California Board of Registered Nursing
2015-2016 Annual School Report

Data Summary and Historical Trend Analysis

Northern California

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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 regions[1] 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 11-county Northern California region. Counties in the region include Del Norte, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Sierra, Siskiyou, and Trinity. 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. This should not impact reporting for the Northern California region.

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[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 ANALYSIS[2]

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, Northern California had a total of 3 pre-licensure nursing programs 2 were ADN programs and one was an LVN to ADN program. All of the pre-licensure nursing programs in the 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	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**	**3**	**3**
ADN	3	3	3	3	3	3	3	3	3	3
BSN	1	1	1	1	1	1	1	0	0	0
ELM	0	0	0	0	0	0	0	0	0	0
Public	4	4	4	4	4	4	4	3	3	3
Private	0	0	0	0	0	0	0	0	0	0
Total number of schools	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**	**3**	**3**

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[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, two pre-licensure programs (67%) in the region reported partnering with another school to offer a program leading to a higher nursing degree.

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	1	1	1	0	1	1	1	2
Formal collaboration							100%	100%	100%	
Informal collaboration							0%	0%	100%	
Number of programs that reported	**3**	**4**	**4**	**4**	**4**	**4**	**4**	**3**	**3**	**3**

Note: Blank cells indicate the information was not requested

Admission Spaces and New Student Enrollments

Spaces available for new students in Northern California pre-licensure nursing programs reached a high of 153 in 2008-2009. Since then, the region saw a decline of available spaces for new students, which has remained constant for the past five years. New student enrollments in the region have followed a similar pattern. The region's programs continued to enroll more students than there were spaces available. In 2015-2016, programs reported 94 spaces available for new students, which were filled with a total of 100 students. This represents the tenth consecutive year in which the region's programs have overenrolled students. One program (33%) reported enrolling more students than admission spaces available.

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Spaces available	131	147	153	153	113	93	93	90	93	94
New student enrollments	147	178	172	154	122	109	110	102	99	100
% Spaces filled with new student enrollments	**112.2%**	**121.1%**	**112.4%**	**100.7%**	**108.0%**	**117.2%**	**118.3%**	**113.3%**	**106.5%**	**106.4%**

Northern California nursing programs continued to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications received by ADN programs in the region has declined from a high of 290 in 2010-2011 to a low of 187 in 2013-2014 and a slight increase in the past two years with 217 reported in 2015-2016. Programs in the region enrolled a smaller share of applications in 2015-2016 (46%) than in 2014-2015 (49%).

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	**350**	**272**	**419**	**438**	**290**	**269**	**239**	**187**	**202**	**217**
ADN	193	156	201	246	290	269	239	187	202	217
BSN	157	116	218	192	0	0	0	0	0	0
% Qualified applications *not* enrolled	**58.0%**	**34.6%**	**58.9%**	**64.8%**	**57.9%**	**59.5%**	**54.0%**	**45.5%**	**51.0%**	**53.9%**

*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.

New student enrollments in the region's pre-licensure programs have shown an overall decline since 2007-2008. While ADN programs in the region had two years of declining enrollment between 2007-2008 and 2009-2010, these programs have seen relatively constant enrollment since 2010-2011.

No programs reported that they enrolled fewer students in 2015-2016 compared to the previous year.

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	**147**	**178**	**172**	**154**	**122**	**109**	**110**	**102**	**99**	**100**
ADN	103	118	110	94	102	109	110	102	99	100
BSN	44	60	62	60	20	0	0	0	0	0

Student Census Data

The total number of students enrolled in the Northern California region's nursing programs declined every year from 2010 to 2014 and then increased slightly in 2015 and again in 2016 (11%, n=17). The majority of this decline is the result of the closing of the BSN program in the region, resulting in only ADN students being enrolled in nursing programs in the region. A total of 175 students were enrolled in a Northern California region ADN program in 2015-2016, marking the highest ADN census in the region in the last ten years.

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

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ADN	163	168	160	155	162	148	165	158	170	175
BSN	119	133	177	135	79	21	0	0	0	0
Total nursing students	**282**	**301**	**337**	**290**	**241**	**169**	**165**	**158**	**170**	**175**

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

Student Completions

The number of students who completed Northern California nursing programs decreased by 34% (n=52) between 2011-2012 and 2013-2014. This decrease was the result of fewer BSN completions due to the closure of the BSN program in the region. However, the number of ADN completions has stayed steady at 100 students per year from 2013-2014 to 2014-2015. In 2015-2016, there was a very small 5% (n=5) increase in ADN student completions.

Table 7. 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	82	95	99	90	84	95	92	100	100	105
BSN	40	47	42	56	55	57	22	0	0	0
Total student completions	**122**	**142**	**141**	**146**	**139**	**152**	**114**	**100**	**100**	**105**

Retention and Attrition Rates

Of the 93 students scheduled to complete a Northern California nursing program in the 2015-2016 academic year, 84% (n=78) completed the program on-time, none are still enrolled in the program, and 16% (n=15) dropped out or were disqualified from the program. The region's average attrition rate has been increasing recently – from 5% in 2011-2012 to 16% in 2015-2016.

Table 8. 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	**113**	**152**	**129**	**151**	**138**	**148**	**108**	**92**	**93**	**93**
Completed on time	98	134	119	131	118	134	95	80	80	78
Still enrolled	3	3	1	2	10	6	3	1	0	0
Total attrition	12	15	9	18	10	8	10	11	13	15
Attrition-dropped out									4	6
Attrition-dismissed									9	9
Completed late‡					0	0	2	3	0	0
Retention rate*	86.7%	88.2%	92.2%	86.8%	85.5%	90.5%	88.0%	87.0%	86.0%	83.9%
Attrition rate**	10.6%	9.9%	7.0%	11.9%	7.2%	5.4%	9.3%	12.0%	14.0%	16.1%
% Still enrolled	2.7%	2.0%	0.8%	1.3%	7.2%	4.1%	2.8%	1.1%	0.0%	0.0%

‡ 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 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.

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates in the Northern California region have fluctuated for ADN and BSN program graduates. The NCLEX passing standard was increased in April 2013, which may have impacted later NCLEX passing rates for the subsequent years, however, the 2015-2016 pass rate was the highest in the last ten years for ADN programs in the region at over 94%.

Table 9. First Time NCLEX Pass Rates* by Program Type by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	88.5%	89.1%	87.5%	85.9%	88.3%	90.8%	86.8%	89.9%	91.4%	94.4%
BSN	92.7%	82.6%	91.3%	82.0%	91.4%	93.8%	90.5%	-	-	-

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

Employment of Recent Nursing Program Graduates[3]

The largest share of RN program graduates continue to work in hospitals, increasing from a ten-year low of 39% in 2011-2012 to 82% in 2015-2016. Between 2006-2007 and 2011-2012, the graduates of programs in the Northern California region had increasingly found employment at long-term care facilities. Over the last three years, the share of Northern California graduates employed in long-term care facilities declined dramatically – from 26% in 2012-2013 to 0% in 2015-2016. The share of recent graduates working as nurses in California, which has been relatively stable since 2008-2009, increased to 88% in 2015-2016. Programs reported no recent graduates unable to find employment in nursing at the time of the survey. However, 8% were not yet licensed.

Table 10. 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	84.0%	76.0%	77.5%	60.5%	48.0%	39.1%	61.2%	79.8%	89.5%	81.6%
Not yet licensed										8.2%
Community/public health facilities	20.0%	5.0%	12.8%	14.5%	0.3%	5.6%	3.8%	7.0%	1.2%	4.5%
Other healthcare facilities	10.0%	10.0%	5.0%	11.7%	5.8%	17.5%	5.5%	10.4%	3.7%	3.6%
Pursuing additional nursing education							2.8%	0.0%	2.7%	2.1%
Long-term care facilities	2.5%	7.5%	10.0%	14.5%	16.3%	29.1%	25.6%	0.9%	1.2%	0.0%
Unable to find employment				14.5%	6.7%	6.9%	1.0%	1.8%	1.8%	0.0%
Other setting	10.0%	1.5%	0.0%	3.5%	1.5%	1.9%	0.0%	0.0%	0.0%	0.0%
Employed in California	**90.7%**	**84.0%**	**79.5%**	**78.8%**	**79.3%**	**81.3%**	**76.7%**	**82.0%**	**73.3%**	**88.3%**

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 4% of recent graduates.

Clinical Training in Nursing Education

Questions regarding clinical simulation[4] 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 three of the Northern California region nursing programs reported using clinical simulation in 2015-2016. One (33%) of the three programs has plans to increase staff dedicated to administering clinical simulation in their program in the next 12 months.

The content areas using the most hours of clinical simulation on average are Medical/Surgical (28.0), Leadership/Management (12.0), and Psychiatry/Mental Health and Obstetrics (11.0 each). The largest proportion of clinical hours in all programs is in direct patient care (77%) followed by skills lab (12%) and simulation (11%).

On average, programs reported fewer clinical hours in 2015-2016 than in 2014-2015. Fewer average hours were reported in fundamentals and geriatrics. Significantly more average hours were reported in medical/surgical. While the proportion of clinical hours allocated to direct patient care was virtually the same as last year, the proportion of hours dedicated to simulation was greater, while the proportion dedicated to skills labs/non-direct patient care decreased.

Table 11. 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	228.0	263.0	39.8	52.3	22.0	28.0	289.8	343.3
Fundamentals	110.0	77.0	54.5	30.8	6.0	4.0	170.5	111.8
Obstetrics	55.3	66.0	9.7	2.0	9.0	11.0	74.0	79.0
Pediatrics	55.3	66.0	10.0	2.0	8.7	10.5	74.0	78.5
Geriatrics	118.0	66.0	18.3	2.0	7.7	10.5	144.0	78.5
Psychiatry/Mental Health	66.0	66.0	1.3	2.0	9.0	11.0	76.3	79.0
Leadership/Management	6.7	5.0	2.7	4.0	8.0	12.0	17.3	21.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total average clinical hours	**639.3**	**609.0**	**136.3**	**95.0**	**70.3**	**87.0**	**846.0**	**791.0**
Percent of clinical hours	**75.6%**	**77.0%**	**16.1%**	**12.0%**	**8.3%**	**11.0%**	**100.0%**	**100.0%**
Number of programs that reported	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**

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[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, non-direct patient care, and clinical simulation for each of the eight content areas listed above. One program reported plans to decrease Obstetrics, Pediatrics, and Psychiatry/ Mental Health. In these three content areas, the trend was to decrease the current overall number of clinical hours and hours in direct patient care.

All three programs planned to maintain the remaining five content areas and clinical experiences. (Fundamentals, Medical/Surgical, Geriatrics, Leadership/Management, and other)

Table 12. 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	0.0%	100.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	33.3%	66.7%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	33.3%	66.7%	0.0%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	33.3%	66.7%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	33.3%	66.7%	0.0%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%

Table 12. 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	33.3%	66.7%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	33.3%	66.7%	0.0%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Other	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Skills lab	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%

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

Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area or clinical experience type. Only one program was overall reducing clinical hours, indicating that this was because students could meet learning objectives in less time.

Table 13. Why Program is Reducing Clinical Hours by Academic Year

	2014-2015	2015-2016
Can teach required content/ Students can meet learning objectives in less time	0.0%	100.0%
Unable to find sufficient clinical space	0.0%	0.0%
Other	0.0%	0.0%
Insufficient clinical faculty	0.0%	0.0%
Funding issues or unavailable funding	0.0%	0.0%
Number of programs that reported	**0**	**1**

Clinical Space & Clinical Practice Restrictions[5]

One pre-licensure nursing programs in the Northern California region reported being denied access to a clinical placement, unit or shift in 2015-2016. Consequently, there were six losses in clinical placements, units or shifts, and 30 students were affected. No schools reported being allowed fewer students for a clinical placement, unit, or shift in this year than in the prior year.

Table 14. 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	1	2	1	0	1
Programs offered alternative by site*					0	0
Placements, units or shifts lost*					0	6
Number of programs that reported	4	4	4	3	3	3
Total number of students affected	2	0	40	27	0	30

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

Table 15. RN Programs that Reported Fewer Students Allowed for Clinical Space by Academic Year

	2014-2015	2015-2016
ADN	0	0
BSN	0	0
ELM	0	0
All Programs	**0**	**0**

[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.

This year, the one nursing program that reported being denied a clinical placement, unit, or shift indicated that clinical space was unavailable due to competition for space, clinical sites no longer accepting ADN students, nurse residency programs, and clinical facility seeking magnet status.

Table 16. Reasons for Clinical Space Being Unavailable by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2014-2015	2015-2016
Clinical facility seeking magnet status	0%	0%	0%	0%	0.0%	100.0%
Competition for clinical space due to increase in number of nursing students in region	0%	0%	100%	100%	0.0%	100.0%
No longer accepting ADN students	0%	0%	100%	100%	0.0%	100.0%
Nurse residency programs	100%	0%	100%	0%	0.0%	100.0%
Change in facility ownership/management		0%	0%	0%	0.0%	0.0%
Closure, or partial closure, of clinical facility		0%	0%	0%	0.0%	0.0%
Decrease in patient census	0%	0%	0%	0%	0.0%	0.0%
Displaced by another program	0%	0%	0%	0%	0.0%	0.0%
Implementation of Electronic Health Records system			100%	0%	0.0%	0.0%
Staff nurse overload or insufficient qualified staff	100%	100%	0%	0%	0.0%	0.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay				0%	0.0%	0.0%
Visit from Joint Commission or other accrediting agency			0%	0%	0.0%	0.0%
Other	100%	0%	0%	0%	0.0%	0.0%
Number of programs that reported	**1**	**1**	**1**	**2**	**0**	**1**

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

One program lost access to clinical space in 2015-2016, reporting that it addressed this loss by adding or replacing the lost clinical space with a new site

Table 17. Strategies to Address the Loss of Clinical Space by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Replaced lost space at different site currently used by nursing program	0.0%	100.0%	100.0%	0.0%	0.0%
Added/replaced lost space with new site	0%	0%	100%	0.0%	100.0%
Replaced lost space at same clinical site	0%	100%	0%	0.0%	0.0%
Clinical simulation	0%	0%	0%	0.0%	0.0%
Reduced student admissions	0%	0%	0%	0.0%	0.0%
Other	100%	100%	0%	0.0%	0.0%
Number of programs that reported	**1**	**2**	**1**	**0**	**1**

In 2015-2016, one of the nursing programs in the Northern California region reported an increase of out-of-hospital clinical placements from the previous year in three different types of non-hospital sites: medical practice, clinic, or physician office; public health or community health agency; and case management/disease management.

Table 18. 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
Case management/disease management	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%
Medical practice, clinic, physician office	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%
Public health or community health agency	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Correctional facility, prison or jail	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Home health agency/home health service	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Hospice	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Occupational health or employee health service	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Outpatient mental health/substance abuse	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Renal dialysis unit	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
School health service (K-12 or college)	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Skilled nursing/rehabilitation facility	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Surgery center/ambulatory care center	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Urgent care, not hospital-based	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	**0**	**2**	**1**	**0**	**0**	**1**

In 2015-2016, 33% (n=1) of Northern California schools reported that pre-licensure students in its program had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restricted access students faced were to the clinical site itself due to a visit from the Joint Commission or another accrediting agency and access to automated medical supply cabinets.

Table 19. 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
Automated medical supply cabinets	50.0%	0.0%	0.0%	50.0%	100.0%	100.0%	100.0%
Clinical site due to visit from accrediting agency (Joint Commission)	75.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
Alternative setting due to liability	0.0%	0.0%	0.0%	50.0%	100.0%	0.0%	0.0%
Bar coding medication administration	50.0%	0.0%	100.0%	50.0%	0.0%	0.0%	0.0%
Direct communication with health team	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Electronic Medical Records	75.0%	0.0%	100.0%	50.0%	0.0%	0.0%	0.0%
Glucometers	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IV medication administration	25.0%	0.0%	0.0%	50.0%	100.0%	0.0%	0.0%
Some patients due to staff workload		0.0%	0.0%	50.0%	100.0%	0.0%	0.0%
Student health and safety requirements		0.0%	100.0%	50.0%	0.0%	0.0%	0.0%
Number of schools that reported	**4**	**1**	**1**	**2**	**1**	**1**	**1**

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".

In 2015-2016, no school reported access problems related to electronic medical records.

In 2015-2016, one school reported that liability and "other" were the reasons for restricted student access to medication administration systems. Liability was the only reason given in 2014-2015, and in 2013-2014, no school gave a reason for restrictions in this category

Table 20. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration by Academic Year

	Electronic Medical Records			Medication Administration		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
Liability	0%	0%	0%	0%	100%	100%
Other	100%	0%	0%	0%	0%	100%
Cost for training	0%	0%	0%	0%	0%	0%
Insufficient time to train students	0%	0%	0%	0%	0%	0%
Patient confidentiality	0%	0%	0%	0%	0%	0%
Staff fatigue/burnout	0%	0%	0%	0%	0%	0%
Staff still learning and unable to assure documentation standards are being met	100%	0%	0%	0%	0%	0%
Number of schools that reported	**1**	**0**	**0**	**1**	**1**	**1**

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

Between 2013-2014 and 2015-2016, the nursing school in the region that reported restricted access for students compensated for training in areas of restricted student access by providing training in the simulation lab. In 2013-2014 and 2015-2016 the one school also compensated by training students in the classroom.

Table 21. How the Nursing Program Compensates for Training in Areas of Restricted Access by Academic Year

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools
Training students in the classroom	100.0%	0.0%	100.0%
Training students in the simulation lab	100.0%	100.0%	100.0%
Ensuring all students have access to sites that train them in this area	0%	100.0%	0.0%
Other	0%	0.0%	0.0%
Purchase practice software, such as SIM Chart	0%	0.0%	0.0%
Number of schools that reported	**1**	**1**	**1**

Faculty Census Data[6]

In 2015-2016, the total number of nursing faculty in the region did not change from the prior year.[7] Of these faculty, 27% (n=10) were full-time and 73% (n=27) were part-time. Since 2007, the number of full-time faculty in the region has declined, while the number of part-time faculty increased to a high of 48 in 2010 and has since also declined. Nursing schools in the region continue to report a need for faculty. On October 15, 2016, there were 11 vacant faculty positions in the region, representing a 22.9% faculty vacancy rate, the highest reported rated in ten years. The vacancy rate for full time faculty was 23.1%, while the vacancy rate for part time faculty was 22.9%.

Table 22. Faculty Census Data by Year

	2007*	2008	2009	2010	2011	2012	2013	2014*	2015*	2016
Total Faculty	44	61	56	62	45	38	34	43	37	37
Full-time	17	16	16	14	13	10	10	8	11	10
Part-time	27	45	40	48	32	28	24	28	25	27
Vacancy Rate	6.4%	6.2%	6.7%	1.6%	2.2%	2.6%	2.9%	4.4%	11.9%	22.9%
Vacancies	3	4	4	1	1	1	1	2	5	11

*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)

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[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, 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 and two schools of the three responding agreed. These schools were asked to rank the reason for the shift.

The top ranked reason was insufficient budget to afford benefits and other costs of FT faculty and non-competitive salaries for full-time faculty.

Table 23. Reasons for Hiring More Part-time Faculty 2015-2016

	Average Rank*	Programs reporting
Insufficient budget to afford benefits and other costs of FT faculty	1	1
Non-competitive salaries for full time faculty	1.5	2
Insufficient number of full time faculty applicants with required credential	3	2
Shortage of RNs applying for full time faculty positions	3	2
Need for part-time faculty to teach specialty content	5	1
Private, state university or community college laws, rules or policies	6	1
To allow for flexibility with respect to enrollment changes	7	1
Need for faculty to have time for clinical practice	8	1
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	9	1
Other	10	1

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

In 2015-2016, two of the Northern California region nursing schools reported that their faculty worked overloaded schedules, and all reported paying the faculty extra for the overloaded schedule.

Table 24. 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	2	2	3	3	2	2	3	2
Share of schools that pay faculty extra for the overload	100%	100%	66.7%	100%	100%	100%	100%	100%
Total number of schools	**4**	**4**	**4**	**4**	**4**	**3**	**3**	**3**

Summary

The number of pre-licensure nursing programs in the Northern California region has stayed steady at three over the last three years, after decreasing from four to three in 2013-2014 due to the closure of the BSN program in the region. In 2015-2016, there were two programs that partnered with another school to offer a program leading to a higher degree in nursing.

Spaces available for new students in Northern California pre-licensure nursing programs reached a high of 153 in 2008-2009 and 2009-2010. Since then, the region has seen declining availability of spaces for new students. New student enrollments in the region have followed a similar pattern. These declines in admission spaces and new student enrollments are almost exclusively due to the closing of the BSN program in the region. Applications to programs in the region have been declining since 2009-2010. However, nursing programs in the region continue to receive more qualified applications than can be accommodated. In 2015-2016, 46% (n=100) of qualified applications enrolled.

Nursing program expansion over the past ten years has led to a growing number of graduates in the region – from 122 graduates in 2006-2007 to 152 graduates in 2011-2012. Since 2011-2012, when the BSN program in the region stopped enrolling new students, the total number of graduates in the region has declined. The region had 105 graduates from its programs in 2015-2016. In addition, the average attrition rate in the region has increased from its ten-year low of 5% in 2011-2012 to 16% in 2015-2016.

Most of the region's recent graduates continue to work in hospitals. Although a number of graduates turned to long-term care facilities for employment between 2006-2007 and 2012-2013, this number dropped dramatically in 2013-2014 through 2015-2016. In 2015-2016, hospitals made up 82% of employment in the region. At the time of the survey, programs reported that all new graduates from the region's RN programs were able to find employment in nursing.

All three of the nursing programs in Northern California reported using clinical simulation in 2015-2016, and one of these programs plans to expand its use in the coming year. One program reported plans to reduce its clinical hours in some content areas in the next year. One school reported being denied access to clinical space in 2015-2016 that have been previously available.

Restrictions to student clinical practice at clinical facilities have become less common over time. In 2009-2010, all programs in the region reported that students faced restricted access to various practices in the clinical setting, or to the clinical setting itself. In 2015-2016, only one program reported limited access.

The total number of nursing faculty in the region reached a ten-year high of 62 faculty in 2010. Since then, the number of faculty declined mainly due to the closure of a BSN program in the region that was no longer admitting students in 2010-2011. Faculty vacancy rates have remained low for the past five years with only one or two faculty vacancies reported in each of those years. However, the vacancy rate reported in 2016 was 22.9% overall (n=11) 27.2%% for full-time faculty and 72.7% for part-time faculty—the highest rate in the last ten years.

APPENDICES

APPENDIX A – Northern California Nursing Education Programs

ADN Programs (2)

College of the Redwoods
Mendocino College

LVN to ADN Program Only (1)

College of the Siskiyous

APPENDIX B – BRN Education Issues Workgroup Members

Members	**Organization**
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
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

Dr. Joseph Morris	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing