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# California Board of Registered Nursing

## 2014-2015 Annual School Report

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Data Summary and Historical Trend Analysis

### **Greater Sacramento**

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Prepared by:  
Lisel Blash, MPA  
Dennis Keane, MPH  
Joanne Spetz, PhD  
University of California, San Francisco  
3333 California Street, Suite 265  
San Francisco, CA 94118

## PREFACE

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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 regions<sup>1</sup> 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 6-county Greater Sacramento region. Counties in the region include El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba. 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 Greater Sacramento region may be affected by the removal of data for one ELM satellite program whose home campus is located in the Bay Area region and is now being reported in that region. 2014-2015 reporting for the Greater Sacramento region may be affected by the change in reporting for satellite campus data.

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<sup>1</sup> 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 ANALYSIS<sup>2</sup>

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, Greater Sacramento had a total of eight pre-licensure nursing programs; seven ADN programs and one BSN program. Nearly two-thirds (63%) of pre-licensure nursing programs in the region are public, however, private programs have accounted for all new program growth in the past decade.

**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
<b>Total nursing programs</b>	7	7	7	6	6	6	7	7	7	8
ADN	5	5	5	5	5	5	6	6	6	7
BSN	1	1	1	1	1	1	1	1	1	1
ELM	1	1	1	0	0	0	0	0	0	0
Public	6	6	6	5	5	5	5	5	5	5
Private	1	1	1	1	1	1	2	2	2	3
<b>Total number of schools</b>	6	6	6	6	6	6	7	7	7	8

<sup>2</sup> 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 the Greater Sacramento region, data for an ELM satellite program headquartered in another region were reported during the 2011-2012 and 2013-2014 period and are not reported in the 2014-2015 data.

In 2014-2015, four pre-licensure programs (50%) in the region reported partnering with another school to offer a program leading to a higher nursing degree. Two of these nursing programs have formal collaborations with other programs, and three have informal collaborations with other programs.

**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	1	1	1	4	0	0	3	2	2	4
Formal collaboration								50.0%	100.0%	50.0%
Informal collaboration								50.0%	0.0%	75.0%
<b>Number of programs that reported</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>

\*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 Greater Sacramento region reported a total 493 spaces available for new students in 2014-2015. These spaces were filled with a total of 503 students. Every year in the last decade, pre-licensure nursing programs in the region enrolled more students than they had spaces available.

**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	636	561	669	530	542	506	653	600	577	493
New student enrollments	663	624	722	552	565	515	677	712	611	503
<b>% Spaces filled with new student enrollments</b>	<b>104.2%</b>	<b>111.2%</b>	<b>107.9%</b>	<b>104.2%</b>	<b>104.2%</b>	<b>101.8%</b>	<b>103.7%</b>	<b>118.7%</b>	<b>105.9%</b>	<b>102.0%</b>

†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.

While Greater Sacramento nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated, the number of qualified applications has declined from a high of 5,213 applications in 2009-2010 to 1,598 applications in 2014-2015. Of the 1,598 qualified applications, 69% (n=1,095) did not enroll.

**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
<b>Qualified applications</b>	<b>2,421</b>	<b>2,391</b>	<b>4,032</b>	<b>4,275</b>	<b>5,213</b>	<b>4,438</b>	<b>4,741</b>	<b>2,680</b>	<b>1,930</b>	<b>1,598</b>
ADN	1,761	1,889	4,032	3,724	4,896	4,140	4,124	2,087	1,125	1,012
BSN	584	502	0	551	317	298	550	405	709	586
ELM	76	0	0	0	0	0	67	188	96	0
<b>% Qualified applications not enrolled</b>	<b>62.4%</b>	<b>67.0%</b>	<b>82.1%</b>	<b>85.2%</b>	<b>88.5%</b>	<b>87.6%</b>	<b>83.6%</b>	<b>73.4%</b>	<b>68.3%</b>	<b>68.5%</b>

\*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.

Pre-licensure nursing programs in the Greater Sacramento region enrolled 503 new students in 2014-2015, which is fewer students (18%, n=108) than in 2013-2014. This decline was due mainly to fewer new students in the BSN program and a change in reporting which eliminated data for a satellite ELM program whose home campus is located in another region where the data is now being reported. 2014-2015 shows the lowest new student enrollment numbers in the last ten years. The distribution of new enrollments by program type was 68% ADN (n=343), 32% BSN (n=160). New student enrollment in the region's public programs accounted for 85% of total new student enrollment in the region in 2014-2015.

**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
<b>New student enrollment</b>	<b>663</b>	<b>624</b>	<b>918</b>	<b>552</b>	<b>565</b>	<b>515</b>	<b>677</b>	<b>712</b>	<b>611</b>	<b>503</b>
ADN	461	440	561	451	405	355	399	464	354	343
BSN	138	184	357	101	160	160	234	205	208	160
ELM	64	0	0	0	0	0	44	43	49	0
Private	11	28	54	72	64	31	160	237	163	75
Public	652	596	668	480	501	484	517	475	448	428

† 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.

Two programs reported that they enrolled fewer students in 2014-2015 compared to the previous year. The reasons the programs gave for enrolling fewer students other, and requirements to reduce enrollment.

**Table 5.1. Percent of Programs that Enrolled Fewer Students in 2014-2015**

Type of Program	ADN	BSN	Total
Enrolled fewer	16.7%	100.0%	28.6%
Did not enroll fewer	83.3%	0.0%	71.4%
<b>Number of programs that reported</b>	<b>6</b>	<b>1</b>	<b>7</b>

**Table 5.2. Reasons for Enrolling Fewer Students**

	% of programs
Other	50.0%
College/university / BRN requirement to reduce enrollment	50.0%
Accepted students did not enroll	0.0%
Lost funding	0.0%
Insufficient faculty	0.0%
Unable to secure clinical placements for all students	0.0%
To reduce costs	0.0%
Program discontinued	0.0%
Lack of qualified applicants	0.0%
<b>Number of programs that reported</b>	<b>2</b>

### Student Census Data

A total of 855 students were enrolled in a Greater Sacramento pre-licensure nursing program as of October 15, 2015. The 2015 census of the region's programs indicates that 63% (n=541) of students were enrolled in ADN programs and 37% (n=314) in BSN programs.

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

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
ADN	731	705	722	740	665	530	553	604	582	541
BSN	353	401	357	286	285	312	469	437	357	314
ELM	60	60	0	0	0	0	104	102	110	0
<b>Total nursing students</b>	<b>1,144</b>	<b>1,166</b>	<b>1,079</b>	<b>1,026</b>	<b>950</b>	<b>842</b>	<b>1,126</b>	<b>1,143</b>	<b>1,049</b>	<b>855</b>

\*Census data represent the number of students on October 15<sup>th</sup> 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

Program completions at Greater Sacramento pre-licensure nursing programs totaled 477 in 2014-2015. The number of completions in this region has fluctuated over the past decade. The distribution of completions by program type was 69% ADN (n=328) and 31% BSN (n=149).

**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	304	332	347	406	402	356	273	280	296	328
BSN	115	112	233	169	149	127	246	197	196	149
ELM	0	0	54	0	0	0	37	40	41	0
<b>Total student completions</b>	<b>419</b>	<b>444</b>	<b>634</b>	<b>575</b>	<b>551</b>	<b>483</b>	<b>556</b>	<b>517</b>	<b>533</b>	<b>477</b>

† 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 488 students scheduled to complete a Greater Sacramento nursing program in the 2014-2015 academic year, 81% (n=395) completed the program on-time, 6% (n=31) are still enrolled in the program, and 13% (n=62) dropped out or were disqualified from the program.

**Table 8. Student Retention and Attrition<sup>†</sup>, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b>Students scheduled to complete the program</b>	<b>473</b>	<b>519</b>	<b>584</b>	<b>532</b>	<b>546</b>	<b>496</b>	<b>435</b>	<b>484</b>	<b>515</b>	<b>488</b>
Completed on time	350	353	442	432	367	393	360	421	435	395
Still enrolled	31	49	22	39	87	16	27	35	26	31
Total attrition	92	117	120	61	92	87	48	28	54	62
<i>Attrition-dropped out</i>										37
<i>Attrition-dismissed</i>										25
Completed late <sup>‡</sup>					32	25	33	49	8	30
<b>Retention rate*</b>	74.0%	68.0%	75.7%	81.2%	67.2%	79.2%	82.8%	87.0%	84.5%	80.9%
<b>Attrition rate**</b>	19.5%	22.5%	20.5%	11.5%	16.8%	17.5%	11.0%	5.8%	10.5%	12.7%
<b>% Still enrolled</b>	6.6%	9.4%	3.8%	7.3%	15.9%	3.2%	6.2%	7.2%	5.0%	6.4%

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

<sup>†</sup> 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.



### Retention and Attrition Rates for Accelerated Programs

The 2014-2015 average retention rate for accelerated programs in the Greater Sacramento region was 79%. Retention rates in accelerated programs in the region have historically been higher than those of traditional programs until the last two years, when they have been lower than those in traditional programs. The average attrition rate in accelerated programs was 16%.

**Table 9. Student Retention and Attrition for Accelerated Programs\*†, by Academic Year**

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b>Students scheduled to complete the program</b>	<b>111</b>	<b>150</b>	<b>54</b>	<b>210</b>	<b>93</b>	<b>94</b>	<b>99</b>	<b>19</b>
Completed on time	78	120	44	190	82	80	79	15
Still enrolled	3	0	7	3	6	3	0	1
Total attrition	30	30	3	14	5	11	20	3
Attrition-dropped out								2
Attrition-dismissed								1
Completed late‡			1	3	7	4	0	3
<b>Retention rate**</b>	70.3%	80.0%	81.5%	90.5%	88.2%	85.1%	79.8%	78.9%
<b>Attrition rate***</b>	27.0%	20.0%	5.6%	6.7%	5.4%	11.7%	20.2%	15.8%
<b>% Still enrolled</b>	2.7%	0.0%	13.0%	1.4%	6.5%	3.2%	0.0%	5.3%

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

† 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.

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

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

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

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

### NCLEX Pass Rates

For the last nine years, NCLEX pass rates in the Greater Sacramento region have been higher for BSN graduates than for ADN program graduates. In 2014-2015, the highest average NCLEX pass rate was for BSN graduates. ADN programs had declines in their NCLEX pass rates in 2013-2014 and 2014-2015 in comparison to previous years, while the pass rates in BSN programs stayed about the same during that time period. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing rates in 2013-2014 and 2014-2015.

**Table 10. First Time NCLEX Pass Rates\* 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	95.4%	92.4%	91.3%	90.8%	91.2%	93.7%	95.1%	93.9%	89.0%	89.2%
BSN	91.6%	95.0%	92.6%	95.5%	98.3%	97.2%	98.6%	97.7%	97.4%	97.3%

\*NCLEX pass rates for students who took the exam for the first time in the given year.

### *Employment of Recent Nursing Program Graduates<sup>3</sup>*

Hospitals represent the most frequently reported employment setting for recent graduates of pre-licensure programs in the Greater Sacramento region. In 2014-2015, the region's programs reported that 51% of employed recent graduates were working in a hospital setting. Programs also reported that 21% of recent graduates had not found employment in nursing at the time of the survey, which is an increase (5 percentage points) from the previous year but still significantly lower than the height of 29% reported in 2010-2011. The 2014-2015 average regional share of new graduates employed in nursing in California was 61%, which has remained stable for the past three years.

**Table 11. Employment Location for Recent Nursing Program Graduates<sup>†</sup>, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Hospital	49.2%	71.4%	73.4%	52.8%	53.0%	50.6%	50.9%	48.1%	56.7%	50.7%
Unable to find employment*					27.8%	29.3%	26.7%	26.7%	15.9%	21.2%
Other	50.0%	12.7%	2.0%	0.0%	11.7%	2.0%	12.4%	0.7%	1.4%	12.9%
Long-term care facilities	0.0%	5.7%	16.4%	14.5%	13.3%	10.7%	4.2%	7.9%	6.5%	4.6%
Pursuing additional nursing education <sup>†</sup>								13.1%	7.7%	4.4%
Other healthcare facilities	0.8%	2.8%	4.0%	2.8%	7.8%	5.0%	2.8%	0.8%	9.5%	3.8%
Community/public health facilities	0.0%	0.7%	4.2%	6.7%	3.3%	3.3%	3.0%	2.7%	2.3%	2.3%
<b>Employed in California</b>	<b>48.7%</b>	<b>97.4%</b>	<b>92.8%</b>	<b>57.0%</b>	<b>88.8%</b>	<b>72.5%</b>	<b>57.5%</b>	<b>59.4%</b>	<b>59.3%</b>	<b>60.8%</b>

<sup>†</sup>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.

<sup>3</sup> 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 21% of recent graduates.

### *Clinical Training in Nursing Education*

Questions regarding clinical simulation<sup>4</sup> 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. Six of the eight Greater Sacramento region nursing programs reported using clinical simulation in 2014-2015. One (13%) of the 8 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 (16.7) and Fundamentals (8.7). The largest proportion of clinical hours in all programs is in direct patient care (82%) followed by non-direct patient care (14%) and simulation (5%).

**Table 12. Average Hours Spent in Clinical Training by Content Area 2014-2015**

Content Area	Direct Patient Care	Non-Direct Patient Care (excluding simulation)	Clinical Simulation	Avg Total Clinical Hours
Medical/surgical	366.8	14.8	16.7	398.3
Fundamentals	65.3	88.6	8.7	162.6
Obstetrics	63.3	12.2	7.7	83.2
Pediatrics	65.3	10.8	7.0	83.2
Geriatrics	74.7	6.0	4.0	84.7
Psychiatry/mental health	89.7	1.0	2.0	92.7
Leadership/management	60.8	0.0	4.3	65.2
Other	42.5	3.3	0.0	45.8
<b>Total average clinical hours</b>	<b>828.5</b>	<b>136.8</b>	<b>50.3</b>	<b>1,015.6</b>
<b>Percent of Clinical Hours</b>	<b>81.6%</b>	<b>13.5%</b>	<b>5.0%</b>	<b>100.0%</b>
<b>Number of programs that reported</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>

<sup>4</sup> 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.

The largest proportion of clinical hours in all Greater Sacramento region programs is in direct patient care, and ADN programs allot the largest percentage of clinical hours (84%) to direct patient care activities. BSN programs allocated more time to non-direct patient care activities (24%).

**Table 13. Average Hours Spent in Clinical Training by Program Area and Content Type**

Content Area	Direct Patient Care		Non-Direct Patient Care (excluding simulation)		Clinical Simulation		Total Average Clinical Hours	
	ADN	BSN	ADN	BSN	ADN	BSN	ADN	BSN
Medical/surgical	418.2	110.0	16.8	5.0	16.0	20.0	451.0	135.0
Fundamentals	60.4	90.0	79.3	135.0	6.4	20.0	146.1	245.0
Obstetrics	58.0	90.0	7.2	37.0	7.6	8.0	72.8	135.0
Pediatrics	60.4	90.0	4.0	45.0	8.4	0.0	72.8	135.0
Geriatrics	88.6	5.0	6.0	6.0	2.8	10.0	97.4	21.0
Psychiatry/mental health	89.6	90.0	1.2	0.0	2.4	0.0	93.2	90.0
Leadership/management	73.0	0.0	0.0	0.0	5.2	0.0	78.2	0.0
Other	0.0	255.0	0.0	20.0	0.0	0.0	0.0	275.0
<b>Total average clinical hours</b>	<b>848.2</b>	<b>730.0</b>	<b>114.5</b>	<b>248.0</b>	<b>48.8</b>	<b>58.0</b>	<b>1,011.5</b>	<b>1,036.0</b>
<b>Number of programs that reported</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>

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 above.

In each content area and clinical experience, the majority planned to maintain the current balance of hours.

**Table 14. 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%	85.7%	14.3%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	95.2%	4.8%
Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	85.7%	14.3%
Clinical simulation	14.3%	71.4%	14.3%
All clinical hours	0.0%	100.0%	0.0%

**Table 14. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type, Continued**

<b>Obstetrics</b>	<b>Decrease hours</b>	<b>Maintain hours</b>	<b>Increase hours</b>
Direct patient care	14.3%	85.7%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	85.7%	14.3%
All clinical hours	0.0%	100.0%	0.0%
<b>Pediatrics</b>	<b>Decrease hours</b>	<b>Maintain hours</b>	<b>Increase hours</b>
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	14.3%	85.7%	0.0%
Clinical simulation	0.0%	85.7%	14.3%
All clinical hours	0.0%	100.0%	0.0%
<b>Psychiatry/Mental Health</b>	<b>Decrease hours</b>	<b>Maintain hours</b>	<b>Increase hours</b>
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	14.3%	85.7%	0.0%
All clinical hours	0.0%	100.0%	0.0%
<b>Geriatrics</b>	<b>Decrease hours</b>	<b>Maintain hours</b>	<b>Increase hours</b>
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	14.3%	71.4%	14.3%
All clinical hours	0.0%	100.0%	0.0%
<b>Leadership/Management</b>	<b>Decrease hours</b>	<b>Maintain hours</b>	<b>Increase hours</b>
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%
<b>Other</b>	<b>Decrease hours</b>	<b>Maintain hours</b>	<b>Increase hours</b>
Direct patient care	14.3%	85.7%	0.0%
Non-direct patient care	0.0%	85.7%	14.3%
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. Both programs that answered this question indicated that they were not reducing clinical hours, rather re-allocating hours to different activities.

**Table 15. Why Program is Reducing Clinical Hours**

	%
Not decreasing overall; shifting allocations	100.0%
Unable to find sufficient clinical space	0.0%
Other	0.0%
Can teach required content in less time	0.0%
Insufficient clinical faculty	0.0%
<b>Total reporting</b>	<b>2</b>

### *Clinical Space & Clinical Practice Restrictions<sup>5</sup>*

Two pre-licensure nursing programs in the Greater Sacramento region reported being denied access to a clinical placement, unit or shift in 2014-2015. Both programs reported being offered an alternative by the site for the lost clinical unit, shift or placement. The lack of access to clinical space resulted in the loss of one clinical placement, unit or shift, which affected 20 students.

**Table 16. RN Programs Denied Clinical Space, by Academic Year**

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b>Number of programs denied a clinical placement, unit or shift</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>
Programs offered alternative by site*					2
Placements, units or shifts lost*					1
Number of programs that reported	6	7	7	7	6
<b>Total number of students affected</b>	<b>90</b>	<b>30</b>	<b>17</b>	<b>91</b>	<b>20</b>

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

In the 2014-2015 survey, two programs reported being allowed fewer students for a clinical placement, unit, or shift in this year than in the prior year.

**Table 16.1 RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift**

	ADN	BSN	Total
Fewer students allowed for a clinical placement, unit, or shift	2	0	2
<b>Total number of programs that reported</b>	<b>6</b>	<b>1</b>	<b>7</b>

<sup>5</sup> 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.

The only reported reasons why schools were denied clinical space in 2014-2015 was “other” and the program did not describe further.

**Table 17. Reasons for Clinical Space Being Unavailable\*, by Academic Year**

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Competition for clinical space due to increase in number of nursing students in region	50.0%	100.0%	50.0%	100.0%	0.0%
No longer accepting ADN students	25.0%	100.0%	50.0%	50.0%	0.0%
Visit from Joint Commission or other accrediting agency			50.0%	50.0%	0.0%
Staff nurse overload or insufficient qualified staff	50.0%	100.0%	0.0%	50.0%	0.0%
Displaced by another program	0.0%	100.0%	0.0%	50.0%	0.0%
Decrease in patient census	25.0%	0.0%	0.0%	50.0%	0.0%
Implementation of Electronic Health Records system			50.0%	0.0%	0.0%
Closure, or partial closure, of clinical facility	25.0%	100.0%	0.0%	0.0%	0.0%
Clinical facility seeking magnet status	0.0%	0.0%	0.0%	0.0%	0.0%
Change in facility ownership/management	25.0%	0.0%	0.0%	0.0%	0.0%
Nurse residency programs	0.0%	0.0%	0.0%	0.0%	0.0%
Other	50.0%	0.0%	0.0%	0.0%	100.0%
<b>Number of programs that reported**</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>

\*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.

\*\*Two programs reported being denied space, but only one gave reasons for the space being unavailable.

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 most frequently reported strategies (100%) were to replace the lost clinical space at a different clinical site currently used by the nursing program. The one program also reported being able to add or replace lost space with a new site.

**Table 18. Strategies to Address the Loss of Clinical Space\*, by Academic Year**

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

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

One nursing program in Greater Sacramento reported an increase in out-of-hospital clinical placements in 2014-2015, but gave no information on alternative clinical placement sites overall.

**Table 19. Alternative Out-of-Hospital Clinical Sites\* Used by RN Programs, by Academic Year**

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

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



In 2014-2015, 50% (n=4) of Greater Sacramento schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, student health and safety requirements, and glucometers. The six-year trend shows that restricted student access to the other activities have become less common to non-existent. The five-year trend also appears to indicate that restrictions on some patients due to staff workload are becoming less common.

**Table 20. 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
Clinical site due to visit from accrediting agency (Joint Commission)	83.3%	100.0%	80.0%	75.0%	60.0%	50.0%
Student health and safety requirements		80.0%	40.0%	25.0%	40.0%	50.0%
Glucometers	50.0%	20.0%	20.0%	25.0%	20.0%	50.0%
Bar coding medication administration	66.7%	80.0%	60.0%	100.0%	20.0%	25.0%
Electronic Medical Records	66.7%	60.0%	60.0%	75.0%	20.0%	25.0%
Automated medical supply cabinets	50.0%	20.0%	0.0%	50.0%	0.0%	25.0%
IV medication administration	16.7%	20.0%	20.0%	0.0%	0.0%	25.0%
Some patients due to staff workload		40.0%	40.0%	25.0%	20.0%	0.0%
Alternative setting due to liability	33.3%	0.0%	0.0%	50.0%	0.0%	0.0%
Direct communication with health team	33.3%	40.0%	0.0%	0.0%	0.0%	0.0%
<b>Number of schools that reported</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>4</b>

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

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 medical records were clinical site staff still learning the system (100%), insufficient time for clinical site staff to train students (68%), cost for training (68%), and staff fatigue/burnout (68%).

In 2014-2015, the top reasons schools reported for student restricted access to medication administration systems were liability (67%) and cost for training (67%).

**Table 21. 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
Cost for training	100.0%	66.7%	100.0%	66.7%
Liability	0.0%	0.0%	100.0%	66.7%
Staff still learning and unable to assure documentation standards are being met	100.0%	100.0%	100.0%	33.3%
Insufficient time to train students	0.0%	66.7%	0.0%	33.3%
Staff fatigue/burnout	0.0%	66.7%	0.0%	33.3%
Patient confidentiality	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%
<b>Number of schools that reported</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>

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.

The majority of nursing schools in the Greater Sacramento region compensate for training in areas of restricted student access by providing training in simulation lab (75%). Half compensate by training students in the classroom and “other”. “Other” included: school providing its own EMR training for students, and make-up days on breaks and weekends.

**Table 22. How the Nursing Program Compensates for Training in Areas of Restricted Access**

	2013-2014 % Schools	2014-2015 % Schools
Training students in the simulation lab	80.0%	75.0%
Training students in the classroom	60.0%	50.0%
Other	20.0%	50.0%
Ensuring all students have access to sites that train them in this area	60.0%	25.0%
Purchase practice software, such as SIM Chart	20.0%	25.0%
<b>Number of schools that reported</b>	<b>5</b>	<b>4</b>

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

### Faculty Census Data<sup>6</sup>

On October 15, 2015, there were 138 total nursing faculty<sup>7</sup> in Greater Sacramento, almost half (44%, n=61) of whom were full-time. The need for faculty continues to outpace the number of active faculty. On October 15, 2015, there were 9 vacant faculty positions in the region, which represents a 6.1% faculty vacancy rate overall (7.6% for full-time faculty and 4.9% for part-time faculty).

**Table 23. Faculty Census Data<sup>†</sup>, by Year**

	2006	2007	2008	2009	2010	2011	2012	2013	2014*	2015
<b>Total Faculty</b>	<b>125</b>	<b>163</b>	<b>156</b>	<b>175</b>	<b>150</b>	<b>161</b>	<b>168</b>	<b>175</b>	<b>185</b>	<b>138</b>
<i>Full-time</i>	54	83	79	84	86	78	80	80	92	61
<i>Part-time</i>	71	80	77	91	64	83	88	94	92	77
<b>Vacancy Rate**</b>	<b>2.30%</b>	<b>4.10%</b>	<b>4.90%</b>	<b>2.20%</b>	<b>2.00%</b>	<b>3.60%</b>	<b>17.60%</b>	<b>8.90%</b>	<b>12.70%</b>	<b>6.1%</b>
<i>Vacancies</i>	3	7	8	4	3	6	36	17	27	9

<sup>†</sup> 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, about one-third (38%, n=3) of Greater Sacramento region nursing schools reported that their faculty worked overloaded schedules. Of these schools, 67% (n=2) pay the faculty extra for the overloaded schedule.

**Table 24. 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	5	5	3	3	3	3	3
Share of schools that pay faculty extra for the overload	80%	80%	100%	100%	100%	100%	66.7%
<b>Total number of schools</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>

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

<sup>6</sup> Census data represent the number of faculty on October 15<sup>th</sup> of the given year.

<sup>7</sup> 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

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The number of pre-licensure nursing programs in the Greater Sacramento region has remained relatively stable over the last three years with one new private program opening over the last year. Four programs in the region reported that they partner with another school to offer a program leading to a higher nursing degree, which is double the number of schools reporting partnerships in 2013-2014.

Greater Sacramento programs reported a total of 493 spaces available for new students in 2014-2015, which were filled with a total of 503 new enrollments. This represents the tenth consecutive year pre-licensure nursing programs in the region enrolled more students than there were spaces available. Of the 1,598 qualified applications to the region's programs in 2014-2015, 31% (n=503) enrolled.

In 2014-2015, pre-licensure nursing programs in the region reported 477 student completions, which represent a 14% (n=58) increase in the number of students completing compared to ten years ago. Retention rate was 81% in 2014-2015 for the region which has shown improvement over the last decade. The share of recent graduates unable to find employment in nursing has declined from a high of 29% in 2010-2011 to 21% in 2014-2015, indicating that more nursing school graduates in the region are finding employment in their field, although this rate is still high.

Clinical simulation has become widespread in nursing education, with 75% of the nursing schools in the Greater Sacramento region reporting using it in some capacity<sup>8</sup>, although only one program (13%) reported 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 plans to reallocate some of the hours spent in different types of clinical training. The importance of clinical simulation is underscored by data showing that half (50%, n=4) of the Greater Sacramento Region nursing schools encountered restrictions to clinical practice imposed on them by clinical facilities.

The total number of prelicensure nursing students has declined by about 27% since 2007, and the number of nursing faculty employed has declined about 15% in the same time period. In 2014-2015, 9 faculty vacancies were reported, representing a 6.1% faculty vacancy rate overall (7.6% for full-time faculty and 4.9% for part-time faculty).

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<sup>8</sup> One school did not answer this question.

## **APPENDICES**

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### **APPENDIX A – Greater Sacramento Nursing Education Programs**

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#### *ADN Programs (6)*

American River College  
ITT Technical Institute  
Sacramento City College  
Sierra College  
Yuba College  
Weimar Institute\*

#### *LVN to ADN Program Only (1)*

Carrington College (*formerly Western Career College – Sacramento*)

#### *BSN Program (1)*

CSU Sacramento

\* New program in 2014-2015

## **APPENDIX B – BRN Education Issues Workgroup Members**

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### **Members**

<b><u>Members</u></b>	<b><u>Organization</u></b>
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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