


ANNUAL REPORT  
JULY 2003 - JUNE 2004

# 2004

ANNUAL STATE OF THE SCHOOLS



AMERICAN ASSOCIATION OF COLLEGES OF NURSING

American Association  
of Colleges of Nursing 

**AUGUST 2003**

Over 100 nurse educators attend the first Pediatric Palliative Care Training sponsored by the End-of-Life Nursing Education Consortium (ELNEC), a joint project of AACN and the City of Hope National Medical Center.

AACN President Kathleen Ann Long and Executive Director Geraldine "Polly" Bednash are named to *Modern Healthcare Magazine's* 100 Most Powerful People in Healthcare list.

**SEPTEMBER 2003**

The International Nursing Coalition for Mass Casualty Education released *Educational Competencies for Registered Nurses Responding to Mass Casualty Incidents*. This report was prepared by an expert committee chaired by Joan Stanley, AACN's Director of Education Policy.



In a *JAMA* article, Dr. Linda Aiken and colleagues found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of baccalaureate-prepared nurses. AACN released talking points and a fact sheet to highlight this important research.

**OCTOBER 2003**

AACN awards Johnson & Johnson the 2003 Corporate Citizen Award for the company's generous and effective *Campaign for Nursing's Future*.

The Board of the Commission on Collegiate Nursing Education approved an amended version of its *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*.

AACN President-Elect Jean Bartels presented testimony before the Sullivan Commission on Diversity in the Healthcare Workforce at a Chicago hearing.

**NOVEMBER 2003**

AACN President Kathleen Ann Long published an article in the November issue of the *Journal of Policy, Politics and Nursing Practice* on the IOM report titled *Health Professions Education: A Bridge to Quality*.

**DECEMBER 2003**

Preliminary results from AACN's latest annual survey show that enrollment in entry-level baccalaureate nursing programs increased by 15.9 percent in 2003 over 2002. Final data show an actual increase of 16.6 percent.

AACN and the National Organization of Nurse Practitioner Faculties co-hosted a meeting to engage a broad community of stakeholder organizations in a National Forum on the Practice Doctorate in Nursing.

AACN adds a new Clinical Nurse Leader resource section to its Web site to help generate awareness of this national initiative and answer questions.

**JANUARY 2004**

The Robert Wood Johnson Foundation provided funding to begin assessing the outcomes of the post-baccalaureate residency program developed through a partnership between AACN and the University HealthSystem Consortium.

AACN writes a letter of support for a New York State Board of Nursing proposal that would require registered nurses prepared at the associate degree and diploma levels to complete a baccalaureate degree in nursing within 10 years of graduation.

**FEBRUARY 2004**

Nurses for a Healthier Tomorrow (NHT), a coalition of 42 leading nursing organizations including AACN, launched a new public awareness campaign to generate interest in careers as nurse educators.

With funding provided by the National Cancer Institute, more than 60 nurses attend the first Oncology ELNEC training session held in Pasadena, CA.



**MARCH 2004**

Jean Bartels, nursing dean at Georgia Southern University, becomes AACN President following the Spring Annual Meeting.

The Gannett Foundation and Nursing Spectrum provide funding for AACN to host the Gannett Lectureship at the Spring Annual Meeting.

Mary H. Mundt, nursing dean at the University of Louisville, testified on AACN's behalf before the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies

**APRIL 2004**

The John A. Hartford Foundation of New York awarded a \$1.8 million grant to AACN to extend the *Creating Careers in Geriatric Advanced Practice Nursing* program.

AACN's Task Force on the Professional Clinical Doctorate begins soliciting comments on the draft position statement on the practice doctorate in nursing.

**MAY 2004**

Winners of the 2004 Secretary's Awards for Innovations in Health Promotion and Disease Prevention, an interdisciplinary awards program administered by AACN, included nursing students from Duquesne University, Ferris State University and Auburn University.

**JUNE 2004**

AACN hosts the first Clinical Nurse Leader (CNL) implementation conference for education and practice partners. More than 300 participants attended the conference to begin the process of developing and launching a CNL pilot program.

# OUR MEMBERS

In 1969, the American Association of Colleges of Nursing was established to answer the need for an organization dedicated exclusively to furthering nursing education in America's universities and four-year colleges. Representing schools of nursing at 578 public and private institutions, AACN is the national voice for baccalaureate- and graduate-degree nursing education programs.

# OUR MISSION

AACN works to establish quality standards for bachelor's- and graduate-degree nursing education; assist deans and directors to implement those standards; influence the nursing profession to improve health care; and promote public support of baccalaureate and graduate education, research, and practice in nursing, — the nation's largest health care profession.

This report highlights the Association's FY 2004 initiatives to help member schools meet the nation's demand for innovative and expanded nursing care.





LETTER FROM THE  
PRESIDENT  
&  
EXECUTIVE DIRECTOR

### **Nursing Education: The Key to Patient Safety**

AACN has consistently called for the creation of a more highly educated nursing workforce in the interest of improving patient safety and providing quality care. Though sometimes considered a controversial notion, we strongly believe that encouraging all nurses to advance their education is in the best interest of the patients we serve.

Our work to enhance the education level of the nursing workforce was reinforced by a groundbreaking study published in the September 2003 *Journal of the American Medical Association*. Dr. Linda Aiken and her colleagues at the University of Pennsylvania found that patients experienced significantly lower mortality and failure to rescue rates in hospitals with higher proportions of baccalaureate-prepared nurses. This research clearly shows that baccalaureate nursing education has a direct impact on patient outcomes and saving lives.

In her analysis, Dr. Aiken stated that “our results suggest that employers’ efforts to recruit and retain baccalaureate-prepared nurses in bedside care and their investments in further education for nurses may lead to substantial improvements in quality of care.” AACN is very supportive of this finding and will continue our efforts to improve patient safety by strengthening professional nursing education programs.

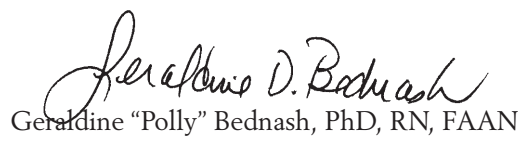
AACN’s work to advance nursing education extends to identifying new models to better prepare nurses to thrive in an increasingly complex practice environment. This call was echoed in Institute of Medicine (IOM) report titled *Health Professions Education: A Bridge to Quality*. The IOM found that nurses and other health professionals are not adequately prepared to provide the highest quality and safest care possible. The authors concluded that “education for the health professions is in need of a major overhaul.”

AACN’s work on the Clinical Nurse Leader<sup>SM</sup> or CNL<sup>SM</sup> initiative represents a bold step forward in the evolution of the nursing profession (see pages 8-9) that is consistent with the IOM’s call to action. The CNL role emerged following research and discussion with stakeholder groups on ways to engage expert clinicians in outcomes-based practice and quality improvement. More than 80 nursing schools and over 140 clinical agencies have formed partnerships across the country to support the development and integration of this new nursing clinician.

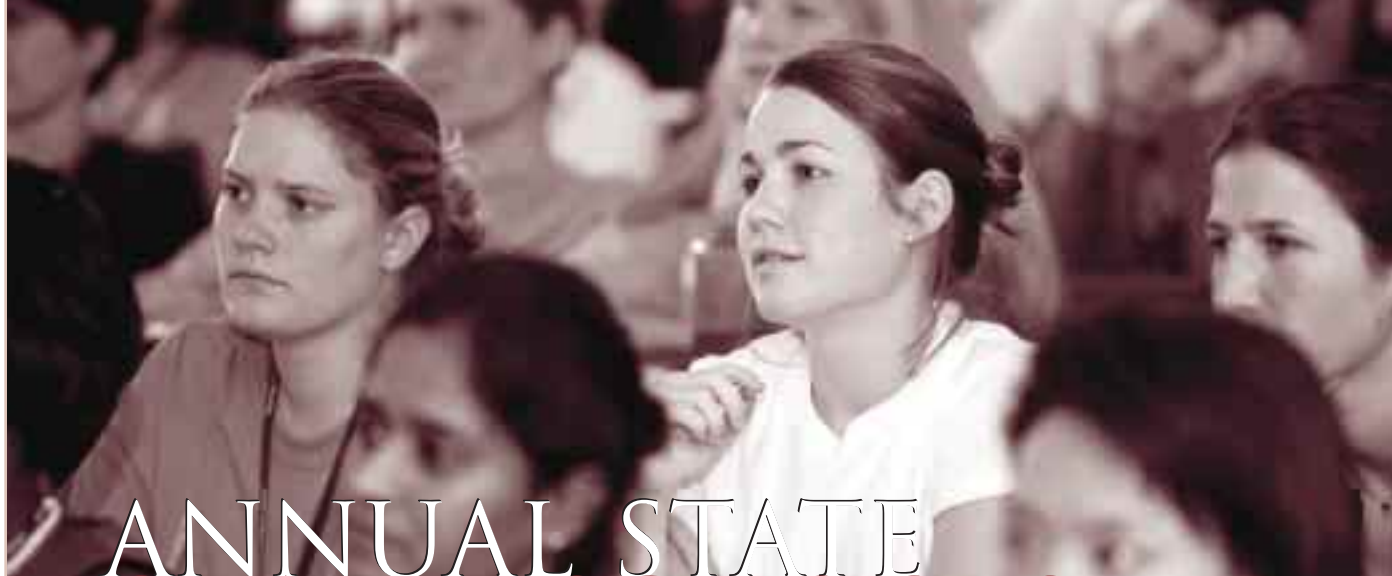
The CNL project’s emphasis on quality is consistent with the focus of many other AACN projects, including the Task Force on the Doctor of Nursing Practice, AACN-UHC Baccalaureate Residency Program, Sullivan Commission on Diversity, Geriatric Nursing Education Project, and the End-of-Life Nursing Education Consortium.

AACN is moving forward with initiatives to improve the quality of nursing care by re-envisioning traditional nursing roles, strengthening education programs, and transforming care delivery. We invite you to join us as partners in this important work.

  
Jean E. Bartels, PhD, RN  
President

  
Geraldine “Polly” Bednash, PhD, RN, FAAN  
Executive Director





# ANNUAL STATE OF THE SCHOOLS

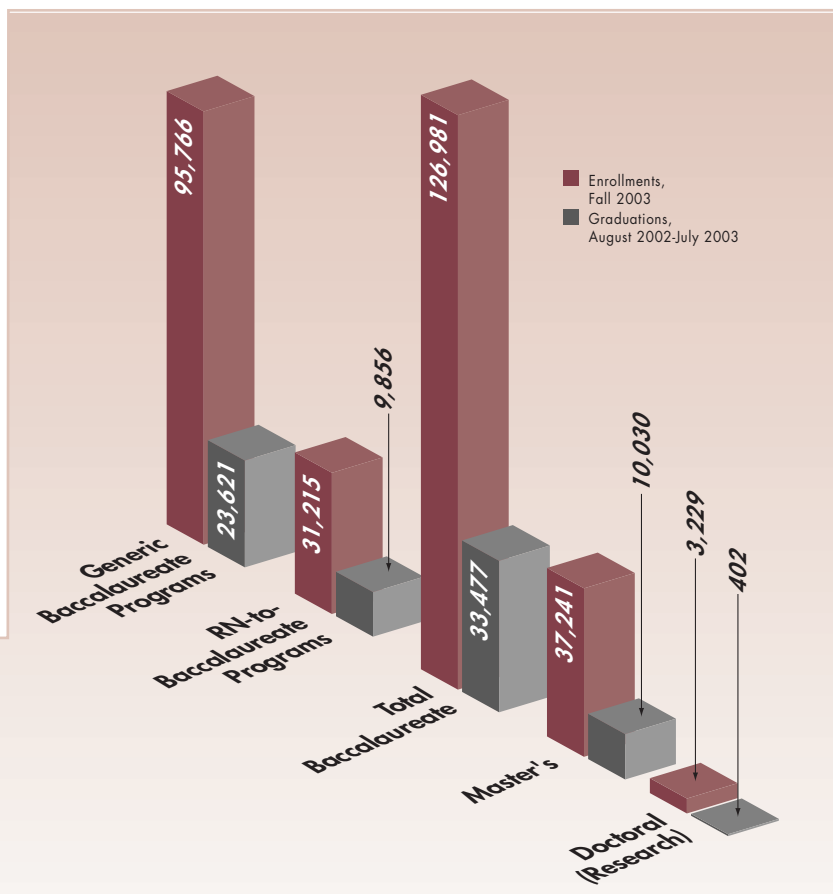
Findings explored in the 2004 State of the Schools are based on responses from 564 (82.7 percent) of the nation's nursing schools with bachelor's- and graduate-degree programs that were surveyed in fall 2003. Data reflect actual counts; projections are not used.

## Entry-Level Baccalaureate Enrollments Increase by 16.6 Percent

Enrollments in entry-level baccalaureate programs in nursing rose by 16.6 percent in fall 2003 over the previous year, marking the third consecutive year of enrollment increases. This upward trend follows six years of steady enrollment declines from 1995 to 2000.

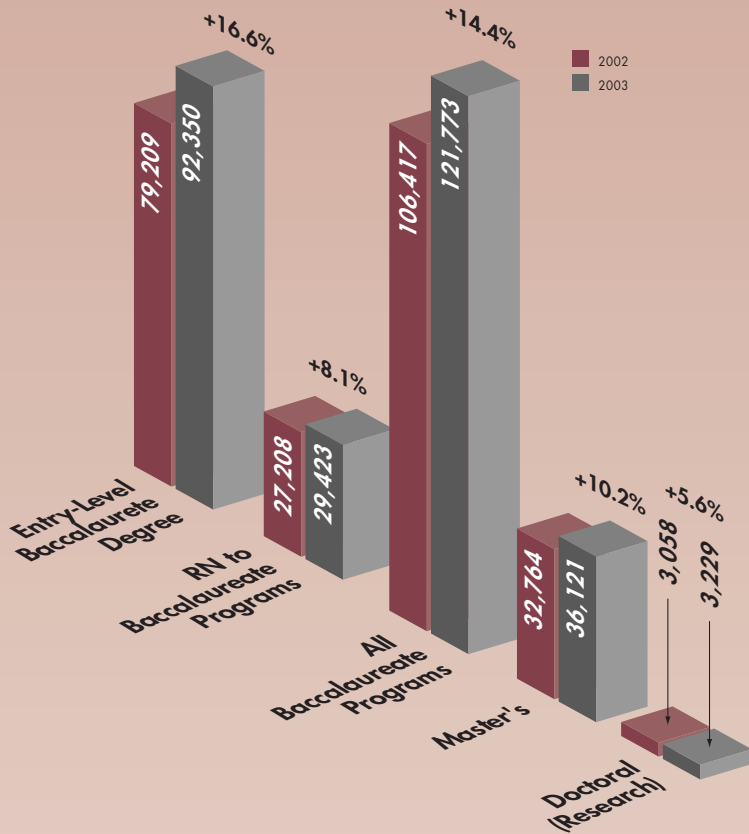
AACN determines enrollment trends by comparing data from the same schools reporting in both 2002 and 2003. Data show that nursing school enrollments are up in all regions of the United States with the greatest increase found in the North Atlantic states where enrollments in entry-level baccalaureate programs rose by 22.2 percent. Increases were also realized in the South, Midwest, and West where enrollments rose by 16.7 percent,

15.9 percent, and 8.6 percent, respectively. The survey found that total enrollment in all nursing programs leading to the baccalaureate degree, both entry-level and RN degree completion programs was 126,981, up from 116,099 in 2002.



**FIGURE 1:**  
**Year at a Glance:**  
**Enrollments and Graduations**  
**in Nursing Programs**  
 564 Schools Reporting

Source: American Association of Colleges of Nursing. 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.



**FIGURE 2:**  
**Enrollment Changes in the Same Schools Reporting in Both 2002 and 2003**  
 524 Schools Reporting

SOURCE: American Association of Colleges of Nursing. 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.

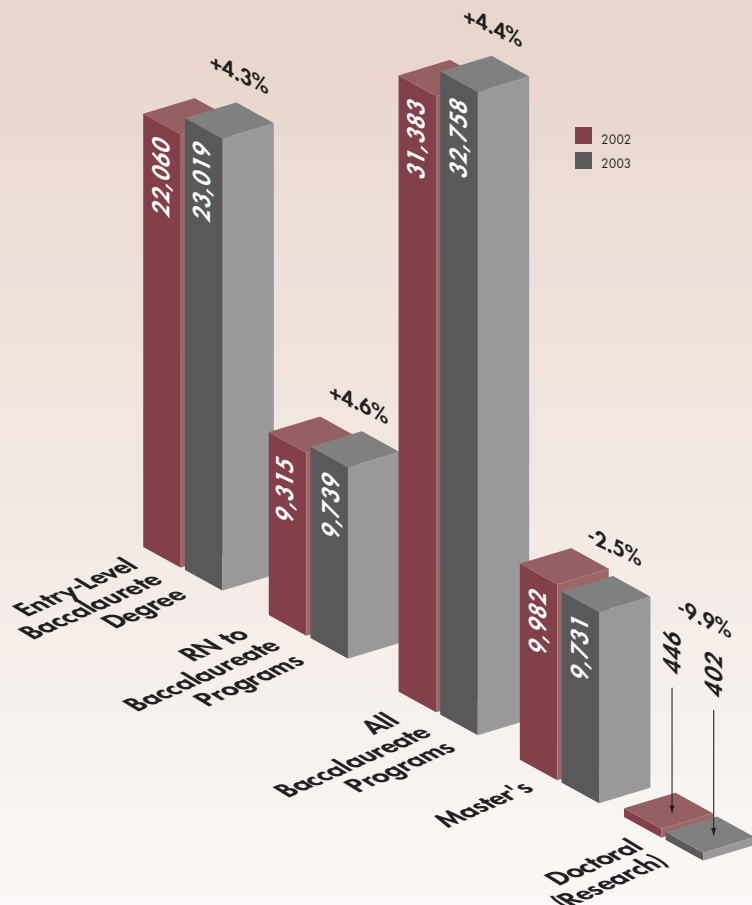
**Enrollments Up in RN-to-Baccalaureate Programs**

Given the calls for a better educated nurse workforce, AACN was pleased to see an increase in the number of registered nurses (RN) pursuing baccalaureate level education. RN-to-Baccalaureate programs are specifically designed to enable nurses prepared with a diploma or associate's degree to earn a baccalaureate degree and enhance their clinical skills. From 2002 to 2003, enrollments in RN-to-Baccalaureate programs increased by 8.1 percent or 2,215 students, which makes this enrollment increase the first in six years.

"New research from Dr. Linda Aiken at the University of Pennsylvania confirms that baccalaureate nursing education has a direct impact on patient outcomes and saving lives," said AACN Executive Director Geraldine "Polly" Bednash. "AACN encourages nurses prepared in diploma and associate degree programs to advance their education in the interest of patient safety and as a mechanism for career advancement." According to AACN

**FIGURE 2A:**  
**Changes in Graduations for the Same Schools Reporting in Both 2002 and 2003**  
 525 Schools Reporting

SOURCE: American Association of Colleges of Nursing. 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.



*“Dr. Aiken’s groundbreaking work demonstrates one very simple point: Education makes a difference in nursing practice. To anyone outside of the nursing profession, that statement is not controversial.”*



~ Kathleen Ann Long, AACN Past President  
From the article “RN Education: A Matter of Degrees” in RN Magazine, March 2004

data, there are currently 602 RN-to-Baccalaureate and 137 RN-to-Master’s Degree programs offered at nursing schools nationwide.

### **Interest Runs High in Accelerated Programs**

For the first time, AACN’s annual survey captured data related to accelerated nursing programs, which are designed to transition adults with baccalaureate and graduate degrees in other fields into nursing. Accelerated baccalaureate programs, which may be completed in 12-18 months, provide the fastest route to licensure as a registered nurse for individuals with a prior degree. These intense programs have high admission standards, require continuous study without session breaks, and incorporate the same number of clinical hours as traditional programs.

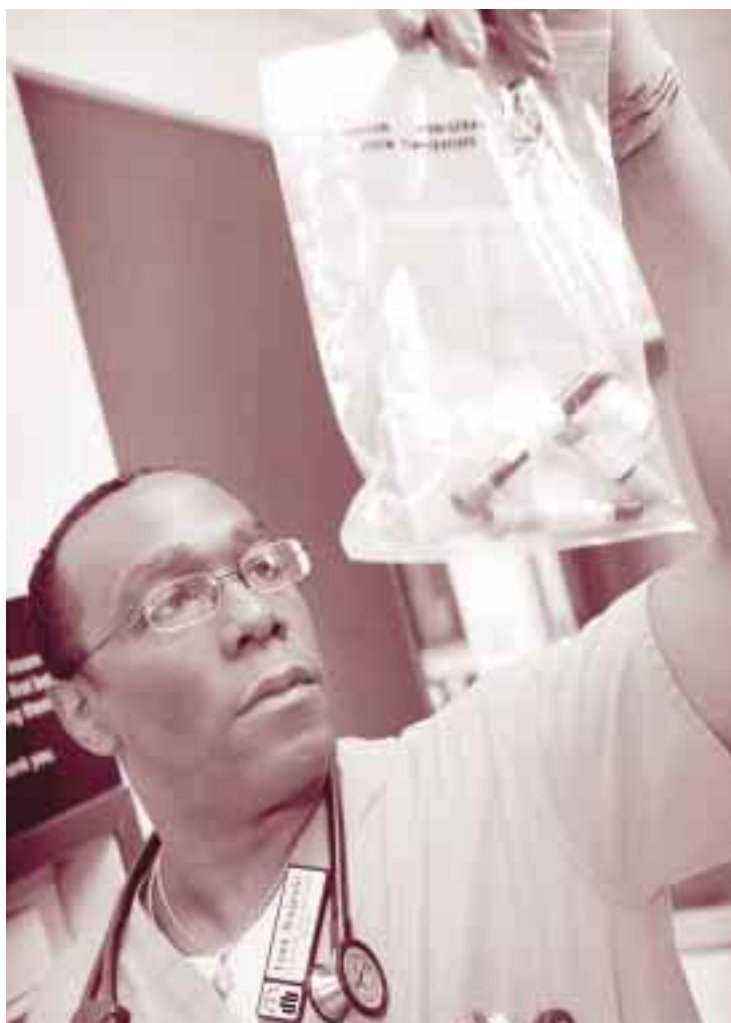
The total number of accelerated baccalaureate programs offered nationwide is 129. This total represents a 23.8 percent increase since fall 2002 when 105 such programs existed. AACN’s latest survey found that 4,794 students were enrolled in accelerated baccalaureate programs while another 1,352 students graduated from these programs as entry-level clinicians last year.

### **Graduate Enrollments and Nurse Faculty Shortage**

The AACN survey also found that though enrollments were up in both master’s and doctoral degree nursing programs, the number of graduates from these programs is still declining. Enrollments in master’s degree programs rose 10.2 percent (3,357 students) with a total student population of 37,241. In research-focused doctoral programs, enrollments increased by 5.6 percent (171 students) bringing the total student population to 3,229. Though enrollments increased, the

number of graduates from master’s and doctoral programs declined by 2.5 percent and 9.9 percent, respectively.

The slight enrollment increase in graduate programs is good news given the growing concern about the nurse faculty shortage. According to AACN’s recent white paper titled *Faculty Shortages in Baccalaureate and Graduate Nursing Programs*, the shortage of nurse educators is expected to intensify over the next 20 years as significant numbers of faculty members retire and fewer nurses with advanced educational preparation are choosing careers in academia. Given the competition for nurses prepared at advanced levels and the salary differential between positions in higher education and private practice, the nurse



faculty shortage is expected to intensify and impact nursing education programs at all levels.

### Qualified Students Turned Away During Shortage

Though interest in baccalaureate and graduate nursing education programs is high, not all qualified applications are being accepted at four-year colleges and universities. In fact, AACN's survey found that 15,944 applicants who satisfied or exceeded admissions requirements were denied admittance to entry-level nursing programs due to insufficient numbers of faculty, clinical placement sites, classroom space, and other factors. The 15,944 figure is based on data provided by 455 schools of nursing with baccalaureate programs.

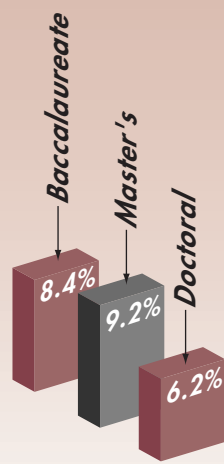
Despite these challenges, nursing schools across the country are finding creative ways to expand student capacity. Many schools are forming partnerships with clinical agencies to support mutual needs and bridge the faculty gap. Other strategies include lobbying for continued state and federal monies, launching accelerated programs, and stepping up efforts to expand diversity and recruit new populations into nursing.

### Minority Representation in Nursing Programs Remains Strong

Representation of racial/ethnic minority groups in nursing programs remained strong in fall 2003 with minority group members comprising 23.9 percent of the undergraduate student population.

In 2003-2004, minority group representation in baccalaureate programs was distributed as follows: 5.5 percent Asian, Native Hawaiian or Other Pacific Islander; 12.4 percent Black or African American; 0.6 percent American Indian or Alaskan Native; and 5.5 percent Hispanic or Latino. In master's nursing programs, representation of racial/ethnic minority groups was 21.6 percent including 6.2 percent Asian, Native Hawaiian or Other Pacific Islander; 10.5 percent Black or African American; 0.6 percent American Indian or Alaskan Native; and 4.3 percent Hispanic or Latino.

Men continue to be underrepresented in nursing schools with only 8.4 percent of students in baccalaureate programs being male. In graduate pro-



Men Enrolled in Nursing Programs

grams, 9.2 percent of master's degree students and 6.2 percent of research-focused doctoral students are male.

### Nursing Faculty Population

Nursing schools nationwide are struggling to fill faculty positions in an effort to accommodate all qualified students. In fall 2003, the total full-time faculty population in baccalaureate and higher degree programs reached 10,167 (554 schools reporting). As a group, nursing faculty are rapidly aging with the mean age across all ranks set at 51.5 years. Specifically, the average age of doctorally-prepared faculty

by rank was 56.8 years for professors, 54.6 years for associate professors, and 50.8 years for assistant professors.

The survey found that the majority of nursing faculty are white women. Only 9.4 percent of full-time faculty come from racial/ethnic minority groups, and only 4.5 percent are male. In terms of educational preparation, 49.7 percent of nursing school faculty are doctorally prepared with 30.2 percent holding nursing doctorates and 19.5 percent holding doctorates in other disciplines.

### AACN Data Collection

AACN's 23rd Annual Survey of Institutions with Baccalaureate and Higher Degree Nursing Programs is conducted each year by the association's Research Center. Information from the survey forms the basis for the nation's premier database on trends in enrollments and graduations, student and faculty demographics, and faculty and deans' salaries. Complete survey results were compiled in three separate reports:

- ❖ *2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*
- ❖ *2003-2004 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*
- ❖ *2003-2004 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing*

To order the most current reports, see <http://www.aacn.nche.edu/IDS/datarep.htm>. ❖

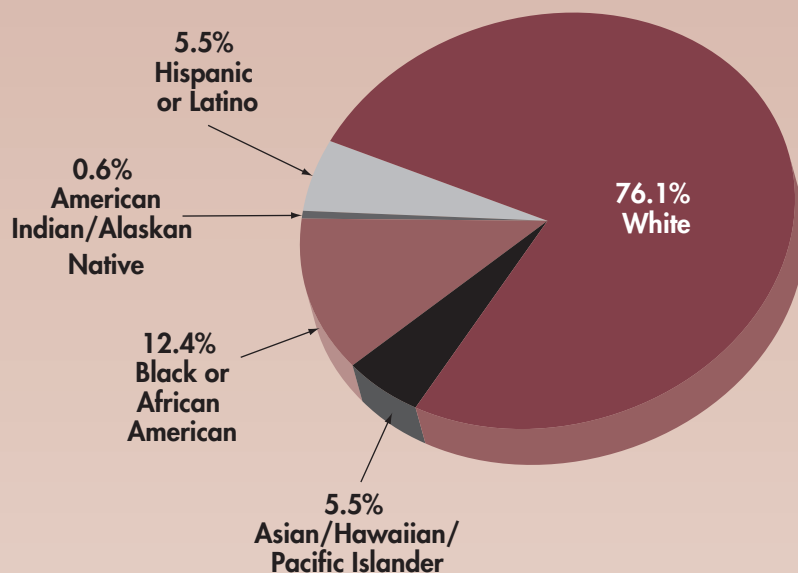


**FIGURE 3a:**  
**Racial/Ethnic Diversity in Nursing Education Programs, Fall 2003**

SOURCE: American Association of Colleges of Nursing. 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.

**Enrollment in Undergraduate Programs**

552 Schools Reporting

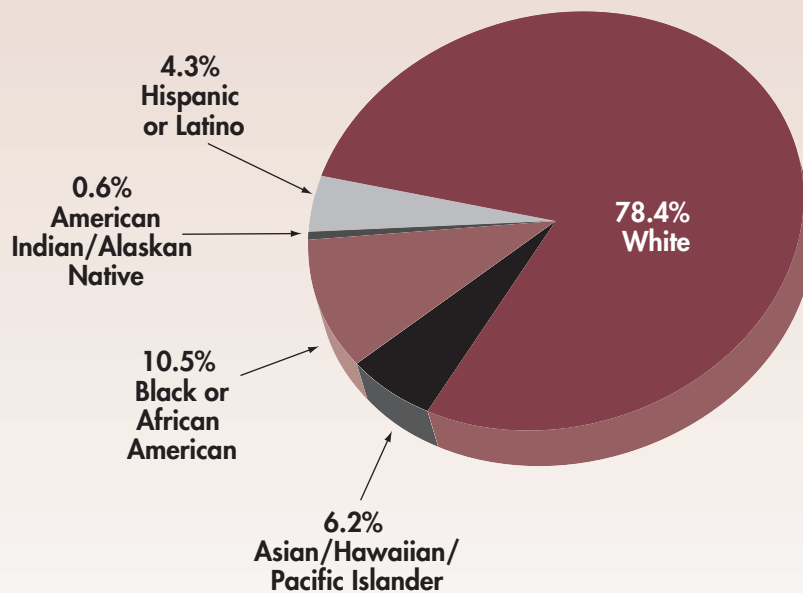


**FIGURE 3b:**  
**Racial/Ethnic Diversity in Nursing Education Programs, Fall 2003**

SOURCE: American Association of Colleges of Nursing. 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.

**Enrollment in Master's Programs**

359 Schools Reporting





# CLINICAL NURSE LEADER

The Clinical Nurse Leader<sup>SM</sup> or CNL<sup>SM</sup> is a new nursing role being developed by AACN in collaboration with an array of leaders from education and practice.

Two AACN task forces – Task Force on Education and Regulation for Professional Nursing Practice 1 and 2 (TFER 1 and TFER 2) - were convened to identify (1) how to improve the quality of patient care and (2) how to best prepare nurses with the competencies needed to thrive in the current and future health care system. The CNL role emerged following research and discussion with stakeholders as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement strategies.

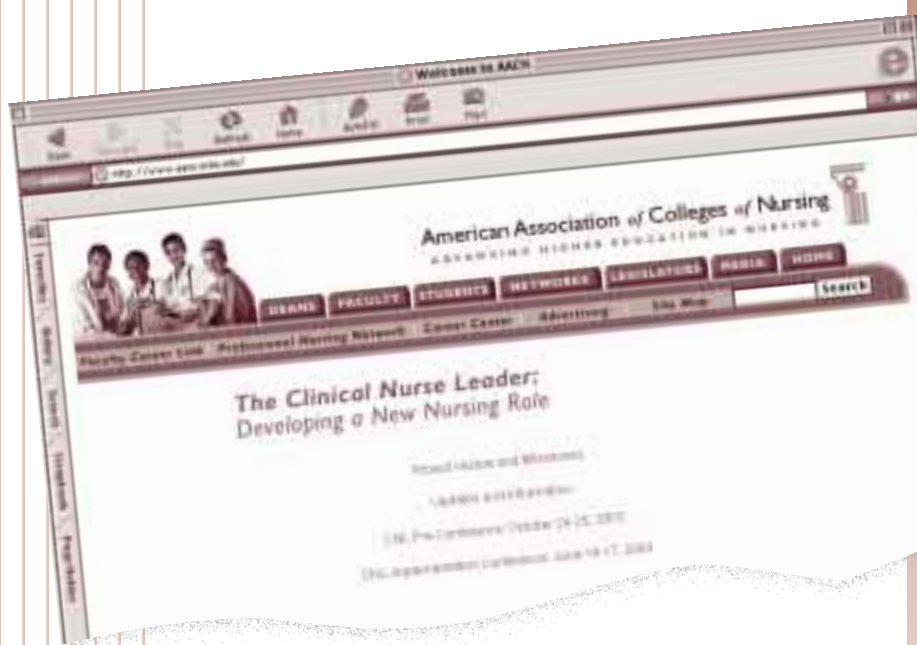
Following the release of a draft white paper on *The Role of the Clinical Nurse Leader* in May 2003, AACN sponsored a pre-conference prior to the Semiannual Meeting to focus on the future of the CNL concept. Held October 24 and 25, 2003, more than 250 AACN member deans and their chief nurse executive partners came together to discuss what education and practice changes were needed to develop the nursing clinician of the future. Discussions focused on how CNLs should be educated and employed across the health care delivery system.

In January 2004, the AACN's Board of Directors convened a special meeting to discuss the future of the CNL initiative. At this meeting, the Board made significant policy decisions based on recommendations from TFER 1 and TFER 2 as well as findings from the October pre-conference. These decisions or motions were made in the aggregate and should not be considered in isolation. The **motions passed by the AACN Board of Directors** include:

- ❖ The AACN board does not believe it is feasible and productive, at this point in time, to engage in efforts to differentiate the license for the current BSN and ADN graduates.
- ❖ The AACN board does not believe that the set of expectations, as outlined in the report of TFER 2, can be achieved in a four-year baccalaureate nursing experience.
- ❖ The AACN board supports continuation of baccalaureate nursing education, at a minimum, as the entry-level for the professional Registered Nurse.
- ❖ The AACN board accepts the draft white paper on *The Role of the Clinical Nurse Leader*, May 2003, as a working paper.
- ❖ AACN will continue to provide leadership and invest resources in the creation and evaluation of a new model, or models, of nursing practice and nursing education at the master's degree in nursing level that results in a new nursing professional (CNL).
- ❖ The model(s) to be created and evaluated will result in a new nursing professional for generalist practice, as described in the CNL paper, who is prepared at the master's level.
- ❖ The AACN board approved models as a starting point for model development.
- ❖ AACN will assume leadership and engage appropriate stakeholders to ensure development of a new legal scope of practice and credential for the new nursing professional as described in the CNL working paper.

At their January 2004 meeting, the AACN Board of Directors approved the establishment of the **CNL Implementation Task Force** to lead the effort to launch a demonstration/pilot initiative to prepare CNLs at the master's degree level. The task force was created to include a wide array of perspectives and to assure representation from practice and education, as well as a range of institution types. Jolene Tornabeni, Executive Vice President and Chief Operating Officer with INOVA Health System, agreed to chair the task force.

The task force issued a Request for Proposals in April 2004 to education and practice partners interested in participating in a CNL demonstration project. In June 2004, representatives from these partnerships came together to begin the development of the curriculum framework for CNL education and the partnership care delivery model, and to discuss outcomes measurement. Supported by the Agency for Healthcare Research and Quality, over 300 people attended the **CNL implementation conference**, including representatives from 80 nursing schools and more than 140 clinical agencies. ❖



**WANT UPDATES ON THE CLINICAL NURSE LEADER?**

Regular updates on the CNL initiative are featured in *AACN News Watch*, a monthly email newsletter. To subscribe, please send an email request to [apathak@aacn.nche.edu](mailto:apathak@aacn.nche.edu).

*“Improving the quality of education and practice in order to meet the demands, challenges and opportunities of the future will require internal motivation, a collaborative culture, and the continuous cycle of using data to improve education and practice.”*

~ Jean Bartels, AACN President  
From a presentation given at the CNL implementation conference held in June 2004



**CNL WEB-BASED RESOURCES**

**Clinical Nurse Leader Homepage**  
<http://www.aacn.nche.edu/CNL/index.htm>

**Working Paper on *The Role of the Clinical Nurse Leader* (June 2004 version)**  
<http://www.aacn.nche.edu/Publications/WhitePapers/CNL6-04.DOC>

**Frequently Asked Questions about the CNL Initiative**  
<http://www.aacn.nche.edu/CNL/FAQs.htm>

**Education Models to Prepare the Clinical Nurse Leader**  
<http://www.aacn.nche.edu/CNL/Models.pdf>

**Education-Practice Partnerships**  
<http://www.aacn.nche.edu/CNL/ImplementationConf/partners.doc>

**Highlights from the CNL Implementation Meeting, June 16-17, 2004**  
*Includes the guiding principles and design methodology for the Partnership Model*  
<http://www.aacn.nche.edu/CNL/index.htm#Implementation>

**Highlights from the CNL Pre-Conference, October 24-25, 2003**  
<http://www.aacn.nche.edu/CNL/index.htm#PreConference>

**Brief History of the CNL Project**  
<http://www.aacn.nche.edu/CNL/History.htm>



The AACN Board of Directors oversees the work of a number of task forces focused on issues of primary concern to nursing school deans and faculty. Task forces are created as needed to examine strategic issues and address specific charges of the Board.

Chaired by Elizabeth Lenz, dean at The Ohio State University, the **Task Force on the Doctor of Nursing Practice** was actively engaged in work to draft a new position statement and develop an organizational perspective on the Practice Doctorate in Nursing. In December 2003, AACN and the National Organization of Nurse Practitioner Faculties co-hosted a National Forum on the Practice Doctorate with representatives from a large number of organizations representing nursing education, regulation, certification, and practice. The forum was held to gather input on the need, impact and implications of the practice doctorate. In February 2004, the task force hosted an external reaction panel on the draft position statement with representatives from outside nursing including medicine, academic health science centers, health care administration, higher education, and law. Further input on the position statement was gained at a forum hosted with AACN members as part of the Spring Annual Meeting in March 2004. The final report of the task force, including the revised position statement, was sent to the AACN Board in July 2004.

The **Task Force on Options for Participation in AACN** is charged with determining the strategic value of expanding options for participation in

AACN, including recommending at least one structure for constituent or affiliate membership in the association. Chaired by Lea Acord from Marquette University, the task force recommended to establish formal networks under the AACN umbrella which would provide a channel to offer services and programming to a wider group of faculty and individuals within the nursing unit. Groups identified for professional networks included associate/assistant deans as well as faculty engaged in curriculum development, research and faculty practice. AACN members were provided an opportunity to give feedback on the recommendations of the task force via a survey, and the response was overwhelmingly positive.

Chaired by Marilyn Rothert from Michigan State University, the **Task Force on Academic Leadership** was charged with identifying the roles, functions and competencies of dean/director/chief executive in the nursing academic unit. The committee spent this year collecting data and identifying issues to be addressed in a monograph under development by the task force and invited authors. The resulting monograph will be published in 2005. ❖

### LEADERSHIP FOR ACADEMIC NURSING PROGRAM

With funding provided by the Helene Fuld Health Trust, AACN has developed an executive leadership institute for new and aspiring deans. This professional development experience encompasses an assessment and evaluation of leadership skills, opportunities for strategic networking and case study development, consultation to achieve long-term goals, and identification of key partnerships. This year, 60 Fellows were selected to participate in the Leadership for Academic Nursing program. The 2003 Fellows represent a wide cross-section of nurse faculty and administrators from both large and small institutions. A directory of Fellows is posted on AACN's Web site at <http://www.aacn.nche.edu/Education/fuld.htm>.





# COLLABORATION

AACN actively pursues collaborative initiatives and opportunities that support our mission and advance the goals of nursing education, practice, and research.

AACN Executive Director Geraldine “Polly” Bednash was asked to represent nursing on the **Sullivan Commission on Diversity in the Healthcare Workforce** that was formed in 2003. Chaired by former U.S. Secretary of Health and Human Services Louis W. Sullivan, the 15-member commission was charged with generating workable solutions to improve access to care for all Americans and dismantle barriers to education and quality health care. This year, the commission held regional hearings to identify successful efforts to diversify the health professions. AACN members deans and faculty who presented testimony at the hearings included Mecca Cranley from the University at Buffalo; Patricia Moritz from the University of Colorado Health Sciences Center; Gloria McWhirter from the University of Florida; and AACN President Jean Bartels from Georgia Southern University. <http://www.sullivancommission.org>

AACN continued its work this year with the University HealthSystem Consortium (UHC) to develop curriculum and evaluate outcomes for the **AACN-UHC Post-Baccalaureate Nurse Residency** program. Last year, the curriculum was piloted at six universities and is currently being evaluated. The first residency sites include New York University, University of Arizona, University of Colorado, University of Kentucky, University of Pennsylvania, and University of Utah. With interest growing in this initiative, six new pilot sites have been added, including Kansas University Medical Center, University of New Mexico Hospitals, Oregon Health & Science University Hospital, University of North Carolina Hospitals, University of Texas Medical Branch Hospital and State University of New York Stony Brook University Hospital. In January 2004, AACN

received funding from the Robert Wood Johnson Foundation to begin the work to assess outcomes of the residency program. <http://www.uhc.org>

Through the **International Nursing Coalition on Mass Casualty Education (INCMCE)**, AACN played a lead role in identifying the competencies that all entry-level nurses should have to appropriately respond to mass casualty incidents, including bioterrorism. Coordinated by the Vanderbilt University School of Nursing, the INCMCE was founded to assure a competent

*“Faculty are vital to creating the legacy for the future of our profession. Despite the daunting challenges ahead, I am optimistic that we can make progress in reversing the faculty shortage. People are getting the message about the growing need for nurse educators and the benefits of a teaching career.”*

~ Geraldine Bednash,  
AACN Executive Director,  
From an article in Nursing  
Spectrum on July 14, 2003.



“Nursing education, practice and regulation are poised to respond to the IOM report’s vision of new health care education to produce better health care providers for the delivery of substantially improved patient care. What is required now is courage and thoughtful risk-taking as we move from the established and comfortable status quo to a new and challenging future.”



~ Kathleen Ann Long, AACN Past President  
From an article about the IOM’s Health Professions Education report in the Journal of Policy, Politics and Nursing Practice

nurse workforce able to respond to mass casualty incidents. In August 2003, the INCMCE released *Educational Competencies for Registered Nurses Responding to Mass Casualty Incidents*, which represents the work of an expert committee chaired by Joan Stanley, AACN’s Director of Education Policy. <http://www.aacn.nche.edu/Education/pdf/INCMCECompetencies.pdf>

This year, AACN joined the **National Forum for Health Care Quality Measurement and Reporting** (National Quality Forum or NQF), a non-profit organization created to develop and implement a national strategy for health care quality measurement and reporting. In July 2003, the NQF released a draft of the *National Voluntary Consensus Standards for Nursing-Sensitive Performance Measures* for public review and comment. In January 2004, the NQF board of directors adopted 15 of the proposed 19

nursing sensitive performance measures through a consensus process, and added 2 additional measures following another membership vote in April 2004. AACN expressed concern to the NQF and other stakeholders that RN education was not considered among the quality measures. <http://www.qualityforum.org>

In 2004, AACN joined the **Association of Academic Health Centers (AHC)** and appointed representatives to participate on AHC councils. In October 2003, the AHC hosted its semiannual meeting which addressed the issue of faculty shortages across the health professions. Council members discussed the academic institution’s responsibility in overcoming faculty shortages in the professions of nursing, pharmacy, and dentistry. AACN’s representatives to the AHC were Catherine Lynch Gillis from Duke University and former AACN Board Secretary Dorothy Powell from Howard University. <http://www.ahcnet.org>

AACN and the **National Association of Clinical Nurse Specialists (NACNS)** formed a new collaboration to jointly collect data on clinical nurse specialist (CNS) education programs. This consolidation of efforts between the two organizations created the nation’s most complete and accurate database on CNS education programs, including data related to student demographics and enrollment patterns by specialty area. This initiative parallels AACN’s collaboration with the National Organization of Nurse Practitioner Faculties (NONPF) to collect data on NP programs. The AACN-NONPF collaboration is now in its 6th year. <http://www.nacns.org>

AACN is a participating member of two councils of the **Joint Commission on Accreditation of Healthcare Organizations** – the Nursing Advisory Council and the Health Professions Council. The Nursing Council met regularly this year to discuss issues related to federal support for nursing, sentinel events and nursing practice, and the nursing sensitive performance measures developed by the National Quality Forum. The Health Professions Council, which includes representatives of nursing, medicine, pharmacy, and health care administration, met to develop a report detailing issues related to health professions education and accreditation that must be addressed to improve patient safety and quality care. This council is planning a conference to address issues raised in the Institute of Medicine’s report on *Health Professions Education* in Spring 2005. <http://www.jcaho.org>

Represented by Geraldine “Polly” Bednash, AACN currently serves as a member of the **American Health Care Association Nursing Advisory Commission (AHCA-NAC)**. AHCA is the national association which represents long-term care facilities. This commission is charged with identifying mechanisms to overcome the shortage of nurses in long-term care facilities. Additionally, the commission seeks best practices related to education and practice partnerships and is producing a report detailing recommendations for both the practice and education communities. AACN is working to assure that there is accurate information about the need to support baccalaureate programs and their strong links to the long-term care provider community. <http://www.ahca.org>

The **Tri-Council for Nursing** is an alliance of four autonomous nursing organizations (AACN, American Nurses Association, American Organization of Nurse Executives, and National League for Nursing) with a shared focus on leadership for nursing education, practice, and research. While each organization has its own constituent membership and unique mission, members meet regularly for the purpose of dialogue and consensus building. This year, the Tri-Council was focused on federal government advocacy efforts, including Title VIII funding.

In 2003, AACN was asked to join the **National Association of Advisors for the Health Professions (NAAHP)** and will provide the only nursing representation to this group which focuses primarily on graduate level health professions. NAAHP’s Advisory Council is composed of staff education specialists from the member organizations representing the span of the health professions. There was a strong interest on the part of NAAHP to have nursing represented, and AACN formally joined the council in June 2004. <http://www.naahp.org>

The **Secretary’s Award for Innovations in Health Promotion and Disease Prevention** recognizes forward-thinking proposals by health professions students. This national awards program is sponsored by HRSA’s Bureau of Health Professions in collaboration with the Federation of Associations of Schools of the Health Professions, and is coordinated by AACN. This year, over 100 papers were submitted for review with 36 papers representing various nursing schools around the country. Awards were presented to nursing students from Duquesne University (PA), Ferris State University (MI) and Auburn University (AL). ♦







# ADVOCACY

AACN actively works with Congress and the larger nursing community to shape legislation that supports nursing education, practice, and research. This year, the association focused on increasing funding for programs designed to alleviate the nursing shortage, including the shortage of nurse faculty.

AACN's government affairs team was successful in working with the health care community to secure **increased funding for Title VIII Nursing Workforce Development Programs** in FY 2004. Despite cuts to other health programs, funding for nursing increased from \$113 million in FY 2003 to \$143 million in FY 2004. Funding increases were proposed for Advanced Education Nursing Grants, Workforce Diversity Grants, the Nursing Faculty Loan Program, and many other programs. In addition to Title VIII, this fiscal year also brought a \$5 million funding increase for the National Institute of Nursing Research and level funding for the Agency for Healthcare Research and Quality.

AACN recognized that this year's funding increase would not have been possible without two key nurse champions: Senators Barbara Mikulski (D-MD) and Susan Collins (R-ME). During AACN's Spring Annual Meeting, member deans from Maryland and Maine **met with legislators on Capitol Hill** to thank them for their outstanding leadership and dedicated service on behalf of nursing education. As they have over the last three years, Senators Mikulski and Collins continue to lead efforts in that chamber to increase funding for Nursing Workforce Development programs.

To support our work with the Department of Veterans Affairs (VA), Executive Director Geraldine "Polly" Bednash **presented testimony** before the VA Capital Assets Realignment for Enhanced Services (CARES) Commission on the role of academic affiliates in the CARES program. The CARES Commission is studying the current and future health care needs of veterans and is looking to realign the department's capital assets to meet those needs. AACN was asked to present testimony in October 2003 along with the Association of American Medical Colleges. In addition, Mary H. Mundt, dean from the University of Louisville, presented testimony on behalf of AACN for increased funding for nursing education and research in FY 2005.

Throughout the year, AACN sent regular **Information Updates** to keep members abreast of breaking news and calls to action. Government Affairs staff worked to forge stronger alliances with legislative advocates from member schools in an effort to share resources and unify messages. Fact sheets, legislative summaries and side-by-side comparisons of pending legislation are all available to assist advocacy efforts. Members were also sent details on **Opportunity Alerts**, which include announcements of grants, fellowships, scholarships, and other funding sources of federal support for nursing programs, students, and research. ❖





# GERIATRIC NURSING

Funded by the generous support of The John A. Hartford Foundation of New York, AACN is committed to improving the quality of and access to geriatric nursing care through two national initiatives.

The *Enhancing Geriatric Nursing Education* program is designed to increase geriatric nursing content in baccalaureate and advanced practice nursing programs. AACN's project team is working with faculty in 20 baccalaureate and 10 advanced practice nursing programs to enhance curricula and generate models for other nursing programs to adopt.

Participating schools include Case Western Reserve University, Drexel University, East Tennessee State University, Fairfield University, Florida International University, Grand Valley State University, Illinois State University, La Salle University, Metropolitan State University, NYU Steinhardt School of Education, Otterbein College, Penn State University, SUNY at Stony Brook, Tuskegee University, University of Arkansas, University of California-San Francisco, University of Delaware, University of Illinois at Chicago, University of Iowa, University of Maryland, University of Michigan-Ann Arbor, University of Missouri-Columbia, University of North Carolina Greensboro, University of Rhode Island, University of Washington, University of Virginia, Valparaiso University, and Western University of Health Sciences.

Beginning May 2004, AACN added the Showcasing Curriculum Grant Innovations resource on the Web to spotlight the groundbreaking work of award recipients. Each month, a different institution is spotlighted with details on curriculum development, sample syllabi, student feedback and lessons learned. See <http://www.aacn.nche.edu/Education/Hartford>.

The *Creating Careers in Geriatric Advanced Practice Nursing* program provides scholarship monies to schools of nursing to expand opportunities for nursing students to choose a career in geriatric advanced practice nursing. Competitive scholarship funds were awarded to over 160 students at 23 schools of nursing. In April 2004, the Hartford Foundation awarded \$1.8 million in new funding to AACN to extend the Creating

*“As AACN President, I will strive to be a catalyst for positive change, an advocate for federal support for nursing education and research, and a champion for the pivotal role nurses play in health care delivery.”*

~ Jean Bartels, AACN President,  
From an article in the  
*Statesboro Herald* on April 26, 2004



Careers program. A Request for Proposals (RFP) was issued to schools of nursing wishing to apply for scholarship monies. Three-year awards will be provided to schools with geriatric advanced practice nursing programs, including traditional master's degrees, accelerated RN to master's degree programs, master's degrees for non-nursing college graduates, and post-master's certificate tracks.

In October 2003, AACN and the Hartford Foundation Institute for Geriatric Nursing announced the winners of the **2003 Awards for Exceptional Baccalaureate Curriculum in Gerontologic Nursing**. This national awards program was created to recognize model baccalaureate programs in nursing with a strong focus on gerontological nursing. Awards were presented to programs that exhibit exceptional, substantive, and innovative baccalaureate curriculum. Beyond innovation, programs must also demonstrate relevance in the clinical environment and have the ability to be replicated at schools of nursing across the country. Awards were given this year to Biola University (CA), Florida Atlantic University, New York University, University of Arkansas for Medical Sciences and University of North Carolina at Greensboro. ❖



**From Top, clockwise:** Representatives from schools honored with a 2003 Baccalaureate Curriculum Award included Biola University; University of North Carolina at Greensboro; New York University; University of Arkansas for Medical Sciences; and Florida Atlantic University.





# END-OF-LIFE CARE

Administered jointly by AACN and The City of Hope National Medical Center, the **End-of-Life Nursing Education Consortium** (ELNEC) project is a national education initiative to improve end-of-life care in the United States.

The ELNEC project's train-the-trainer program has educated more than 1,800 nurse educators over the past four years, including a wide array of staff nurses, nursing administrators, continuing education providers, clinical nurse specialists, nurse practitioners, and undergraduate and graduate nursing faculty. These nurses, who represent all 50 states, are employed in hospitals, clinics, research centers, hospices and universities.

According to annual surveys received from the participants, approximately 250,000 RNs and student nurses have benefited from end-of-life content as a result of these training programs. In addition, many other members of the interdisciplinary team (i.e. physicians, clergy, pharmacists, physical therapists, etc) have attended these courses with their nursing colleagues and have benefited from this training. Over the next few years, project leaders estimate that ELNEC-trained educators will touch the lives of 6 million patients and their families facing the end of life.

In August 2003, over 100 nurse educators participated in the first **ELNEC Pediatric Palliative Care Training Program**. Participating nurses came from 34 different states plus the District of Columbia and were instructed to disseminate training content to their colleagues so excellent end-of-life care may be implemented on a broader scale. The second session of Pediatric ELNEC was held in August 2004.

With new funding provided to the City of Hope National Medical Center by the National Cancer Institute (NCI), ELNEC was able to collaborate with the Oncology Nursing Society to sponsor four training sessions in **Oncology Nursing Education in End-of-Life Care** beginning in 2004. NCI has also provided funding for two ELNEC trainings for graduate nursing program faculty in June 2004 and June 2005.

During 2004, the ELNEC project completed 4 additional training courses to three distinct groups of nursing professionals. Ninety-four graduate nursing faculty members, 143 oncology nurses and 90 pediatric nurses completed the 3-day "train-the-trainer" courses in 2004 alone. By the end of summer 2004, over 190 pediatric nurses, representing major pediatric nursing organizations, hospitals and hospices in the US had received this training. They returned to their institutions and disseminated information to their staff through continuing education courses, university courses, new employee orientation and other means. ❖





# EDUCATION

AACN strives to meet the education and professional development needs of nursing school deans and faculty.

AACN conferences and seminars give nurse educators personal contact with key decision makers in health care, higher education, and government. Association meetings offer a stimulating source of continuing education and professional development that builds leadership and allows for valuable networking.

Twelve conferences were offered July 2003-June 2004 including the Summer Seminar, Executive Development Series, Fall Semiannual Meeting, Baccalaureate Education Conference, Master's Education Conference, Doctoral Education Conference, Faculty Practice Conference, Nursing Advancement Professionals Conference, Spring Annual Meeting, Business Officers Meeting, and Development Officers Meeting.

In addition to these educational offerings, AACN offers a convenient and affordable way for nurse faculty to enhance their reputation as scholars and improve their teaching skills. **Education Scholar** is a Web-based, interactive program that has been in development for several years at AACN. The experience challenges participants to examine their beliefs about teaching and learning and encourages expansion of expertise as a health professions educator. The program is self-paced with enrollees having one year to complete one or more of the online modules.

For details, see <http://www.aacn.nche.edu/Education/edscholar.htm>

## UPCOMING CONFERENCES

### Master's Education Conference

**February 17-19, 2005**

*Loews Coronado Bay Resort, San Diego, CA*

### Nursing Advancement Professionals Conference

**March 18-19, 2005**

*The Fairmont Washington, Washington, DC*

### Executive Development Series

**March 18-19, 2005**

*The Fairmont Washington, Washington, DC*

### Spring Annual Meeting

**March 19-22, 2005**

*The Fairmont Washington, Washington, DC*

### Business Officers of Nursing Schools Annual Meeting

**April 20-22, 2005**

*Marriott Metro Center, Washington, DC*

### Hot Issues Conference

**May 1-3, 2005**

*The Renaissance Scottsdale Resort, Scottsdale, AZ*

### Summer Seminar

**July 24-27, 2005**

*Fairmont Hotel Vancouver, Vancouver, BC*

### Fall Semiannual Meeting

**October 22-25, 2005**

*The Fairmont Washington, Washington, DC*

*For more details on these conferences, see <http://www.aacn.nche.edu/conferences>*



# ACCREDITATION

An autonomous arm of AACN, the Commission on Collegiate Nursing Education (CCNE) ensures the quality and integrity of baccalaureate and graduate education programs that prepare nurses.

In October 2003, the CCNE Board of Commissioners acted to amend the standards used to ensure quality in baccalaureate and graduate level nursing programs. The CCNE Board adopted the revisions to the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* that were proposed by the CCNE Standards Committee following a comprehensive 18-month review process and consideration of constituents' comments. The most significant change relates to the use of professional nursing standards and guidelines. Specifically, the revised standards require the use of the following three sets of professional nursing guidelines as the foundation for curricula:

- ❖ *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998)
- ❖ *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996)
- ❖ *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2002)

Nursing programs may incorporate additional standards, as appropriate, consistent with the mission, goals, and expected outcomes of the program. Nursing programs scheduled to host a CCNE on-site evaluation and/or to submit a report to CCNE after January 1, 2005, will be required to use the amended standards.

In March 2004, AACN and the National Certification Corporation for Women's Health co-hosted the semiannual meeting of the **Alliance for Nursing Accreditation**. Created in 1997, in conjunction with the establishment of CCNE, the

Alliance is convened regularly to discuss issues related to nursing education, practice, and credentialing. Issues addressed at the March meeting included the establishment of a national consensus panel on education, practice, specialization/sub-specialization, and credentialing for APNs. A number of differing views on how APN practice is defined, what constitutes general specializations versus sub-specialization, and the appropriate credentialing requirements that would authorize practice have emerged over the last year. The Alliance also discussed issues related to AACN's work to establish the CNL demonstrations and the work of the AACN Task Force on the Practice Doctorate. Several APN credentialing organizations discussed the need to transition to the requirement that the Doctor of Nursing Practice be the established mechanism for acquiring education for advanced practice. ❖



Dr. Donna E. Shalala, President of the University of Miami and former Secretary of the U.S. Department of Health and Human Services, delivered the John P. McGovern Award lectureship at AACN's 2003 Semiannual Meeting.



# COMMUNICATION

AACN is committed to being the national voice for baccalaureate and higher degree programs in nursing.

The organization strives to bring the association's mission and message before the larger nursing community through a variety of publications, including:

- ❖ *The Journal of Professional Nursing*, the association's bimonthly publication that features scholarly articles examining nursing education, practice, cultural diversity, research, and public policy.
- ❖ AACN's *Essentials* series, three landmark publications that detail the essential elements of baccalaureate nursing programs, master's nursing programs, and clinical agency support.
- ❖ *SYLLABUS*, a bimonthly, electronic newsletter designed to keep members and nonmembers updated on key legislation and regulatory programs, and provide news on funding opportunities.
- ❖ *AACN News Watch*, a monthly email advisory highlighting new initiatives, political advocacy, publications, conferences, collaborations, and other activities aimed at meeting the needs of member institutions.

#### **New and updated publications in 2004 include:**

- ❖ *Peterson's Guide to Nursing Programs*, 9th edition, provides the general public with a comprehensive, concise directory of four-year and graduate programs in nursing in the United States and Canada.
- ❖ A new fact sheet on the *Impact of Education on Nursing Practice* was developed to underscore the positive effect that higher levels of nursing education has on mortality rates, career satisfaction, and reducing errors.

- ❖ Updated issue bulletin on *Accelerated Programs: The Fast Track to Careers in Nursing* which includes the latest data and list of programs offered nationwide.

This year, AACN received widespread media coverage in conjunction with the nursing shortage and was featured in stories on the nursing faculty shortage, nursing education and professional practice, enrollment trends, and career horizons. AACN board and staff members have been quoted in all major media outlets, including the *Wall Street Journal*, *USA Today*, *New York Times*, *Los Angeles Times*, *Washington Post*, CNN, MSNBC, ABC and National Public Radio.

AACN is also working as part of two national efforts to help polish the image of nursing on the national level. *Nurses for a Healthier Tomorrow* (NHT) is a coalition of 43 nursing organizations working together to raise interest in careers in nursing education. This year, the coalition launched a national public awareness campaign which included designing faculty recruitment ads, securing free placement of ads in nursing journals, sending public service announcements to the media, and updating Web content at [www.nursesource.org](http://www.nursesource.org). AACN's Executive Director Geraldine "Polly" Bednash also served as a media spokesperson for Johnson & Johnson's *Campaign for Nursing's Future*, a generously funded multimedia initiative to promote nursing careers, which includes television commercials, a recruitment video, brochures, and a Web site: [www.discovernursing.com](http://www.discovernursing.com). ❖



Drolet + Associates PLLC



CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors  
American Association of Colleges of Nursing  
Washington, DC

Report of Independent Auditors

We have audited the accompanying statement of financial position of the American Association of Colleges of Nursing (AACN) as of June 30, 2004, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the AACN's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from AACN's 2003 financial statements, which were audited by other auditors whose report dated September 12, 2003 expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above, present fairly, in all material respects, the financial position of American Association of Colleges of Nursing as of June 30, 2004, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Washington, DC  
August 10, 2004

*Drolet + Associates, PLLC*

# Exhibit A

Statement of Financial Position as of June 30, 2004  
with Summarized Financial Information for 2003

## ASSETS

			2004	2003
	AACN	CCNE	Total	Total
<b>Current Assets</b>				
Cash and cash equivalents	\$ 591,918	\$ 189,789	\$ 781,707	\$ 468,894
Investments	3,822,125	953,992	4,776,117	4,227,955
Contributions and grants receivable	2,007,571		2,007,571	2,443,499
Accounts receivable	26,577	9,625	36,202	43,378
Accrued interest receivable	3,687	1,181	4,868	5,340
Due to/from CCNE	(53,323)	53,323	-0-	-0-
Prepaid expenses	70,221	20,735	90,956	87,569
<i>Total Current Assets</i>	<i>6,468,776</i>	<i>1,228,645</i>	<i>7,697,421</i>	<i>7,276,635</i>
<b>Fixed Assets</b>				
Furniture and equipment	309,226	118,347	427,573	517,221
Leasehold improvements	187,206	74,429	261,635	261,633
	496,432	192,776	689,208	778,854
Accumulated depreciation	(331,114)	(128,993)	(460,107)	(495,168)
<b>Net Fixed Assets</b>	<b>165,318</b>	<b>63,783</b>	<b>229,101</b>	<b>283,686</b>
<b>Long Term Grants Receivable</b>				
less current portion	1,612,223		1,612,223	1,167,092
<b>TOTAL ASSETS</b>	<b>\$8,246,317</b>	<b>\$1,292,428</b>	<b>\$9,538,745</b>	<b>\$8,727,413</b>

## LIABILITIES and NET ASSETS

			2004	2003
	AACN	CCNE	Total	Total
<b>Current Liabilities</b>				
Bank overdraft	\$ 107,982		\$ 107,982	
Accounts payable	277,054	\$ 20,794	297,848	\$ 253,641
Accrued vacation	82,694	14,581	97,275	91,013
Deferred revenue:				
Dues	693,993		693,993	733,500
Meetings	43,755		43,755	56,202
Accreditation		293,000	293,000	262,200
<i>Total Current Liabilities</i>	<i>1,205,478</i>	<i>328,375</i>	<i>1,533,853</i>	<i>1,396,556</i>
<b>Net Assets</b>				
Unrestricted	3,487,828	964,053	4,451,881	3,710,697
Temporarily restricted	3,464,808		3,464,808	3,531,957
Permanently restricted	88,203		88,203	88,203
<i>Total Net Assets</i>	<i>7,040,839</i>	<i>964,053</i>	<i>8,004,892</i>	<i>7,330,857</i>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$8,246,317</b>	<b>\$1,292,428</b>	<b>\$9,538,745</b>	<b>\$8,727,413</b>



# Exhibit B

## Statement of Activities for the Year Ended June 30, 2004 with Summarized Financial Information for 2003

						2004	2003
	Unrestricted			AACN Temporarily Restricted	AACN Permanently Restricted	Total	Total
	AACN	CCNE	Total				
<b>CHANGES IN NET ASSETS</b>							
<b>REVENUES</b>							
Contributions and grants				\$2,309,374		\$2,309,374	\$1,025,291
Membership dues	\$1,625,925		\$1,625,925			1,625,925	1,525,730
Registration fees	751,416	\$12,300	763,716			763,716	939,658
Publication sales	192,603	970	193,573			193,573	169,867
Investment income	437,255	83,395	520,650			520,650	253,346
Annual fees		763,250	763,250			763,250	711,498
Application fees		117,500	117,500			117,500	109,500
Site evaluation fees		365,400	365,400			365,400	380,800
Miscellaneous income	18,621	10,513	29,134			29,134	40,342
Net assets released from program restrictions	2,376,523		2,376,523	(2,376,523)		-0-	-0-
<i>Total Revenues</i>	<i>5,402,343</i>	<i>1,353,328</i>	<i>6,755,671</i>	<i>(67,149)</i>	<i>-0-</i>	<i>6,688,522</i>	<i>5,156,032</i>
<b>EXPENSES</b>							
Program services:							
End of Life Projects	476,257		476,257			476,257	840,001
Gerontology/Geriatric Projects	1,639,489		1,639,489			1,639,489	1,704,167
Regional Collaborative (CIC)	9,488		9,488			9,488	531,075
Other Grants & Contracts	286,278		286,278			286,278	156,518
Research	270,737		270,737			270,737	281,506
Education Policy	194,528		194,528			194,528	188,413
Governmental Affairs/Lobbying	373,577		373,577			373,577	324,779
Public Affairs	230,665		230,665			230,665	229,185
Publications	175,999		175,999			175,999	182,413
Meetings	600,830		600,830			600,830	713,098
Accreditation		1,063,275	1,063,275			1,063,275	1,028,239
<i>Total program services</i>	<i>4,257,848</i>	<i>1,063,275</i>	<i>5,321,123</i>	<i>-0-</i>	<i>-0-</i>	<i>5,321,123</i>	<i>6,179,394</i>
Supporting services:							
General & administrative	587,734	105,630	693,364			693,364	614,099
<i>Total Expenses</i>	<i>4,845,582</i>	<i>1,168,905</i>	<i>6,014,487</i>	<i>-0-</i>	<i>-0-</i>	<i>6,014,487</i>	<i>6,793,493</i>
Increase (Decrease) in Net Assets	556,761	184,423	741,184	(67,149)	-0-	674,035	(1,637,461)
Net Assets, Beg. of Year	2,931,067	779,630	3,710,697	3,531,957	88,203	7,330,857	8,968,318
Net Assets, End of Year	\$3,487,828	\$964,053	\$4,451,881	\$3,464,808	\$88,203	\$8,004,892	\$7,330,857

The accompanying notes are an integral part of these financial statements.

# Exhibit C

## Statement of Functional Expenses for the Year Ended June 30, 2004 with Summarized Financial Information for 2003

	End of Life Projects	Gerontology/ Geriatric Projects	Regional Collaboratives (CIC)	Other Grants and Contracts	Research	Education Policy
Salaries	\$ 150,712	\$ 180,245		\$ 48,896	\$ 180,917	\$ 142,525
Fringe benefits	35,937	45,037		12,011	41,073	34,702
Telephone	2,118	3,262	\$ 1	2,976	1,513	331
Printing & design	734	6,788		7,162	14,860	
Postage & duplication	4,120	7,693	62	8,470	6,071	426
Office supplies	2,063	2,136		4,222	1,099	492
Staff/officer travel	5,979	21,271		61,400	1,953	3,132
Board & committee		30,826		7,300		
Consulting services	6,000		7,634	46,673	7,000	
Professional fees						
Rent					14,591	12,703
Office insurance						
Depreciation/amortization						
Equip. repairs & maintenance						
JPN subs. cost to members						
Dues & subscriptions	49	295			103	613
Public relations						
Legislative affairs						
Staff continuing education		597				
Meetings	86,929	3,984		55,413	545	
Special activities		1,278,755		22,975		
Honoraria						
Miscellaneous	1,342	5,709	937	804	1,012	559
Overhead allocation	25,008	30,278	854	7,976		(955)
Subcontract expenses	155,266	22,613				
Evaluator training						
Evaluator travel						
State of the Science Conference						
Realized loss on disposal						
<b>TOTAL EXPENSES</b>	<b>\$ 476,257</b>	<b>\$ 1,639,489</b>	<b>\$ 9,488</b>	<b>\$ 286,278</b>	<b>\$ 270,737</b>	<b>\$ 194,528</b>

# Exhibit C CONTINUED

						2004	2003
Govt. Affairs/ Lobbying	Public Affairs	Publications	Meetings	Accreditation	General and Administrative	Total Expenses	Total Expenses
\$ 202,909	\$ 118,794	\$ 98,017	\$ 190,167	\$ 298,026	\$ 295,912	\$ 1,907,120	\$ 1,998,785
54,097	32,957	24,325	42,866	78,576	58,628	460,209	462,612
1,045	499	193	3,698	4,659	9,719	30,014	52,545
	26,182	7,678	15,909	34,823	4,559	118,695	135,915
1,109	9,733	1,598	32,766	21,057	11,132	104,237	100,012
454	1,341	124	7,422	5,565	32,478	57,396	65,725
8,506	1,401	1,727	62,941	17,261	51,115	236,686	263,307
1,250			1,881	140,434	91,956	273,647	258,224
	12,596		18,500	7,631	4,037	110,071	298,637
				8,955	16,378	25,333	27,316
15,863	10,387	7,666	14,227	28,529	32,242	136,208	120,970
				13,475	12,306	25,781	22,777
				15,873	53,614	69,487	94,700
				2,710	7,081	9,791	8,559
		24,787				24,787	24,328
9,581	1,837			10,087	15,921	38,486	37,247
2,775					11,725	14,500	22,122
74,870						74,870	73,387
				1,010	7,005	8,612	10,518
	122		190,407			337,400	479,895
	10,124		7,691			1,319,545	1,357,420
		5,000				5,000	5,000
1,118	5,144	4,884	12,355	16,941	39,482	90,287	96,569
	(452)				(62,709)		
						177,879	345,828
				81,080		81,080	109,592
				276,583		276,583	264,364
							57,139
					783	783	
<b>\$ 373,577</b>	<b>\$ 230,665</b>	<b>\$ 175,999</b>	<b>\$ 600,830</b>	<b>\$ 1,063,275</b>	<b>\$ 693,364</b>	<b>\$ 6,014,487</b>	<b>\$ 6,793,493</b>

## Notes to financial statements June 30, 2004

### NOTE A. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Organization

The American Association of Colleges of Nursing (AACN) was formed in 1969 as a nonprofit organization to establish quality standards for bachelor's and graduate degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing.

#### Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting. Consequently, revenue is recognized when earned and expenses when incurred.

#### Financial Statement Presentation

AACN classifies information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

#### Income Taxes

AACN is exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "IRC") and has been classified as an organization that is not a private foundation under Section 509(a)(2) of the IRC.

#### Cash and Cash Equivalents

AACN considers all highly liquid investments with a maturity of three months or less, when purchased, to be cash equivalents.

The accompanying notes are an integral part of these financial statements.

# Exhibit D

## Statement of Cash Flows June 30, 2004 with Summarized Financial Information for 2003

	2004	2003
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 674,035	\$ (1,637,461)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Gain on investments	(410,262)	(116,894)
Depreciation and amortization	69,487	94,700
Loss on disposal of fixed assets	783	225
(Increase) decrease in grants receivable	(9,203)	1,063,878
Decrease (increase) in accounts receivable	7,176	(6,265)
Decrease in accrued interest receivable	472	364
Increase in prepaid expenses	(3,387)	(19,426)
Increase in overdraft	107,982	
Increase in accounts payable	44,207	112,151
Increase in accrued vacation	6,262	4,244
(Decrease) increase in deferred revenue - dues	(39,507)	129,170
(Decrease) increase in deferred revenue - meetings	(12,447)	828
Increase (decrease) in deferred revenue - accreditation	30,800	(17,200)
Decrease in deferred revenue - royalties		(6,000)
<i>Net Cash Provided by (Used In) Operating Activities</i>	<i>466,398</i>	<i>(397,686)</i>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchases of furniture and equipment	(15,685)	(16,598)
Purchases of investments	(580,461)	(2,410,753)
Proceeds from sales of investments	442,561	1,614,000
<i>Net Cash Used in Investing Activities</i>	<i>(153,585)</i>	<i>(813,351)</i>
Net Increase (Decrease) in Cash	312,813	(1,211,037)
Cash and Cash Equivalents, Beginning of Year	468,894	1,679,931
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 781,707</b>	<b>\$ 468,894</b>

### Notes to financial statements June 30, 2004 (continued)

#### NOTE A. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### Accounts Receivable

Accounts receivable are considered to be fully collectible by management and accordingly no allowance for doubtful accounts is considered necessary.

##### Fixed Assets

Furniture and equipment are carried at cost. AACN capitalizes all expenditures for fixed assets in excess of \$500. Depreciation of furniture and equipment is provided using the straight-line method over the estimated useful lives of the assets. Leasehold improvements are amortized on the straight-line basis over the lesser of their estimated useful life or the term of the lease.

##### Investments

Investments are carried at fair value, based on quoted market prices and published unit values.

##### Contributions and Grants

Contributions and grants are recorded in unrestricted, temporarily restricted or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.



## Notes to financial statements June 30, 2004 (continued)

### NOTE A. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Revenue

Membership dues are recognized as revenue on a pro rata basis over the term of the membership period. Application fees for accreditation are recognized as revenue in the year the accreditation process starts. Application and annual fees from the accreditation program and membership dues received in advance are included in deferred revenue.

#### Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Prior Year Information

The accompanying financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with AACN's financial statements for the year ended June 30, 2003.

#### Reclassifications

Certain 2003 amounts have been reclassified for comparative purposes.

### NOTE B. COMMISSION ON COLLEGIATE NURSING EDUCATION

Commission on Collegiate Nursing Education (CCNE) was established in 1996 as an autonomous arm of AACN to have the sole purpose of accrediting baccalaureate and graduate nursing education programs. AACN shares its premises and administrative personnel with CCNE. Costs are allocated between the two organizations and are based on actual expenditures or a percentage of salaries.

### NOTE C. INVESTMENTS

The quoted market and published unit values of investments as of June 30, 2004 are as follows:

AACN		Amount
Mutual funds	\$	3,433,809
Limited partnership interests		262,484
Certificate of deposits		125,832
		<hr/>
		3,822,125
<b>CCNE</b>		
Mutual funds		895,756
Limited partnership interest		58,236
		<hr/>
		953,992
<b>TOTAL</b>	<b>\$</b>	<b>4,776,117</b>

The limited partnerships engage in the speculative trading of future contracts, forward contracts, and swap-contracts (collectively derivatives). The limited partnerships are exposed to both market risk, the risk arising from changes in the market value of the contracts, and credit risk, the risk of failure by another party to perform according to the terms of the contract.

Investment income is summarized as follows:

		Amount
Interest and dividend income	\$	110,388
Net realized and unrealized gain		410,262
		<hr/>
<b>TOTAL</b>	<b>\$</b>	<b>520,650</b>

### NOTE D. CONCENTRATIONS

AACN maintains cash balances at financial institutions, which at times during the year, exceed Federal Deposit Insurance Corporation (FDIC) limits. Management believes the risk in these situations to be minimal.

As of June 30, 2004, one contributor comprised 88% of contributions and grants receivable for AACN. Two contributors comprised 92% of contributions and grants revenue for the year ended June 30, 2004.

**Notes to financial statements June 30, 2004 (continued)****NOTE E. CONTRIBUTIONS AND GRANTS RECEIVABLE**

All contributions and grants receivable are considered to be collectible within one year unless otherwise stated by the donor. Contributions and grants receivable which will not be collected within one year have been discounted using the prime rate of 4.0% at June 30, 2004.

	June 30,	Amount
	2005	\$ 2,007,571
	2006	518,918
	2007	523,333
	2008	533,556
	2009	256,869
Total contributions and grants receivable		3,840,247
Less discount to present value		(220,453)
<b>NET CONTRIBUTIONS AND GRANTS RECEIVABLE</b>		<b>\$ 3,619,794</b>

**NOTE F. RETIREMENT PLAN**

AACN maintains a defined contribution retirement plan covering all employees who have completed one year of service and have reached the age of 21. Contributions to the plan are applied to individual annuities issued to each participant by the Teachers Insurance and Annuity Association (TIAA) and/or the College Retirement Equities Fund (CREF). Participants are required to contribute five percent of covered compensation in order for AACN to contribute ten percent of covered compensation. Retirement plan expense for the year ended June 30, 2004 was approximately \$150,000.

**NOTE G. TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets are available for the following purposes as of June 30, 2004:

Description	Amount
End of Life Projects	\$ 268,855
Gerontology/Geriatric Projects	468,238
Hartford Scholarship Projects	2,541,519
Curriculum/Awards Projects	119,658
RWJ - Post BSN Residency	35,380
AHRQ - CNL Conference	17,879
Hartford Inst Awards	401
Bonus Program	12,878
<b>TOTAL</b>	<b>\$ 3,464,808</b>

Net assets were released from donor restrictions by incurring expenses satisfying the purpose restrictions specified by donors for the year ended June 30, 2004 as follows:

Description	Amount
Regional Collaborative (CIC)	\$ 9,488
End of Life Projects	482,157
Gerontology/Geriatric Projects	1,018,697
Hartford Scholarship Projects	612,325
Curriculum/Awards Projects	72,204
HRSA - Secretary's Awards	105,082
RWJ - Post BSN Residency	14,620
AHRQ - CNL Conference	32,065
Tobacco Free Nurses Project	10,000
Hartford Inst Awards	8,549
NHSC/NPFA Project	3,833
Bonus Program	6,438
Friends of the Division of Nursing	1,065
<b>TOTAL</b>	<b>\$ 2,376,523</b>

**NOTE H. PERMANENTLY RESTRICTED NET ASSETS**

Permanently restricted net assets represent funds that are to be invested in perpetuity with the investment income used for general support of AACN. Permanently restricted net assets as of June 30, 2004 were approximately \$88,000.

**NOTE I. OPERATING LEASES**

AACN leases office space under a noncancelable operating lease which commenced July 1, 1997. The lease provides for base rent with annual adjustments for increases in operating expenses. Minimum lease payments are as follows:

	For the Year Ended June 30,	Amount
	2005	\$ 128,090
	2006	128,090
	2007	128,090
<b>TOTAL</b>		<b>\$ 384,270</b>

# GOVERNANCE & ORGANIZATION

AACN is governed by an 11-member Board of Directors, each of whom represents a member institution. The Board consists of four officers and seven members-at-large, all elected by the membership for a two-year term.

Some members-at-large are designated by the president to serve two-year terms as chairs of standing committees, which include Finance, Government Affairs, Membership, and Program. The elected treasurer chairs the Finance Committee. The Nominating Committee is elected for a one-year term. The Board appoints task forces as issues arise that require study and action.

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Deans of member schools, as well as AACN officers and staff, represent the association on a number of advisory councils, panels, agencies, committees, and other high profile initiatives within the nursing and higher education communities including:

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Institutional membership is open to any institution offering a baccalaureate or higher-degree nursing program that meets the following criteria:

- ❖ is legally authorized to grant the credential to which the program leads,
- ❖ is regionally accredited, and
- ❖ is approved by the state agency that has legal authority for educational programs in nursing (not applicable to nursing programs over which the state board of nursing has no jurisdiction).

The dean or other chief administrative nurse in the nursing program serves as institutional representative to AACN. Membership dues are \$2,985 annually; the fiscal year runs from July 1- June 30. Other categories of membership are Emeritus, Honorary, and Honorary Associate, and are conferred to individuals at the discretion of the Board of Directors.

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