

Accreditation and Academic Progression in Nursing (APIN) Meeting Summary

American Hospital Association
Capital Room
August 6, 2015 – 10:00a.m.-3:00p.m.
800 10th Street, N.W., Two CityCenter, Suite 400, Washington, DC 20001

Objectives:

1. Affirm areas of mutual understanding
2. Seek clarity on specific issues related to academic progression
3. Identify how accreditation standards related to academic progression are communicated
4. Identify appropriate dissemination strategy

Participants:	ACEN	Marsal P. “Marcy” Stoll, EdD, MSN – CEO
	CCNE	Jennifer Butlin, EdD – Executive Director
	NLN CNEA	Judith “Judy” Halstead, PhD, RN, FAAN, ANEF – Executive Director
	APIN NPO	Pam Thompson, – APIN, National Program Director; CEO, AONE Tina Gerardi, MSN, RN, CAE – APIN, Deputy Director Bryan Hoffman – APIN, Program Manager
	CCNA & CFA	Pat Polansky MSN, RN – Director, Program Development and Implementation Lynn Mertz, PhD – Senior Strategic Policy Adviser Mary Sue Gorski, PhD, RN – Nurse Consultant
	APIN NAC	Donna Meyer, MSN, RN – CEO, OADN

Pam Thompson convened the group and began the meeting with introductions.

Mary Sue Gorski highlighted the areas of mutual understanding that were discussed at our first meeting in December 2013 and further defined at the Moving Forward meeting in March 2014 related to existing and accredited academic progression models, including the importance of nursing accreditation in academic progression and support for currently accredited programs that offer progression pathways. She also shared a copy of the four models being tested by APIN and State Implementation Project (SIP) grants and the new emerging model that is being added to the academic progression models being tested (see attachments) Tina Gerardi gave an overview of APIN and the models being tested through the Robert Wood Johnson APIN Grant and distributed a copy of the APIN report to the IOM committee on the impact on increasing the number of BSN or higher educated nurses in the workforce by 2020 (see attachment). It was again affirmed that many of the areas that were brought forward from the APIN and SIP states were questions of perception and not issues with the actual accreditation standards, policies, or procedures.

Mary Sue took the group through a list of comments/perceptions from the states and the accreditors addressed each new questions or perception. The following issues/perceptions and responses were included in our dialogue.

Is there an NCLEX-RN® -RN® pass rate standard for academic progression models?

- The NCLEX-RN® pass rate can be used as an outcome measure for the ADN and BSN portions of academic progression programs as long as results are linked with students who actually completed each portion of the program. The program needs to explain what the test results represent and how they demonstrate student success in both the ADN and BSN components of the academic progression program.
- CNEA has a national standard of 80% NCLEX-RN® pass rate, but this number can be calculated over a three year period.
- The CCNE standards specify an expectation of the pass rate for each campus/site and track, which needs to be 80% or higher for first-time takers for the most recent calendar year. However, there is flexibility built in to the standards to allow programs to present repeat taker data and/or to average the pass rates over the three most recent years.
- ACEN's standard is "Performance on licensure exam: The program's three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period."
- State pass rates may be higher or lower than those specified or based on how the rate is calculated, so a program may not be cited by its accreditor, but be cited by the state, or the opposite may be true.
- The accreditors noted that the NCLEX-RN® pass rate may be an issue for NCSBN as to how to code these students when sitting for NCLEX-RN®; they cited that Master's entry students have a separate code for tracking purposes.

Are there credit limits for academic progression programs?

- In July, the ACEN Board of Directors had a discussion of program length:
 - Diploma – 90 credit maximum (40 gen ed/50 nursing); all programs must comply by July 2016.
 - AD – 60-72 credits generally (4-6 semester is the norm). ACEN collects annual data from all programs, including current number of credit hours and this data is used as a benchmark. 2013 data reveals that for AD programs the most common range of credit hours is 60 to 72 with the average number of credit hours being 70. Therefore, 60-72 and 70 is the general benchmark. For programs that exceed 72 credit hours, the Board in July 2015 alerted these programs that their credit hours exceeded the common range; however, none of these programs were cited as noncompliant with 4.8.
 - If an associate degree academic progression program is more than 72 credits, it should be approved as long as there is documentation of the APIN program such as an MOA or other document that a partnership with a university exists and supports BSN completion.
- CCNE and NLN CNEA do not have standards limiting program length or number of credits, however, it was noted that some institutions have residency or credit minimums that may need to be fulfilled in order to receive a degree from that institution.

- CCNE does not prescribe the number or percentage of full time faculty or faculty holding doctorate degrees. A determination is made, however, whether the faculty are sufficient in number, academically prepared, and experientially prepared for the areas in which they teach. CCNE has found this standard to be more reasonable and appropriate for judging program quality than setting ratios and “bright lines.”
- All three representatives from the accrediting bodies did state that they would look for some indication of the degree or process for receiving a degree if the student wants to leave the academic progression program after completing 90 credits, but prior to receiving BSN degree. The accreditors don’t require or make recommendations about whether there should be an “opt out” option.

What are the implications of a curriculum designed so that both an diploma and a BSN are awarded at the completion of all credits?

- ACEN is the only organization of the three that serves as a gatekeeper for Title IV funding because it accredits nursing programs (e.g., diploma programs) that are not housed in entities that hold institutional accreditation. Institutions and programs working on such models are encouraged to discuss with staff at ACEN even if previous discussions were not successful.

How do the U.S. Department of Education (USDE) requirements affect nursing accreditation standards? What is a Title IV gatekeeper and how does this affect education innovation?

- Institutions must show they comply with the federal USDE rules and regulations to qualify for federal funding such as student financial aid. Validation of adherence to federal guidelines is accomplished by accreditation organizations approved by the USDE to act as the “gatekeepers”. Most institutions have regional accreditation organizations or national accreditation organizations serving in this role. ACEN is the only USDE-recognized approved nursing accreditation organization that can also serve in the “gatekeeper” role when nursing programs at any educational level are not affiliated with an institution that holds regional or national institutional accreditation.

Are all faculty required to be nurses?

- All three representatives stated that all nursing faculty do not have to be nurses. Faculty should hold the qualifications required by the nursing program’s state regulatory agency for nursing, institution, and institutional accreditor, and be qualified to teach assigned courses. The accrediting agency representatives discussed their respective standards relative to faculty requirements. There was some discussion about the ACEN written expectation and how that is being interpreted. CCNE standards state, “Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree. Faculty who are nurses hold current RN licensure.”

Is there a different framework for faculty standards for academic progression programs than for RN completion of BSN programs?

- No, the standards for faculty are the same.

The group then moved on to discuss areas needing clarification. Many of these issues were addressed in the state specific questions. There was lengthy discussion about the substantive change decision time lag. Both CCNE and ACEN acknowledged that there were delays, sometime significant delays, in responding to substantive change letters and both agencies have hired additional staff and put into place mechanisms to streamline and address this issue.

- CCNE has hired staff and has an advisory group to review substantive change notifications on a regular basis. Process improvements have been made and the advisory group is meeting more frequently to consider the notifications. Additionally, programs now submit the notifications to a dedicated address on the CCNE website, where guidance is also provided (<http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/change-notification>). In the CCNE process, programs do not need to “hold off” on making changes until they hear from CCNE; they should proceed as planned and in accordance with their timelines. See CCNE procedures p. 21-22. CCNE receives hundreds of substantive change notifications from institutions, on a rolling basis, in a given year. CCNE has an expectation that programs notify CCNE of substantive changes within 90 days.
- ACEN, as an agency approved by the USDE to be a Title IV gatekeeper, must process all substantive change requests. In July, ACEN updated its substantive change policy to define what is and is not substantive and requires approval in advance of change and what is a procedural change and requires only notification. The revised policy is posted on the ACEN website, http://www.acenursing.net/manuals/Policies_July2015.pdf. They have also hired new staff and anticipate the backlog of substantive change notifications to be cleared by October 30.
- NLN CNEA will require post-implementation notification, no pre-implementation notification is planned.

Is having two tracks for the RN to BSN program problematic (i.e. a traditional RN to BSN and a dual admission option)? Will separate accreditation for the two options be necessary? Will a specific admission process be required to enter a dual admission track?

- Accredited nursing programs have a long history of separate tracks for level of education, type of student, location of branch campus, and clinical specialty. When there are separate tracks, consistent equitable and valid processes must be in place for all applicants and students. If the processes vary in different circumstances there must be rationale for why this is the case.

Will changes be made to the standards to reflect these new emerging models? Will site visitors be educated about the new emerging models and how to interpret the standards related to them?

- Clarifications to the standards, updates of the processes, and education of site visitors all occur on a regular basis and they include emerging strategies and models across the country. However, the discussion indicated that the current standards allow for most aspects of the innovative academic progression in nursing models. CCNE shared that it

sponsored a 2-day retraining program of all of its current on-site evaluators over the summer.

Finally, the group discussed how best to communicate and disseminate accreditation standards for academic progression and address ongoing misperceptions and issues. The group decided that a joint statement on fostering innovation in academic progression could be released in the fall. A frequently asked questions (FAQs) document could be developed and widely distributed and a webinar could be developed to answer questions about accreditation for programs that are developing or delivering an academic progression model.

The following assignments and timeline were established:

Week of Labor Day	Summary of Meeting FAQs/Guiding Principles Joint Statement	Tina Gerardi Mary Sue Gorski Bryan Hoffman
November 16 or 17	Webinar	Coordinated by CCNA

The group acknowledged that this meeting was extremely productive and looks forward to the proposed next steps. Pam Thompson adjourned the meeting.

Respectfully Submitted,
Tina Gerardi, MS, RN, CAE
Deputy Director, APIN