

## Human resources

# Mandatory BSN program launched in response to IOM recommendation

**N**early 4 years have passed since the Institute of Medicine (IOM) issued the recommendation for 80% of RNs to get their bachelor of science in nursing (BSN) degree by 2020. To achieve that goal, the IOM says, "Healthcare organizations should encourage nurses with associate's and diploma degrees to enter baccalaureate nursing programs within 5 years of graduation by offering tuition reimbursement, creating a culture that fosters continuing education, and providing a salary differential and promotion."

Baccalaureate nursing programs include all of the course work taught in associate degree and diploma programs along with the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. Such programs provide a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery, according to the American Association of Colleges of Nursing.

However, research has shown that tuition reimbursement and career ladder programs alone aren't strong enough incentives to prompt most nurses to get their BSN degrees, even though there's increasing evidence of a link between education levels and patient safety (sidebar, p 23).

St Joseph Hospital in Nashua, New Hampshire, is one organization that has responded to the IOM's call with a mandatory BSN degree requirement. All OR staff nurses must obtain their BSN degrees by 2020. It's still early in the game, but perioperative services leaders there are optimistic about achieving this goal.

"St Joseph has always strived to encourage education and certification," says Heather Long, MSN, MBA, RN, CNOR, director of surgical services. "The IOM recommendation became a part of the nursing strategic plan for 2013, and that's when we instituted the BSN-level requirement for all staff nurses."

St Joseph is a 208-bed Magnet hospital with 10 ORs serving the Greater Nashua area, western New Hampshire, and northern Massachusetts. Currently about 14% of OR nurses and 73% of nurses in the postanesthesia care unit have BSNs, Long told OR Manager.

"The OR is so specialized, and people tend to stay there. We'll have a lot of nurses retiring between 2019 and 2025, so we're recruiting to bring in newer nurses, and we're requiring that they have their BSN," she explains.

Current staff who aren't in a BSN program need to enroll in one by 2015 unless they plan to retire, she adds. All assistant nurse managers must have a BSN by the end of 2014, and nurse managers and educators must have a master's degree by the end of 2015.

### Providing support

"Knowing that we needed to come up with a dedicated team to assist staff with the challenge of a BSN requirement, we formed the Education and Professional Development Council in March 2013," explains Beth DeRego, MSN, RN, CPAN, CAPA, periop-

erative educator. The council consists of members of the hospital's education committee and staff nurses.

Finding additional financial support for nurses and providing information to help them decide where, when, and how to get their education have been the main goals of the council.

St Joseph has long had a tuition reimbursement program in place, but the amount of financial assistance has remained static despite the new BSN requirement. To compensate for that, the council came up with a way to increase education funding through the Clinical Achievement Program (CAP).

The CAP, which began in early 2004, helps nurses gain recognition by showcasing their contributions to the organization and the community. To participate, nurses must apply for the CAP within 90 days of their annual review, and they can either self-appoint or can be appointed a mentor. The nurse and the mentor work together on creating a binder detailing the nurse's accomplishments, which is subsequently reviewed and approved by numerous committees and senior nurse leaders.

Nurses may apply for tuition reimbursement through the regular hospital program, and by participating in the CAP, they receive additional education funds, Long says. A CAP level 3 is the highest level a nurse without a BSN can achieve, whereas with a BSN, a nurse can pursue a CAP level 4, which offers a significantly greater financial reward.

"The thought was that people would put that money back into their education to offset educational debt," Long explains. "The CAP has grown significantly, but not everyone is participating. It's optional, not mandatory." However, because the CAP supplements the tuition reimbursement available through the regular hospital program, it has attracted greater participation.

In addition, for nurses who want to obtain their BSN from a state university, the New Hampshire college system provides a significant discount if they obtained their associate's degree in nursing at a community college in the state, she notes.

### **Partnering with universities**

"Many of us are adjunct faculty at local universities and through online programs, so we took advantage of those connections," Long says. "We asked if universities would be willing to give us a discount if we promoted their programs on our website, hosted fairs, and got a group of nurses to join their programs. Many colleges and universities have been receptive to the partnership formation; it's a win-win."

The first college fair, held in fall 2013, was not well attended, likely because the BSN requirement was still very new. Attendance rose to about 80 to 100 nurses this past April, DeRego says.

Afterward, staff said the fair helped them decide about schools. "It also helped them see that it was very achievable to go back to school part time to achieve their BSN," Long says. "It eased a lot of people's minds."

The plan is to hold a fair each spring and fall during a timeframe that will allow staff to attend regardless of what shift they're on that day. Holding it on pay day tends to boost participation, DeRego notes. "Even local colleges, universities, or distance programs that aren't part of our partnership programs are represented," she adds.

### **Getting the job(s) done**

Over time, staff have come to understand that getting their BSN degree is a requirement, and they're being offered financial support to be able to do so. Most people are

## **Studies link nursing education level to patient safety**

Earlier this year, results of a large study of European hospitals supported findings from previous US studies linking improved hospital nurse staffing and higher education levels with decreased mortality.

A research team led by Linda Aiken, PhD, RN, of the University of Pennsylvania, and Walter Sermeus, PhD, RN, of the Catholic University of Leuven in Belgium, analyzed patient outcomes associated with nurse staffing and education in nine European countries. They reviewed hospital discharge data for more than 420,000 surgical patients in 300 hospitals and surveyed more than 26,500 nurses in the study hospitals to measure nurse staffing and education levels.

The researchers estimated that each additional patient in a hospital nurse's workload increased the likelihood of a patient dying within 30 days of admission by 7%. For every 10% increase in nurses with bachelor's degrees, the likelihood of patient death dropped by 7%.

In hospitals where 60% of nurses had bachelor's degrees and cared for an average of six patients, the researchers calculated that the likelihood of patients dying after surgery was nearly one-third lower than in hospitals where only 30% of nurses had bachelor-level education and cared for an average of eight patients.

In an earlier data analysis of more than 230,000 general, orthopedic, and vascular surgery patients discharged from 168 Pennsylvania hospitals, researchers found a 10% increase in the proportion of nurses holding a bachelor's degree was associated with a 5% decrease in both the likelihood of patients dying within 30 days of admission and the odds of failure to rescue.

And yet another study, conducted at 146 US hospitals, found decreased incidences of medication errors when up to 54% of the nursing staff had a bachelor of science in nursing degree.

### **References**

- Aiken L H, Sloane D M, Bruyneel L, et al. Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *Lancet*. Published online February 26, 2014. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62631-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/fulltext)
- Aiken L H, Clark S P, Cheung R B, et al. Educational levels of hospital nurses and surgical patient mortality. *JAMA*. 2003;290(12), 1617-1623.
- Chang Y K, Mark B A. Antecedents of severe and nonsevere medication errors. *J Nurs Scholarsh*. 2009;41(1), 70-78.

choosing online programs so they can maintain their work schedules and call obligations, Long says.

Some hospitals are offering hybrid classes through local universities, with class held at the hospital one week and online the next. That makes it easier for some people to attend, DeRego says, but perioperative staff at St Joseph have declined that option at this time.

"I've met with every perioperative nurse affected by this," Long says. "People needed time to think and come to terms with the BSN requirement, but no one has said, 'I can't believe you're making me do this.'"

One group of perioperative nurses plans to start classes together in September and form study groups, she adds. That kind of support makes it easier for people who have been out of school for a number of years.

"The council is meeting with each staff member affected, and once the education plan is mapped out, we'll meet quarterly to track their progress," DeRego says. If a family crisis or some other major life event stands in the way of completing the program, the council will evaluate those situations on a case-by-case basis. "No one would ever be in a position of losing their job because they're one class away from finishing," she says.

With the benefit of hindsight, DeRego says, the council should have been formed before rolling out the BSN initiative: "Having more structure in the beginning would have been helpful." Nonetheless, the council has been an effective way to support the

staff.

"We're doing everything we can to support nursing in achieving the IOM and Magnet goals," Long says. "Everyone's working together to pull this off." Although some people are still a little nervous about the financial commitment, staff nurses have until 2020 to complete the program, and Long doesn't believe the BSN requirement is pushing anyone into retirement. And, she points out, the BSN requirement is not a Magnet-driven initiative; it's something that hospitals across the nation are trying to address.

"We have amazing nurses with all different education levels here," she says. "We have one of the highest certification levels in the hospital because everyone takes pride in the profession." ❖

—Elizabeth Wood

### References

<http://www.aacn.nche.edu/media-relations/fact-sheets/impact-of-education>

<http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>

Pittman P, Herrera C, Horton K, et al. J Healthcare Management. 2013;58(6):399-410.

### **Get Your CE Credits!**

Each issue of OR Manager is preapproved for 3.0 nursing contact hours for registered nurses. To complete an online post-test and earn continuing education (CE) credits, simply login to [www.ormanager.com](http://www.ormanager.com) and go to My Account. Click on "My Courses" and click into the issues. Need help? Contact [clientservices@accessintel.com](mailto:clientservices@accessintel.com).