
California Board of Registered Nursing

2014-2015 Annual School Report

Data Summary and Historical Trend Analysis

Central Coast

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PREFACE

Each year, the California Board of Registered Nursing (BRN) requires all pre-licensure registered nursing programs in California to complete a survey detailing statistics of their programs, students and faculty. The survey collects data from August 1 through July 31. Information gathered from these surveys is compiled into a database and used to analyze trends in nursing education.

The BRN commissioned the University of California, San Francisco (UCSF) to develop the online survey instrument, administer the survey, and report data collected from the survey. This report presents ten years of historical data from the BRN Annual School Survey. Data analyses were conducted statewide and for nine economic regions¹ in California, with a separate report for each region. All reports are available on the BRN website (<http://www.rn.ca.gov/>).

This report presents data from the 4-county Central Coast region. Counties in the region include: Monterey, San Benito, San Luis Obispo, and Santa Barbara. All data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs. Additional data from the past ten years of the BRN Annual School Survey are available in an interactive database on the BRN website.

Beginning with the 2011-2012 Annual School Survey, certain questions were revised to allow schools to report data separately for satellite campuses located in regions different from their home campus. This change was made in an attempt to more accurately report student and faculty data by region, and it resulted in data that were previously reported in one region being reported in a different region. This is important because changes in regional totals that appear to signal either an increase or a decrease may in fact be the result of a program reporting satellite campus data in a different region. However, due to the small number of students impacted and the added complication in collecting the data, accounting for satellite programs in different regions was discontinued in 2014-2015.

Data for 2005-2006 through 2010-2011 and 2014-2015 is not impacted by differences in satellite campus data reporting while 2011-2012 through 2013-2014 includes the regional data separately for satellite campuses. Data tables impacted by these change will be footnoted and in these instances, caution should be used when comparing data across years. 2014-2015 reporting for the Central Coast region may be affected by the removal of data for one BSN satellite program whose home campus is located in the Los Angeles region and is now being reported in that region.

¹ The regions include: (1) Bay Area, (2) Central Coast, (3) Central Sierra (no programs), (4) Greater Sacramento, (5) Northern California, (6) Northern Sacramento Valley, (7) San Joaquin Valley, (8) Los Angeles Area (Los Angeles and Ventura counties), (9) Inland Empire (Orange, Riverside, and San Bernardino counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding regional report.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS²

This analysis presents pre-licensure program data from the 2014-2015 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2014-2015, the Central Coast had a total of 5 pre-licensure nursing programs. All of these programs are ADN programs and one is an LVN-to-ADN program only. The number of programs in the region has remained the same over the last ten years. All of the pre-licensure nursing programs in the Central Coast region are public.

Table 1. Number of Nursing Programs, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Total nursing programs	5	5	5	5	5	5	5	5	5	5
ADN	5	5	5	5	5	5	5	5	5	5
BSN	0	0	0	0	0	0	0	0	0	0
ELM	0	0	0	0	0	0	0	0	0	0
Public	5	5	5	5	5	5	5	5	5	5
Private	0	0	0	0	0	0	0	0	0	0
Total number of schools	5	5	5	5	5	5	5	5	5	5

² Between 2011-2012 and 2013-2014, data may be influenced by satellite campus data being reported and allocated to their proper region. Tables affected by this change are noted, and readers are cautioned against comparing data collected these years with data collected before and after this change.

In 2014-2015, 80% (n=4) of Central Coast nursing programs collaborated with another program that offered a higher degree than offered at their own school. Of nursing programs that had these collaborations in 2014-2015, 25% (n=1) had formal agreements and 100% (n=4) had informal agreements. These collaborations have increased dramatically over the last ten years.

Table 2. Partnerships*, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Programs that partner with another program that leads to a higher degree	0	0	0	0	1	1	2	4	4	4
Formal collaboration								25.0%	75.0%	25.0%
Informal collaboration								75.0%	25.0%	100.0%
Number of programs that reported	5	4	5	5	5	5	5	5	5	5

*These data were collected for the first time in 2005-2006.

Note: Blank cells indicate the information was not requested

Admission Spaces and New Student Enrollments

Pre-licensure nursing programs in the Central Coast region reported a total of 224 spaces available for new students in 2014-2015, which were filled with a total of 226 students. These are the lowest numbers reported over the last ten years.

Table 3. Availability and Utilization of Admission Spaces†, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Spaces available	238	248	248	246	251	226	235	247	246	224
New student enrollments	228	253	251	253	239	228	237	246	242	226
% Spaces filled with new student enrollments	95.8%	102.0%	101.2%	102.8%	95.2%	100.9%	100.9%	99.6%	98.4%	100.9%

† Between 2011-2012 and 2013-2014, data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Pre-licensure nursing programs in the Central Coast region continue to receive more applications requesting entrance into their programs than can be accommodated. The number of applicants increased in 2014-2015 after a decrease the prior year. 62% (n=376) of the 602 qualified applications received in 2014-2015 did not enroll.

One program (20%) reported that it enrolled fewer students in 2014-2015 compared to the previous year due to accepted students dropping too late to add from an alternate waiting list.

The BSN data reported for 2011-2012 through 2013-2014 was from a satellite campus located in the Central Coast region. This data is now being included in the Los Angeles region data which is the location of the home campus.

Table 4. Student Admission Applications*†, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Qualified applications	522	413	405	551	445	564	737	731	514	602
ADN	522	413	405	551	445	564	617	651	395	602
BSN							120	80	119	
% Qualified applications not enrolled	56.3%	38.7%	38.0%	54.1%	46.3%	59.6%	67.8%	66.3%	52.9%	62.5%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

†Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

The number of new students enrolling in ADN programs in the region has remained about the same over the last five years.

Table 5. New Student Enrollment by Program Type†, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
New student enrollment	228	253	251	253	239	228	237	246	242	226
ADN	228	253	251	253	239	228	214	223	221	226
BSN							23	23	21	

† Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Student Census Data

A total of 385 students were enrolled in a Central Coast pre-licensure nursing program as of October 15, 2015. All of these students were enrolled in an ADN program.

Table 6. Student Census Data† by Program Type, by Year**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
ADN	432	464	452	433	384	371	343	356	361	385
BSN							15	37	44	
Total nursing students	432	464	452	433	384	371	358	393	405	385

*Census data represent the number of students on October 15th of the given year.

†Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Student Completions

The total number of ADN students completing pre-licensure nursing programs in the Central Coast region has remained about the same over the past three years. In 2014-2015, programs in the region reported a total of 188 completions.

Table 7. Student Completions† by Program Type, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
ADN	145	172	212	239	235	194	202	183	184	188
BSN									15	
Total student completions	145	172	212	239	235	194	202	183	199	188

† Between 2011-2012 and 2013-2014, data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Retention and Attrition Rates

Of the 218 students scheduled to complete a nursing program in the 2014-2015 academic year, 80% (n=174) completed the program on-time, 2% (n=4) are still enrolled in the program, and 18% (n=40) dropped out. The attrition rate is higher than that of the prior year, while the percent still enrolled is much lower.

Table 8. Student Retention and Attrition†, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Students scheduled to complete the program	209	219	247	253	222	218	211	210	216	218
Completed on time	160	149	159	168	193	174	181	177	147	174
Still enrolled	3	17	62	52	6	10	3	5	38	4
Total attrition	46	53	26	33	23	34	27	28	31	40
<i>Attrition-dropped out</i>										31
<i>Attrition-dismissed</i>										9
Completed late‡					15	0	4	1	20	0
Retention rate*	76.6%	68.0%	64.4%	66.4%	86.9%	79.8%	85.8%	84.3%	68.1%	79.8%
Attrition rate**	22.0%	24.2%	10.5%	13.0%	10.4%	15.6%	12.8%	13.3%	14.4%	18.3%
% Still enrolled	1.4%	7.8%	25.1%	20.6%	2.7%	4.6%	1.4%	2.4%	17.6%	1.8%

‡ These completions are not included in the calculation of either retention or attrition rates.

† Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

*Retention rate = (students completing the program on-time) / (students scheduled to complete)

**Attrition rate = (students dropped or disqualified who were scheduled to complete) / (students scheduled to complete the program)

Note: Blank cells indicate the information was not requested.

Employment of Recent Nursing Program Graduates³

As with other regions, hospitals are the most frequently reported work setting for recent graduates of a pre-licensure nursing program in the Central Coast region. Hospital-based employment has been declining in the region since its high of 80% in 2007-2008 and was reported as almost 59% in 2014-2015. The share of new graduates working as nurses in California has increased over the last three years from 56% in 2012-2013, to 75% in 2013-2014, to 88% in 2014-2015. Nursing programs in the region also reported that 4% of their 2014-2015 graduates had been unable to find employment by October 2015, which marks a decrease from a high of 15% in 2009-2010.

Table 9. Employment Location for Recent Nursing Program Graduates[†], by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Hospital	72.6%	74.8%	80.4%	50.0%	54.2%	42.6%	47.6%	59.2%	53.7%	58.5%
Other healthcare facilities	4.2%	4.3%	6.4%	6.7%	7.3%	9.5%	8.3%	12.5%	9.7%	4.2%
Long-term care facilities	0.4%	2.5%	4.0%	22.3%	16.4%	12.4%	15.4%	9.1%	8.1%	15.3%
Community/public health facilities	2.8%	5.3%	5.8%	6.3%	0.0%	6.0%	5.4%	3.6%	5.7%	10.4%
Pursuing additional nursing education [†]								3.6%	5.3%	5.6%
Other	20.0%	1.0%	3.4%	0.0%	19.3%	2.3%	12.9%	1.0%	10.2%	6.1%
Unable to find employment*					15.0%	15.0%	10.3%	11.0%	7.2%	4.2%
Employed in California	76.6%	94.6%	73.4%	74.3%	78.8%	69.2%	70.4%	55.8%	74.5%	88.0%

[†]Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Note: Blank cells indicated that the applicable information was not requested in the given year.

³ Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2014-2015, on average, the employment setting was unknown for 2.5% of recent graduates.

Clinical Training in Nursing Education

Questions regarding clinical simulation⁴ were revised in the 2014-2015 survey to collect data on average amount of hours students spend in clinical areas including simulation in various content areas and plans for future use. All of the Central Coast nursing programs reported using clinical simulation in 2014-2015. One (20%) of the 5 programs has plans to increase staff dedicated to administering clinical simulation at their program in the next 12 months.

The content areas using the most hours of clinical simulation on average are Medical/Surgical (41.6) and Fundamentals (34.2). The largest proportion of clinical hours in all programs is in direct patient care (79%) followed by non-direct patient care (13%) and simulation (8%).

Table 10. Average Hours Spent in Clinical Training by Content Area 2014-2015

Content Area	Direct Patient Care	Non-Direct Patient Care (excluding simulation)	Clinical Simulation	Total Average Clinical Hours
Medical/surgical	331.6	30.8	41.6	404.0
Fundamentals	34.2	47.4	2.4	84.0
Obstetrics	72.8	3.6	1.0	77.4
Pediatrics	46.8	7.4	7.2	61.4
Geriatrics	43.5	2.4	4.2	50.1
Psychiatry/mental health	55.4	3.8	4.0	63.2
Leadership/management	44.5	4.2	4.9	53.6
Other	21.6	9.6	3.2	34.4
Total average clinical hours	650.4	109.2	68.5	828.1
Percent of clinical hours	78.5%	13.2%	8.3%	100.0%
Number of programs that reported	5	5	5	5

⁴ Clinical simulation provides a simulated real-time nursing care experience which allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

In the 2014-2015 survey, programs were asked to report whether over the next 12 months they planned to increase, decrease, or maintain the number of hours in direct patient care, non-direct patient care, and clinical simulation for each of the eight content areas listed.

Overall, most programs intended to retain their current hours in most content areas and clinical experience types. If they intended to increase clinical hours, it was largely in clinical simulation, and if they intended to decrease hours, it was generally in direct patient care, except in medical/surgical where the reverse was true.

Table 11. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type

Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	60.0%	40.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	20.0%	80.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	40.0%	60.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	80.0%	20.0%
All clinical hours	0.0%	100.0%	0.0%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	40.0%	60.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	80.0%	20.0%
All clinical hours	0.0%	100.0%	0.0%
Psychiatry/Mental Health	Decrease hours	Maintain hours	Increase hours
Direct patient care	20.0%	80.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	80.0%	20.0%
All clinical hours	0.0%	100.0%	0.0%

Table 11. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type, Continued

Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	80.0%	20.0%
All clinical hours	0.0%	100.0%	0.0%
Other	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%

Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area or clinical experience type. Four programs reported they would be reducing clinical hours, however, two of the four respondents indicated that they were not actually decreasing the number of clinical hours overall, but that they were shifting allocations (50%). The inability to find sufficient clinical space was noted by two (50%) programs. The ability to teach required content in less time, and “other” were also noted.

Table 12. Why Program is Reducing Clinical Hours

Reason	%
Not decreasing overall; shifting allocations	50.0%
Unable to find sufficient clinical space	50.0%
Other	25.0%
Can teach required content in less time	25.0%
Insufficient clinical faculty	0.0%
Funding issues or unavailable funding	0.0%
Number of programs that reported	4

Clinical Space & Clinical Practice Restrictions⁵

Only one (20%) Central Coast nursing program reported being denied access to a clinical placement, unit or shift in 2014-2015.

In 2014-2015, the program that had been denied clinical placements, units or shifts was offered an alternative by the same clinical site. The lack of access to clinical space affected 16 students, although the one school reporting did not provide the number of clinical placements, units, or shifts lost.

Table 13. RN Programs Denied Clinical Space, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Number of programs denied a clinical placement, unit or shift	1	0	2	0	1
Programs offered alternative by site*					1
Placements, units or shifts lost*					-‡
Number of programs that reported	5	5	5	5	5
Total number of students affected	1	0	2	0	16

*Significant changes to these questions for the 2014-2015 administration prevent comparison to the data from prior years.

‡Data for the number of placements, units or shifts lost was not provided by the reporting school.

In the 2014-2015 survey, 1 program reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year.

Table 13.1 RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift

	ADN	Total
Fewer students allowed for a clinical placement, unit, or shift	1	1
Total number of programs that reported	5	5

⁵ Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

In 2014-2015, staff nurse overload or insufficient qualified staff was the only reason for which the one Central Coast region program reported being denied clinical space.

Table 14. Reasons for Clinical Space Being Unavailable*, by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Displaced by another program	100.0%	-	50.0%	-	0.0%
Decrease in patient census	100.0%	-	50.0%	-	0.0%
Staff nurse overload or insufficient qualified staff	0.0%	-	50.0%	-	100.0%
Implementation of Electronic Health Records system	0.0%	-	50.0%	-	0.0%
Closure, or partial closure, of clinical facility	0.0%	-	50.0%	-	0.0%
Clinical facility seeking magnet status	0.0%	-	50.0%	-	0.0%
Competition for clinical space due to increase in number of nursing students in region	0.0%	-	0.0%	-	0.0%
Visit from Joint Commission or other accrediting agency	0.0%	-	0.0%	-	0.0%
No longer accepting ADN students	0.0%	-	0.0%	-	0.0%
Change in facility ownership/management	0.0%	-	0.0%	-	0.0%
Nurse residency programs	0.0%	-	0.0%	-	0.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					0.0%
Other	0.0%		0.0%		0.0%
Number of programs that reported	1	0	2	0	1

*Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

Note: Blank cells indicated that the applicable information was not requested in the given year.

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. In 2014-2015, the only reported strategy (100%) was to replace the lost clinical space at the same clinical site currently used by the nursing program.

Table 15. Strategies to Address the Loss of Clinical Space*, by Academic Year

	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Replaced lost space at same clinical site	-	0.0%	-	100.0%
Replaced lost space at different site currently used by nursing program	-	50.0%	-	0.0%
Added/replaced lost space with new site	-	50.0%	-	0.0%
Clinical simulation	-	0.0%	-	0.0%
Reduced student admissions	-	0.0%	-	0.0%
Other	-	0.0%	-	0.0%
Number of programs that reported	0	2	0	1

*Data collected for the first time in 2011-12.

Three pre-licensure nursing programs in the Central Coast region reported an increase in out-of-hospital clinical placements in 2014-2015. The most frequently reported alternative placements included public health or community health agencies, case management/disease management, occupational health or employee health services, surgery/ambulatory care centers, and others.

Table 16. Alternative Out-of-Hospital Clinical Sites* Used by RN Programs, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Public health or community health agency	-	100.0%	0.0%	100.0%	100.0%
Case management/disease management	-	100.0%	0.0%	50.0%	100.0%
Occupational health or employee health service	-	0.0%	0.0%	50.0%	66.7%
Surgery center/ambulatory care center	-	100.0%	100.0%	0.0%	66.7%
Home health agency/home health service	-	100.0%	100.0%	100.0%	33.3%
Hospice	-	100.0%	100.0%	0.0%	33.3%
Correctional facility, prison or jail	-	0.0%	100.0%	0.0%	33.3%
Medical practice, clinic, physician office	-	100.0%	0.0%	0.0%	33.3%
School health service (K-12 or college)	-	0.0%	0.0%	50.0%	0.0%
Skilled nursing/rehabilitation facility	-	100.0%	100.0%	0.0%	0.0%
Outpatient mental health/substance abuse	-	100.0%	0.0%	0.0%	0.0%
Renal dialysis unit	-	0.0%	0.0%	0.0%	0.0%
Urgent care, not hospital-based	-	0.0%	0.0%	0.0%	0.0%
Other	-	0.0%	0.0%	50.0%	0.0%
Number of programs that reported	0	1	1	2	3

*These data were collected for the first time in 2010-2011.

Four of the five Central Coast schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities in 2014-2015. The most frequently reported restrictions were access to bar coding medication administration, alternative setting due to liability, and automated medical supply cabinets.

Table 17. Common Types of Restricted Access in the Clinical Setting for RN Students, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Bar coding medication administration	-	66.7%	66.7%	66.7%	75.0%	50.0%
Alternative setting due to liability	-	0.0%	33.3%	33.3%	25.0%	50.0%
Automated medical supply cabinets	-	33.3%	33.3%	66.7%	0.0%	50.0%
Clinical site due to visit from accrediting agency (Joint Commission)	-	33.3%	33.3%	33.3%	50.0%	25.0%
Some patients due to staff workload		33.3%	33.3%	66.7%	25.0%	25.0%
Direct communication with health team	-	0.0%	66.7%	33.3%	0.0%	25.0%
Electronic Medical Records	-	0.0%	0.0%	33.3%	25.0%	0.0%
Student health and safety requirements		0.0%	0.0%	33.3%	25.0%	0.0%
IV medication administration	-	0.0%	0.0%	0.0%	0.0%	0.0%
Glucometers	-	0.0%	0.0%	0.0%	0.0%	0.0%
Number of schools that reported	0	3	3	3	4	4

Numbers indicate the percent of schools reporting these restrictions as "common" or "very common".

In 2014-2015, the top reasons schools reported for restricted student access to electronic health records systems were insufficient time to train students (100%), liability (50%), and cost for training (50%). No schools reported restrictions based on staff still learning the system, which had been a major reason for restrictions in 2013-2014. Liability was the primary reason listed for restricting student access to medication administration systems in both 2013-2014 and 2014-2015, and the only reason listed this in 2014-2015.

Table 18. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration, 2013-2014 & 2014-2015

	Electronic Medical Records		Medication Administration	
	2013-2014	2014-2015	2013-2014	2014-2015
Insufficient time to train students	33.3%	100.0%	0.0%	0.0%
Liability	66.7%	50.0%	100.0%	100.0%
Cost for training	0.0%	50.0%	0.0%	0.0%
Staff still learning and unable to assure documentation standards are being met	66.7%	0.00%	33.3%	0.0%
Staff fatigue/burnout	33.3%	0.00%	33.3%	0.0%
Patient confidentiality	0.0%	0.00%	0.0%	0.0%
Other	33.3%	0.00%	66.7%	0.0%
Number of schools that reported	3	2	3	3

Note: Data collected for the first time in 2013-2014.

Numbers indicate the percent of schools reporting these restrictions as “uncommon”, “common” or “very common” to capture any instances where reasons were reported.

Of the four nursing programs in the Central Coast with students that experience restricted access to clinical practice, all reported they compensate for training in areas of restricted student access by ensuring all students have access to sites that train them in this area, three-quarters by providing training in the simulation lab, half by training students in the classroom, and quarter by purchasing practice software.

Table 19. How the Nursing Program Compensates for Training in Areas of Restricted Access

	2013-2014 % Schools	2014-2015 % Schools
Training students in the simulation lab	50.0%	75.0%
Ensuring all students have access to sites that train them in this area	50.0%	100.0%
Training students in the classroom	50.0%	50.0%
Purchase practice software, such as SIM Chart	50.0%	25.0%
Other	0.0%	0.0%
Number of schools that reported	4	4

Note: Data collected for the first time in 2013-2014.

Faculty Census Data⁶

On October 15, 2015, there were 69 nursing faculty⁷ teaching at Central Coast nursing programs, 43% (n=30) of whom were full-time while 57% (n=39) were part-time. In addition, there were 8 vacant faculty positions. These vacancies represent a 10.4% faculty vacancy rate overall (3.2% for full-time faculty and 15.2% for part-time faculty), which is lower than last year's rate of 14.3%.

Table 20. Faculty Census Data[†], by Year

	2006	2007*	2008	2009	2010	2011	2012*	2013*	2014	2015
Total Faculty	64	58	70	76	77	76	70	71	72	69
<i>Full-time</i>	38	40	40	36	45	32	29	33	27	30
<i>Part-time</i>	26	18	30	40	32	44	41	31	45	39
Vacancy Rate**	11.1%	14.7%	2.8%	2.6%	2.5%	0.0%	9.1%	6.6%	14.3%	10.4%
<i>Vacancies</i>	8	10	2	2	2	0	7	5	12	8

[†] Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

In 2014-2015, all five nursing schools in the Central Coast region reported that their faculty work overloaded schedules, and all of these schools pay the faculty extra for the overloaded schedule.

Table 21. Faculty with Overloaded Schedules*, by Academic Year

	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Schools with overloaded faculty	4	4	4	4	5	5	5
Share of schools that pay faculty extra for the overload	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Number of schools that reported	5	5	5	5	5	5	5

*These data were collected for the first time in 2008-2009.

⁶ Census data represent the number of faculty on October 15th of the given year.

⁷ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

Summary

The number of pre-licensure nursing programs in the Central Coast region has remained consistent for the past decade.

Total admission space and new student enrollments have fluctuated within a narrow range over the past decade, indicating stability in the region's capacity to train new nurses. Central Coast programs reported a total of 224 spaces available for new students in 2014-2015, which were filled by 226 students. For the past ten years pre-licensure nursing programs in the Central Coast region have enrolled roughly the same number of students as there were spaces available. However, Central Coast region programs continue to receive more applications than can be accommodated; in 2014-2015, 37% (n=226) of the 602 qualified applications received were enrolled.

In 2014-2015, pre-licensure nursing programs in the Central Coast region reported 188 student completions. This is a 21% decline from the ten-year high of 239 student completions in 2008-2009. Attrition was at its highest level since 2006-2007. At the time of the survey, 6% of recent graduates from Central Coast RN programs were pursuing additional nursing education and 4% were unable to find employment in nursing, the lowest level since 2009-2010. This year also marked the highest reported percentage of Central Coast region new graduates employed in California over the last decade (88%).

Clinical simulation has become widespread in nursing education, with all nursing programs in the Central Coast region reporting using it in some capacity, and one of the five programs (20%) reporting plans to increase staff dedicated to administering clinical simulation in the next 12 months. The majority of programs plan to maintain their number of clinical simulation hours in all content areas. Two programs indicated an overall decrease in clinical hours citing inability to find sufficient clinical space and the ability to teach required content in less time as reasons for the decrease.

Only one Central Coast region program reported being denied access to clinical placement sites that were previously available to them. In addition, one school was allowed fewer students for a clinical placement, unit, or shift in this year than in the prior year.

The total number of prelicensure nursing students has declined by about 18% since 2009, and the number of nursing faculty employed has declined half as much (9%) in the same period. In 2014-2015, 8 faculty vacancies were reported, representing a 10.4% faculty vacancy rate overall (3.2% for full-time faculty and 15.2% for part-time faculty).

APPENDICES

APPENDIX A – Central Coast RN Programs

ADN Programs (4)

Cuesta College
Hartnell College
Monterey Peninsula College
Santa Barbara City College

ADN to LVN Program Only (1)

Allan Hancock College

APPENDIX B – BRN Education Issues Workgroup Members

Members

<u>Members</u>	<u>Organization</u>
Loucine Huckabay, Chair	California State University, Long Beach
Judee Berg	HealthImpact (formerly CINHC)
Audrey Berman	Samuel Merritt University
Stephanie L. Decker	Kaiser Permanente National Patient Care Services
Brenda Fong	Community College Chancellor's Office
Deloras Jones	Independent Consultant
Judy Martin-Holland	University of California, San Francisco
Robyn Nelson	West Coast University
Tammy Rice	Saddleback College
Stephanie R. Robinson	Fresno City College
Paulina Van	Samuel Merritt University

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing
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Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing
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