OBJECTIVE
To apply formal improvement methods commonly utilized in healthcare to improve first time NCLEX-RX pass rate for accelerated BSN (ABSN) graduates at our institution.

METHODS
• An improvement team (The QI Action Committee) was formed by the Dean comprised of nursing faculty from the ABSN program, a student representative, and a faculty expert in improvement science.
• An required course (educational microsystem) involved in preparing students for the NCLEX was approached and a partnership formed with faculty leaders for that course.
• Together, we embarked on improvement work from spring 2014 to summer 2016 using methods from Clinical Microsystems, IHI Model for Improvement, and LEAN/Six Sigma.
• We conducted a context assessment of the course and an evidence synthesis of generalizable knowledge related to NCLEX-RN performance.
• We then conducted two Plan-Do-Study-Act (PDSA) cycles in 2015 aimed at increasing NCLEX-RN practice and test mastery.
• Effects of interventions on NCLEX-RN pass rates were assessed using summary statistics and Statistical Process Control (SPC) methods.

RESULTS
• Average PassPoint practice questions per student per semester increased from a pre-intervention baseline of 1,000 questions to 2,330 questions in spring 2,015 and 2,130 questions in summer 2015.
• Average PassPoint practice exams per student per semester increased from 2.9 in spring 2015 and 3.2 in summer 2015 (p<0.05).
• Average PassPoint practice test global mastery score increased from 6.8 in spring 2015 to 7.2 in summer 2015 (p<0.05).
• Post-intervention first attempt NCLEX-RN pass rate increased to 86.2% compared to 76.7% pre-intervention (p<0.05).
• This was accompanied by a special cause variation observed in summer 2016 on a proportions SPC chart (p Chart) of longitudinal NCLEX-RN pass rates from 2012-2016.

CONCLUSIONS
• The improvement intervention was successful in significantly improving first-time NCLEX-RN pass rate for accelerated BSN graduates at our institution.
• Our approach did not require comprehensive program redesign and had low resource requirements.
• Our intervention effected total program outcomes by focusing on a single course.