
California Board of Registered Nursing

2015-2016 Annual School Report

Data Summary and Historical Trend Analysis

Los Angeles Area

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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 Los Angeles Area, which includes Los Angeles and Ventura 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. 2015-2016 reporting for the Los Angeles region may be affected by the change in reporting for satellite campus data.

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 2015-2016 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 2015-2016, the Los Angeles area had a total of 41 pre-licensure nursing programs – 25 ADN programs, 10 BSN programs and 6 ELM programs. This is a slight decrease from the prior year due to the closure of one BSN program and the transition of one ELM program to a BSN program. About three-quarters (73%) of all pre-licensure nursing programs in the Los Angeles Area are public. However, program growth in recent years has been driven by private schools.

Table 1. Number of Nursing Programs* by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Total nursing programs	39	39	40	40	42	41	41	40	42	41
ADN	24	24	24	24	25	24	24	24	25	25
BSN	9	9	10	10	10	10	10	9	10	10
ELM	6	6	6	6	7	7	7	7	7	6
Public	31	31	31	31	31	31	31	31	31	30
Private	8	8	9	9	11	10	10	9	11	11
Total number of schools	35	35	36	35	37	37	37	37	38	37

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

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.

The share of nursing programs that partner with another nursing school that offers a higher degree continues to increase. In 2015-2016, more than half of Los Angeles Area nursing programs (59%, n=24) collaborated with another program that offered a higher degree than offered at their own program which is a significant increase since 2006-2007 when only 4 programs reported this.

Table 2. Partnerships by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Programs that partner with another program that leads to a higher degree	4	2	4	5	11	13	18	19	25	24
Formal collaboration							33.3%	47.4%	60.0%	
Informal collaboration							66.7%	73.7%	64.0%	
Number of programs that reported	38	38	39	40	42	41	40	39	42	41

Note: Blank cells indicate the information was not requested

Admission Spaces and New Student Enrollments

There was an overall decline in the number of spaces available for new students in pre-licensure nursing programs in the region between 2008-2009 and 2013-2014. The number of admission spaces increased in 2014-2015 and 2015-2016 largely due to a change in the reporting of satellite campus data. In 2015-2016, nursing programs in the region reported a total of 4,549 spaces available. These spaces were filled with a total of 5,018 students, which represents the tenth consecutive year pre-licensure nursing programs in the Los Angeles Area enrolled more students than there were spaces available.

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Spaces available	3,828	3,821	4,128	3,898	3,919	3,596	3,674	3,329	4,554	4,549
New student enrollments	4,313	4,189	4,506	4,441	4,261	4,009	3,879	3,878	5,013	5,018
% Spaces filled with new student enrollments	112.7%	109.6%	109.2%	113.9%	108.7%	111.5%	105.6%	116.5%	110.1%	110.1%

[†] 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 Los Angeles Area continue to receive more applications requesting entrance into their programs than can be accommodated. Almost half (48%) of qualified applications were not able to enroll in 2015-2016.

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	7,963	9,183	10,187	11,284	10,737	10,446	9,631	7,842	9,228	9,635
ADN	6,264	6,735	7,723	7,456	6,687	5,626	5,477	4,325	4,976	5,296
BSN	1,137	1,991	1,703	2,711	3,138	3,674	3,244	2,568	3,173	3,525
ELM	562	457	761	1,117	912	1,146	910	949	1,079	814
% Qualified applications not enrolled	45.8%	54.4%	55.8%	60.6%	60.3%	61.6%	59.7%	50.5%	45.7%	48.0%

*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 student enrollments in the region reached a high of 4,506 in 2008-2009 and then declined until 2014-2015. Starting in 2014-2015, enrollments again increased largely due to changes in satellite campus data reporting. The number of new students enrolled in 2015-2016 (n=5,018) was virtually the same as the number of new students enrolled in 2014-2015 (n=5,013). The distribution of new enrollments by program type was 44% ADN (n=2,201), 49% BSN (n=2,467), and 7% ELM (n=350). New student enrollment was split at about 50/50 among the region's public and private programs in 2015-2016 compared to a 80/20 split ten years ago.

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
New student enrollment	4,313	4,189	4,506	4,441	4,261	4,009	3,879	3,878	5,013	5,018
ADN	3,417	3,223	3,407	2,823	2,604	2,422	2,240	2,228	2,231	2,201
BSN	610	701	802	1,293	1,248	1,291	1,246	1,318	2,363	2,467
ELM	286	265	297	325	409	296	393	332	419	350
Private	794	890	1,128	1,329	1,372	1,267	1,291	1,258	2,557	2,497
Public	3,519	3,299	3,378	3,112	2,889	2,742	2,588	2,620	2,456	2,521

† 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.

Ten programs (24%) reported that they enrolled fewer students in 2015-2016 compared to the previous year.

Table 6. Percent of Programs that Enrolled Fewer Students by Academic Year

Type of Program	2014-2015		2015-2016	
	Enrolled fewer	#of programs reporting	Enrolled fewer	#of programs reporting
ADN	29.2%	25	28.0%	25
BSN	0.0%	9	10.0%	10
ELM	42.9%	7	33.3%	6
Total	24.0%	41	24.4%	41

The most common reason programs gave for enrolling fewer students were “other” and “accepted students did not enroll”. Other responses included a variety of reasons.

Table 7. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	40.0%	50.0%
Other	40.0%	40.0%
Unable to secure clinical placements for all students	20.0%	10.0%
College/university / BRN requirement to reduce enrollment	20.0%	10.0%
Lost funding	20.0%	10.0%
Insufficient faculty		10.0%
To reduce costs	10.0%	0.0%
Number of programs that reported	10	10

Student Census Data

A total of 9,642 students were enrolled in one of the region's pre-licensure nursing programs as of October 15, 2016. The 2016 student census indicates that 42% (n=4,019) of students were enrolled in an ADN program, 52% (n=4,983) in a BSN program, and 7% (n=640) in an ELM program. There was an increase in both ADN and BSN programs over the last year; ELM programs had a decrease (11%, n=79).

Table 8. Student Census Data*† by Program Type by Year

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ADN	4,696	5,313	5,253	5,202	4,620	4,398	3,912	4,089	3,754	3,972	4,019
BSN	1,349	1,269	1,642	1,859	2,478	2,985	3,033	3,007	2,958	4,551	4,983
ELM	302	466	479	470	544	693	586	834	478	719	640
Total nursing students	6,347	7,048	7,374	7,531	7,642	8,076	7,531	7,930	7,190	9,242	9,642

*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

Student completions at Los Angeles Area pre-licensure nursing programs totaled 4,164 in 2015-2016 which is a ten year high and a 12% increase from 2014-2015. This was due to an increase in both ADN and BSN programs. The distribution of completions by program type in 2015-2016 was 44% ADN (n=1,821), 48% BSN (n=1,994), and 8% ELM (n=349).

Table 9. Student Completions† by Program Type by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	2,029	2,193	2,362	2,524	1,966	1,983	1,855	1,794	1,689	1,821
BSN	523	421	507	613	677	869	1,034	1,189	1,624	1,994
ELM	95	240	282	292	321	258	284	291	401	349
Total student completions	2,647	2,854	3,151	3,429	2,964	3,110	3,173	3,274	3,714	4,164

† 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

In 2015-2016 retention rates at nursing programs in the region continue to be the highest in the past decade while attrition rates have fluctuated over the years and have increased somewhat over the last two years, mainly due to the decrease in the number of students still enrolled. Of the 4,251 students scheduled to complete a Los Angeles Area nursing program in 2015-2016, 76% (n=3,247) completed the program on-time, 7% (n=280) are still enrolled in the program, and 17% (n=724) dropped out or were disqualified from the program.

Table 10. Student Retention and Attrition[†] by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Students scheduled to complete the program	2,899	3,355	3,563	3,327	3,248	2,990	3,323	3,299	4,388	4,251
Completed on time	1,917	2,335	2,599	2,494	2,364	2,187	2,447	2,516	3,405	3,247
Still enrolled	461	402	337	285	278	232	315	328	261	280
Total attrition	521	618	627	548	606	571	561	455	722	724
<i>Attrition-dropped out</i>									327	291
<i>Attrition-dismissed</i>									395	433
Completed late [‡]				239	156	156	246	387	330	163
Retention rate*	66.1%	69.6%	72.9%	75.0%	72.8%	73.1%	73.6%	76.3%	77.6%	76.4%
Attrition rate**	18.0%	18.4%	17.6%	16.5%	18.7%	19.1%	16.9%	13.8%	16.5%	17.0%
% Still enrolled	15.9%	12.0%	9.5%	8.6%	8.6%	7.8%	9.5%	9.9%	5.9%	6.6%

[‡] 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.

In 2015-2016 data for traditional and accelerated programs was combined beginning with 2010-2011. Since historical data was used for data prior to 2015-2016, there may be some slight discrepancies between reporting sources in data reported in years 2010-2011 to 2014-2015.

Attrition rates among the region's pre-licensure nursing programs vary by program type. Average attrition rates in the region are lowest among ELM programs (6%) and highest among ADN programs (19%). Average attrition rates have historically been lower among private programs in the region, but in recent years attrition rates in public programs have decreased while those in private programs have increased. In 2015-2016, private program attrition rates were higher than those in public programs (19% vs 16%).

Table 11. Attrition Rates by Program Type[†] by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	21.7%	22.4%	21.4%	20.5%	24.8%	24.8%	23.4%	19.6%	17.6%	19.0%
BSN	3.9%	4.2%	7.2%	8.0%	8.8%	6.8%	8.4%	8.1%	17.5%	17.1%
ELM	3.4%	4.5%	3.0%	3.3%	4.6%	8.1%	3.1%	2.3%	7.4%	6.1%
Private	2.5%	5.9%	6.4%	5.2%	6.8%	4.9%	9.4%	9.2%	17.9%	18.5%
Public	21.0%	22.0%	20.9%	18.7%	21.9%	22.2%	19.8%	16.2%	15.1%	15.8%

[†] 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.

Data for traditional and accelerated program tracks is now combined and reported here.

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates in the Los Angeles Area have fluctuated in all program types. In the past, BSN and ELM programs had higher pass rates than ADN programs. However, beginning in 2010-2011, ADN programs more consistently had higher pass rates. In 2015-2016, the highest average NCLEX pass rates were for ADN and BSN graduates. All programs had an increase in their average NCLEX pass rates in 2015-2016 in comparison to the previous year. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing rates for the subsequent years.

Table 12. First Time NCLEX Pass Rates* by Program Type by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
ADN	85.8%	85.6%	88.4%	89.4%	89.3%	90.4%	88.5%	82.9%	82.1%	85.7%
BSN	88.7%	86.0%	89.9%	89.5%	87.2%	88.9%	86.4%	76.2%	82.2%	87.1%
ELM	79.4%	89.8%	89.8%	87.9%	87.7%	88.1%	93.7%	76.4%	76.2%	77.2%

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

Employment of Recent Nursing Program Graduates³

While the share of recent nursing program graduates working in hospitals has shown an overall decline since its high of 94% of graduates in 2007-2008, hospitals continue to employ the greatest share of nursing program graduates in the Los Angeles Area. In 2015-2016, the region's programs reported that 57% of employed recent graduates were working in a hospital setting. Programs also reported that 5% of recent graduates had not found employment in nursing at the time of the survey—the lowest rate yet recorded for this region. Another 10% were pursuing additional nursing education. The majority of new graduates in the region (76%) continue to be employed in nursing in California.

Table 13. Employment Location for Recent Nursing Program Graduates[†] by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Hospital	85.6%	93.5%	81.5%	59.4%	56.6%	66.3%	58.4%	57.9%	54.4%	56.6%
Not yet licensed										15.7%
Pursuing additional nursing education							8.1%	8.4%	10.4%	10.2%
Unable to find employment				31.2%	21.6%	15.6%	13.9%	16.0%	9.8%	4.8%
Long-term care facilities	9.6%	1.2%	5.9%	7.4%	5.0%	5.7%	7.5%	7.2%	9.7%	3.9%
Other setting	6.4%	1.7%	11.1%	16.1%	8.0%	3.8%	1.9%	2.7%	5.7%	3.7%
Other healthcare facilities	3.6%	1.7%	6.3%	4.6%	3.6%	5.3%	4.3%	4.8%	5.1%	3.2%
Community/public health facilities	4.7%	1.9%	7.1%	3.4%	5.8%	3.2%	5.9%	3.5%	4.9%	2.5%
Employed in California	91.3%	91.6%	87.6%	80.7%	64.1%	70.1%	65.4%	66.6%	74.3%	75.7%

[†]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 2015-2016, on average, the employment setting was unknown for 16% 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. In 2015-2016, almost all (95%, n=39) of the Los Angeles Area nursing programs reported using clinical simulation. Fifteen (37%) of the 41 programs have plans to increase staff dedicated to administering clinical simulation in their programs in the next 12 months.

The content areas using the most hours of clinical simulation on average are Medical/Surgical (28.6) and Fundamentals (10.8). The largest proportion of clinical hours in all programs is in direct patient care (83%) followed by skills lab (10%) and simulation (7%).

Overall, programs reported slightly more clinical hours on average in 2015-2016 compared to 2014-2015. Programs reported many more hours on average in medical/surgical and geriatrics. Programs reported a slightly higher proportion of clinical hours allocated to direct patient care than in the prior year, and slightly less to skills lab while clinical simulation remained about the same.

Table 14. Average Hours Spent in Clinical Training by Content Area and Academic Year

Content Area	Direct Patient Care		Skills Lab		Clinical Simulation		All Clinical Hours	
	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
Medical/Surgical	278.8	322.6	35.6	33.3	24.9	28.6	338.4	384.4
Fundamentals	82.1	73.0	37.4	44.8	9.5	10.8	128.9	128.6
Obstetrics	73.3	73.4	9.0	5.6	18.4	8.0	100.7	86.8
Pediatrics	74.7	74.0	7.7	5.0	5.4	5.9	87.8	84.7
Geriatrics	56.4	79.6	7.2	3.8	3.0	5.4	65.0	88.7
Psychiatry/Mental Health	74.3	80.8	7.1	4.2	4.6	3.3	86.0	88.3
Leadership/Management	67.4	65.4	3.6	1.6	1.8	2.7	72.8	69.7
Other	46.1	26.3	1.2	1.6	0.8	0.7	46.9	28.6
Total average clinical hours	750.4	795.0	107.8	99.5	68.4	65.3	926.6	959.7
Percent of clinical hours	81.0%	82.8%	11.6%	10.4%	7.4%	6.8%	100.0%	100.0%
Number of programs that reported	38	40	38	40	38	40	38	40

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.

All three programs allotted the largest percentage of clinical hours to direct patient care while allotting less time to skills lab and clinical simulation. While the programs were similar in their allocation of direct patient care hours (83-84%), ADN programs allocated the most time to skills labs (11%), while ELM programs the most time to simulation (9%).

Table 15. Average Hours Spent in Clinical Training by Program Area and Content Type, 2015-2016

Content Area	Direct Patient Care			Skills lab			Clinical Simulation			Total Average Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	359.2	270.9	243.0	38.2	23.5	28.2	25.3	27.0	47.8	422.8	321.4	319.0
Fundamentals	80.9	59.2	61.0	50.6	37.7	29.6	9.7	13.2	11.6	141.3	110.1	102.2
Obstetrics	71.3	72.4	85.6	6.4	4.4	4.0	9.0	4.9	9.2	86.7	82.0	98.8
Pediatrics	72.2	72.8	85.2	4.7	5.1	6.0	6.0	4.7	7.6	82.9	80.6	93.4
Geriatrics	79.6	77.9	82.8	2.7	6.2	4.0	5.2	6.4	4.4	87.4	90.5	91.2
Psychiatry/ mental health	81.9	75.1	87.0	4.8	3.2	2.8	3.6	2.3	3.6	90.3	81.2	98.8
Leadership/ management	53.7	71.3	112.2	1.6	1.0	2.4	1.9	4.8	2.8	57.2	77.1	117.4
Other	10.6	69.7	18.0	1.0	4.0	0.0	0.0	2.6	0.0	11.6	76.3	18.0
Total average clinical hours	809.4	769.2	774.8	110.1	84.1	77.0	60.7	65.9	87.0	980.1	919.1	938.8
Number of programs that reported	25	10	5	25	10	5	25	10	5	25	10	5

In the 2015-2016 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. A small percentage of schools reported plans to decrease hours in all categories except geriatrics and “other”, and another small percentage reported plans to increase hours in fundamentals, medical/surgical, geriatrics, and leadership/management.

Table 16. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type*, 2015-2016

Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct patient care	5.3%	84.2%	7.9%
Skills lab	8.6%	74.3%	8.6%
Clinical simulation	2.8%	80.6%	13.9%
All clinical hours	5.4%	86.5%	8.1%
Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	2.6%	89.5%	5.3%
Skills lab	2.8%	88.9%	2.8%
Clinical simulation	2.8%	86.1%	8.3%
All clinical hours	2.7%	91.9%	5.4%
Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	5.3%	92.1%	0.0%
Skills lab	2.9%	88.6%	0.0%
Clinical simulation	2.8%	88.9%	2.8%
All clinical hours	5.4%	91.9%	0.0%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	7.9%	92.1%	0.0%
Skills lab	5.7%	85.7%	0.0%
Clinical simulation	5.6%	83.3%	5.6%
All clinical hours	5.4%	94.6%	0.0%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	89.5%	2.6%
Skills lab	0.0%	82.9%	2.9%
Clinical simulation	0.0%	88.9%	2.8%
All clinical hours	0.0%	91.9%	2.7%

Table 16. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type*, 2015-2016 (Continued)

Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	8.1%	78.4%	5.4%
Skills lab	2.9%	79.4%	2.9%
Clinical simulation	2.9%	77.1%	5.7%
All clinical hours	5.6%	86.1%	2.8%
Other	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	77.8%	0.0%
Skills lab	0.0%	50.0%	0.0%
Clinical simulation	0.0%	57.1%	0.0%
All clinical hours	0.0%	75.0%	0.0%

*Totals do not always sum to 100% because some programs answered “not applicable” or “unknown”.

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. Only two programs reported reasons for reducing clinical hours. Reasons reported included being unable to find sufficient clinical space, students can meet learning objectives in less time, insufficient clinical faculty, or “other”, which included curriculum redesign.

Table 17. Why Program is Reducing Clinical Hours by Academic Year

	2014-2015	2015-2016
Insufficient clinical faculty	8.3%	50.0%
Other	16.7%	50.0%
Can teach required content/ Students can meet learning objectives in less time	8.3%	50.0%
Unable to find sufficient clinical space	16.7%	50.0%
Funding issues or unavailable funding		0.0%
Total reporting	12	2

Note: Black cells indicate that the applicable information was not requested in the given year.

Clinical Space & Clinical Practice Restrictions⁵

The number of Los Angeles Area nursing programs that reported being denied access to a clinical placement, unit or shift has decreased since the high of 30 in 2011-2012, with 17 (43%) of programs reporting that they were denied access in 2015-2016. Only 53% (n=9) of the programs that were denied access were offered an alternative by the clinical site, resulting in a loss of 54 clinical placements, units, and shifts, which affected 339 students.

Table 18. RN Programs Denied Clinical Space by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Number of programs denied a clinical placement, unit or shift	26	30	26	22	24	17
Programs offered alternative by site*					10	9
Placements, units or shifts lost*					60	54
Number of programs that reported	40	40	41	41	40	39
Total number of students affected	564	334	504	548	639	339

*Significant changes to these questions beginning with the 2014-2015 administration prevent comparison of the data to prior years.

In addition, 17 programs reported that there were fewer students allowed for clinical placements, units or shifts in 2015-2016 than in the prior year.

Table 19. RN Programs That Reported Fewer Students Allowed for Clinical Space by Academic Year

	2014- 2015	2015- 2016
ADN	9	12
BSN	5	3
ELM	4	2
All Programs	18	17

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 may not be shown.

Overall, competition for space arising from an increase in the number of nursing students, displacement by another program, and nurse residency programs were the most frequently reported reasons why Los Angeles Area programs were denied clinical space.

Table 20. Reasons for Clinical Space Being Unavailable by Academic Year

	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Competition for clinical space due to increase in number of nursing students in region	63.0%	61.5%	50.0%	53.8%	36.4%	64.7%	70.6%
Displaced by another program	55.6%	42.3%	36.7%	46.2%	50.0%	58.8%	41.2%
Nurse residency programs	37.0%	26.9%	23.3%	15.4%	22.7%	17.6%	41.2%
Staff nurse overload or insufficient qualified staff	48.2%	34.6%	43.3%	53.8%	31.8%	58.8%	35.3%
Clinical facility seeking magnet status	29.6%	0.0%	16.7%	19.2%	13.6%	23.5%	29.4%
Visit from Joint Commission or other accrediting agency				19.2%	9.1%	35.3%	29.4%
Change in facility ownership/management		11.5%	13.3%	26.9%	9.1%	41.2%	29.4%
No longer accepting ADN students	22.2%	19.2%	16.7%	15.4%	36.4%	41.2%	23.5%
Closure, or partial closure, of clinical facility		26.9%	30.0%	30.8%	22.7%	17.6%	23.5%
Implementation of Electronic Health Records system				19.2%	22.7%	23.5%	17.6%
Decrease in patient census	33.3%	34.6%	33.3%	34.6%	22.7%	35.3%	11.8%
Other	29.6%	15.4%	13.3%	11.5%	18.2%	23.5%	5.9%
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%	5.9%	0.0%
Facility moving to a new location					4.5%	0.0%	0.0%
Number of programs that reported	27	26	30	26	22	17	17

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

Reasons for clinical space being unavailable vary by program type. In 2015-2016, ADN programs reported the competition for clinical space due to increase in the number of nursing programs in region and displaced by another program as the predominant reasons for unavailable clinical space. BSN programs reported staff nurse overload or insufficient qualified staff as the primary reason for clinical space being unavailable. ELM programs reported a range of reasons for clinical space being unavailable.

Table 21. Reasons for Clinical Space Being Unavailable by Program Type 2015-2016

	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	81.8%	50.0%	50.0%	70.6%
Displaced by another program	45.5%	25.0%	50.0%	41.2%
Nurse residency programs	36.4%	50.0%	50.0%	41.2%
Staff nurse overload or insufficient qualified staff	18.2%	75.0%	50.0%	35.3%
Visit from Joint Commission or other accrediting agency	18.2%	50.0%	50.0%	29.4%
Change in facility ownership/management	36.4%	25.0%	0.0%	29.4%
Clinical facility seeking magnet status	36.4%	25.0%	0.0%	29.4%
No longer accepting ADN students	27.3%	25.0%	0.0%	23.5%
Closure, or partial closure, of clinical facility	9.1%	50.0%	50.0%	23.5%
Implementation of Electronic Health Records system	9.1%	50.0%	0.0%	17.6%
Decrease in patient census	0.0%	50.0%	0.0%	11.8%
Other	9.1%	0.0%	0.0%	5.9%
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%
Number of programs that reported	11	4	2	17

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. The most frequently reported strategy (88%) was to replace the lost clinical space at a different site currently being used by the program. Other common strategies reported were adding or replacing lost space with a new site (33%), and replacing lost space at the same clinical site (33%).

Table 22. Strategies to Address the Loss of Clinical Space by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Replaced lost space at different site currently used by nursing program	60.0%	69.2%	63.6%	75.0%	77.8%
Added/replaced lost space with new site	40.0%	42.3%	50.0%	45.8%	33.3%
Replaced lost space at same clinical site	40.0%	38.5%	54.5%	37.5%	33.3%
Clinical simulation	13.3%	23.1%	27.3%	29.2%	22.2%
Reduced student admissions	10.0%	0.0%	9.1%	0.0%	5.6%
Other	13.3%	7.7%	4.5%	0.0%	5.6%
Number of programs that reported	30	26	22	24	18

Seventeen percent (n=7) of nursing programs in the Los Angeles Area reported an increase in out-of-hospital clinical placements in 2015-2016. Skilled nursing/rehabilitation facilities, public health agencies, outpatient mental health/substance abuse, and home health agencies were the most frequently reported alternative sites. Hospice, urgent care, correctional facilities, and dialysis units were uncommon alternative placements for programs in the region.

Table 23. Alternative Out-of-Hospital Clinical Sites Used by RN Programs by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Home health agency/home health service	36.4%	28.6%	66.7%	22.2%	11.1%	42.9%
Outpatient mental health/substance abuse	27.3%	28.6%	16.7%	33.3%	11.1%	42.9%
Public health or community health agency	54.5%	42.9%	50.0%	55.6%	33.3%	42.9%
Skilled nursing/rehabilitation facility	45.5%	42.9%	50.0%	66.7%	33.3%	42.9%
School health service (K-12 or college)	18.2%	42.9%	0.0%	44.4%	33.3%	28.6%
Surgery center/ambulatory care center	27.3%	21.4%	50.0%	22.2%	22.2%	28.6%
Case management/disease management	9.1%	14.3%	16.7%	11.1%	22.2%	14.3%
Medical practice, clinic, physician office	18.2%	35.7%	33.3%	44.4%	33.3%	14.3%
Occupational health or employee health service	9.1%	21.4%	0.0%	0.0%	0.0%	14.3%
Correctional facility, prison or jail	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%
Hospice	18.2%	21.4%	0.0%	22.2%	22.2%	0.0%
Other	0.0%	21.4%	33.3%	11.1%	11.1%	0.0%
Renal dialysis unit	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Urgent care, not hospital-based	27.3%	28.6%	0.0%	11.1%	0.0%	0.0%
Number of programs that reported	11	14	6	9	9	7

More than half (68%, n=25) of Los Angeles Area nursing 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 an accrediting agency, bar coding medication administration, and electronic medical records. Schools reported that it was uncommon to have students face restrictions to alternative settings due to direct communication with the health care team.

Table 24. 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	2015-2016
Clinical site due to visit from accrediting agency (Joint Commission)	63.0%	70.8%	75.0%	84.6%	73.1%	69.0%	80.0%
Bar coding medication administration	77.8%	54.2%	64.3%	76.9%	53.8%	58.6%	68.0%
Electronic Medical Records	74.1%	41.7%	64.3%	69.2%	73.1%	75.9%	64.0%
Automated medical supply cabinets	51.9%	29.2%	32.1%	50.0%	53.8%	41.4%	52.0%
Student health and safety requirements		37.5%	50.0%	53.8%	57.7%	51.7%	48.0%
IV medication administration	29.6%	29.2%	42.9%	23.1%	30.8%	31.0%	48.0%
Some patients due to staff workload		16.7%	25.0%	23.1%	30.8%	27.6%	24.0%
Alternative setting due to liability	25.9%	12.5%	25.0%	11.5%	19.2%	24.1%	24.0%
Glucometers	29.6%	12.5%	25.0%	30.8%	26.9%	31.0%	20.0%
Direct communication with health team	11.1%	0.0%	17.9%	26.9%	7.7%	10.3%	12.0%
Number of schools that reported	27	24	28	26	26	29	25

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 primarily due to insufficient time to train students (82%) and clinical site staff still learning the system (64%). These were also the two primary reasons during the last two years. Insufficient time to train students and staff fatigue/burnout were more commonly cited in 2015-2106 than in prior years.

Schools reported that students were restricted from using medication administration systems primarily due to liability (45%) and insufficient time to train students (40%), which were also top reasons the prior year.

Table 25. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration by Academic Year

	Electronic Medical Records			Medication Administration		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
Liability	45.5%	44.0%	40.9%	45.0%	63.6%	45.0%
Insufficient time to train students	50.0%	64.0%	81.8%	35.0%	40.9%	40.0%
Staff fatigue/burnout	22.7%	24.0%	45.5%	25.0%	18.2%	30.0%
Staff still learning and unable to assure documentation standards are being met	54.5%	68.0%	63.6%	45.0%	13.6%	20.0%
Cost for training	18.2%	16.0%	18.2%	15.0%	13.6%	15.0%
Patient confidentiality	27.3%	12.0%	18.2%	20.0%	4.5%	5.0%
Other	18.2%	4.0%	9.1%	15.0%	4.5%	0.0%
Number of schools that reported	22	25	22	20	22	20

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 Los Angeles Area compensate for training in areas of restricted student access by providing training in simulation lab (96%) or in the classroom (63%).

Table 26. How the Nursing Program Compensates for Training in Areas of Restricted Access by Academic Year

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools
Training students in the simulation lab	76.9%	96.4%	95.8%
Training students in the classroom	61.5%	50.0%	62.5%
Ensuring all students have access to sites that train them in this area	38.5%	39.3%	50.0%
Purchase practice software, such as SIM Chart	34.6%	39.3%	41.7%
Other	19.2%	10.7%	16.7%
Number of schools that reported	26	28	24

Faculty Census Data⁶

While the number of nursing faculty in the region had increased by 42% (n=395) between 2008 and 2016, the dramatic increase in faculty is largely due to a change in reporting. In 2015-2016, there were 1,339 total nursing faculty⁷ at pre-licensure nursing programs in the Los Angeles Area; 36% (n=499) were full-time and 64% (n=873) were part-time. The need for faculty continues to outpace the number of active faculty. In 2015-2016, there were 112 vacant faculty positions in the region, which represents a 7.7% faculty vacancy rate overall (11.7% for full-time faculty and 5% for part-time faculty), one of the highest vacancy rates in ten years, although slightly lower than the prior two years.

Table 27. Faculty Census Data[†] by Year

	2007*	2008	2009	2010	2011	2012	2013	2014*	2015*	2016*
Total faculty	990	944	1,041	1,015	1,103	1,076	1,168	1,177	1,402	1,339
<i>Full-time</i>	387	389	427	398	450	435	455	442	507	499
<i>Part-time</i>	593	555	614	617	653	641	713	728	894	873
Vacancy rate**	7.3%	6.6%	4.4%	5.9%	5.8%	6.4%	4.7%	8.9%	8.7%	7.7%
<i>Vacancies</i>	78	67	48	64	68	73	57	115	134	112

[†] 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 2015-2016, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. 38% (n=14) of 36 schools responding agreed. These 14 schools were asked to rank the reason for this shift.

The top ranked reasons were non-competitive salaries for full-time faculty, “other”, and shortage of RNs applying for full time faculty positions.

Table 28. Reasons for Hiring More Part-time Faculty 2015-2016

	Average rank*	Programs reporting
Non-competitive salaries for full time faculty	2.3	11
Other	2.3	4
Shortage of RNs applying for full time faculty positions	2.3	10
Insufficient number of full time faculty applicants with required credential	3.2	10
Insufficient budget to afford benefits and other costs of FT faculty	3.7	9
Need for part-time faculty to teach specialty content	4.8	9
Private, state university or community college laws, rules or policies	5.4	7
Need for faculty to have time for clinical practice	5.7	7
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.0	8
To allow for flexibility with respect to enrollment changes	7.0	6

*The lower the ranking, the greater the importance of the reason (1 has the highest importance and 10 has the lowest importance.)

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.

The majority of schools in the Los Angeles Area continue to report that their faculty work overloaded schedules. In 2015-2016, 65% (n=24) of schools reported that their faculty work an overloaded schedule, and 95.8% of these schools pay the faculty extra for the overloaded schedule.

Table 29. Faculty with Overloaded Schedules by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Schools with overloaded faculty	23	25	24	26	28	28	23	24
Share of schools that pay faculty extra for the overload	95.7%	92.0%	95.8%	96.2%	100.0%	100.0%	100.0%	95.8%
Total number of schools	36	34	37	37	37	37	38	37

Summary

The number of pre-licensure nursing programs in the Los Angeles Area has remained about the same over the last ten years. In 2015-2016, the region had a total of 41 pre-licensure nursing programs. The share of nursing programs that partner with another nursing school that offers a higher degree was about the same as the previous year. In 2015-2016, more than half of Los Angeles Area nursing programs (59%, n=24) collaborated with another program that offered a higher degree than offered at their own program.

Although the prior four years show an overall decline in the number of spaces available for new students in pre-licensure nursing programs in the region, there was an increase in 2014-2015 due to a change in how satellite campus data are reported. Programs in the region continue to receive more applications than spaces available and to enroll more students than they have space for. In 2015-2016, nursing programs in the region reported a total of 9,635 applications for 4,549 available spaces. These spaces were filled with a total of 5,018 students. Nearly a quarter of schools reported enrolling fewer students than in the previous year (24%).

Pre-licensure nursing programs in the Los Angeles Area reported 4,164 student completions in 2015-2016, 57% more than the 2,647 completions reported ten years ago. Retention rates in the region have improved somewhat over the last two years, which indicates a steady supply of new graduate nurses. At the time of the survey, 5% of recent graduates were unable to find employment in nursing. This share is a decrease compared to the previous year, and much lower than the 31% of graduates unable to find employment in 2009-2010. The majority (76%) of new graduates in the region continue to be employed in nursing in California.

Forty of the 41 Los Angeles area programs reported using clinical simulation. A little over one-third (37%, n=15) reported plans to increase staff dedicated to administering clinical simulation in the next 12 months. In many content areas, at least some schools were reallocating clinical hours to or increasing clinical hours in simulation. The importance of clinical simulation is underscored by data showing that more than half (68%, n=25) of schools in the Los Angeles area encountered restrictions to clinical practice imposed on them by clinical facilities.

The number of nursing programs in the region that reported being denied access to a clinical placement, unit or shift has decreased from a high of 30 in 2011-2012 to 17 in 2015-2016. During the same year, seven programs in the region (17%) reported an increase in out-of-hospital clinical placements.

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 has increased by 42% in the last eight years, faculty hires have not kept pace with the growth in Los Angeles Area pre-licensure nursing programs. In 2015-2016, there were 112 vacant faculty positions in the region, which represents a 7.7% faculty vacancy rate overall (11.7% for full-time faculty and 5.0% for part-time faculty). The growth in the number of faculty has been partially driven by an increase in the number of part-time faculty. 38% of schools reported hiring more part-time faculty over the last five years than previously.

APPENDICES

APPENDIX A – Los Angeles Area Nursing Education Programs

ADN Programs (25)

American Career College	Los Angeles Southwest College
Antelope Valley College	Los Angeles Trade-Tech College
Cerritos College	Los Angeles Valley College
Citrus College	Moorpark College
College of the Canyons	Mount Saint Mary's University
East Los Angeles College	Mount San Antonio College
El Camino College	Pasadena City College
El Camino College – Compton Center	Rio Hondo College
Glendale Community College	Santa Monica College
Long Beach City College	Shepherd University
Los Angeles City College	Ventura College
Los Angeles County College of Nursing & Allied Health	
Los Angeles Harbor College	
Los Angeles Pierce College	

BSN Programs (10)

American University of Health Sciences

Azusa Pacific University
Biola University
CSU Channel Islands
CSU Long Beach
CSU Los Angeles*
CSU Northridge
Mount Saint Mary's University Los Angeles
University of California, Los Angeles
West Coast University

ELM Programs (6)

Azusa Pacific University
CSU Dominguez Hills
CSU Long Beach
Charles R. Drew University of Medicine and Science
University of California Los Angeles
Western University of Health Sciences

*New program

APPENDIX B – BRN Education Issues Workgroup Members

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