
California Board of Registered Nursing

2014-2015 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. 2014-2015 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 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

The number of pre-licensure nursing programs in the Los Angeles Area has increased by 24% (n=8) over the last ten years. In 2014-2015, the region had a total of 42 pre-licensure nursing programs – 25 ADN programs, 10 BSN programs and 7 ELM programs. About three-quarters (74%) 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

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Total nursing programs	34	39	39	40	40	42	41	41	40	42
ADN	23	24	24	24	24	25	24	24	24	25
BSN	6	9	9	10	10	10	10	10	9	10
ELM	5	6	6	6	6	7	7	7	7	7
Public	27	31	31	31	31	31	31	31	31	31
Private	7	8	8	9	9	11	10	10	9	11
Total number of schools	30	35	35	36	35	37	37	37	37	38

*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 2014-2015, more than half of Los Angeles Area nursing programs (60%, n=25) collaborated with another program that offered a higher degree than offered at their own program. While the majority of these collaborations are informal, a growing number of programs in the region have both formal and informal collaborations.

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	4	2	4	5	11	13	18	19	25
Formal collaboration								33.3%	47.4%	60.0%
Informal collaboration								66.7%	73.7%	64.0%
Number of programs that reported	34	38	38	39	40	42	41	40	39	42

*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

The last four years up to 2013-2014 show an overall decline in the number of spaces available for new students in pre-licensure nursing programs in the region. In 2014-2015, nursing programs in the region reported a total of 4,554 spaces available—an increase largely due to the change in reporting satellite campus data. These spaces were filled with a total of 5,013 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

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Spaces available	3,448	3,828	3,821	4,128	3,898	3,919	3,596	3,674	3,329	4,554
New student enrollments	3,773	4,313	4,189	4,506	4,441	4,261	4,009	3,879	3,878	5,013
% Spaces filled with new student enrollments	109.4%	112.7%	109.6%	109.2%	113.9%	108.7%	111.5%	105.6%	116.5%	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. Nearly half (46%) 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
Qualified applications	8,380	7,963	9,183	10,187	11,284	10,737	10,446	9,631	7,842	9,228
ADN	6,723	6,264	6,735	7,723	7,456	6,687	5,626	5,477	4,325	4,976
BSN	1,280	1,137	1,991	1,703	2,711	3,138	3,674	3,244	2,568	3,173
ELM	377	562	457	761	1,117	912	1,146	910	949	1,079
% Qualified applications not enrolled	55.0%	45.8%	54.4%	55.8%	60.6%	60.3%	61.6%	59.6%	50.5%	45.7%

*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 had been declining over the past seven years since the high of 4,506 in 2008-2009. In 2014-2015, programs in the region enrolled 5,013 new students, an increase largely related to changes in satellite campus data reporting. The distribution of new enrollments by program type was 45% ADN (n=2,231), 47% BSN (n=2,363), and 8% ELM (n=419). New student enrollment among the region's public programs accounted for 49% (n=2,456) of the total new student enrollments in 2014-2015.

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

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
New student enrollment	3,773	4,313	4,189	4,506	4,441	4,261	4,009	3,879	3,878	5,013
ADN	2,991	3,417	3,223	3,407	2,823	2,604	2,422	2,240	2,228	2,231
BSN	610	610	701	802	1,293	1,248	1,291	1,246	1,318	2,363
ELM	172	286	265	297	325	409	296	393	332	419
Private	750	794	890	1,128	1,329	1,372	1,267	1,291	1,258	2,557
Public	3,023	3,519	3,299	3,378	3,112	2,889	2,742	2,588	2,620	2,456

† 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 2014-2015 compared to the previous year.

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

Type of Program	ADN	BSN	ELM	Total
Enrolled fewer	29.2%	0.0%	42.9%	24.0%
Did not enroll fewer	70.8%	100.0%	57.1%	76.0%
Number of programs that reported	25	9	7	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 5.2. Reasons for Enrolling Fewer Students

	% of programs
Accepted students did not enroll	40.0%
Other	40.0%
Lost funding	20.0%
College/university / BRN requirement to reduce enrollment	20.0%
Insufficient faculty	20.0%
Unable to secure clinical placements for all students	20.0%
To reduce costs	10.0%
Program discontinued	10.0%
Lack of qualified applicants	0.0%
Number of programs that reported	10

Student Census Data

A total of 9,242 students were enrolled in one of the region's pre-licensure nursing programs as of October 15, 2015. The 2015 student census indicates that 43% (n=3,972) of students were enrolled in an ADN program, 49% (n=4,551) in a BSN program, and 8% (n=719) in an ELM program. There was an increase in every program type over the last year, with the largest in BSN due to changes in reporting satellite campus data.

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

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

*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 3,714 in 2014-2015. The distribution of completions by program type in 2014-2015 was 46% ADN (n=1,689), 44% BSN (n=1,624), and 11% ELM (n=401).

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	1,789	2,029	2,193	2,362	2,524	1,966	1,983	1,855	1,794	1,689
BSN	421	523	421	507	613	677	869	1,034	1,189	1,624
ELM	67	95	240	282	292	321	258	284	291	401
Total student completions	2,277	2,647	2,854	3,151	3,429	2,964	3,110	3,173	3,274	3,714

† 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 three years with the retention rate declining slightly from a high of 19% in 2010-2011. Of the 4,275 students scheduled to complete a Los Angeles Area nursing program in 2014-2015, 77% (n=3,273) completed the program on-time, 6% (n=259) are still enrolled in the program, and 17% (n=743) dropped out or were disqualified from the program.

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

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Students scheduled to complete the program	2,531	2,899	3,204	3,481	3,213	3,094	2,860	3,150	3,172	4,275
Completed on time	1,672	1,917	2,206	2,525	2,394	2,253	2,057	2,307	2,339	3,273
Still enrolled	418	461	397	337	284	254	232	296	381	259
Total attrition	441	521	601	619	535	587	571	547	452	743
<i>Attrition-dropped out</i>										337
<i>Attrition-dismissed</i>										406
Completed late [‡]					231	161	153	243	404	326
Retention rate*	66.1%	66.1%	68.9%	72.5%	74.5%	72.8%	71.9%	73.2%	73.7%	76.6%
Attrition rate**	17.4%	18.0%	18.8%	17.8%	16.7%	19.0%	20.0%	17.4%	14.2%	17.4%
% Still enrolled	16.5%	15.9%	12.4%	9.7%	8.8%	8.2%	8.1%	9.4%	12.0%	6.1%

[‡] 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.

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 (7%) and highest among BSN programs (20%). 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 2014-2015, private program attrition rates were higher than those in public programs (20% vs.16%).

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	18.5%	21.7%	22.3%	21.5%	20.5%	24.8%	24.8%	23.4%	19.6%	17.6%
BSN	12.4%	3.9%	4.9%	6.6%	7.3%	8.0%	8.4%	8.4%	8.8%	19.6%
ELM	8.3%	3.4%	4.5%	3.0%	3.3%	4.6%	8.1%	3.1%	2.3%	7.4%
Private	20.3%	2.5%	6.7%	6.0%	3.7%	5.1%	6.2%	9.4%	9.5%	19.5%
Public	17.1%	21.0%	21.9%	21.1%	18.8%	22.1%	22.3%	20.1%	16.7%	15.5%

*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

Retention and attrition rates in the region's accelerated programs have varied over the last eight years. In 2014-2015, the region's average retention rate for accelerated programs was 82% and the attrition rate was 6%. Compared to traditional programs in the region, accelerated programs have higher average retention rates and lower average attrition rates.

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
Students scheduled to complete the program	151	82	114	154	130	173	177	311
Completed on time	129	74	100	111	130	140	157	255
Still enrolled	5	0	1	24	0	19	7	18
Total attrition	17	8	13	19	0	14	13	38
<i>Attrition-dropped out</i>								11
<i>Attrition-dismissed</i>								27
Completed late‡			17	0	4	6	26	29
Retention rate**	85.4%	90.2%	87.7%	72.1%	100.0%	80.9%	88.7%	82.0%
Attrition rate***	11.3%	9.8%	11.4%	12.3%	0.0%	8.1%	7.3%	12.2%
% Still enrolled	3.3%	0.0%	0.9%	15.6%	0.0%	11.0%	4.0%	5.8%

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

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

*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 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 2014-2015, the highest average NCLEX pass rates were for ADN and BSN graduates. BSN programs had an increase in their average NCLEX pass rates in 2014-2015 in comparison to the previous year. ELM and ADN programs' pass rates stayed relatively the same. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing rates since that time.

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	83.5%	85.8%	85.6%	88.4%	89.4%	89.3%	90.4%	88.5%	82.9%	82.1%
BSN	84.1%	88.7%	86.0%	89.9%	89.5%	87.2%	88.9%	86.4%	76.2%	82.2%
ELM	92.3%	79.4%	89.8%	89.8%	87.9%	87.7%	88.1%	93.7%	76.4%	76.2%

*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 2014-2015, the region's programs reported that 54% of employed recent graduates were working in a hospital setting. Programs also reported that 10% 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, which is an increase over the prior two years. The majority of new graduates in the region (74%) continue to be employed in nursing in California.

Table 12. Employment Location for Recent Nursing Program Graduates[†], by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Hospital	75.6%	85.6%	93.5%	81.5%	59.4%	56.6%	66.3%	58.4%	57.9%	54.4%
Pursuing additional nursing education [†]								8.1%	8.4%	10.4%
Unable to find employment					31.2%	21.6%	15.6%	13.9%	16.0%	9.7%
Long-term care facilities	1.5%	9.6%	1.2%	5.9%	7.4%	5.0%	5.7%	7.5%	7.2%	4.9%
Other	20.2%	6.4%	1.7%	11.1%	16.1%	8.0%	3.8%	1.9%	2.7%	5.1%
Community/public health facilities	1.1%	4.7%	1.9%	7.1%	3.4%	5.8%	3.2%	5.9%	3.5%	5.7%
Other healthcare facilities	1.6%	3.6%	1.7%	6.3%	4.6%	3.6%	5.3%	4.3%	4.8%	9.8%
Employed in California	70.5%	91.3%	91.6%	87.6%	80.7%	64.1%	70.1%	65.4%	66.6%	74.3%

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

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

³ Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2014-2015, on average, the employment setting was unknown for 11% 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. Almost all (90%, n=38) of the Los Angeles Area nursing programs reported using clinical simulation in 2014-2015. Thirteen (31%) of the 42 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 (24.9) and Obstetrics (18.4). The largest proportion of clinical hours in all programs is in direct patient care (81%) followed by non-direct patient care (12%) and simulation (7%).

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	278.8	35.6	24.9	338.4
Fundamentals	82.1	37.4	9.5	128.9
Obstetrics	73.3	9.0	18.4	100.7
Pediatrics	74.7	7.7	5.4	87.8
Geriatrics	56.4	7.2	3.0	65.0
Psychiatry/mental health	74.3	7.1	4.6	86.0
Leadership/management	67.4	3.6	1.8	72.8
Other	46.1	1.2	0.8	46.9
Total average clinical hours	750.4	107.8	68.4	926.6
Percent of clinical hours	81.0%	11.6%	7.4%	100.0%
Number of programs that reported	38	38	38	38

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.

ELM programs allot the largest percentage of clinical hours (86% compared to 81% overall) to direct patient care activities. BSN programs allocated comparatively more time to non-direct patient care (21% compared to 12% overall), while ADN programs allocated the most time to simulation activities (9% compared to 7% 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	306.2	256.6	214.1	25.9	72.3	24.4	27.5	17.0	25.6	358.4	345.9	264.1
Fundamentals	90.5	75.1	62.6	40.2	44.1	20.4	10.1	8.7	8.1	140.8	127.9	91.1
Pediatrics	72.4	72.9	85.3	5.2	18.4	3.6	5.4	3.6	7.7	85.0	94.9	79.3
Obstetrics	69.5	74.4	86.2	7.1	19.2	3.3	27.3	2.8	7.2	82.9	94.1	96.6
Psychiatry/ Mental Health	75.8	72.1	69.2	4.9	18.0	2.0	4.3	2.4	8.1	103.9	94.9	96.6
Geriatrics	53.0	66.3	55.7	2.4	21.5	6.6	2.3	3.8	5.0	55.3	91.5	66.6
Leadership/ Management	60.8	54.9	103.6	2.0	11.3	0.0	2.2	1.0	1.1	65.0	67.1	104.7
Other	32.4	54.7	79.7	1.2	2.3	0.0	0.2	2.3	1.3	33.8	59.3	81.0
Total Average Clinical Hours	756.7	727.0	756.5	87.7	207.1	60.3	79.3	41.5	63.4	923.6	975.6	880.1
Number of programs that reported	23	8	7	23	8	7	23	8	7	23	8	7

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. Only in pediatrics, psychiatry/mental health, and leadership/management did any programs report plans to decrease clinical 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	2.4%	97.6%	0.0%
Non-direct patient care	7.1%	90.5%	2.4%
Clinical simulation	0.0%	90.5%	9.5%
All clinical hours	0.0%	97.6%	2.4%
Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct patient care	4.8%	83.3%	11.9%
Non-direct patient care	7.1%	85.7%	7.1%
Clinical simulation	0.0%	76.2%	23.8%
All clinical hours	0.0%	88.1%	11.9%

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

Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	4.8%	95.2%	0.0%
Non-direct patient care	4.8%	95.2%	0.0%
Clinical simulation	0.0%	88.1%	11.9%
All clinical hours	0.0%	97.6%	2.4%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	7.1%	92.9%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	2.4%	88.1%	9.5%
All clinical hours	4.8%	92.9%	2.4%
Psychiatry/Mental Health	Decrease hours	Maintain hours	Increase hours
Direct patient care	2.4%	97.6%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	97.6%	2.4%
All clinical hours	2.4%	95.2%	2.4%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	97.6%	2.4%
All clinical hours	0.0%	97.6%	2.4%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	2.4%	95.2%	2.4%
Non-direct patient care	2.4%	97.6%	0.0%
Clinical simulation	0.0%	97.6%	2.4%
All clinical hours	2.4%	95.2%	2.4%
Other	Decrease hours	Maintain hours	Increase hours
Direct patient care	2.4%	97.6%	0.0%
Non-direct patient care	2.4%	97.6%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%

Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area or clinical experience type. The majority noted that they were not decreasing clinical hours overall but reallocating them. However, the majority of those that did indicate an overall decrease in clinical hours reported being unable to find sufficient clinical space, or “other”, which included needing to strengthen skills before the start of clinicals.

Table 16. Why Program is Reducing Clinical Hours

	%
Not decreasing overall; shifting allocations	58.3%
Unable to find sufficient clinical space	16.7%
Other	16.7%
Can teach required content in less time	8.3%
Insufficient clinical faculty	8.3%
Total reporting	12

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 24 (60%) of programs reporting that they were denied access in 2014-2015. Only 42% (n=10) of the programs that were denied access were offered an alternative by the clinical site, resulting in a loss of 60 clinical placements, units, and shifts, which affected 639 students.

Table 17. RN Programs Denied Clinical Space, by Academic Year

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

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

In addition, 18 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	9	5	4	18
Total number of programs that reported	24	9	7	40

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

Overall, competition for space arising from an increase in the number of nursing students, displacement by another program, and staff nurse overload were the most frequently reported reasons why Los Angeles Area programs were denied clinical space. One program reported being asked to pay a fee for clinical placement that the RN program would not pay.

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	63.0%	61.5%	50.0%	53.8%	36.4%	42.3%
Staff nurse overload or insufficient qualified staff	48.2%	34.6%	43.3%	53.8%	31.8%	38.5%
Displaced by another program	55.6%	42.3%	36.7%	46.2%	50.0%	38.5%
Decrease in patient census	33.3%	34.6%	33.3%	34.6%	22.7%	23.1%
Closure, or partial closure, of clinical facility		26.9%	30.0%	30.8%	22.7%	11.5%
Change in facility ownership/management		11.5%	13.3%	26.9%	9.1%	26.9%
Clinical facility seeking magnet status	29.6%	0.0%	16.7%	19.2%	13.6%	15.4%
Implementation of Electronic Health Records system				19.2%	22.7%	15.4%
Visit from Joint Commission or other accrediting agency				19.2%	9.1%	23.1%
Nurse residency programs	37.0%	26.9%	23.3%	15.4%	22.7%	11.5%
No longer accepting ADN students	22.2%	19.2%	16.7%	15.4%	36.4%	26.9%
Other	29.6%	15.4%	13.3%	11.5%	18.2%	19.2%
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%	3.8%
Facility moving to a new location					4.5%	0.0%
Number of programs that reported	27	26	30	26	22	26

*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 unavailable clinical space vary by program type. In 2014-2015, ADN programs reported the clinical site no longer accepting ADN students, competition for clinical space due to increase in the number of nursing programs in region, displaced by another program, and “other” as the predominant reasons for unavailable clinical space. BSN programs reported competition for clinical space due to an increase in the number of nursing students in the region as the primary reason for clinical space being unavailable. ELM programs reported staff nurse overload, decrease in patient census, and closure or partial closure of a clinical facility as reasons that clinical space was unavailable.

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

	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	41.2%	57.1%	0.0%	42.3%
Staff nurse overload or insufficient qualified staff	35.3%	42.9%	50.0%	38.5%
Other	41.2%	42.9%	0.0%	38.5%
Displaced by another program	41.2%	42.9%	0.0%	38.5%
No longer accepting ADN students	41.2%	0.0%	0.0%	26.9%
Change in facility ownership/management	23.5%	42.9%	0.0%	26.9%
Visit from Joint Commission or other accrediting agency	23.5%	28.6%	0.0%	23.1%
Decrease in patient census	17.6%	28.6%	50.0%	23.1%
Implementation of Electronic Health Records system	17.6%	14.3%	0.0%	15.4%
Clinical facility seeking magnet status	23.5%	0.0%	0.0%	15.4%
Nurse residency programs	5.9%	28.6%	0.0%	11.5%
Closure, or partial closure, of clinical facility	5.9%	14.3%	50.0%	11.5%
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%	14.3%	0.0%	3.8%
Number of programs that reported	17	7	2	26

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 (75%) 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 (46%), and replacing lost space at the same clinical site (38%).

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%	69.2%	63.6%	75.0%
Added/replaced lost space with new site	40.0%	42.3%	50.0%	45.8%
Replaced lost space at same clinical site	40.0%	38.5%	54.5%	37.5%
Clinical simulation	13.3%	23.1%	27.3%	29.2%
Reduced student admissions	10.0%	0.0%	9.1%	0.0%
Other	13.3%	7.7%	4.5%	0.0%
Number of programs that reported	30	26	22	24

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

Nineteen percent (n=8) of nursing programs in the Los Angeles Area reported an increase in out-of-hospital clinical placements in 2014-2015.⁶ Skilled nursing facilities, public health agencies, medical practices, and school health services were the most frequently reported alternative sites. Dialysis units, urgent care, correctional facilities, and occupational health service sites were uncommon alternative placements for programs in the region.

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

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

⁶ Eight programs reported an increase in out-of-hospital placements, and nine answered questions about alternative placements.

Three-quarters (76%, n=29) 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 electronic medical records and to the clinical site itself due to a visit from an accrediting agency. Schools reported that it was uncommon to have students face restrictions to alternative settings due to liability 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	74.1%	41.7%	64.3%	69.2%	73.1%	75.9%
Clinical site due to visit from accrediting agency (Joint Commission)	63.0%	70.8%	75.0%	84.6%	73.1%	69.0%
Bar coding medication administration	77.8%	54.2%	64.3%	76.9%	53.8%	58.6%
Student health and safety requirements		37.5%	50.0%	53.8%	57.7%	51.7%
Automated medical supply cabinets	51.9%	29.2%	32.1%	50.0%	53.8%	41.4%
IV medication administration	29.6%	29.2%	42.9%	23.1%	30.8%	31.0%
Glucometers	29.6%	12.5%	25.0%	30.8%	26.9%	31.0%
Some patients due to staff workload		16.7%	25.0%	23.1%	30.8%	27.6%
Alternative setting due to liability	25.9%	12.5%	25.0%	11.5%	19.2%	24.1%
Direct communication with health team	11.1%	0.0%	17.9%	26.9%	7.7%	10.3%
Number of schools that reported	27	24	28	26	26	29

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 clinical site staff still learning the system (67%), and insufficient time to train students (63%). These were also the two primary reasons during the prior year. Schools reported that students were restricted from using medication administration systems primarily due to liability (71%) and insufficient time to train students (43%), which were also top reasons the prior year. Staff still learning and unable to assure documentation standards are being met was less commonly cited in 2014-2015 than in the 2013-2014.

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
Liability	47.8%	40.7%	57.1%	71.4%
Insufficient time to train students	52.2%	63.0%	38.1%	42.9%
Staff still learning and unable to assure documentation standards are being met	52.2%	66.7%	47.6%	19.0%
Staff fatigue/burnout	21.7%	22.2%	33.3%	19.0%
Cost for training	17.4%	14.8%	19.0%	14.3%
Other	17.4%	7.4%	14.3%	9.5%
Patient confidentiality	34.8%	11.1%	28.6%	4.8%
Number of schools that reported	23	27	21	21

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 Los Angeles Area compensate for training in areas of restricted student access by providing training in simulation lab (96%) or in the classroom (50%).

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	76.9%	96.4%
Training students in the classroom	61.5%	50.0%
Ensuring all students have access to sites that train them in this area	38.5%	39.3%
Purchase practice software, such as SIM Chart	34.6%	39.3%
Other	19.2%	10.7%
Number of schools that reported	26	28

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

Faculty Census Data⁷

While the number of nursing faculty in the region had increased by 39% (n=331) between 2006 and 2014, the dramatic increase in faculty in 2015 is largely due to a change in reporting. On October 15, 2015, there were 1,402 total nursing faculty⁸ at pre-licensure nursing programs in the Los Angeles Area; 36% (n=507) were full-time and 64% (n=894) were part-time. The need for faculty continues to outpace the number of active faculty. On October 15, 2015, there were 134 vacant faculty positions in the region, which represents an 8.7% faculty vacancy rate overall (12.4% for full-time faculty and 6.5% for part-time faculty), one of the highest vacancy rates in ten years, although slightly lower than the prior year.

Table 25. Faculty Census Data[†], by Year

	2006	2007*	2008	2009	2010	2011	2012	2013	2014*	2015*
Total faculty	846	990	944	1,041	1,015	1,103	1,076	1,168	1,177	1,402
<i>Full-time</i>	344	387	389	427	398	450	435	455	442	507
<i>Part-time</i>	502	593	555	614	617	653	641	713	728	894
Vacancy rate**	6.8%	7.3%	6.6%	4.4%	5.9%	5.8%	6.4%	4.7%	8.9%	8.7%
<i>Vacancies</i>	62	78	67	48	64	68	73	57	115	134

[†] 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 Los Angeles Area continue to report that their faculty work overloaded schedules. In 2014-2015, 61% (n=23) 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	23	25	24	26	28	28	23
Share of schools that pay faculty extra for the overload	95.7%	92.0%	95.8%	96.2%	100.0%	100.0%	100.0%
Total number of schools	36	34	37	37	37	37	38

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

⁷ Census data represent the number of faculty on October 15th of the given year.

⁸ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

Summary

The number of pre-licensure nursing programs in the Los Angeles Area has increased by 24% (n=8) over the last ten years. In 2014-2015, the region had a total of 42 pre-licensure nursing programs. The share of nursing programs that partner with another nursing school that offers a higher degree continued to increase. In 2014-2015, more than half of Los Angeles Area nursing programs (60%, n=25) 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 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 2014-2015, nursing programs in the region reported a total of 9,228 applications for 4,554 available spaces. These spaces were filled with a total of 5,013 students.

Pre-licensure nursing programs in the Los Angeles Area reported 3,714 student completions in 2014-2015, 63% more than the 2,277 completions reported ten years ago. Attrition rates in the region have improved somewhat over the last five years, which indicates a steady supply of new graduate nurses. At the time of the survey, 10% 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 of new graduates in the region continue to be employed in nursing in California.

Thirty-eight of the 42 Los Angeles area programs reported using clinical simulation. Nearly one-third (n=13) 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 three-quarters (76%, n=29) 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 24 in 2014-2015. During the same year, eight programs in the region (19%) 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 66% in the last ten years, faculty hires have not kept pace with the growth in Los Angeles Area pre-licensure nursing programs. In 2014-2015, there were 134 vacant faculty positions in the region, which represents an 8.7% faculty vacancy rate overall (12.4% for full-time faculty and 6.5% for part-time faculty), one of the highest vacancy rates in ten years.

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

ELM Programs (7)

Azusa Pacific University
 CSU Dominguez Hills
 CSU Long Beach
 CSU Los Angeles
 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

Members

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

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing
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Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing
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