
California Board of Registered Nursing

2015-2016 Annual School Report

Data Summary and Historical Trend Analysis

Central Coast

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PREFACE

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

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

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

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

Data for 2005-2006 through 2010-2011 and 2014-2015 through 2015-2016 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 and 2015-2016 reporting for the Central Coast region may be affected by the removal of data for one BSN satellite program whose home campus is located in the Los Angeles region and is now being reported in that region.

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

DATA SUMMARY AND HISTORICAL TREND ANALYSIS²

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

Table 1. Number of Nursing Programs by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Total nursing programs	5	5	5	5	5	5	5	5	5	5
ADN	5	5	5	5	5	5	5	5	5	5
BSN	0	0	0	0	0	0	0	0	0	0
ELM	0	0	0	0	0	0	0	0	0	0
Public	5	5	5	5	5	5	5	5	5	5
Private	0	0	0	0	0	0	0	0	0	0
Total number of schools	5	5	5	5	5	5	5	5	5	5

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

In 2015-2016, 100% (n=5) of Central Coast nursing programs collaborated with another program that offered a higher degree than offered at their own school. These collaborations have increased dramatically over the last ten years.

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	0	0	0	1	1	2	4	4	4	5
Formal collaboration							25.0%	75.0%	25.0%	
Informal collaboration							75.0%	25.0%	100%	
Number of programs that reported	4	5	5	5	5	5	5	5	5	5

Note: Blank cells indicate the information was not requested

Admission Spaces and New Student Enrollments

Pre-licensure nursing programs in the Central Coast region reported a total of 232 spaces available for new students in 2015-2016, which were filled with a total of 226 students. These are among the lowest numbers reported over the last ten years. Only one program reported that it enrolled more students than it had admission spaces.

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	248	248	246	251	226	235	247	246	224	232
New student enrollments	253	251	253	239	228	237	246	242	226	226
% Spaces filled with new student enrollments	102.0%	101.2%	102.8%	95.2%	100.9%	100.9%	99.6%	98.4%	100.9%	97.4%

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

Two programs reported that they admitted fewer students in 2015-2016 than in previous years. The reason given by both programs was that admitted students did not enroll.

Pre-licensure nursing programs in the Central Coast region continue to receive more applications requesting entrance into their programs than can be accommodated. The number of applicants increased in 2015-2016 for a second year in a row. 67% (n=456) of the 682 qualified applications received in 2015-2016 did not enroll.

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

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	413	405	551	445	564	737	731	514	602	682
ADN	413	405	551	445	564	617	651	395	602	682
BSN						120	80	119		
% Qualified applications not enrolled	38.7%	38.0%	54.1%	46.3%	59.6%	67.8%	66.3%	52.9%	62.5%	66.9%

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

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

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

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
New student enrollment	253	251	253	239	228	237	246	242	226	226
ADN	253	251	253	239	228	214	223	221	226	226
BSN						23	23	21		

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

Two programs reported that they enrolled fewer students in 2015-2016 compared to the previous year. The only reason programs gave for enrolling fewer students was “accepted students did not enroll.”

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	20.0%	5	40.0%	5
Total	20.0%	5	40.0%	5

Table 7. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	0	2
College/university / BRN requirement to reduce enrollment	0	0
Other	1	0
Lost funding	0	0
To reduce costs	0	0
Insufficient faculty	0	0
Unable to secure clinical placements for all students	0	0
Number of programs that reported	1	2

Student Census Data

A total of 403 students were enrolled in a Central Coast pre-licensure nursing program as of October 15, 2016. All of these students were enrolled in an ADN program.

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

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ADN	464	452	433	384	371	343	356	361	385	403
BSN						15	37	44		
Total nursing students	464	452	433	384	371	358	393	405	385	403

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

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

Student Completions

The total number of ADN students completing pre-licensure nursing programs in the Central Coast region has remained about the same over the past four years. In 2015-2016, programs in the region reported a total of 184 completions.

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	172	212	239	235	194	202	183	184	188	184
BSN								15		
Total student completions	172	212	239	235	194	202	183	199	188	184

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

Retention and Attrition Rates

Of the 205 students scheduled to complete a nursing program in the 2015-2016 academic year, 81% (n=166) completed the program on-time, 4% (n=8) are still enrolled in the program, and 15% (n=31) dropped out or were dismissed. The retention and attrition rates are similar to last year's rates.

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	219	247	253	222	218	222	210	216	218	205
Completed on time	149	159	168	193	174	190	177	180	174	166
Still enrolled	17	62	52	6	10	3	5	5	4	8
Total attrition	53	26	33	23	34	29	28	31	40	31
<i>Attrition-dropped out</i>									31	14
<i>Attrition-dismissed</i>									9	17
Completed late [‡]				15	0	4	1	20	0	4
Retention rate*	68.0%	64.4%	66.4%	86.9%	79.8%	85.6%	84.3%	83.3%	79.8%	81.0%
Attrition rate**	24.2%	10.5%	13.0%	10.4%	15.6%	13.1%	13.3%	14.4%	18.3%	15.1%
% Still enrolled	7.8%	25.1%	20.6%	2.7%	4.6%	1.4%	2.4%	2.3%	1.8%	3.9%

[‡] 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.

Employment of Recent Nursing Program Graduates³

As with other regions, hospitals are the most frequently reported work setting for recent graduates of a pre-licensure nursing program in the Central Coast region. Hospital-based employment has been declining in the region since its high of 80% in 2007-2008 but has increased again somewhat in 2015-2016 to 69%. The share of new graduates working as nurses in California has fluctuated over the past ten years, increasing up to 88% in 2014-2015, but decreasing again in 2015-2016 to 69%. Nursing programs in the region also reported that only 1% of their 2015-2016 graduates had been unable to find employment by October 2016, which marks a decrease from a high of 15% in 2009-2010. Fifteen percent of 2015-2016 graduates were either not yet licensed (6%) or pursuing additional nursing education (8%).

Table 11. 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	74.8%	80.4%	50.0%	54.2%	42.6%	47.6%	59.2%	53.7%	58.5%	69.0%
Other healthcare facilities	4.3%	6.4%	6.7%	7.3%	9.5%	8.3%	12.5%	9.7%	4.2%	1.0%
Long-term care facilities	2.5%	4.0%	22.3%	16.4%	12.4%	15.4%	9.1%	8.1%	15.3%	5.3%
Community/public health facilities	5.3%	5.8%	6.3%	0.0%	6.0%	5.4%	3.6%	5.7%	10.4%	4.5%
Pursuing additional nursing education							3.6%	5.3%	5.6%	8.4%
Not yet licensed										6.2%
Other settings	1.0%	3.4%	0.0%	19.3%	2.3%	12.9%	1.0%	10.2%	6.1%	4.6%
Unable to find employment				15.0%	15.0%	10.3%	11.0%	7.2%	4.2%	1.0%
Employed in California	94.6%	73.4%	74.3%	78.8%	69.2%	70.4%	55.8%	74.5%	88.0%	68.8%

[†]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.

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 3.4% of recent graduates.

Clinical Training in Nursing Education

Questions regarding clinical simulation⁴ were revised in the 2014-2015 survey to collect data on average amount of hours students spend in clinical areas including simulation in various content areas and plans for future use. All of the Central Coast nursing programs reported using clinical simulation in 2015-2016. Two (40%) of the 5 programs has plans to increase staff dedicated to administering clinical simulation at their program in the next 12 months.

The content area using the most hours of clinical simulation on average was medical/surgical (29.2). The largest proportion of clinical hours in all programs is in direct patient care (82%) followed by skills labs (12%) and simulation (6%).

In aggregate, programs reported using more clinical hours in 2015-2016 compared to the prior year, with more or the same number of overall hours in each content area except obstetrics and leadership/management. Programs overall reported a greater proportion of clinical hours in direct patient care and a smaller proportion in both skills labs and clinical simulation compared to the prior year. The average number of reported hours in clinical simulation was considerably less in 2015-2016 compared to the prior year, largely because one program reported many fewer hours in simulation.

Table 12. 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	331.6	357.0	30.8	22.4	41.6	29.2	404.0	408.6
Fundamentals	34.2	41.8	47.4	58.4	2.4	2.8	84.0	103.0
Obstetrics	55.4	55.4	3.6	3.8	4.0	4.0	63.2	63.2
Pediatrics	46.8	46.8	7.4	7.4	7.2	7.2	61.4	61.4
Geriatrics	44.5	49.0	4.2	1.2	4.9	4.0	53.6	54.2
Psychiatry/mental health	72.8	72.8	3.6	3.6	1.0	2.8	77.4	79.2
Leadership/management	43.5	43.5	2.4	0.8	4.2	2.6	50.1	46.9
Other	21.6	22.4	9.6	6.0	3.2	0.0	34.4	28.4
Total average clinical hours	650.4	688.7	109.2	103.6	68.5	52.6	828.1	844.9
Percent of clinical hours	78.5%	81.5%	13.2%	12.3%	8.3%	6.2%	100.0%	100.0%
Number of programs that reported	5	5	5	5	5	5	5	5

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

In the 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, skills lab, and clinical simulation for each of the eight content areas listed.

Overall, most programs intended to retain their current hours in most content areas and clinical experience types. Programs more frequently reported decreasing clinical hours this year, and they did not report increasing clinical hours in any content type other than medical/surgical and “other”.

Table 13. 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	40.0%	40.0%	20.0%
Skills lab	25.0%	50.0%	25.0%
Clinical simulation	20.0%	60.0%	20.0%
Total clinical hours	40.0%	40.0%	20.0%
Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	25.0%	75.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	25.0%	75.0%	0.0%
Total clinical hours	25.0%	75.0%	0.0%
Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	50.0%	50.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	25.0%	75.0%	0.0%
Total clinical hours	50.0%	50.0%	0.0%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	50.0%	50.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	25.0%	75.0%	0.0%
Total clinical hours	50.0%	50.0%	0.0%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	20.0%	80.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
Total clinical hours	20.0%	80.0%	0.0%

Table 13. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type*, 2015-2016 (Continued)

Psychiatry/Mental Health	Decrease hours	Maintain hours	Increase hours
Direct patient care	20.0%	80.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	25.0%	75.0%	0.0%
Total clinical hours	20.0%	80.0%	0.0%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	20.0%	80.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
Total clinical hours	20.0%	80.0%	0.0%
Other	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	0.0%	50.0%
Skills lab	0.0%	0.0%	50.0%
Clinical simulation	0.0%	0.0%	50.0%
Total clinical hours	0.0%	0.0%	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. Three programs reported they would be reducing clinical hours. The ability for students to meet learning objectives in less time, and "other" were tied for the common reasons.

Table 14. Why Program is Reducing Clinical Hours by Academic Year

	2014-2015	2015-2016
Other	25.0%	66.7%
Can teach required content/ Students can meet learning objectives in less time	25.0%	66.7%
Unable to find sufficient clinical space	50.0%	0.0%
Insufficient clinical faculty	0.0%	0.0%
Funding issues or unavailable funding	0.0%	0.0%
Total reporting	4	3

Clinical Space & Clinical Practice Restrictions⁵

Only one Central Coast nursing program reported being denied access to a clinical placement, unit or shift in 2015-2016.

In 2015-2016, the program that had been denied clinical placements, units or shifts was offered an alternative by the same clinical site. The lack of access to clinical space affected 4 students, although the one school reporting did not provide the number of clinical placements, units, or shifts lost.

Table 15. 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	1	0	2	0	1	1
Programs offered alternative by site*					1	1
Placements, units or shifts lost*					-‡	-‡
Number of programs that reported	5	5	5	5	5	5
Total number of students affected	1	0	2	0	16	4

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

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

In the 2015-2016 survey, one program reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year.

Table 16. RN Programs That Reported Fewer Students Allowed for Clinical Space by Academic Year

	2014- 2015	2015- 2016
ADN	1	1
All Programs	1	1

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.

In 2015-2016, as in 2014-2015, staff nurse overload or insufficient qualified staff was the only reason for which the one Central Coast region program reported being denied clinical space.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Displaced by another program	100.0%	-	50.0%	-	0.0%	0.0%
Decrease in patient census	100.0%	-	50.0%	-	0.0%	0.0%
Staff nurse overload or insufficient qualified staff	0.0%	-	50.0%	-	100.0%	100.0%
Implementation of Electronic Health Records system	0.0%	-	50.0%	-	0.0%	0.0%
Closure, or partial closure, of clinical facility	0.0%	-	50.0%	-	0.0%	0.0%
Clinical facility seeking magnet status	0.0%	-	50.0%	-	0.0%	0.0%
Competition for clinical space due to increase in number of nursing students in region	0.0%	-	0.0%	-	0.0%	0.0%
Visit from Joint Commission or other accrediting agency	0.0%	-	0.0%	-	0.0%	0.0%
No longer accepting ADN students	0.0%	-	0.0%	-	0.0%	0.0%
Change in facility ownership/management	0.0%	-	0.0%	-	0.0%	0.0%
Nurse residency programs	0.0%	-	0.0%	-	0.0%	0.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					0.0%	0.0%
Other	0.0%		0.0%		0.0%	0.0%
Number of programs that reported	1	0	2	0	1	1

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

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. In 2015-2016, the reported strategies were to replace the lost clinical space at the same clinical site currently used by the nursing program, and to replace the lost clinical space with a new site.

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

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Replaced lost space at same clinical site	-	0.0%	-	100.0%	100.0%
Replaced lost space at different site currently used by nursing program	-	50.0%	-	0.0%	0.0%
Added/replaced lost space with new site	-	50.0%	-	0.0%	100.0%
Clinical simulation	-	0.0%	-	0.0%	0.0%
Reduced student admissions	-	0.0%	-	0.0%	0.0%
Other	-	0.0%	-	0.0%	0.0%
Number of programs that reported	0	2	0	1	1

One pre-licensure nursing program in the Central Coast region reported an increase in out-of-hospital clinical placements in 2015-2016. The program reported alternative placements that included home health agency/home health service; hospice; medical practice, clinic, physician office; outpatient mental health/substance abuse; and public health of community health agency.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Home health agency/home health service	-	100.0%	100.0%	100.0%	33.3%	100.0%
Hospice	-	100.0%	100.0%	0.0%	33.3%	100.0%
Medical practice, clinic, physician office	-	100.0%	0.0%	0.0%	33.3%	100.0%
Outpatient mental health/substance abuse	-	100.0%	0.0%	0.0%	0.0%	100.0%
Public health or community health agency	-	100.0%	0.0%	100.0%	100.0%	100.0%
Case management/disease management	-	100.0%	0.0%	50.0%	100.0%	0.0%
Correctional facility, prison or jail	-	0.0%	100.0%	0.0%	33.3%	0.0%
Occupational health or employee health service	-	0.0%	0.0%	50.0%	66.7%	0.0%
Other	-	0.0%	0.0%	50.0%	0.0%	0.0%
Renal dialysis unit	-	0.0%	0.0%	0.0%	0.0%	0.0%
School health service (K-12 or college)	-	0.0%	0.0%	50.0%	0.0%	0.0%
Skilled nursing/rehabilitation facility	-	100.0%	100.0%	0.0%	0.0%	0.0%
Surgery center/ambulatory care center	-	100.0%	100.0%	0.0%	66.7%	0.0%
Urgent care, not hospital-based	-	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	0	1	1	2	3	1

Two of the five Central Coast schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities in 2015-2016. This is half the number reporting these restrictions in 2014-2015. The most frequently reported restrictions were access to bar coding medication administration, some patients due to staff workload, and automated medical supply cabinets.

Table 20. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Bar coding medication administration	-	66.7%	66.7%	66.7%	75.0%	50.0%	100.0%
Some patients due to staff workload	-	33.3%	33.3%	66.7%	25.0%	25.0%	100.0%
Automated medical supply cabinets	-	33.3%	33.3%	66.7%	0.0%	50.0%	100.0%
Clinical site due to visit from accrediting agency (Joint Commission)	-	33.3%	33.3%	33.3%	50.0%	25.0%	50.0%
Electronic Medical Records	-	0.0%	0.0%	33.3%	25.0%	0.0%	0.0%
Alternative setting due to liability	-	0.0%	33.3%	33.3%	25.0%	50.0%	0.0%
Student health and safety requirements	-	0.0%	0.0%	33.3%	25.0%	0.0%	0.0%
Direct communication with health team	-	0.0%	66.7%	33.3%	0.0%	25.0%	0.0%
IV medication administration	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Glucometers	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of schools that reported	0	3	3	3	4	4	2

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

In 2015-2016, the top reasons schools reported for restricted student access to electronic health records systems were insufficient time to train students (100%), and patient confidentiality (100%). No schools reported restrictions based on staff still learning the system, which had been a major reason for restrictions in 2013-2014.

In 2015-2016, the reasons schools reported for restricted student access to medication administration systems were liability, limited time for clinical staff to train students, and the cost for training (all 50%). Liability was a primary reason listed for restricting student access to medication administration systems in all three years for which this information was reported.

Table 21. 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
Cost for training	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%
Insufficient time to train students	33.3%	100.0%	100.0%	0.0%	0.0%	100.0%
Liability	66.7%	50.0%	0.0%	100.0%	100.0%	100.0%
Other	33.3%	0.0%	0.0%	66.7%	0.0%	0.0%
Patient confidentiality	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Staff fatigue/burnout	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%
Staff still learning and unable to assure documentation standards are being met	66.7%	0.0%	0.0%	33.3%	0.0%	0.0%
Number of schools that reported	3	3	2	3	3	1

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

Of the two nursing programs in the Central Coast with students that experience restricted access to clinical practice, all reported they compensate for training in areas of restricted student access by providing training in the simulation lab, by training students in the classroom, and by purchasing practice software.

Table 22. How the Nursing Program Compensates for Training in Areas of Restricted Access by Academic Year

	2013-2014 % Schools	2014-2015 % Schools	2014-2015 % Schools
Training students in the simulation lab	50.0%	75.0%	100.0%
Training students in the classroom	50.0%	50.0%	100.0%
Purchase practice software, such as SIM Chart	50.0%	25.0%	100.0%
Ensuring all students have access to sites that train them in this area	50.0%	100.0%	50.0%
Other	0.0%	0.0%	0.0%
Number of schools that reported	4	4	2

Faculty Census Data⁶

On October 15, 2016, there were 76 nursing faculty⁷ teaching at Central Coast nursing programs, 37% (n=28) of whom were full-time while 66% (n=50) were part-time. In addition, there were 3 vacant faculty positions. These vacancies represent a 3.8% faculty vacancy rate overall (3.2% for full-time faculty and 4.9% for part-time faculty), which is the lowest rate since 2011.

Table 23. Faculty Census Data[†] by Year

	2007	2008	2009	2010	2011	2012	2013*	2014	2015	2016*
Total Faculty	58	70	76	77	76	70	71	72	69	76
<i>Full-time</i>	40	40	36	45	32	29	33	27	30	28
<i>Part-time</i>	18	30	40	32	44	41	31	45	39	50
Vacancy Rate**	14.7%	2.8%	2.6%	2.5%	0.0%	9.1%	6.6%	14.3%	10.4%	3.8%
<i>Vacancies</i>	10	2	2	2	0	7	5	12	8	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.

*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 proportion of full-time faculty has shrunk over the last decade from 59% in 2006 to 37% in 2016. Part-time faculty numbers increased by 92% while full-time faculty declined by 26%.

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. Two (40%) of the five programs agreed that they had begun hiring significantly more part-time than full time active faculty. These schools were asked to rank the reasons for this shift.

The top ranked reason was “need for part-time faculty to teach specialty content”, which tied with “Other”. The other reason listed in text comments was “elimination of 67% rule for nursing clinical instructors.”

Table 24. Reasons for Hiring More Part-time Faculty 2015-2016

	Average Rank*	Programs reporting
Need for part-time faculty to teach specialty content	1.0	1
Other:	1.0	1
To allow for flexibility with respect to enrollment changes	2.0	1
Non-competitive salaries for full time faculty	3.0	2
Insufficient number of full time faculty applicants with required credential	3.0	1
Shortage of RNs applying for full time faculty positions	4.0	2
Private, state university or community college laws, rules or policies	-	0
Need for faculty to have time for clinical practice	-	0
Insufficient budget to afford benefits and other costs of FT faculty	-	0
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	-	0

*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.

In 2015-2016, all five nursing schools in the Central Coast region reported that their faculty work overloaded schedules, and all of these schools pay the faculty extra for the overloaded schedule.

Table 25. 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	4	4	4	4	5	5	5	5
Share of schools that pay faculty extra for the overload	100%	100%	100%	100%	100%	100%	100%	100%
Number of schools that reported	5	5	5	5	5	5	5	5

Summary

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

Total admission space and new student enrollments have fluctuated within a narrow range over the past decade, indicating stability in the region's capacity to train new nurses. Central Coast programs reported a total of 232 spaces available for new students in 2015-2016, which were filled by 226 students. For the past ten years pre-licensure nursing programs in the Central Coast region have enrolled roughly the same number of students as there were spaces available. However, Central Coast region programs continue to receive more applications than can be accommodated; in 2015-2016, 33% (n=226) of the 682 qualified applications received were enrolled.

In 2015-2016, pre-licensure nursing programs in the Central Coast region reported 184 student completions. This is a 23% decline from the ten-year high of 239 student completions in 2008-2009. Attrition had declined slightly to 15% from 18% in 2014-2015. At the time of the survey, 69% of recent graduates from the Central Coast RN programs were employed in a hospital, 8% were pursuing additional nursing education, 6% were not yet licensed, and 1% were unable to find employment in nursing, the lowest level since these data were first collected in 2009-2010. In 2015-2016, the reported percentage of Central Coast region new graduates employed in California over the last decade was 69%.

Clinical simulation has become widespread in nursing education, with all nursing programs in the Central Coast region reporting using it in some capacity. Two of the five programs (40%) reported plans to increase staff dedicated to administering clinical simulation in the next 12 months. The majority of programs plan to maintain their number of clinical simulation hours in nearly all content areas. Three programs indicated an overall decrease in clinical hours citing the fact that students were able to meet learning objectives in less time.

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

The total number of prelicensure nursing students has declined by about 7% over the last decade, and the number of nursing faculty employed has increased by 19% in the same time period. Part-time faculty numbers increased by 92% while full-time faculty declined by 26%. In 2015-2016, 3 faculty vacancies were reported, representing a 3.8% faculty vacancy rate overall (3.2% for full-time faculty and 4.9% for part-time faculty).

APPENDICES

APPENDIX A – Central Coast RN Programs

ADN Programs (4)

Cuesta College
Hartnell College
Monterey Peninsula College
Santa Barbara City College

ADN to LVN Program Only (1)

Allan Hancock College

APPENDIX B – BRN Education Issues Workgroup Members

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