
California Board of Registered Nursing

2016-2017 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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PREFACE

Nursing Education Survey Background

The 2016-2017 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Board's Education Issues Workgroup, which consists of nursing education stakeholders across California. A list of workgroup members is included in Appendix B. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Annual data presented in this report are from the academic year beginning August 1, 2016 and ending July 31, 2017. Census and associated demographic data were requested for October 15, 2017.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form to describe overall trends and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to compare directly enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website.

Value of the Survey

This survey has been developed to support nursing, nursing education, and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal, and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and survey respondents. Their participation has been vital to the success of this project.

Survey Participation

All California nursing schools were invited to participate in the survey. In 2016-2017, 133 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey.¹ Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	84	84	100%
LVN-to-ADN	7	7	100%
BSN	37	37	100%
ELM	13	13	100%
All Programs	141	141	100%

¹ Since last year's report, two schools that previously offered ELM programs are no longer accepting students and did not submit data for this report. One school reported a new ELM program. There are two new ADN programs. There is one less BSN program because one school that had a BSN program in 2015-16 has converted that program to an RN-to-BSN program.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2016-2017 BRN School Survey in comparison with data from previous years of the survey. Data items include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates and review courses, new graduate employment, student and faculty census data, the use of clinical simulation, clinical training hours, the availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2016-2017, 141 pre-licensure nursing programs reported students enrolled in their programs. In the past year, two new ADN programs opened, one BSN program converted to RN to BSN, one new ELM program opened, and two ELM programs closed.

Most pre-licensure nursing programs in California are public. The share of public programs has declined in the last ten years and currently represents 75% of all nursing programs compared to 80% in 2007-2008. The number of private programs has increased by 41% during this time while the number of public programs has declined somewhat.

Table 2. Number of Nursing Programs* by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016**	2016-2017***
Total number of schools	119	125	125	131	132	133	131	132	132	133
Total nursing programs	132	138	139	145	142	143	141	142	141	141
ADN	84	86	86	89	87	88	89	90	89	91
BSN	32	36	37	39	39	40	36	36	38	37
ELM	16	16	16	17	16	15	16	16	14	13
Public	105	105	105	107	106	106	105	105	103	103
Private	27	33	34	38	36	37	36	37	38	38

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

**From 2012-2013 through 2014-2015, one ADN private program was being included as a public program which has now been corrected in the 2015-2016 data.

The share of nursing programs partnering with another nursing school that offers a higher degree has been increasing since 2007-2008, when 14% of programs reported such collaborations. In 2016-2017, 57% (n=80) of the 141 nursing programs reported collaborating with another program that offered a higher degree than that offered at their own program.

Table 3. Partnerships by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017*
Programs that partner with another program leading to a higher	9	19	35	44	50	64	67	69	80	80
Formal collaboration						45.3%	52.2%	53.6%		
Informal collaboration						67.2%	68.7%	73.9%		
Number of programs reporting	132	138	139	145	142	141	141	142	141	141

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

Admission Spaces and New Student Enrollments

The number of spaces available for new students in nursing programs has fluctuated over the past ten years. In 2016-2017, 13,697 spaces were reported as available for new students and these spaces were filled with a total of 13,597 students. This is the highest number of admission spaces recorded in the last ten years. The share of nursing programs that reported filling more admission spaces than were available was 40% (n=57) in 2016-2017, a slight decrease from a 2015-2016 (44%), but comparable to 2013-2014 and 2014-2015.

Table 4. Availability and Utilization of Admission Spaces by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017*
Spaces available*	11,773	12,812	12,797	12,643	12,391	12,739	12,394	11,976	11,928	13,697
New student enrollments**	12,961	13,988	14,228	13,939	13,677	13,181	13,226	13,318	13,152	13,597
% Spaces filled with new student enrollments	110.1%	109.2%	111.2%	110.3%	110.4%	103.5%	106.7%	111.2%	110.3%	99.3%

*LVN to BSN student admission spaces are included in the 2016-2017 data. These spaces were not included in the prior years' totals.

The overall number of qualified applications received by California nursing programs has increased since 2007-2008 (6%, n=1,930) but declined since its ten-year high of 41,634 in 2009-2010 (-14%, n=5,914). The 2016-2017 total of 36,004 is an *increase* of approximately 28% over last years' number of qualified applicants.

The number of qualified applications to ADN programs has been declining since reaching a peak of 28,555 students in 2009-2010, but has increased slightly over the last two years. BSN applications increased steadily from 2007-2008 to 2013-2014, declined in 2014-2015 and 2015-2016, and then rebounded to a ten-year high in 2016-2017. ELM programs have experienced more fluctuation in applications over the past ten years. Overall, the percent of qualified applicants enrolling has increased since 2007-2008.

Even in periods of decline, nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.

Table 5. Student Admission Applications* by Academic Year

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017**
Qualified applications**	34,074	36,954	41,634	37,847	38,665	35,041	31,575	28,335	28,041	36,004
ADN	25,021	26,185	28,555	24,722	23,913	19,979	16,682	15,988	16,332	18,190
BSN	7,515	8,585	10,680	11,098	12,387	12,476	12,695	10,196	9,735	15,325
ELM	1,538	2,184	2,399	2,027	2,365	2,586	2,198	2,151	1,974	2,489
% Qualified applications not enrolled	62.0%	62.1%	65.8%	63.2%	64.6%	62.4%	58.1%	53.0%	53.1%	62.2%

*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.

**This year, LVN to BSN applications were included in the number of applications to BSN programs. While these numbers have some impact on totals, they represent only 2% of qualified BSN applications.

In 2016-2017, 13,597 new students enrolled in registered nursing programs, which is a slight increase from the previous year (3%, n=445). Over the last year all program types had an increase in enrollments. Private programs had an increase in enrollment, while public programs experienced a slight decrease. Public programs have seen their enrollments decline by -24% (n=-2,427) in the last ten years, while new enrollments in private programs have gone up by 113% in the same period (n=3,063). ADN enrollments have decreased -21% over the last ten years while BSN enrollments have increased 61%.

Table 6. New Student Enrollment by Program Type by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
New student enrollment	12,961	13,988	14,228	13,939	13,677	13,181	13,226	13,318	13,152	13,597
ADN	8,847	9,412	8,594	7,688	7,411	7,146	7,135	6,914	6,794	7,004
BSN	3,404	3,821	4,842	5,342	5,445	5,185	5,284	5,510	5,594	5,790
ELM	710	755	792	909	821	850	807	894	764	803
Private	2,704	3,774	4,607	4,773	4,795	4,642	4,920	5,249	5,164	5,767
Public	10,257	10,214	9,621	9,166	8,882	8,539	8,306	8,069	7,988	7,830

In 2016-2017, 18% of programs (n=25) reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students in 2016-2017 were “accepted students did not enroll”, “unable to secure clinical placement for all students”, and “other” which included a variety of issues.

Table 7. Percent of Programs that Enrolled Fewer Students by Academic Year

Type of Program	2014-2015		2015-2016		2016-2017	
	Enrolled fewer	#of programs reporting	Enrolled fewer	#of programs reporting	Enrolled fewer	#of programs reporting
ADN	23.0%	87	21.9%	89	18.7%	91
BSN	13.9%	36	18.4%	38	16.7%	36
ELM	37.5%	16	28.6%	14	15.4%	13
Total	22.3%	139	20.6%	141	17.9%	140

Table 8. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017
Accepted students did not enroll	45.2%	41.4%	56.0%
Unable to secure clinical placements for all students	16.1%	10.3%	28.0%
Other	12.9%	17.2%	24.0%
College/university / BRN requirement to reduce enrollment	16.1%	27.6%	12.0%
Lost funding	19.4%	17.2%	8.0%
Insufficient faculty	16.1%	13.8%	8.0%
Lack of qualified applicants	9.7%	0.0%	8.0%
To reduce costs	16.1%	3.4%	0.0%
Program discontinued	9.7%	3.4%	0.0%
Number of programs reporting	31	29	25

Student Census Data

The total number of students enrolled in California pre-licensure nursing programs (26,081) was a slight increase from that reported the previous year (2%; n=410). The BSN census decreased slightly while the ADN and ELM censuses increased.

In the past ten years, the proportion of students in each type of program has shifted. ADN students made up almost two-thirds of all students in 2008 (61%), but that share slipped below 50% in 2011 while the number of BSN students continued to grow. Of the total number of students enrolled on October 15, 2017, 46% were in ADN programs, 49% were in BSN programs and 6% were in ELM programs.

Table 9. Student Census Data* by Program Type, by Year

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
ADN	14,304	14,987	14,011	13,041	11,860	12,070	11,502	12,027	11,508	11,965
BSN	7,956	9,288	10,242	11,712	12,248	12,453	12,008	12,332	12,846	12,680
ELM	1,290	1,405	1,466	1,778	1,682	1,808	1,473	1,455	1,317	1,436
Total nursing students	23,550	25,680	25,719	26,531	25,790	26,331	24,983	25,814	25,671	26,081

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

Student Completions

The number of students graduating from California nursing programs has increased by 18% (n=1,722) over the last ten years and peaked at 11,512 graduates in 2009-2010. BSN and ELM programs have had sizeable increases in the number of students completing their programs over the last ten years, while ADN programs have declined since a peak of 7,690 completions in 2009-2010, when they comprised 67% of all graduates. ADN graduates still represent over half (53%) of all students completing a pre-licensure nursing program in California.

Table 10. Student Completions by Program Type by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
ADN	6,527	7,075	7,690	6,606	6,162	6,164	5,916	5,542	5,671	5,981
BSN	2,481	2,788	3,157	3,330	3,896	4,364	4,606	4,860	4,868	4,666
ELM	572	663	665	717	756	764	769	717	652	655
Total student completions	9,580	10,526	11,512	10,653	10,814	11,292	11,291	11,119	11,191	11,302

Retention and Attrition Rates

The attrition rate among nursing programs has fluctuated over the past ten years. The attrition rate was reported at 16% in 2016-2017. Of the 13,042 students scheduled to complete a nursing program in the 2016-2017 academic year, 78% (n=10,113) completed the program on time, 7% (n=893) were still enrolled in the program, and 16% (n=2,036) left the program, with over two-thirds of those students (69%) having been dismissed, and 31% having dropped out.

Beginning with the 2015-2016 survey, data for both traditional and accelerated programs was reported together, thus data will no longer be reported separately for the different tracks. Tables 11 and 12 below reflect the combined data by academic year. Starting in 2016-2017, data on LVN-to-ADN students *within* generic programs have been added to the totals for ADN students.

Table 11. Student Retention and Attrition by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Students scheduled to complete the program	10,454	11,414	11,340	11,123	10,800	12,493	11,791	11,692	11,338	13,042
Completed on time	7,823	8,664	8,904	8,776	8,752	10,280	9,743	9,587	9,026	10,113
Still enrolled	978	1,105	957	721	590	758	651	563	885	893
Total attrition	1,653	1,645	1,479	1,626	1,458	1,455	1,397	1,542	1,427	2,036
<i>Attrition-dropped out</i>								820	612	1,410
<i>Attrition-dismissed</i>								689	815	626
Completed late [‡]			684	509	432	578	1,003	820	409	953
Retention rate*	74.8%	75.9%	78.5%	78.9%	81.0%	82.3%	82.6%	82.0%	79.6%	77.5%
Attrition rate**	15.8%	14.4%	13.0%	14.6%	13.5%	11.6%	11.8%	13.2%	12.6%	15.6%
% Still enrolled	9.4%	9.7%	8.4%	6.5%	5.5%	6.1%	5.5%	4.8%	7.8%	6.8%

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

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

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

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

In 2015-2016, data for traditional and accelerated programs were 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 vary by program type and continue to be lowest among ELM programs and highest among ADN programs. Over the last ten years, ADN programs have seen overall improvement in their average attrition rates, with 13% in 2016-2017 being one of the lowest attrition rate in the last ten years. BSN & ELM programs have seen fluctuations in their attrition rates, although BSN attrition rates have trended up more significantly in the last three years. Attrition rates in public programs have been higher than those in private programs over the last ten years. However, this gap has narrowed in the past three years as average private program attrition rates have increased and average public program attrition rates have decreased. In 2016-2017, the private school attrition rate (21%) was higher than that of the public schools (12%).

Table 12. Attrition Rates by Program Type* by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
ADN	19.5%	17.6%	16.1%	18.0%	17.6%	14.4%	15.5%	16.2%	14.3%	13.0%
BSN	8.3%	8.6%	7.6%	9.7%	8.1%	8.3%	8.7%	10.5%	11.4%	19.8%
ELM	5.6%	5.2%	5.6%	7.9%	6.7%	4.1%	3.4%	7.7%	4.4%	7.3%
Private	9.1%	9.6%	8.3%	11.4%	8.9%	9.3%	9.4%	12.3%	13.5%	20.7%
Public	17.4%	15.9%	14.5%	15.7%	15.2%	12.6%	13.2%	13.7%	12.1%	11.7%

*Data for traditional and accelerated program tracks is now combined and reported here. Starting in 2016-2017, data for LVN-to-ADN students *within* generic programs have been added to the totals for ADN students.

- In 2016-17, programs were asked to calculate attrition and retention data by race and ethnicity.
- Native American students had the highest retention rate (86%) and lowest attrition rate (6%), but their numbers were small. African American students had the lowest retention rates (70%). Filipino students had the highest attrition rate (22%).

Table 13. Completion, Retention and Attrition Data by Race and Ethnicity, 2016-2017[‡]

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students scheduled to complete the program	90	2,227	571	1,165	2,789	4,368	624	1,208
Completed on-time	77	1,654	397	842	2,156	3,523	514	950
Still enrolled	8	185	53	63	245	212	38	89
Total attrition	5	388	121	260	388	633	72	169
Dropped out	3	278	68	198	234	462	45	122
Dismissed	2	110	53	62	154	171	27	47
Completed late*	13	151	60	108	248	294	52	27
Retention rate**	85.6%	74.3%	69.5%	72.3%	77.3%	80.7%	82.4%	78.6%
Attrition rate***	5.6%	17.4%	21.2%	22.3%	13.9%	14.5%	11.5%	14.0%

*These completions are not included in the calculations for either retention or attrition rates.

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

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

[‡]Data for traditional and accelerated program tracks are combined.

NCLEX Pass Rates

Prior to 2011-2012, NCLEX (National Council Licensure Examination) pass rates were higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years. All program types had higher 2016-2017 NCLEX pass rates in comparison to the previous three years. The NCLEX passing standard was increased in April 2013, which may have affected the NCLEX pass rates for the subsequent years

Table 14. First Time NCLEX Pass Rates* by Program Type, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
ADN	85.4%	87.5%	88.6%	87.4%	89.8%	88.8%	83.1%	84.3%	86.0%	87.8%
BSN	85.9%	88.7%	89.2%	87.9%	88.7%	87.1%	82.3%	84.4%	88.2%	91.6%
ELM	92.3%	90.6%	89.6%	88.2%	88.9%	91.8%	81.9%	80.7%	84.1%	89.9%

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

NCLEX pass rates for students graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs, although the pass rates have fluctuated over time. In 2016-2017, students who graduated from accelerated ADN and BSN programs had *lower* average pass rates, and students from accelerated ELM programs had *higher* average pass rates than their traditional counterparts.

Table 15. First Time NCLEX Pass Rates* for Accelerated Programs by Program Type, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
ADN	86.7%	93.7%	89.0%	83.9%	85.8%	93.5%	68.8%	95.5%	73.0%	68.9%
BSN	89.4%	92.1%	88.5%	90.0%	95.9%	83.9%	81.9%	95.2%	91.4%	90.5%
ELM								90.0%	83.6%	95.2%

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

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

Employment of Recent Nursing Program Graduates

Nursing program directors report that the largest share of RN program graduates works in hospitals, even though this share has been decreasing since 2007-2008, when it was 88%. In 2016-2017, 61% of graduates were reportedly employed in hospitals. The share of new graduates working in nursing in California declined from a high of 92% in 2007-2008 to a low of 64% in 2012-2013, and has risen since then. The share of graduates working in California was estimated at 81% in 2016-2017. Nursing programs reported that 10% of their graduates were pursuing additional education and 10% were not yet licensed. Only 4% of their graduates were unable to find employment by October 2017, a figure that has steadily declined since 2009-2010.

Table 16. Employment Location of Recent Nursing Program Graduates by Academic Year*

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017*
Hospital	88.0%	71.4%	59.0%	54.4%	61.1%	56.7%	56.0%	59.2%	59.2%	61.1%
Pursuing additional nursing education [†]	2.7%	8.4%	9.7%	7.8%	8.3%	7.9%	7.1%	4.6%	11.0%	10.3%
Not yet licensed									10.6%	10.2%
Long-term care facilities	2.2%	5.4%	3.9%	4.5%	3.6%	3.6%	3.7%	2.6%	4.6%	5.2%
Other healthcare facilities						7.1%	10.5%	11.0%	3.5%	4.6%
Unable to find employment*			27.5%	21.8%	17.6%	18.3%	13.7%	10.6%	5.5%	4.2%
Community/public health facilities	3.1%	5.6%	6.0%	5.0%	5.2%	4.7%	6.0%	3.5%	2.6%	2.6%
Other	4.0%	15.6%	14.8%	6.5%	4.2%	1.7%	3.4%	5.5%	3.2%	2.0%
Employed in California	91.5%	83.4%	81.1%	68.0%	69.6%	63.7%	68.8%	73.1%	75.6%	80.9%

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

*Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2016-2017, on average, the employment setting was unknown for 14% of recent graduates.

In 2016-2017, ADN graduates were most likely to be working in hospitals (59%), pursuing additional education (12%) or not yet licensed (9%). BSN graduates were much more likely to be working in a hospital (73%) than ADN or ELM graduates were. ELM graduates were most likely to be working in hospitals (46%) or pursuing additional education (24%), or not yet licensed (24%).

Table 17. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year

	ADN			BSN			ELM		
	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017
Hospital	51.4%	54.7%	58.6%	79.4%	72.2%	72.6%	55.6%	53.3%	45.5%
Long-term care facilities	10.3%	5.6%	6.3%	4.4%	2.4%	3.8%	1.5%	1.8%	0.1%
Community/ public health facilities	4.1%	2.4%	3.0%	3.4%	2.9%	1.9%	6.0%	3.8%	1.1%
Other healthcare facilities	4.9%	4.2%	5.6%	2.5%	2.1%	3.3%	5.5%	0.9%	0.4%
Pursuing additional nursing education	13.0%	12.6%	11.7%	2.0%	2.4%	2.3%	21.8%	29.7%	23.8%
Unable to find employment	11.6%	6.0%	5.2%	3.8%	4.8%	2.1%	8.2%	3.7%	2.1%
Not yet licensed		10.1%	8.6%		13.0%	10.4%		5.2%	23.9%
Other	5.6%	4.6%	1.2%	4.7%	0.1%	3.7%	1.4%	1.9%	3.1%

Note: Statistics on the percent of graduates employed in California were collected at the school level only.

Note: Blank cells indicate that the applicable information was not requested in that year

Clinical Space & Clinical Practice Restrictions²

The number of California nursing programs reporting they were denied access to a clinical placement, unit, or shift increased to 77 programs in 2016-2017. Forty percent (31) of the 77 programs reported being offered an alternative by the site. The lack of access to clinical space resulted in a loss of 302 clinical placements, units, or shifts, which affected 2,147 students.

Table 18. RN Programs Denied Clinical Space by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017
Number of programs denied a clinical placement, unit or shift	93	85	90	81	70	60	77
Programs offered alternative by site*	-	-	-	-	24	26	31
Placements, units or shifts lost*	-	-	-	-	272	213	302
Number of programs reporting	142	140	143	141	135	138	141
Number of students affected	2,190	1,006	2,368	2,195	2,145	1,278	2,147

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

In the 2016-2017 survey, 60 programs (42%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. These numbers were similar to those reported in 2015-2016.

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

	2014- 2015	2015- 2016	2016- 2017
ADN	31	37	36
BSN	18	22	18
ELM	9	6	6
Number of programs reporting	58	65	60

² Some of these data were collected for the first time in 2009-2010. However, changes in these questions for 2010-2011 and later administrations of the survey prevent comparability of some of the data. Therefore, data prior to 2010-2011 may not be shown

In 2016-2017, “staff nurse overload or insufficient qualified staff” was the most commonly mentioned reason for clinical space being unavailable (52%), followed by “displaced by another program” (51%) and “competition for clinical space” (50%).

Ten programs (7%) reported providing financial support to secure a clinical placement, but only one reported being denied a space due to another RN program offering to pay a fee for the placement.

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	2016-2017
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%	38.2%	33.3%	51.9%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%	39.5%	35.0%	50.6%
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	54.5%	46.9%	48.7%	48.3%	49.4%
Visit from Joint Commission or other accrediting agency				21.1%	21.0%	26.3%	23.3%	33.8%
No longer accepting ADN students*	26.0%	16.1%	21.2%	20.0%	23.5%	21.1%	23.3%	27.3%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%	17.1%	26.7%	26.0%
Change in facility ownership/management		11.8%	12.9%	21.1%	14.8%	21.1%	18.3%	24.7%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%	25.0%	21.7%	18.2%
Closure, or partial closure, of clinical facility		23.7%	25.9%	26.7%	25.9%	18.4%	28.3%	18.2%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.5%	11.1%	17.1%	18.3%	15.6%
Implementation of Electronic Health Records system			3.5%	32.3%	22.2%	13.2%	10.0%	13.0%
Other	20.8%	9.7%	10.6%	11.1%	11.1%	17.1%	6.7%	11.7%
Facility moving to a new location/ (or hospital construction)					6.2%		3.3%	2.6%
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					4.9%	1.3%	1.7%	1.3%
Number of programs reporting	77	93	85	90	81	76	60	77

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

*Not asked of BSN or ELM programs.

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (62%) or at a new clinical site (55%). Reducing student admission, mentioned by 9% of respondents, has been an uncommon practice for addressing the loss of clinical space.

Table 21. Strategies to Address the Loss of Clinical Space by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%	66.2%	76.3%	61.8%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%	44.1%	55.3%
Clinical simulation	29.4%	34.4%	32.1%	37.8%	30.5%	40.8%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%	32.2%	35.5%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%	5.1%	9.2%
Other	9.4%	4.4%	1.2%	8.1%	3.4%	7.9%
Number of programs reporting	85	90	81	74	59	76

In 2016-2017, fifty-one (36%) nursing programs reported an increase from the previous year in out-of-hospital clinical placements. In 2016-2017, the three most frequently reported non-hospital clinical sites were skilled nursing/rehabilitation facility, public health or community health agency, and surgery center/ambulatory care center. This is comparable to the prior years.

Table 22. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%	43.9%	46.2%	32.6%	37.3%
Public health or community health agency	43.6%	51.8%	55.0%	53.7%	41.0%	51.2%	35.3%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%	19.5%	28.2%	25.6%	35.3%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%	34.1%	30.8%	37.2%	31.4%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%	39.0%	28.2%	34.9%	31.4%
Home health agency/home health service	30.9%	32.1%	35.0%	29.3%	20.5%	41.9%	29.4%
School health service (K-12 or college)	30.9%	30.4%	22.5%	39.0%	38.5%	27.9%	25.5%
Other	14.5%	17.9%	17.5%	12.2%	12.8%	16.3%	23.5%
Hospice	25.5%	25.0%	27.5%	29.3%	23.1%	25.6%	21.6%
Urgent care, not hospital-based	9.1%	10.7%	5.0%	7.3%	7.7%	7.0%	9.8%
Case management/disease management	7.3%	12.5%	5.0%	12.2%	7.7%	16.3%	7.8%
Correctional facility, prison or jail	5.5%	7.1%	5.0%	7.3%	10.3%	9.3%	7.8%
Renal dialysis unit	12.7%	5.4%	5.0%	4.9%	5.1%	7.0%	5.9%
Occupational health or employee health service	5.5%	5.4%	0.0%	2.4%	0.0%	2.3%	2.0%
Number of programs reporting	55	56	40	41	39	43	51

In 2016-2017, 69% (n=91) of 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 restrictions students faced continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and access to bar coding medication administration. Schools reported that the least common types of restrictions students faced were direct communication with health care team members and alternative setting due to liability.

Table 23. 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	2016-2017
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%	68.8%	79.3%	75.8%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%	60.2%	61.9%	64.8%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%	59.1%	69.0%	64.8%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%	44.1%	55.4%	57.1%
Student health and safety requirements		39.0%	43.6%	45.3%	43.0%	40.9%	43.4%	41.8%
Some patients due to staff workload		31.0%	37.6%	30.5%	41.9%	30.1%	27.7%	37.4%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%	31.2%	35.4%	36.3%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%	26.9%	34.9%	29.7%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%	19.4%	19.3%	17.6%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%	7.5%	8.5%	12.1%
Number of schools reporting	94	100	101	95	93	93	84	91

Note: Blank cells indicate that the applicable information was not requested in that 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 for clinical site staff to train students (66%) and liability (53%). Schools reported that students were restricted from using medication administration systems due to liability (77%) and limited time for clinical staff to train students (37%).

Table 24. 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	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
Liability	41.7%	36.4%	43.5%	52.6%	50.0%	62.3%	68.3%	77.4%
Insufficient time to train students	60.7%	64.9%	81.2%	65.8%	39.4%	31.9%	39.7%	36.9%
Staff fatigue/burnout	31.0%	29.9%	34.8%	34.2%	33.3%	24.6%	31.7%	29.8%
Staff still learning and unable to assure documentation standards are being met	59.5%	58.4%	56.5%	46.1%	27.3%	21.7%	23.8%	25.0%
Cost for training	28.6%	6.5%	31.9%	26.3%	18.2%	20.3%	19.0%	13.1%
Other	13.1%	6.5%	10.1%	7.9%	16.7%	5.8%	9.5%	13.1%
Patient confidentiality	26.2%	22.1%	30.4%	27.6%	15.2%	7.2%	6.3%	6.0%
Number of schools reporting	84	77	69	76	66	69	63	84

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

Schools compensate for training in areas of restricted student access by providing training in the simulation lab (88%), in the classroom (56%), and ensuring that all students have access to sites that train them in the area of restricted access (55%). Since 2013-2014, training students in the simulation lab or classroom and use of software have increased while access to other sites to train them has decreased.

Table 25. How the Nursing Program Compensates for Training in Areas of Restricted Access by Academic Year

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools	2016-2017 % Schools
Training students in the simulation lab	80.6%	87.1%	88.0%	87.9%
Training students in the classroom	53.8%	57.0%	66.3%	56.0%
Ensuring all students have access to sites that train them in this area	61.3%	55.9%	50.6%	54.9%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%	45.1%
Other	9.7%	11.8%	12.0%	11.0%
Number of schools reporting	93	93	83	91

Faculty Census Data³

In 2016-2017, the total number of nursing faculty increased, as did the number of part-time and full-time faculty. On October 15, 2017, there were 4,799 total nursing faculty.⁴ Of these faculty, 32% (n=1,546) were full-time and 68% (n=3,253) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2017, schools reported 424 vacant faculty positions. These vacancies represent an 8.1% faculty vacancy rate overall (10.5% for full-time faculty and 6.9% for part-time faculty).

Table 26. Faculty Census Data by Year

	2007*	2008	2009	2010	2011	2012	2013*	2014*	2015*	2016*	2017***
Total Faculty	3,282	3,471	3,630	3,773	4,059	4,119	4,174	4,181	4,532	4,366	4,799
<i>Full-time</i>	1,374	1,402	1,453	1,444	1,493	1,488	1,522	1,498	1,505	1,513	1,546
<i>Part-time</i>	1,896	2,069	2,177	2,329	2,566	2,631	2,644	2,614	3,000	2,953	3,253
Vacancy Rate**	5.9%	4.7%	4.7%	4.7%	4.9%	7.9%	5.9%	9.4%	8.2%	9.1%	8.1%
<i>Vacancies</i>	206	172	181	187	210	355	263	432	407	435	424

*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)

³ Census data represent the number of faculty on October 15th of the given year.

⁴ 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 California nursing schools.

In 2016-2017, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past five years than previously. Forty-seven percent (47%) (n=61) of 131 schools responding agreed. These 61 schools were asked to rank the reason for this shift.

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

Table 27. Reasons for Hiring More Part-time Faculty, 2016-17

	Average rank*	Programs reporting
Non-competitive salaries for full time faculty	2.45	51
Shortage of RNs applying for full time faculty positions	2.98	48
Insufficient number of full time faculty applicants with required credential	3.42	48
Insufficient budget to afford benefits and other costs of FT faculty	4.08	49
Need for part-time faculty to teach specialty content	4.39	46
Need for faculty to have time for clinical practice	5.62	39
Private, state university or community college laws, rules or policies	5.66	38
Other	5.94	18
To allow for flexibility with respect to enrollment changes	6.22	36
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.03	33

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

In 2016-2017, 92 of 132 schools (70%) reported that faculty in their programs work an overloaded schedule, and 97% (n=89) of these schools pay the faculty extra for the overloaded schedule.

Table 28. Faculty with Overloaded Schedules by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Schools with overloaded faculty	81	84	85	87	94	99	85	85	92
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%	95.0%	96.5%	96.5%	96.7%
Number of schools reporting	125	125	131	132	133	131	132	132	132

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 130 programs in 2006-2007 to 141 programs in 2016-2017. In the past ten years, the share of nursing programs that collaborate with other schools to offer programs that lead to a higher degree increased from nine to 80.

The number of available admission spaces reported by California RN programs has fluctuated over the past ten years. New student enrollments have also fluctuated over the past ten years, reaching a peak of 14,228 in 2009-2010 and remaining stable between 13,100 and 13,597 for the past five years. This relative decline, due to fewer qualified applications and enrollments in ADN programs, has been largely offset by increases in qualified applications and enrollments in BSN programs.

Pre-licensure RN programs reported 11,302 completions in 2016-2017—an 18% increase in student completions since 2007-2008. After three consecutive years of growth in the number of graduates from California nursing programs from 2006-2007 to 2009-2010, the number of graduates declined slightly and has fluctuated around 11,000 for the last five years.

Average retention rates reached a ten-year high of 83% in 2013-2014, after which the retention rate declined steadily to 78% in 2016-2017. At the time of the survey, 4% of new nursing program graduates were unable to find employment, which is a decline from the high of 28% in 2009-2010. The number of new graduates employed in California has increased for the fourth year and was reported at 81%.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Even when the number of new student enrollments declined, the number of faculty has continued to rise, largely driven by increases in part-time faculty. While the number of full-time faculty increased 10% since 2008, the number of part-time faculty has increased 57%. The number of nursing faculty overall has increased by 38% in the past ten years, from 3,471 in 2008 to 4,799 in 2017. In 2017, 424 faculty vacancies were reported, representing an overall faculty vacancy rate of 8.1% (10.5% for full-time faculty and 6.9% for part-time faculty). Vacancy rates have stayed relatively high over the last four years compared to the period between 2007 and 2013.

APPENDIX A – List of Survey 2016-2017 Respondents by Degree Program***ADN Programs (84)***

American Career College	Los Angeles Trade-Tech College
American River College	Los Angeles Valley College
Antelope Valley College	Los Medanos College
Bakersfield College	Mendocino College
Brightwood College	Merced College
Butte Community College	Merritt College
Cabrillo College	Mira Costa College
California Career College*	Modesto Junior College
Cerritos College	Monterey Peninsula College
Chabot College	Moorpark College
Chaffey College	Mount Saint Mary's University –
Citrus College	Los Angeles
City College of San Francisco	Mount San Antonio College
CNI College (Career Networks Institute)	Mount San Jacinto College
College of Marin	Napa Valley College
College of San Mateo	Ohlone College
College of the Canyons	Pacific Union College
College of the Desert	Palomar College
College of the Redwoods	Pasadena City College
College of the Sequoias	Porterville College
Contra Costa College	Rio Hondo College
Copper Mountain College	Riverside City College
Cuesta College	Sacramento City College
Cypress College	Saddleback College
De Anza College	San Bernardino Valley College
East Los Angeles College	San Diego City College
El Camino College	San Joaquin Delta College
El Camino College - Compton Center	San Joaquin Valley College
Evergreen Valley College	Santa Ana College
Fresno City College	Santa Barbara City College
Glendale Career College*	Santa Monica College
Glendale Community College	Santa Rosa Junior College
Golden West College	Shasta College
Grossmont College	Shepherd University
Hartnell College	Sierra College
Imperial Valley College	Solano Community College
Long Beach City College	Southwestern College
Los Angeles City College	Stanbridge College
Los Angeles County College of Nursing and Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Pierce College	Weimar Institute
Los Angeles Southwest College	West Hills College Lemoore
	Yuba College

LVN-to-ADN Programs Only (7)

Allan Hancock College
 Carrington College
 College of the Siskiyous
 Gavilan College

Mission College
 Reedley College at Madera Community
 College Center
 Unitek College

BSN Programs (37)⁵

American University of Health Sciences
 Azusa Pacific University
 Biola University
 California Baptist University
 Chamberlain College
 Concordia University Irvine
 CSU Bakersfield
 CSU Channel Islands
 CSU Chico
 CSU East Bay
 CSU Fresno
 CSU Fullerton
 CSU Long Beach
 CSU Los Angeles
 CSU Northridge
 CSU Sacramento
 CSU San Bernardino
 CSU San Marcos
 CSU Stanislaus

Dominican University of California
 Holy Names University
 Loma Linda University
 Mount Saint Mary's University – Los Angeles
 National University
 Point Loma Nazarene University
 Samuel Merritt University
 San Diego State University
 San Francisco State University
 Simpson University
 Sonoma State University
 The Valley Foundation School of Nursing at
 San Jose State
 University of California Irvine
 University of California Los Angeles
 University of Phoenix
 University of San Francisco
 West Coast University
 Western Governors University

ELM Programs (13)⁶

Azusa Pacific University
 California Baptist University
 Charles R. Drew University of Medicine and
 Science
 CSU Long Beach
 Samuel Merritt University
 San Francisco State University
 University of California Davis

University of California Irvine*
 University of California Los Angeles
 University of California San Francisco
 (University of San Diego - Hahn School of
 Nursing)
 University of San Francisco
 Western University of Health Science

*New programs in 2016-2017

⁵ United States University had a BSN program in 2015-2016, but now has an RN to BSN only.

⁶ CSU Dominguez Hills and CSU Fullerton listed ELM programs in 2015-2016, but as of December 2017, neither of these programs is accepting students and neither submitted data for 2016-2017. UC Irvine submitted information on an ELM program this year, but not in 2015-2016.

APPENDIX B – BRN Nursing Education and Workforce Advisory Committee

Members

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American Nurses Association\California
California State University, Long Beach
SEIU
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National Nurses United
University of California, San Francisco
Association of California Nurse Leaders

Assessment Technologies Institute
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Health Professions Education Foundation,
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