

## 2011 ANNUAL REPORT

Dear Colleagues,

The end of 2011 marks ten years since the California Institute for Nursing & Health Care (CINHC) was incorporated as a not-for-profit organization to provide a forum by which stakeholders could effectively address the state's nursing workforce issues and assure a quality nursing workforce for California. Year end is also a time to reflect on the accomplishments and the challenges of the previous year, and to focus on new directions.

Major objectives in 2011 included positioning the organization for a change in organizational leadership, becoming financially sustainable, and responding to health care reform. To address these challenges, a market assessment was conducted (with support from the Gordon & Betty Moore Foundation and Barbara Aved & Associates) that affirmed CINHC's value proposition and the unique role we play in California. This assessment led to an updated business plan that includes a dynamic framework for moving CINHC forward and achieving long-term sustainability. Many of you provided input, which was greatly appreciated by the Board of Directors.

### **Additional 2011 highlights include:**

- A strong vision for the future. Although the nursing shortage remains a priority for CINHC, our focus has expanded to also ensure that California nurses are prepared to meet the demands of an evolving health care delivery system. Our new Mission Statement, *"To transform the capacity of nurses to meet the evolving health needs of Californians,"* reinforces this new, broader direction.
- ◆ We became the sponsoring entity for the California Action Coalition (CAAC) and serve as its fiscal agent. The CAAC is implementing recommendations from the Institute of Medicine's (IOM) Initiative on the Future of Nursing in California. Two of these are led by CINHC: Recommendation #3 - Transition to Practice/Residencies; and Recommendation #4 - More BSN-Educated Nurses. Other recommendations are aligned with existing CINHC activities. Mary Dickow serves as the state's director for the CAAC through funding from the Moore Foundation and Kaiser Permanente.
- ◆ New CINHC board members were appointed: Dr. Terry Hill, VP for Physician Services, Hill Physicians Group; Ken Anderson, retired CEO of John Muir Health; Mary Dee Hacker, CNO, Children's Hospital Los Angeles; and Dr. Ida Danzey, Associate Dean, Santa Monica Community College. Resignations from the board in 2011: Dr. Jackie Doud, upon her retirement as President of Mount St. Mary's College; Lupe Alonzo-Diaz, upon her appointment as interim deputy director of OSPHD; and Dr. Evelyn Calvillo, upon her retirement as a nursing professor at CSULA.
- ◆ Appointment of Priscilla Gonzalez-Leiva as interim Diversity Director, with the retirement of Pilar De La Cruz-Reyes from the position.
- ◆ Sustainability efforts included increasing revenue sources through an expanded consulting practice and a renewed focus on development. California Hospital Association (CHA) President, Duane Dauner, and Chair of its Board of Directors, Ron Werft, sent a letter to hospital CEOs encouraging financial support of CINHC. As a result of that important effort, CINHC continues to add new financial partners.
- ◆ Establishing new partnerships to build the nursing workforce in out-of-hospital settings. Discussions are focusing on assisting organizations in building capacity to hire more qualified nurses through education redesign and new practice models. Partnerships are emerging with long-term care, primary care, rural health, and behavioral health, as well as with state leadership in the Department of Public Health and the California Workforce Investment Board.
- ◆ Progress on important programs that directly benefit the state's hospitals and health systems:
  - The statewide California Simulation Alliance (CSA) continues to grow under the leadership of KT Waxman, through faculty training programs and building the CSA membership. Foundation funding received continues to build the simulation collaborative in southern California, coordinated by Carolyn Orlowski.

- Transition-to-Practice Programs (TPPs) are expanding beyond the four pilot programs in the San Francisco Bay Area that were led by Nikki West. Fifteen new programs were established in 2011 throughout the state, many under the leadership of Mary O’Conner and the Community College Health Workforce Initiative. Over 700 new graduates unable to find employment benefited from these school-based programs. The unpaid internship-like TPPs bridge the gap between education and service and improve the employability of new grads in hospitals and community-based health services. A comprehensive evaluation of the pilot programs showed that participants increased skills and competencies, and most have obtained RN positions. New programs are under development in primary care clinics and home health/hospices.
- The collaborative model of nursing education (CMNE) is building momentum. CINHC is sponsoring this model of nursing education as the most effective means of increasing BSN degrees through a seamless educational progression from AD to BSN. Implementation of AB 1295 (removal of duplication of courses in community colleges and CSU nursing programs for students on the collaborative track) and commitment from the Chancellors’ offices are making the difference. Recent foundation support is funding the provision of technical assistance to emerging collaboratives based on best practices from existing collaboratives. Already 41 of the state’s 139 nursing programs are committed to the collaborative model and several more are preparing to launch the CMNE as funding and technical assistance become available.
- In partnership with the Hospital Association of Southern California and UCSF Center for Health Professions, the CNO survey of the nursing workforce was repeated in fall of 2011.
- The Report Card on California’s Nursing Workforce was updated with 2010 data, indicating that once again California receives a “D” in RN jobs per capita, compared to the rest of the country.
- The 2011 survey to document the hiring experiences of new graduates was conducted in partnership with the UCLA School of Nursing, the BRN, and ACNL/California Student Nurses Association. This survey indicated that new grads are continuing to have a tough time finding jobs, with 43% reporting they had not yet found employment.

**Financial Summary:**

Achieving financial sustainability and seeking funding for operational support continue to be ongoing challenges for the organization, although the financial outlook in 2011 was better than the previous year. Net assets, including restricted funds at year end, were \$1,641,669. The unrestricted net assets for the year ended 2011 were \$49,415, which represents support and revenues of \$1,279,936 less \$1,230,521 in expenses. Program support, largely funded through grants, represented the greatest bulk of expenses. The Summary of the 2011 Financial Report is included at the end of this Annual Report.

**Looking ahead for 2012, CINHC priorities include:**

- ◆ Preparing to meet the demands of health care reform will be accomplished through our leadership role with the CAAC and building on the new partnerships that are emerging in out-of-hospital settings.
- ◆ Focusing on the hiring dilemma that new graduates face. We will seek funding and partnerships for establishing new TPPs, provide for robust evaluation of programs to support evidence-based practice, and, along with CHA and ACNL, lead an industry dialogue to help shift the employment trend for new graduates.
- ◆ Building upon the CMNE momentum as a nursing education model that has the potential to transform how nurses are educated in California.
- ◆ Providing clinical faculty development programs, Magic in Teaching, and simulation training through the CSA to strengthen the nursing educational infrastructure.
- ◆ As the state’s nursing workforce center and after nearly a decade of building educational capacity, keeping our eye on the nursing shortage and maintaining educational capacity.
- ◆ Building financial sustainability with renewed and innovative approaches to fund development.
- ◆ Recruiting a new leader who will be prepared to take CINHC forward during a time in which nursing’s contribution to the health of our communities has never been more important. I anticipate stepping down in mid-2012 -- 10 years from the time that I founded CINHC, along with some very faithful colleagues who shared my concern about the state’s nursing workforce.

Please continue to read the rest of this Annual Report to learn more about the amazing programs that CINHC is leading as we work with our professional colleagues and partners to build California's nursing workforce. The business plan is available at [www.cinhc.org](http://www.cinhc.org). Thank you for all the support that you have given me, the Board of Directors, and CINHC staff.

Sincerely,



Deloras Jones

March 2012

### **MESSAGE FROM BOARD CHAIR**

Dear Colleagues & CINHC Supporters,

This past year has been a busy one for CINHC and its Board of Directors. CINHC has continued collaborations with its many partners -- educators, state agencies, employers, professional organizations and associations, and foundations. These partnerships and support from foundations and other funders have strengthened CINHC's ability to continue our current programs and establish new ones to ensure that California has a quality nursing workforce.

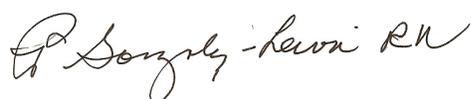
We are especially thankful to our financial partners who provide the funds for CINHC's operational expenses. We are pleased to welcome several new hospitals and health systems who have joined as financial partners.

Deloras Jones, founder of CINHC, plans to step down as Executive Director before the end of 2012. The Board accepted her resignation with sadness. Deloras has been the force that has developed CINHC as a national model and provided the leadership in building California's nursing workforce. Her tireless leadership has been and is greatly appreciated by the Board. Plans for recruitment and selection of a new Executive Director are under way. Our updated strategic business plan provides guidance for the Board and Executive Director in facilitating decisions that have to be made with the transition of the new leadership.

We are honored to be the home for the California Action Coalition, which is leading the implementation of the IOM Recommendations for the Future of Nursing in California. Two of CINHC's Board members, Dr. Linda Burnes Bolton and Dr. Marilyn Chow, helped provide the national leadership for the IOM report. Dr. Burnes Bolton served as Vice Chair for the development of the report.

My sincere appreciation and gratitude to the Board, including the four new Board members who joined us in 2011, for their continued oversight of CINHC and for providing the direction needed to achieve financial sustainability. Also, on behalf of the Board, I wish to thank the committed Advisory Committee members for their many contributions and guidance to CINHC's program development and vision. Last, but not least, our heartfelt thanks goes to CINHC staff for their excellent work in assuring that programs are developed and operational needs of CINHC are met.

Sincerely,



Priscilla Gonzalez-Leiva

## **BOARD OF DIRECTORS**

### **Officers:**

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Executive Director, CINHC

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Terry Hill, MD  
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## **CINHC Advisory Committee**

**Margarita Baggett**, CNO, UC San Diego Medical Center; Representing San Diego region

**Louise Bailey**, Executive Officer, California Board of Registered Nursing

**Terry Bream**, Southern California Permanente Medical Group; Representing ambulatory nursing

**Maureen Casamiquela**, Kaiser Permanente Southern California

**Josie Clevenger**, Chair, Northern California Association of Health Care Recruiters

**Judy Dahle**, Representing Operating Room Nurses Council of California

**Candy Goulette**, *Advance for Nurses*

**Karen Hanford**, Dean, Western University of Health Sciences

**Trish Hanes**, President, California League for Nursing

**Dorel Harms**, VP Professional Services, California Healthcare Association

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**Teri Hollingsworth**, VP, Hospital Association of Southern California

**Tricia Hunter**, Executive Director, American Nurses Association\California

**Judith Karshmer**, Dean, University of San Francisco; Chair, California Association of Colleges of Nursing

**Karen Ketner**, Past-President, California Association of Nurse Practitioners; Representing APRN

**Victoria Maryatt**, Director, American River Community College; Chair, Associate Degree Directors, North

**Patricia McFarland**, CEO, Association of California Nurse Leaders

**Angela Minniefield**, Assistant Deputy Director, Office of Statewide Planning & Development

**Fritzi Nelson**, Chief Nurse, San Mateo County PHD; Representing Public Health Nursing Directors

**Mary O'Connor**, Representing Community College's Health Workforce Initiative

**Tammy Rice**, Assistant Dean Saddleback College; Representing Associate Degree Directors, South

**Phyllis Rowe**, Representing LVN Nursing Directors

**Dori Stevens**, CNO, Sutter Health

**Judith Yates**, Hospital Council of San Diego and Imperial Counties

## **Financial Partners**

### ***Hospitals and Health Systems***

Adventist Health  
Barlow Respiratory Hospital  
Barton Healthcare System  
Cedars-Sinai Medical Center  
Children's Hospital Central Valley  
Children's Hospital Los Angeles  
\*Community Hospital of Monterey Peninsula  
Glendale Adventist Medical Center  
\*Good Samaritan Hospital  
\*Dignity Health (CHW)  
Henry Mayo Newhall Memorial Hospital  
\*Hollywood Presbyterian Medical Center  
Huntington Memorial Hospital  
John Muir Health  
Kaiser Permanente  
Kaweah Delta Health Care District  
North Bay Medical Center  
\*Palomar Pomerado Health  
Pomona Valley Hospital Medical Center  
\*Prime Healthcare  
Providence Health System

### ***Associations***

American Nurses Association\California  
Association of California Nurse Leaders  
California Board of Registered Nursing  
California Association of Colleges of Nursing  
California Hospital Association  
California Organization of Associate Degree Nursing  
Hospital Association of Southern California  
Hospital Council of Northern and Central California  
Hospital Council of San Diego & Imperial Counties

### ***Foundations***

California HealthCare Foundation  
East West Medical Research Institute  
Gordon & Betty Moore Foundation  
Kaiser Permanente Health Education Fund/East Bay Community Foundation  
Kaiser Permanente Community Benefits  
Metta Fund  
The California Endowment  
The Doctors' Company Foundation

Ridgecrest Regional Hospital  
Santa Barbara Cottage Hospital  
Santa Clara Valley Medical Center  
Sharp Health Care  
So. CA Permanente Medical Group  
St. Joseph Health System  
St. Vincent Medical Center  
Sutter Health  
Torrance Memorial Medical Center  
\*UC Irvine Medical Center  
Valley Care Health System  
\*White Memorial Medical Center

\*New Partner in 2012

### ***Corporations***

Gannett Publishing  
Hill-Rom  
Laerdal Medical Systems  
Mechanics Bank  
Orbis Education  
West Coast University

### ***Other Partners/Funders***

Foundation for California Community Colleges  
UCLA School of Nursing

# PROGRAM REPORTS FOR 2011

## I. BUILDING EDUCATIONAL CAPACITY

### Nursing Resource Centers (NRC)

**Program Lead Los Angeles:** Carolyn Orlowski, MSN, RN, [Carolyn@cinhc.org](mailto:Carolyn@cinhc.org)

**CCPS Coordinator Los Angeles:** Tianda McKoy, [Tianda@cinhc.org](mailto:Tianda@cinhc.org)

**Program Lead San Francisco Bay Area:** Nikki West, MPH, [Nikki@cinhc.org](mailto:Nikki@cinhc.org)

NRC provides centralized, web-based services for nursing schools and clinical agencies, with ongoing coordination provided by CINHC regional project coordinators. NRC includes two tools: the Centralized Clinical Placement System (CCPS) and the Centralized Faculty Resource Center (CFRC). Developed initially in the San Francisco Bay Area through funds from the Gordon and Betty Moore Foundation (GBMF) in partnership with the Foundation for California Community Colleges (FCCC), CCPS streamlines management of student clinical placements for both schools and hospitals and allows schools to identify untapped clinical capacity. The second NRC tool, the CFRC at [www.iTeachNursing.org](http://www.iTeachNursing.org), connects schools with open faculty positions to interested, qualified faculty.

NRC is used by schools and hospitals in Los Angeles, the San Francisco Bay Area, and Bakersfield. The Bay Area has been using the system for six years and currently has 27 active school users and 44 active hospital users across the nine county region. The Los Angeles NRC received start-up funding in 2008 from the UniHealth Foundation and the California Community Colleges Chancellor's Office. This region has now completed its fourth year of using CCPS, and currently has 21 RN schools, 6 LVN schools and 25 hospitals participating in Los Angeles County.

The July 2011 Los Angeles annual users' survey demonstrates that CCPS has helped to increase users' ability to better manage and reduce scheduling time, and to increase communication between schools and hospitals. The greatest barrier to placing additional nursing students continues to be the lack of available capacity due to suitable units already saturated with students (83%). While hospital-based clinical education sites remain the predominant setting of choice by pre-licensure RN schools in the region, leveraging clinical placement options in non-acute care settings provides further opportunity to sustain growth.

Annual user fees are paid by participating schools and clinical facilities to cover the cost of the tool and user support, and the program is now self-sustained through user fees. CINHC has carefully monitored the cost of services provided to support the program over the past three years without a fee increase.

### **Plans for 2012:**

Our goal is to sustain and expand the number of clinical facilities using the NRC, and to maximize the regional benefits of the system. FCCC and CINHC will continue to provide training, customer support, and implement system enhancements. A team is currently evaluating options to improve the preceptor placement feature. We look forward to licensing CCPS and CFRC to additional sites beyond those that have already adopted it. In addition to California, other markets licensing the system include South Florida, Texas, Cincinnati, and Hawaii.

### Simulation Programs

#### California Simulation Alliance (CSA)

**Program Lead:** KT Waxman, RN, MBA, CNL, DNP, [KT@cinhc.org](mailto:KT@cinhc.org)

The CSA has been operating since 2008 under the auspices of CINHC. The CSA was originally formed as a doctoral project to develop a comprehensive virtual entity based out of the CINHC to facilitate the development of simulation as an important learning modality in nursing education in California, and to be the voice of simulation for the state's policymakers. The CSA also has objectives of identifying best practices, creating and sharing scenarios, training faculty, and conducting inter-organizational research.

Through 2011, under CSA leadership, seven regional collaboratives have formed. These are: Rural Northern Area Simulation Collaborative, Capital Area Simulation Collaborative, Bay Area Simulation Collaborative, Central Valley Simulation Collaborative, Southern California Simulation Collaborative, Inland Empire Simulation Collaborative, and San Diego Simulation Collaborative.

In April of 2011, the CSA instituted a subscription fee for institutions (\$350) and individuals (\$75) as part of the sustainability plan. Currently there are over 100 subscribers from throughout the state and recruitment for new subscribers continues. CSA subscribers benefit from:

- ♦ Access to statewide pricing agreements with Laerdal Medical, EMS, Limbs & Things, and others, which has resulted in savings of over \$2 million in equipment purchases
- ♦ Over 50 scenarios available for sharing (over 2,000 scenarios have been distributed to 300 organizations) through a “Subscribers only” portal on the website
- ♦ Statewide Simulation Survey conducted to establish a baseline of simulation use
- ♦ List of simulation coordinators in the state
- ♦ Discounts on simulation courses and Magic in Teaching conference
- ♦ 15 new CSA trainers available to expand training capacity
- ♦ Curricula for Level 1, Debriefing, Scenario Writing developed
- ♦ Consulting services

### **Plans for 2012**

One course per month has been scheduled around the state (San Diego, LA, Fresno, Sacramento and the Bay Area) for 2012 with training provided through new regional trainers. Scenarios are currently being updated to include the QSEN competencies and new scenarios are being developed, which adds value for CSA members. In November of 2011, the CSA website was launched: [www.californiasimulationalliance.org](http://www.californiasimulationalliance.org). The website was created and is hosted by one of the CSA partners, EMS. The website lists courses, regional collaboratives, simulation information and the CSA list serve. As the CSA has had no direct funding, program sustainability is through subscription fees, courses, consulting, and vendor agreements. In 2011, four consulting agreements with California schools of nursing were obtained to conduct customized simulation training at their institutions.

### **Bay Area Simulation Collaborative (BASC)**

**Program Lead: KT Waxman, RN, MBA, CNL, DNP, [KT@cinhc.org](mailto:KT@cinhc.org)**

The leadership that was provided from CINHC to initiate the BASC in 2007 has been transferred to local regional faculty. A survey was completed in late 2011 to determine the needs of the BASC members and several meetings are planned this year to reconnect and encourage members to become active in the CSA. Going forward, the BASC will not be reported as a separate program as it will become one of the seven regional collaboratives within the CSA.

### **Southern California Simulation Collaborative (SCSC)**

**Program Lead: Carolyn Orlowski, RN, MS, [Carolyn@cinhc.org](mailto:Carolyn@cinhc.org)**

The development of the SCSC was initially funded by a grant from the Kaiser Permanente Southern California Community Benefit Program and launched in the Greater LA Region in spring 2009, building upon the experience of the BASC. The SCSC Operating Committee was established to guide the development of the regional simulation collaborative plan. Implementation of a Faculty Development Plan included a series of novice to expert simulation classes for academic faculty and clinical service instructors. Classes included: Level 1 and 2 classes as well as specialty topics including Debriefing, Scenario Development, and Moulage. Since 2009, 401 participants have attended classes from 55 schools and 42 hospitals and clinical service settings. Local faculty experts have been identified and are now co-teaching the CSA courses as part of the regional Southern California plan for education sustainability.

### **Plans for 2012**

The Operating Committee, established in 2010 and comprised of key stakeholders representing both academic and service settings, continues to meet bimonthly. The statewide simulation survey conducted by CINHC this past summer provided valuable information regarding simulation programs in the region, and served to update

the Regional Plan for Simulation. CINHC received an additional two years of funding from Kaiser Permanente Southern California Community Benefit to continue to provide leadership to develop the collaborative through summer 2013.

### **Clinical Faculty Development Program**

**Program Leads:** Carolyn Orlowski, RN, MSN and Nikki West, MPH, [Nikki@cinhc.org](mailto:Nikki@cinhc.org)

**Education Director:** Diane Welch, MSN, [welchdd@frontiernet.net](mailto:welchdd@frontiernet.net)

**Education Director (Los Angeles):** Kathleen Chai, MSN, PhD, CHPQ, FNAHQ, [kchai@csudh.edu](mailto:kchai@csudh.edu)

CINHC's Clinical Faculty Development Program was developed in 2007 with funding from GBMF to address the urgent need for nursing faculty in the San Francisco Bay Area. Based on the program's success, it was replicated in Los Angeles and rural Northern California with funding provided by a California Employment Development Department grant. To date, 97 nurses new to teaching have been trained to serve as clinical faculty across California. The program recruits experienced nurses and provides them with the education and skills to serve as clinical faculty through an educational intensive that integrates didactic classes, web-based learning, and clinical practicums with mentoring from experienced faculty. Twenty-seven LA schools of nursing and 85 faculty preceptors collaborated with CINHC to provide the clinical practicum portion of the course.

This faculty development program provides an important scalable resource to expanding educational faculty. Many of the program graduates have quickly found teaching positions and embraced serving as nurse educators. The program has inspired some participants to pursue full-time faculty positions and/or permanent adjunct roles; others have applied the graduate level college credit earned through the program towards pursuing an MSN in Education. This course is recognized by the California Board of Registered Nursing (BRN) as meeting the education requirements needed by new faculty for their approval to begin teaching.

### **Plans for 2012:**

There is interest and an ongoing need to offer future programs to prepare more clinical faculty. Through additional funding from Kaiser Permanente Fund for Health Education at the East Bay Community Foundation (KPFHE), plans are underway to once again offer the program in Northern California. An advisory committee is being formed to target program locations and to review the program curriculum for updates and improvements. Additionally, a proposal was submitted for an Evaluating Innovations in Nursing (EIN) grant to the Robert Wood Johnson Foundation to formally evaluate the impact of the Clinical Faculty Development Program. If funded, the evaluation would be conducted in the San Francisco Bay Area and the greater Los Angeles Area, with 50 new clinical faculty taking the course and participating in the study. CSU Dominguez Hills will be a partner in providing the course and the University of San Francisco will be the primary researcher in the study design and data analysis. A grant decision is expected to be announced in May 2012.

### **Magic in Teaching**

**Program Leads:** KT Waxman, DNP, MBA, RN, CNL, [KT@cinhc.org](mailto:KT@cinhc.org)

**Bob Patterson, MSN, RN, [Bob@cinhc.org](mailto:Bob@cinhc.org)**

*Magic in Teaching: Innovative Strategies in Simulation, Technology and Learning Science* conferences focus on innovative strategies in simulation, technology, patient safety and learning science. The conference is geared toward nursing school faculty, hospital educators, experienced nurses and nursing students, as well as simulation users and enthusiasts. Magic in Teaching strives to impart the value of academic/service partnerships, new options for creative teaching strategies, future directions for nursing education excellence, and more.

This year's successful, two-day conference was held at the Crowne Plaza Hotel, San Diego, October 18 and 19, 2011. Over 200 nurse educators, hospital administrators, university faculty, nursing students and more attended the conference. In addition, the conference consisted of keynote addresses, plenary sessions, over 20 breakout sessions, over 20 exhibitors and over 25 poster presentations.

### **Plans for 2012:**

The next conference will be held November 14 to 16, 2012, in the San Francisco Bay Area, with a focus on clinical education. Registration will begin in May of 2012.

## New Graduate RN Transition Programs

**Program Lead:** Nikki West, MPH, [Nikki@cinhc.org](mailto:Nikki@cinhc.org)

**Southern California Region:** Carolyn Orlowski, MSN, RN, [Carolyn@cinhc.org](mailto:Carolyn@cinhc.org)

As a response to the new graduate RN hiring crisis, CINHC partnered with GBMF, KPFHE, and Kaiser Permanente National Patient Care Services to fund and implement demonstration New Graduate RN Transition Programs. Additional funding has also been provided by local Workforce Investment Boards (WIBs) and in-kind by program partners. These programs, housed in schools of nursing in partnership with hospitals and community-based healthcare agencies, provide 12-18 week clinical intensive experiences for newly graduated, licensed RNs to improve their competence, confidence and professional skills -- smoothing the transition from education to employment. These non-paid training experiences do not guarantee employment.

Depending on the needs of regional employers, the programs include experiences in acute area specialties, non-acute healthcare settings (e.g. long-term care, hospice, public and community health, school nursing, or home health), or focus on developing more advanced generalist skills. Some programs include college credit, applicable towards a higher degree in nursing education, and all provide an industry-recognized certificate. The programs are based on the competencies from the Quality and Safety for Education of Nurses (QSEN) model and the statewide ACNL initiative to apply the QSEN competencies to the professional nursing role.

From December 2009 to August 2011, 345 new graduate RNs participated in one of four programs offered in the San Francisco Bay Area. An in-depth evaluation, conducted by CINHC in partnership with USF, demonstrated that the programs made a significant difference in terms of participant competence and confidence, and program graduates are now finding nursing positions.

Information from the Bay Area RN Transition programs has encouraged interested entities across the state (Los Angeles, Ventura, Riverside, and Orange Counties, San Diego and the Central Valley) to support the development of additional programs with the adoption of core program elements and a common set of evaluation tools across the state. Twelve additional schools across the state conducted RN Transition Programs in 2011, for approximately 240 new graduate RNs.

### **Plans for 2012:**

Ongoing objectives continue to be assisting other regions throughout the state to launch programs, and for residencies and/or transition programs to eventually become standard practice for nursing education. Additional programs are scheduled by schools for Spring/Summer 2012 and into 2013 with a focus on primary care clinics and home care. Funding sources remain a priority for sustainability. CINHC's role in evaluation and linking the program to the overall statewide effort has been possible this year due to funding received from Kaiser National Patient Care Services. A proposal was submitted to the Robert Wood Johnson Foundation (RWJF) late in 2011 to compile and analyze data collected from other programs in the state, as well as from upcoming course offerings, to add to the Bay Area data demonstrating the impact and benefit of Transition Programs – thus the evidence to support practice change. A response from RWJF is anticipated in March 2012.

CINHC's Project Manager is a co-leader for the California Action Coalition workgroup for Recommendation #3: Implement Nurse Residencies, of the IOM's initiative on the Future of Nursing.

## Collaborative Model of Education (CMNE) (Southern California)

**Education Director:** Diane Welch, MSN, [welchdd@frontiernet.net](mailto:welchdd@frontiernet.net)

**Program Lead Southern California:** Carolyn Orlowski, RN, MSN, [Carolyn@cinhc.org](mailto:Carolyn@cinhc.org)

CINHC is partnering with schools of nursing in Los Angeles and Orange counties to develop ADN to BSN collaborative models of nursing education in this region as a means of providing seamless progression of nursing education. This model is the state's most efficient way to prepare more nurses with higher levels of education and is being facilitated by AB1295, sponsored by the chancellors' offices to eliminate duplicate nursing education courses. Funding is being sought to support the development and implementation of the infrastructure at these Southern California nursing programs. CINHC has provided support and consultation to CSU Los Angeles and three ADN schools in their preliminary program planning, and assisted CSU Fullerton in

their CMNE plans. CINHC is also a partner in a grant proposal from CSUF to UniHealth Foundation. CINHC was awarded funding from Kaiser Permanente Southern California Community Benefits for a two-year grant to provide Technical Assistance to CSUs and CCs in the Southern California Region (Bakersfield to San Diego) who are implementing the Collaborative Model of Nursing Education.

**Plans for 2012:**

Dr. Liz Close and Diane Welch have been identified as the expert faculty team to provide the Technical Support over the next 2 years. There are currently eight CSU's and their Community College partners developing and implementing the CMNE in Southern California. Plans for Technical Support will include conducting a regional assessment, hosting a series of workshops, and providing individual consultation to each collaborative. This funding, with the addition of funding from Kaiser Permanente East Bay Foundation Education Fund, will support a statewide convening of all collaboratives in summer 2012, supporting the identification and adoption of best practices statewide. Additionally, a thorough assessment of existing collaboratives will be done to identify successes and hurdles to overcome to inform the technical assistance support to fast-tracking the development of new collaboratives based on demonstrated best practices.

The IOM Recommendation #4: Increasing the number of nurses with a baccalaureate degree is being supported by CINHC and the workgroup is being led by Dr. Liz Close from Sonoma State University and Stephanie Robinson from Fresno City College.

## **II. DIVERSITY**

### Diversity Plan

**Program Leads:** Pilar De La Cruz-Reyes, MSN, RN, [Pilar@cinhc.org](mailto:Pilar@cinhc.org)  
Priscilla Gonzalez-Leiva, RN, [gonzalez.priscilla@live.com](mailto:gonzalez.priscilla@live.com)

Continuing efforts to increase diversity in the nursing workforce was the priority. The DVD *Breaking the Barriers* was completed in 2010 and has continued garnering much interest across the state. Eighteen minority RNs/ graduate nurses/ senior nursing students were interviewed in four different regions of the state: Bay Area, Central Valley, Los Angeles, and San Diego. The individuals shared stories of how they overcame obstacles and challenges to reach their goal of entering nursing school and becoming a registered nurse. The DVD also addressed the importance of cultural sensitivity in providing nursing care and how it impacts patient care. Over 500 copies of the DVD have been distributed to nursing schools, high schools, junior high schools, health academy programs, ethnic nursing organizations, individuals interested in increasing diversity, ROP program directors, etc. The DVD has been placed on the CINHC website and Vimeo: <http://vimeo.com/19674182>.

**Plans for 2012:**

Distribution of the DVD *Breaking the Barriers* will continue. Other funding sources to continue CINHC's diversity initiative will be explored.

### The Coalition for Nursing Careers in California (CNCC)

**Program Leads:** Pilar De La Cruz-Reyes, MSN, RN, [Pilar@cinhc.org](mailto:Pilar@cinhc.org)  
**Outreach Coordinator,** Josie Clevenger, RN, [Josie@cinhc.org](mailto:Josie@cinhc.org)

Student nurses throughout California adopted CNCC as their community outreach requirement for credit. Several schools of nursing established California Nursing Student Association (CNSA) Chapters and they too used the Ambassador Program as a mechanism to attend school career fairs. Each Ambassador who reported via an online survey received a Certificate of Appreciation, RN Ambassador Pin and a CNCC Thank You Card from the Outreach Coordinator. To date 81 certificates have been awarded! In addition, a total of 46 surveys were completed, with outreach to 4,309 students (Black, 20%, Hispanic, 40%, Asian, Caucasian, 23%, and Native American, 2%).

The Outreach Coordinator made return visits to various schools in the Bay Area, Magic in Teaching Annual Conference, CNSA, and the Association of Clinical Nurse Leaders Annual Conference. In addition, the

Outreach Coordinator reached out to Richmond High School Advisory Board meetings, Meritus Scholarship Meetings, Florence Stroud/Black Nurses Meeting UCSF, San Jose University Student Meeting, and Fresno for Diversity Meeting. CNCC continues to receive e-mails from all over the country as well as internationally. The websites continue to be a source of information for students who are interested in nursing as a career option.

**Plans for 2012:**

Develop a fiscally sound budget, with deliverables to maintain this outreach program, while continuing to reach out to young adults to encourage them to consider nursing as a possible career option.

[The California Campaign for Men in Nursing](#)

**Program Lead: Bob Patterson, MSN, RN, [Bob@cinhc.org](mailto:Bob@cinhc.org)**

**The California Campaign for Men in Nursing** focused on increasing involvement in the American Assembly for Men in Nursing (AAMN), at both national and local levels, establishing new AAMN chapters throughout California, as well as maintaining the Bay Area Chapter. Additional ongoing activities included career counseling for men in nursing programs, as well as men entertaining nursing as a career option, and seeking funding sources to continue supporting the Campaign.

The 36<sup>th</sup> Annual AAMN Conference, “*The IOM Future of Nursing: Men Leading Change and Advancing Health,*” was held October 19, 20, and 21, 2011, in Lexington, Kentucky with 115 participants. Bob Patterson was re-elected as a national Board member for AAMN and will help provide leadership for the 37<sup>th</sup> Annual AAMN Conference, which will be held October 24-26, 2012, in San Francisco.

Six AAMN Chapters have been established in California since May 2009. They include:

1. Bay Area Chapter, contact: Bob Patterson, [bob@cinhc.org](mailto:bob@cinhc.org)
2. Southern California, contact: John Cordova, [jcsocalaamn@charter.net](mailto:jcsocalaamn@charter.net)
3. UCLA, contact: Jonathan Lee, [ionjon90@ucla.edu](mailto:ionjon90@ucla.edu)
4. LA AAMN, contact: Javier Exebio, [jexebio@calstatela.edu](mailto:jexebio@calstatela.edu)
5. North Bay, contact: Justin Salter, [justin.salter@students.dominican.edu](mailto:justin.salter@students.dominican.edu)
6. Diablo Valley Chapter, contact: Michael Davidson, [DiabloValleyAAMN@gmail.com](mailto:DiabloValleyAAMN@gmail.com)

**Recruitment Video**

The *Men in Nursing: Strong, Proud, Independent* recruitment video continues to be an excellent launching point for discussing nursing as a career option for high school boys, as well as a second career for men. The video has had over 51,000 views to date on YouTube™. Responses included seeking advice on which nursing school path to choose, funding for education, and the profile and image of the male nurse. Other comments served as educational opportunities for the audience at large and were taken into consideration to inform future versions of a Men in Nursing video.

**Plans for 2012:**

The California Campaign for Men in Nursing has planned the following activities for the year:

1. Develop a 2<sup>nd</sup> Edition, Men in Nursing recruitment video and distribute throughout the nation, with plans to debut at the AAMN annual conference, October 25, 2012;
2. Establish four new California regional AAMN chapters, focusing on the Central Valley;
3. Provide leadership for the AAMN annual conference; and,
4. Examine funding sources to help continue supporting men in nursing activities.

**III. LEADERSHIP & OTHER PROGRAMS**

[Leading Empowered Organizations \(LEO\)](#)

**Program Lead: Bob Patterson, MSN, RN, [Bob@cinhc.org](mailto:Bob@cinhc.org)**

LEO, under license from Creative HealthCare Management, is a leadership development program that provides health care leaders with an effective model for improving organizational effectiveness, as well as helping to empower staff. Although the LEO brochure was distributed at the ACNL and Magic in Teaching conferences,

as well as CINHC Board meetings, no programs were given in 2011. Efforts will continue to market this valuable program throughout California by seeking new organizations.

**Plans for 2012:**

Work with Communications/Marketing professional and redesign promotional materials to attract new audiences. In addition, target specific new audiences where LEO could be offered, such as long-term care facilities and community health, and make contacts to secure contracts.

**California Action Coalition (CAAC)**

**Program Lead: Mary Dickow, [marydickow@me.com](mailto:marydickow@me.com)**

California was selected to be one of the first five states to implement the recommendations from the IOM Report on the Future of Nursing and to establish a regional action coalition. Since the establishment of the CAAC, significant progress has been made to create the structure to support the development of the recommendations and build the coalition needed to advance health in California. Mary Dickow was brought on mid-year to serve as the Statewide Director of the CAAC. An Executive Team provides overall leadership of the coalition and a Leadership Council, made up of coalition leaders, is the link to the growing base of stakeholders and helps shape the direction being taken. Regional co-champions have been designated for eight regions of the state to provide local leadership and co-leads have been appointed for the workgroups that have been established to carry out the action plans to implement each of the eight IOM recommendations.

California has been actively involved in the national campaign that is under the auspices of the Center for Championing Nursing in American at AARP and is helping to inform the work moving forward at the national level. CAAC leadership participated at both the national communication-building sessions and the CONNECT program, which facilitated informing California's state representatives in Congress about the CAAC and the IOM Report. Town hall meetings and Funder's Round Tables were held in Northern and Southern California as key community outreach activities. Innumerable presentations have been made by Dickow, members of the Executive Team, and the Leadership Council to engage stakeholders, the nursing profession, and the greater community in this work.

A website was recently launched which serves as the communication hub for the CAAC. For complete information visit: [w.caactioncoalition.org](http://w.caactioncoalition.org) to learn about the progress of the coalition and its workgroups.

Structurally, the CAAC is housed within CINHC, which also serves as its fiscal agent. This structure closely aligns the work of CINHC, as the state's nursing workforce center, with that of the CAAC. Funding to launch the work of CAAC has come from the Gordon and Betty Moore Foundation and from Kaiser Permanente National Patient Care Services.

**Plans for 2012:**

As workgroups continue to develop action plans for implementing the recommendations, a strategically driven plan that links the multitude of efforts together with timelines and accountabilities will be developed. Outreach to the community and the nursing profession will be a major focus in 2012, facilitated by communication training sessions planned across the state along with locally focused town hall meetings. A development committee has been established to provide direction for fund raising and access to grants to support implementation efforts and sustainability of the coalition structure.

Please visit [www.cinhc.org](http://www.cinhc.org) to learn more about CINHC's various program areas, as well as ways you may contribute to CINHC and its programs.

**March 2012**

# CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE

## STATEMENT OF FINANCIAL POSITION

Unaudited Financial Statements, Year Ending December 31, 2011

	Unrestricted	Temporarily Restricted	Total
<b>ASSETS</b>			
Cash	\$ 293,077	\$864,059	\$ 1,157,136
Receivables	72,500		72,500
Contributions Receivable	-	430,371	430,371
Prepaid Expenses	14,906		14,906
Deposits	4,825		4,825
Investments		-	-
Net Property & Equipment	5,626		5,626

<b>Total Assets</b>	<b>\$ 390,934</b>	<b>\$ 1,294,430</b>	<b>\$ 1,685,364</b>
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### LIABILITIES & NET ASSETS

#### Liabilities

Accounts Payable	\$ 13,478		\$ 13,478
Accrued Expenses	12,197		12,197
Deferred Revenue	16,070		16,070
Fiscal Agency Liability	1,950		1,950
<b>Total Liabilities</b>	<b>43,695</b>		<b>43,695</b>

<b>Total Net Assets</b>	<b>347,239</b>	<b>1,294,430</b>	<b>1,641,669</b>
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<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 390,934</b>	<b>\$ 1,294,430</b>	<b>\$ 1,685,364</b>
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## STATEMENT OF ACTIVITIES

Year Ending December 31, 2011

	Unrestricted	Temporarily Restricted	Total
<b>SUPPORT &amp; REVENUES</b>			
Contributions	\$ 131,030	\$ 289,085	\$ 420,115
Grants		1,003,529	1,003,529
In-kind Contributions	43,167		43,167
Program Income	119,334		119,334
Interest/Other	31,816		31,816
Registrations & Subscriptions	233,869		233,869
Net Assets Released from Restriction	720,720	(720,720)	

<b>Total Support &amp; Revenues</b>	<b>\$ 1,279,936</b>	<b>\$ 571,894</b>	<b>\$ 1,851,830</b>
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### EXPENSES

#### Program & Supporting Services

Programs	850,578	-	850,578
General Administration	308,959	-	308,959
Fundraising	70,984	-	70,984

<b>Total Program &amp; Supporting Services</b>	<b>\$ 1,230,521</b>		<b>\$ 1,230,521</b>
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<b>Change in Net Assets</b>	<b>49,415</b>	<b>571,894</b>	<b>621,309</b>
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<b>Net Assets, Beginning of Year</b>	<b>\$ 297,824</b>	<b>\$ 722,536</b>	<b>\$ 1,020,360</b>
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<b>Net Assets December 31, 2011</b>	<b>\$ 347,239</b>	<b>\$ 1,294,430</b>	<b>\$ 1,641,669</b>
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