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# California Board of Registered Nursing

## 2014-2015 Annual School Report

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Data Summary and Historical Trend Analysis

### **Inland Empire**

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## 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 Inland Empire, which includes Orange, Riverside and San Bernardino counties. 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 Inland Empire 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) Inland Empire (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, the Inland Empire had a total of 22 pre-licensure nursing programs. Of these programs, 13 are ADN programs, 7 are BSN programs, and two are ELM programs. This represents the closure of one private ADN program since the previous year. Data from many satellite programs in the Inland Empire region whose headquarters are in other regions are not included in the 2014-2015 data for this region. Of the pre-licensure nursing programs in the region, 68% (n=15) 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
<b>Total Nursing Programs</b>	<b>14</b>	<b>17</b>	<b>19</b>	<b>24</b>	<b>25</b>	<b>25</b>	<b>23</b>	<b>24</b>	<b>24</b>	<b>22</b>
ADN	11	11	12	14	14	14	12	13	14	13
BSN	3	5	5	8	9	9	9	9	8	7
ELM	0	1	2	2	2	2	2	2	2	2
Public	12	15	15	15	15	15	15	15	15	15
Private	2	2	4	9	10	10	8	9	9	7
<b>Total Number of Schools</b>	<b>14</b>	<b>16</b>	<b>17</b>	<b>20</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>21</b>	<b>20</b>

\*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.

<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.

The share of nursing programs that partner with another nursing school that offers a higher degree continued to increase. In 2014-2015, more than a third of Inland Empire nursing programs (36%, n=8) collaborated with another program that offered a higher degree than offered at their own program.

**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	1	2	1	1	2	5	10	12	9	8
Formal collaboration								66.7%	88.9%	75.0%
Informal collaboration								66.7%	66.7%	87.5%
<b>Number of programs that reported</b>	<b>14</b>	<b>17</b>	<b>18</b>	<b>22</b>	<b>24</b>	<b>25</b>	<b>23</b>	<b>24</b>	<b>23</b>	<b>22</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*

In 2014-2015, nursing programs in the region reported a total of 1,635 spaces available – a decline from prior years largely due to changes in how satellite campus data are allocated by region and one program closure. These spaces were filled with a total of 2,019 students. Pre-licensure nursing programs in the Inland Empire enrolled more students than were spaces available in eight of 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	1,438	1,643	1,734	2,361	2,984	2,350	2,582	3,085	3,060	1,635
New student enrollments	1,519	1,946	1,907	2,496	2,884	2,774	2,957	3,008	3,071	2,019
<b>% Spaces filled with new student enrollments</b>	<b>105.6%</b>	<b>118.4%</b>	<b>110.0%</b>	<b>105.7%</b>	<b>96.7%</b>	<b>118.0%</b>	<b>114.5%</b>	<b>97.5%</b>	<b>100.4%</b>	<b>123.5%</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.

Pre-licensure nursing programs in the Inland Empire continue to receive more applications requesting entrance into their programs than can be accommodated. Almost half (47%) of qualified applications were not able to enroll in 2014-2015.

**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>3,818</b>	<b>3,310</b>	<b>5,412</b>	<b>6,013</b>	<b>8,256</b>	<b>7,178</b>	<b>6,094</b>	<b>7,214</b>	<b>7,012</b>	<b>3,793</b>
ADN	3,216	2,803	4,514	4,719	5,237	3,816	3,282	2,954	2,922	2,392
BSN	602	357	739	1,110	2,806	3,219	2,624	4,087	3,866	1,336
ELM	-	150	159	184	213	143	188	173	224	65
<b>% Qualified applications not enrolled</b>	<b>60.2%</b>	<b>41.2%</b>	<b>64.8%</b>	<b>58.5%</b>	<b>65.1%</b>	<b>61.4%</b>	<b>51.5%</b>	<b>58.3%</b>	<b>56.2%</b>	<b>46.8%</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 Inland Empire region enrolled 2,019 new students in 2014-2015. The distribution of new enrollments by program type was 63% ADN (n=1,265), 35% BSN (n=714), and 2% ELM (n=40). The decrease in the number of new students enrolling in nursing programs in the region is largely a result of a private program closure and re-allocation of satellite program data to other regions. Public nursing program enrollments in the region have declined 22% since 2006-2007.

**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>1,519</b>	<b>1,946</b>	<b>1,907</b>	<b>2,496</b>	<b>2,884</b>	<b>2,774</b>	<b>2,957</b>	<b>3,008</b>	<b>3,071</b>	<b>2,019</b>
ADN	1,216	1,473	1,442	1,773	1,633	1,224	1,213	1,173	1,330	1,265
BSN	303	473	394	649	1,205	1,488	1,640	1,744	1,630	714
ELM	-	0	71	74	46	62	104	91	111	40
Private	182	242	316	934	1,364	1,346	1,458	1,556	1,661	686
Public	1,337	1,704	1,591	1,562	1,520	1,428	1,499	1,452	1,410	1,333

† 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.

Three programs (14%) reported that they enrolled fewer students in 2014-2015 compared to the previous year, including two ADN programs and one ELM program.

**Table 5.1 New Student Enrollment by Program Type†, by Academic Year**

Type of Program	ADN	BSN*	ELM	Total
Enrolled fewer	16.7%	0.0%	50.0%	15.0%
Did not enroll fewer	83.3%	100.0%	50.0%	85.0%
<b>Number of programs that reported</b>	<b>12</b>	<b>6</b>	<b>2</b>	<b>20</b>

\*One program did not report any data for this question.

Programs reported that lack of qualified applicants, the termination of a program, accepted students not enrolling, cost reduction, and insufficient faculty were all reasons for enrolling fewer students.

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

	% of programs
Accepted students did not enroll	33.3%
To reduce costs	33.3%
Insufficient faculty	33.3%
Program discontinued	33.3%
Lack of qualified applicants	33.3%
Lost funding	0.0%
College/university / BRN requirement to reduce enrollment	0.0%
Other	0.0%
Unable to secure clinical placements for all students	0.0%
<b>Number of programs that reported</b>	<b>3</b>

### Student Census Data

A total of 4,020 students were enrolled in one of the region's pre-licensure nursing programs as of October 15, 2015. The 2015 student census indicates that 53% (n=2,128) of students were enrolled in an ADN program, 45% (n=1,803) in a BSN program, and 2% (n=89) in an ELM program. There was a slight increase in the number of ADN students over the last year, and decreases in the BSN and ELM categories largely due to changes in reporting.

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

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
ADN	2,109	2,336	2,471	2,834	2,809	2,224	2,071	2,068	2,096	2,128
BSN	<b>759</b>	964	1,104	1,702	1,847	3,257	3,287	3,585	3,440	1,803
ELM	-	63	125	151	124	105	195	145	152	89
<b>Total nursing students</b>	<b>2,868</b>	<b>3,363</b>	<b>3,700</b>	<b>4,687</b>	<b>4,780</b>	<b>5,586</b>	<b>5,553</b>	<b>5,798</b>	<b>5,688</b>	<b>4,020</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

Student completions at Inland Empire pre-licensure nursing programs totaled 1,625 in 2014-2015. The distribution of completions by program type in 2014-2015 was 54% ADN (n=881), 43% BSN (n=696), and 3% ELM (n=48).

**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	845	950	1,057	1,220	1,588	1,201	1,019	1,002	953	881
BSN	<b>157</b>	187	243	308	401	505	876	1,185	1,251	696
ELM	-	0	0	54	22	51	65	92	110	48
<b>Total student completions</b>	<b>1,002</b>	<b>1,137</b>	<b>1,300</b>	<b>1,582</b>	<b>2,011</b>	<b>1,757</b>	<b>1,960</b>	<b>2,279</b>	<b>2,314</b>	<b>1,625</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

Attrition rates at nursing programs in the region have fluctuated over the last decade, but overall declined from a high of 18% in 2005-2006 to 13% in 2014-2015. Of the 1,519 students scheduled to complete an Inland Empire nursing program in 2014-2015, 80% (n=1,219) completed the program on-time, 7% (n=104) are still enrolled in the program, and 13% (n=196) 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>1,112</b>	<b>1,121</b>	<b>1,271</b>	<b>1,637</b>	<b>1,833</b>	<b>1,637</b>	<b>1,713</b>	<b>2,194</b>	<b>2,349</b>	<b>1,519</b>
Completed on time	792	805	924	1,138	1,382	1,250	1,353	1,846	1,943	1,219
Still enrolled	116	129	160	256	259	140	138	89	122	104
Total attrition	204	187	187	243	192	247	222	259	284	196
<i>Attrition-dropped out</i>										168
<i>Attrition-dismissed</i>										28
Completed late <sup>‡</sup>					173	83	85	112	429	48
<b>Retention rate*</b>	71.2%	71.8%	72.7%	69.5%	75.4%	76.4%	79.0%	84.1%	82.7%	80.3%
<b>Attrition rate**</b>	18.3%	16.7%	14.7%	14.8%	10.5%	15.1%	13.0%	11.8%	12.1%	12.9%
<b>% Still enrolled</b>	10.4%	11.5%	12.6%	15.6%	14.1%	8.6%	8.1%	4.1%	5.2%	6.8%

<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.



Attrition rates among the region's pre-licensure nursing programs vary by program type. In 2014-2015, attrition rates in the region were lowest among BSN and ELM programs (9%) and highest among ADN programs (16%). Average attrition rates have historically been lower among private programs in the region, although this has fluctuated. In 2014-2015, private programs had lower attrition rates than public programs (8% vs. 15%).

**Table 9. Attrition 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	19.5%	17.7%	15.7%	14.8%	10.3%	13.2%	13.2%	13.2%	14.8%	15.6%
BSN	12.6%	11.0%	9.9%	16.6%	10.2%	15.8%	11.3%	11.0%	10.4%	8.5%
ELM	-	-	-	8.1%	19.0%	44.4%	23.2%	7.1%	2.7%	8.6%
Private	19.6%	19.0%	17.5%	14.3%	8.3%	13.8%	12.9%	10.7%	9.8%	8.2%
Public	18.2%	16.5%	14.5%	15.0%	11.4%	15.6%	13.0%	12.8%	14.0%	14.5%

\*Changes to the survey that occurred between 2003-2004 and 2005-2006 may have affected the comparability of these data over time.

### *Retention and Attrition Rates for Accelerated Programs*

Average retention rates for accelerated programs in the region has fluctuated over the last decade. In 2014-2015, the average retention rate for accelerated programs in the Inland Empire was 86%, which is higher than traditional programs. The average attrition rate was 10%, which is lower than the average attrition rate for traditional programs in the same year.

**Table 10. 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>38</b>	<b>59</b>	<b>88</b>	<b>105</b>	<b>349</b>	<b>444</b>	<b>220</b>	<b>134</b>
Completed on time	30	46	75	93	312	373	177	115
Still enrolled	2	5	4	1	8	13	22	5
Total attrition	6	8	9	11	29	58	21	14
<i>Attrition-dropped out</i>								13
<i>Attrition-dismissed</i>								1
Completed late‡			6	14	27	29	23	0
<b>Retention rate**</b>	78.9%	78.0%	85.2%	88.6%	89.4%	84.0%	80.5%	85.8%
<b>Attrition rate***</b>	15.8%	13.6%	10.2%	10.5%	8.3%	13.1%	9.5%	10.4%
<b>% Still enrolled</b>	5.3%	8.5%	4.5%	1.0%	2.3%	2.9%	10.0%	3.7%

‡ 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.

\*These data were collected for the first time in 2007-2008.

\*\*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.

### NCLEX Pass Rates

Over the last ten years, NCLEX pass rates in the Inland Empire region have fluctuated. In 2014-2015, ADN graduates had the highest average NCLEX pass rate (90%), followed closely by ELM graduates (86%). ADN programs had an increase in their average NCLEX pass rate in 2014-2015 in comparison to the previous year, which was a decline from the previous two years. BSN programs remained the same and ELM programs had a decrease in pass rates from the previous year. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing through 2014-2015.

**Table 11. 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	91.7%	92.6%	90.2%	89.2%	90.8%	86.5%	90.8%	91.0%	86.2%	89.6%
BSN	80.5%	78.9%	82.4%	84.4%	88.1%	86.1%	83.1%	81.2%	82.9%	82.9%
ELM				89.5%	83.3%	93.0%	92.0%	81.8%	87.8%	85.7%

\*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>

While the share of recent nursing graduates employed in hospitals has declined from its high of 94% in 2007-2008, hospitals continue to employ the largest share of recent graduates in the Inland Empire. In 2014-2015, the region's programs reported that 72% of employed recent graduates were working in a hospital setting. Programs also reported that 3% of recent graduates had not found employment in nursing at the time of the survey, which is much lower than previous years. The share of graduates seeking additional nursing education (9%) was also higher than in previous years. The 2014-2015 average regional share of new graduates employed in nursing in California was 71%.

**Table 12. 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	81.1%	80.1%	93.7%	73.6%	75.0%	66.5%	71.8%	60.7%	60.3%	71.7%
Pursuing additional nursing education <sup>†</sup>	0.9%	2.1%	1.2%	4.4%	6.3%	4.4%	5.5%	7.1%	4.6%	8.6%
Other	15.4%	1.3%	0.1%	2.6%	15.2%	3.8%	4.4%	2.4%	8.0%	6.9%
Other healthcare facilities	0.9%	2.3%	2.8%	3.6%	3.3%	3.2%	2.7%	2.6%	2.6%	5.2%
Long-term care facilities	1.7%	2.0%	2.3%	3.1%	3.8%	3.4%	2.0%	5.5%	5.4%	3.5%
Unable to find employment*					18.5%	11.6%	13.7%	18.3%	11.8%	3.4%
Community/public health facilities								3.4%	7.5%	2.2%
<b>Employed in California</b>	<b>67.5%</b>	<b>70.5%</b>	<b>96.7%</b>	<b>77.9%</b>	<b>81.0%</b>	<b>78.7%</b>	<b>74.6%</b>	<b>67.9%</b>	<b>70.5%</b>	<b>71.0%</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 19% 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. All (100%) of the Inland Empire nursing programs reported using clinical simulation in 2014-2015. Twelve (55%) of the 22 programs have plans to increase staff dedicated to administering clinical simulation in their program in the next 12 months.

The content areas using the most hours of clinical simulation on average are Medical/Surgical (45.7) and Fundamentals (10.5). The largest proportion of clinical hours in all programs is in direct patient care (78%) followed by non-direct patient care (12%) and simulation (10%).

**Table 13. 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	303.4	24.4	45.7	373.5
Fundamentals	82.4	44.8	10.5	137.7
Obstetrics	74.1	8.4	10.2	92.6
Pediatrics	72.0	7.8	7.7	87.5
Geriatrics	58.3	3.3	5.6	64.5
Psychiatry/Mental Health	67.0	5.1	5.8	78.1
Leadership/Management	78.1	16.9	6.3	97.5
Other	13.1	1.7	1.2	16.0
<b>Total average clinical hours</b>	<b>742.0</b>	<b>112.3</b>	<b>93.0</b>	<b>947.3</b>
<b>Percent of Clinical Hours</b>	<b>78.3%</b>	<b>11.9%</b>	<b>9.8%</b>	<b>100.0%</b>
<b>Number of programs that reported</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</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.

ADN programs allot the largest percentage of clinical hours (80% compared to 78% overall) to direct patient care activities. ELM programs allocated comparatively more time to non-direct patient care (15% compared to 12% overall) and to simulation activities (14% compared to 10% overall).

**Table 14. 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	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	375.0	180.8	205.0	28.3	15.7	25.0	56.8	23.7	40.0	460.2	220.2	270.0
Fundamentals	93.6	50.3	106.0	47.5	44.5	28.0	9.5	8.5	23.5	150.6	103.3	157.5
Pediatrics	76.7	70.3	68.0	9.8	3.3	7.0	7.0	10.2	13.5	77.5	68.2	90.0
Obstetrics	66.8	66.0	69.5	11.1	3.7	6.0	9.3	7.2	16.0	92.0	83.8	90.0
Psychiatry/ Mental Health	75.2	61.0	69.5	5.8	2.2	6.0	4.9	5.0	14.5	97.0	76.8	90.0
Geriatrics	63.7	66.8	18.0	4.2	3.3	1.5	6.3	4.8	3.0	69.3	75.3	22.5
Leadership/ Management	86.8	56.7	90.0	4.8	29.3	58.0	6.5	4.7	9.5	91.5	90.7	157.5
Other	8.3	28.0	0.0	2.7	0.0	0.0	0.4	3.3	0.0	11.4	31.3	0.0
<b>Total Average Clinical Hours</b>	<b>834.5</b>	<b>580.0</b>	<b>626.0</b>	<b>114.2</b>	<b>102.0</b>	<b>131.5</b>	<b>100.7</b>	<b>67.3</b>	<b>120.0</b>	<b>1049.4</b>	<b>749.3</b>	<b>877.5</b>
<b>Number of programs that reported</b>	<b>13</b>	<b>6</b>	<b>2</b>	<b>13</b>	<b>6</b>	<b>2</b>	<b>13</b>	<b>6</b>	<b>2</b>	<b>13</b>	<b>6</b>	<b>2</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 most content areas and clinical experience types, the trend was to retain the current number of hours. In a number of categories, programs indicated decreasing direct and indirect patient care hours. However, larger percentages of programs indicated plans to increase simulation hours.

**Table 15. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type**

Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	4.5%	90.9%	4.5%
Non-direct patient care	13.6%	81.8%	4.5%
Clinical simulation	0.0%	72.7%	27.3%
All clinical hours	4.5%	95.5%	0.0%

**Table 15. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type, Continued**

Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct patient care	9.1%	86.4%	4.5%
Non-direct patient care	9.1%	90.9%	0.0%
Clinical simulation	4.5%	72.7%	22.7%
All clinical hours	4.5%	90.9%	4.5%
Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	13.6%	86.4%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	81.8%	18.2%
All clinical hours	9.1%	90.9%	0.0%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	18.2%	81.8%	0.0%
Non-direct patient care	4.5%	95.5%	0.0%
Clinical simulation	0.0%	72.7%	27.3%
All clinical hours	9.1%	90.9%	0.0%
Psychiatry/Mental Health	Decrease hours	Maintain hours	Increase hours
Direct patient care	18.2%	81.8%	0.0%
Non-direct patient care	4.5%	95.5%	0.0%
Clinical simulation	0.0%	72.7%	27.3%
All clinical hours	9.1%	90.9%	0.0%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	9.1%	90.9%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	81.8%	18.2%
All clinical hours	0.0%	100.0%	0.0%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	9.1%	90.9%	0.0%
Non-direct patient care	4.5%	95.5%	0.0%
Clinical simulation	0.0%	77.3%	22.7%
All clinical hours	0.0%	95.5%	4.5%
Other	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	95.5%	4.5%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	95.5%	4.5%

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. Half noted that they were not decreasing clinical hours overall but reallocating them and that they could teach required content in less time.

**Table 16. Why Program is Reducing Clinical Hours**

	%
Not decreasing overall; shifting allocations	50.0%
Can teach required content in less time	50.0%
Unable to find sufficient clinical space	33.3%
Other	16.7%
Insufficient clinical faculty	0.0%
<b>Number of programs that reported</b>	<b>6</b>

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

Nine Inland Empire pre-licensure nursing programs reported they were denied access to a clinical placement, unit or shift in 2014-2015. This is a significant decrease from previous years. A fifth (22%, n=2) of the programs that were denied access to clinical placements, units, or shifts were offered an alternative by the clinical site. The lack of access to clinical space resulted in a loss of 18 clinical placements, units, or shifts. These lost clinical spaces affected 278 students in 2014-2015.

**Table 17. 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>17</b>	<b>15</b>	<b>17</b>	<b>15</b>	<b>9</b>
Programs Offered Alternative by Site*					2
Placements, Units or Shifts Lost*					18
Number of programs that reported	24	23	24	23	21
<b>Total number of students affected</b>	<b>323</b>	<b>100</b>	<b>512</b>	<b>371</b>	<b>278</b>

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

In addition, 13 programs reported that there were fewer students allowed for clinical placements, units or shifts in 2014-2015 than in the prior year.

**Table 17.1 RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift**

	ADN	BSN	ELM	Total
Fewer students allowed for a clinical placement, unit, or shift	8	4	1	13
<b>Total number of programs that reported</b>	<b>13</b>	<b>7</b>	<b>2</b>	<b>22</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.

Overall, competition for space arising from an increase in the number of nursing students and staff nurse overload were the most frequently reported reasons why Inland Empire programs were denied clinical space. The share of programs that reported being displaced by another program (25%) decreased in 2014-2015. The share of programs reporting a visit from an accrediting agency as a reason for clinical space being available increased, as did change in facility ownership or management.

**Table 18. Reasons for Clinical Space Being Unavailable\*, by Academic Year**

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Competition for clinical space due to increase in number of nursing students in region	63.6%	41.2%	46.7%	29.4%	66.7%	41.7%
Staff nurse overload or insufficient qualified staff	72.7%	52.9%	53.3%	41.2%	53.3%	41.7%
Change in facility ownership/management		11.8%	20.0%	41.2%	26.7%	33.3%
Visit from Joint Commission or other accrediting agency	45.5%	17.6%	33.3%	23.5%	20.0%	33.3%
Displaced by another program	72.7%	64.7%	80.0%	58.8%	60.0%	25.0%
Nurse residency programs	27.3%	29.4%	60.0%	47.1%	13.3%	25.0%
No longer accepting ADN students	45.5%	11.8%	46.7%	29.4%	33.3%	16.7%
Decrease in patient census		23.5%	26.7%	23.5%	26.7%	16.7%
Other				23.5%	20.0%	16.7%
Clinical facility seeking magnet status	18.2%	17.6%	20.0%	17.6%	20.0%	16.7%
Implementation of Electronic Health Records system				11.8%	20.0%	16.7%
Closure, or partial closure, of clinical facility					13.3%	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	9.1%	0.0%	6.7%	17.6%	6.7%	0.0%
<b>Number of programs that reported</b>	<b>11</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>15</b>	<b>12</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.

Reasons for lack of access to clinical space vary by program. In 2014-2015, staff nurse overload was one of the most common reasons for unavailable clinical space among ADN programs, followed by competition for clinical space due to an increase in the number of nursing students. Competition for clinical space was also a top reason for BSN and ELM programs.

**Table 19. Reasons for Clinical Space Being Unavailable, by Program Type, 2014-2015**

	ADN	BSN	ELM	Total
Staff nurse overload or insufficient qualified staff	57.1%	0.0%	100.0%	41.7%
Visit from Joint Commission or other accrediting agency	28.6%	33.3%	100.0%	33.3%
Change in facility ownership/management	28.6%	33.3%	100.0%	33.3%
Displaced by another program	28.6%	0.0%	100.0%	25.0%
Other	28.6%	0.0%	100.0%	25.0%
Competition for clinical space due to increase in number of nursing students in region	42.9%	33.3%	100.0%	16.7%
Decrease in patient census	28.6%	0.0%	0.0%	16.7%
No longer accepting ADN students	28.6%	0.0%	0.0%	16.7%
Nurse residency programs	28.6%	0.0%	0.0%	16.7%
Clinical facility seeking magnet status	28.6%	0.0%	0.0%	16.7%
Implementation of Electronic Health Records system	28.6%	0.0%	0.0%	16.7%
Closure, or partial closure, of clinical facility	0.0%	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%	0.0%	0.0%	0.0%
<b>Number of programs that reported</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>12</b>

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. Over the last four years, replacing the lost space at the same clinical site has become less common. In 2014-2015, the most frequently reported strategies were to add or to replace the lost space at a different site currently being used by the program (64%) or replace the lost clinical space with a new site (46%).

**Table 20. Strategies to Address the Loss of Clinical Space\*, by Academic Year**

	2011-2012	2012-2013	2013-2014	2014-2015
Replaced lost space at different site currently used by nursing program	60.0%	70.6%	60.0%	63.6%
Added/replaced lost space with new site	40.0%	70.6%	66.7%	45.5%
Clinical simulation	20.0%	35.3%	20.0%	36.4%
Replaced lost space at same clinical site	66.7%	47.1%	26.7%	27.3%
Other	0.0%	0.0%	0.0%	27.3%
Reduced student admissions	13.3%	0.0%	20.0%	9.1%
<b>Number of programs that reported</b>	<b>15</b>	<b>17</b>	<b>15</b>	<b>11</b>

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



Thirty-six percent (n=8) of nursing programs in the Inland Empire reported an increase in out-of-hospital clinical placements in 2014-2015. School health services surpassed skilled nursing facilities as the most frequently reported alternative placement site in 2014-2015. Skilled nursing facilities and public health agencies were still high on the list, as were outpatient mental health services as among the most frequently reported alternative sites in the region. No programs reported occupational health or case management as alternative placements in 2014-2015.

**Table 21. Alternative Out-of-Hospital Clinical Sites\* Used by RN Programs, by Academic Year**

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
School health service (K-12 or college)	27.3%	26.7%	15.4%	55.6%	75.0%
Skilled nursing/rehabilitation facility	27.3%	33.3%	46.2%	77.8%	37.5%
Public health or community health agency	18.2%	53.3%	61.5%	55.6%	37.5%
Outpatient mental health/substance abuse	27.3%	26.7%	15.4%	33.3%	37.5%
Surgery center/ambulatory care center	18.2%	13.3%	23.1%	33.3%	25.0%
Urgent care, not hospital-based	0.0%	0.0%	0.0%	11.1%	25.0%
Medical practice, clinic, physician office	36.4%	33.3%	23.1%	33.3%	12.5%
Home health agency/home health service	27.3%	13.3%	38.5%	33.3%	12.5%
Hospice	27.3%	26.7%	23.1%	22.2%	12.5%
Renal dialysis unit	36.4%	13.3%	7.7%	22.2%	12.5%
Correctional facility, prison or jail	18.2%	13.3%	7.7%	0.0%	12.5%
Other	18.2%	13.3%	23.1%	0.0%	12.5%
Case management/disease management	0.0%	6.7%	7.7%	11.1%	0.0%
Occupational health or employee health service	9.1%	0.0%	0.0%	0.0%	0.0%
<b>Number of programs that reported</b>	<b>11</b>	<b>15</b>	<b>13</b>	<b>9</b>	<b>8</b>

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

More than three-quarters (75%, n=15) of Inland Empire 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 electronic medical records and to the clinical site itself due to a visit from an accrediting agency and to bar coding medication administration. Schools reported that it was uncommon to have students face restrictions to alternative settings due to liability, some patients due to staff workload, or to direct communication with the health care team.

**Table 22. 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
Electronic Medical Records	76.5%	71.4%	78.9%	68.8%	87.5%	80.0%
Clinical site due to visit from accrediting agency (Joint Commission)	76.5%	57.1%	73.7%	75.0%	68.8%	66.7%
Bar coding medication administration	58.9%	61.9%	63.2%	75.0%	62.5%	66.7%
IV medication administration	58.9%	38.1%	31.6%	43.8%	31.3%	46.7%
Automated medical supply cabinets	47.1%	52.4%	57.9%	43.8%	43.8%	40.0%
Student health and safety requirements		42.9%	52.6%	50.0%	50.0%	33.3%
Glucometers		33.3%	15.8%	25.0%	37.5%	20.0%
Direct communication with health team	29.5%	28.6%	26.3%	25.0%	12.5%	13.3%
Alternative setting due to liability	11.8%	19.0%	15.8%	12.5%	18.8%	6.7%
Some patients due to staff workload	5.9%	14.3%	5.3%	6.3%	25.0%	0.0%
<b>Number of schools that reported</b>	<b>17</b>	<b>21</b>	<b>19</b>	<b>16</b>	<b>16</b>	<b>15</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".

Schools reported that restricted student access to electronic medical records was most commonly due to insufficient time for clinical site staff to train students (80%). Schools reported that students were restricted from using medication administration systems due to staff still learning and unable to assure documentation standards are being met (75%) and liability (63%).

**Table 23. 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
Staff still learning and unable to assure documentation standards are being met	50.0%	60.0%	16.7%	75.0%
Liability	43.8%	60.0%	50.0%	62.5%
Insufficient time to train students	81.3%	80.0%	58.3%	37.5%
Patient confidentiality	43.8%	26.7%	25.0%	37.5%
Other	25.0%	26.7%	25.0%	37.5%
Staff fatigue/burnout	50.0%	40.0%	58.3%	25.0%
Cost for training	31.3%	40.0%	16.7%	25.0%
<b>Number of schools that reported</b>	<b>16</b>	<b>15</b>	<b>12</b>	<b>8</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 Inland Empire compensate for training in areas of restricted student access by providing training in simulation lab (73%) and ensuring all students have access to sites that train them in the restricted area (67%).

**Table 24. How the Nursing Program Compensates for Training in Areas of Restricted Access**

	2013-2014 % Schools	2014-2015 % Schools
Training students in the simulation lab	81.3%	73.3%
Ensuring all students have access to sites that train them in this area	56.3%	66.7%
Training students in the classroom	56.3%	60.0%
Purchase practice software, such as SIM Chart	37.5%	33.3%
Other	12.5%	20.0%
<b>Number of schools that reported</b>	<b>16</b>	<b>15</b>

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

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

On October 15, 2015, there were 867 total nursing faculty<sup>7</sup> in the Inland Empire. Of these faculty, 29% (n=255) were full-time and 69% (n=596) were part-time. In addition, there were 55 vacant faculty positions in the region. This represents a 6% faculty vacancy rate overall (9.3% for full-time faculty and 4.6% for part-time faculty).

**Table 25. Faculty Census Data<sup>†</sup>, by Year**

	2006	2007*	2008	2009	2010	2011	2012	2013	2014*	2015*
<b>Total Faculty</b>	<b>319</b>	<b>452</b>	<b>521</b>	<b>530</b>	<b>624</b>	<b>709</b>	<b>985</b>	<b>871</b>	<b>830</b>	<b>867</b>
<i>Full-time</i>	156	223	228	252	264	278	371	314	295	255
<i>Part-time</i>	163	229	293	278	360	431	614	557	530	596
<b>Vacancy Rate**</b>	<b>3.0%</b>	<b>3.4%</b>	<b>4.90%</b>	<b>8.6%</b>	<b>7.1%</b>	<b>3.7%</b>	<b>5.2%</b>	<b>4.3%</b>	<b>8.3%</b>	<b>6.0%</b>
<i>Vacancies</i>	10	16	27	50	48	27	54	39	75	55

<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)

The majority of schools in the Inland Empire continue to report that their faculty work overloaded schedules. In 2014-2015, 60% (n=12) of schools reported that their faculty work an overloaded schedule, and all of these schools pay the faculty extra for the overloaded schedule.

**Table 26. 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	13	14	13	13	16	15	12
Share of schools that pay faculty extra for the overload	84.6%	85.7%	84.6%	92.3%	87.5%	93.3%	100.0%
<b>Total number of schools</b>	<b>19</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>21</b>	<b>20</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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Over the past decade, the number of Inland Empire pre-licensure nursing programs has almost doubled, from 14 programs in 2005-2006 to 22 programs in 2014-2015. The majority of programs in the region (68%) continue to be public.

New student enrollments among the region's programs more than doubled in the last ten years, and then declined in 2014-2015 due to the closure of one private program and reallocation of satellite program data to another region. In 2014-2015 Inland Empire programs reported a total of 1,635 spaces available for new students, which were filled with a total of 2,019 students. Nursing programs in the region have enrolled more students than were spaces available in eight of the past ten years. Of the 3,793 qualified applications received by programs in the region in 2014-2015, 53% enrolled.

In 2014-2015, programs in the region reported that 1,625 students completed their programs, about 62% more completions than reported ten years ago. At the time of the survey, 3% of recent graduates from Inland Empire nursing programs were unable to find employment in nursing, the lowest rate in the last six years.

Clinical simulation has become widespread in nursing education, with all nursing programs in the Inland Empire region reporting using it in some capacity. Slightly more than half of these programs (55%) plan have plans to increase staff dedicated to administering clinical simulation in their program in the coming year. In many content areas, some schools were increasing clinical hours in simulation while decreasing hours in, or re-allocating hours from, direct or non-direct patient care.

Forty percent of Inland Empire RN programs reported being denied access to clinical placement sites that were previously available to them and 75% of nursing schools in the Inland Empire reported that their students had faced restrictions to specific types of clinical practice during the 2014-2015 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty in the region has more than doubled in the past ten years, faculty hires are not keeping pace with growth of Inland Empire pre-licensure nursing programs. In 2015, 55 faculty vacancies were reported, representing a 6.0% faculty vacancy rate.

## APPENDICES

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### APPENDIX A – Inland Empire Nursing Education Programs

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#### *ADN Programs (13)*

Chaffey College  
College of the Desert  
Copper Mountain College  
CNI College  
Cypress College  
Golden West College  
Mount San Jacinto College  
Riverside City College  
Saddleback College

San Bernardino Valley College  
Santa Ana College  
Stanbridge College  
Victor Valley College

#### *BSN Programs (7)*

CSU Fullerton  
CSU San Bernardino  
California Baptist University  
Concordia University Irvine

Loma Linda University  
University of California Irvine  
Western Governors University

#### *ELM Programs (2)*

California Baptist University  
CSU Fullerton

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

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### **Members**

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Stephanie R. Robinson	Fresno City College
Paulina Van	Samuel Merritt University

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### **Ex-Officio Member**

Louise Bailey	California Board of Registered Nursing
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### **Project Manager**

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