization Strategies
• Formal and Informal Partnerships
• Competencies
Academic Progression Models

What we learned over four years about:

1. Shared statewide or regional curriculum
2. Community colleges conferring BSN degrees
3. Competency-based curricula
4. RN-to-MSN programs for AD students.
5. Emerging Model – Single Curriculum, Dual Site
Focus on Scaling Up

- *Education in Partnership with Practice*
- Diversity and Inclusion
- Sustainability
Successful Academic-Practice Partnerships

- Built upon formal relationships at the senior level and practiced at multiple levels throughout the organizations
- Shared vision and expectations
- Mutual goals with set evaluation periods
Successful Partnerships:

• Mutual Respect and Trust
  ➢ Shared conflict engagement competencies
  ➢ Joint accountability and recognition for contributions
  ➢ Frequent and meaningful engagement
  ➢ Mutual investment and commitment
  ➢ Transparency
A commitment is shared by partners to develop, implement, and evaluate organizational processes and structures that support and recognize academic or educational achievements:

- Lifelong learning for all levels of nursing
- Seamless academic progression
- Joint funding and in-kind resources for all
- Joint faculty appointments between academic and clinical institutions
- Support for increasing diversity in workforce at the staff and faculty levels
- Support for achieving 80 percent baccalaureate prepared RN workforce and for doubling the number of nurses with doctoral degrees
A commitment is shared by partners to support opportunities for nurses to lead and develop collaborative models that redesign practice environments to improve health outcomes, including:

• Joint interprofessional leadership development programs
• Joint funding to design, implement, and sustain innovative patient-centered delivery systems
• Collaborative engagement to examine and mitigate non-value added practice complexity
• Seamless transition from the classroom to the bedside
• Joint mentoring programs/opportunities
A commitment is shared by partners to establish infrastructures to collect and analyze data on the current and future needs of the RN workforce via:

- Identification of useful workforce data
- Joint collection and analysis of workforce education data
- Joint business case development
- Assurance of transparency of data
Number of Students in RN-to-BSN programs

69% increase from 2010 to 2014

2010: 77,259
2013: 118,176
2014: 130,345

Source: American Association of Colleges of Nursing
## APIN State Progress

### National & APIN State Progress on % of RNs with BSN or higher Degree

<table>
<thead>
<tr>
<th>State</th>
<th>2008%</th>
<th>2012%</th>
<th>2014%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National</strong></td>
<td>44.8%</td>
<td>50.0%</td>
<td>51%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td>40.4%</td>
<td>50.0%</td>
<td>61.5%†</td>
</tr>
<tr>
<td><strong>Hawaii</strong></td>
<td>52.4%</td>
<td>58.3%</td>
<td>66.0%†</td>
</tr>
<tr>
<td><strong>Massachusetts</strong></td>
<td>41.3%</td>
<td>53.2%</td>
<td>58%†</td>
</tr>
<tr>
<td><strong>Montana</strong></td>
<td>49.8%</td>
<td>55.6%**</td>
<td>56.4%§</td>
</tr>
<tr>
<td><strong>New Mexico</strong></td>
<td>38.2%</td>
<td>41.3%</td>
<td>48%†</td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td>35.5%</td>
<td>47.2%</td>
<td>57%†‡</td>
</tr>
<tr>
<td><strong>North Carolina</strong></td>
<td>33.9%</td>
<td>44.7%</td>
<td>56.5%†</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td>42.4%</td>
<td>48.8%</td>
<td>53.8%†</td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td>36.8%</td>
<td>50.9%</td>
<td>66.5%§</td>
</tr>
</tbody>
</table>

* 2012 American Community Survey; Joanne Spetz, PhD, FAAN
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† 2014 State licensure reporting
§ 2013 NCSBN Sample Survey (Washington State sample not representative)
‡ Figure represents acute care only
♦♦ 2010 state licensure data
# 2008 NSSRN BSN
What do you need to sustain to continue academic progression work in your state?
Questions/Comments

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