



FORMERLY CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE (CINHC)

2016 Annual Report





MISSION

To enhance the well-being of Californians through innovation, interprofessional leadership and nursing excellence

VISION

Transforming nursing to advance the health of Californians

VALUES

Authentic leaders committed to inclusivity, collaboration and stewardship

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Letter from the Board Chair



Dear Colleagues & *HealthImpact* Supporters:

In 2016, our first full year working as *HealthImpact*, the organization moved forward with a remarkable number of activities and achievements, as reflected in this report. The nursing workforce, healthcare more broadly, and California as a whole are the beneficiaries.

Going forward, we continue to experience changes in roles, technology, sites of care, and stakeholder expectations—particularly patient expectations—all within a climate of uncertainty regarding healthcare policy and funding. Our challenge now is to leverage *HealthImpact*'s history, programs, and social capital to preserve—and still more enhance—the well-being of Californians. In this quest we are joined by many wonderful allies.

I am deeply grateful for the passion and wisdom with which the *HealthImpact* Board of Directors and Advisory Committee have embraced this challenge.

Sincerely,

Terry Hill, MD

2016 BOARD OF DIRECTORS

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Geriatrician & VP
Hill Physicians Medical Group

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Chief Executive Officer
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AltaMed Health Services

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VP, Nursing & Interprofessional Research
Children's Hospital Los Angeles

Yolanda Partida, MSW, DPA

Owner & Manager
The Partida Group

Letter from the Chief Executive Officer



Dear Colleagues,

The new name *HealthImpact* reflects our commitment to support nurses in California as they strive to improve the health and well-being of the people they serve. We are grateful for all the support received as this significant change has been made in the life of the organization!

We are pleased to share our activity over the past year, and as you review this report, please be thinking about how you might be able to engage around important initiatives in the year ahead. The Board of Directors is continually focused on how we may increase our effectiveness relative to our mission, vision and values.

Achieving financial sustainability and seeking funding for operational and program support continue to be important activities for the organization, although the business model is evolving to increase self-sustainability. We are very grateful to the financial partners (page 14), and to the following foundations that have supported program work over the past year:

- Gordon and Betty Moore Foundation
- Kaiser Permanente Northern California Health Education Fund at the East Bay Community Foundation
- Robert Wood Johnson Foundation
- The California Wellness Foundation

Please see financial statements on page 15.

Priorities for 2017 include continuing work through the California Action Coalition, expanding transition to practice and transition in practice programs, disseminating the California Nursing Education Plan, identifying pre-licensure core competencies, additional development of the “value of nursing” initiative, expanding academic progression through the California Collaborative Model of Nursing Education, revising the Clinical Faculty Development program to make it accessible upon demand, expanding simulation offerings, contributing to a new and flexible centralized clinical placement system, initiating work related to nursing roles in primary care settings and interprofessional teams, and strengthening diversity/inclusiveness in the nursing workforce.

We are excited to share this update on the programs that *HealthImpact* is leading as we work with our colleagues and partners to build and strengthen California’s nursing workforce. Additional information is available on the website at www.healthimpact.org. Thank you for the support that you give me, the Board of Directors, and the *HealthImpact* staff.

Warm regards,

A handwritten signature in blue ink that reads "Judith G. Berg". The signature is fluid and cursive.

Judith G Berg, MS, RN, FACHE
Chief Executive Officer, *HealthImpact*

California Action Coalition (CA AC)

IMPROVING ACCESS TO CARE

The Advanced Practice Registered Nurse Coalition worked on two important pieces of legislation:

- SB323—allow nurse practitioners to practice to the full extent of their education and expertise
- AB1306—remove physician supervision for certified nurse midwives.

While neither passed, the group learned a great deal, expanded support for future bills, and developed an agreed upon set of values, working charter and clear purpose.

BUILDING HEALTHIER COMMUNITIES

Outstanding CA nurses selected as Robert Wood Johnson Foundation Leaders:

- Monica R. McLemore, PhD, MPH, RN • Culture of Health Breakthrough Leader
- Sherylin Taylor, PHN Public Health Nurse Leader
- Noël Bazini-Barakat, RN, MSN, MPH • Public Health Nurse Leader

All three are completing projects in association with the CA AC, looking at issues of health equity, creating healthier communities, and advancing health through nursing leadership.

One highlight: the Preparing the Future Public Health Nursing Workforce Symposium held in Los Angeles, has led to several state and national presentations on process and curriculum changes necessary to include primary prevention and population health in all nursing rotations and roles, and will be replicated across the state.

PROMOTING NURSING LEADERSHIP

- Life Moxie Mentorship Program has now established 272 mentor/mentee pairs in California. Implemented through the Louisiana AC in 2016; 38 pairs participated.
- The Nurses on Boards Coalition work is moving forward. A liaison has been identified in each state with a goal of improving the health of communities through nurses serving on community boards. CA AC is working to identify corporate, health-related, and other boards, panels, and commissions where nurses can serve.

TRANSFORMING NURSING EDUCATION

Cal State LA has committed to sustaining the collaborative model established with funds from the Robert Wood Johnson Foundation Academic Progression in Nursing grant, which closed at the end of 2016. Due to the success of the program, four other states have asked the CA AC to provide consulting services to support their sustainability efforts.



California Collaborative Model of Nursing Education (CCMNE)

The IOM's 2010 *Future of Nursing* report recommended 80% of the nursing workforce be educated at the BSN or higher level by 2020. In 2014, 61.5% of California nurses had achieved this goal—an increase of 8.3% since 2012 (*Nursing Workforce Report*, BRN, 2014). Striving to meet evolving healthcare needs through a highly educated nursing workforce remains a national priority for change. The fall 2016 statewide study to be reported in summer 2017 is expected to reveal further progress.

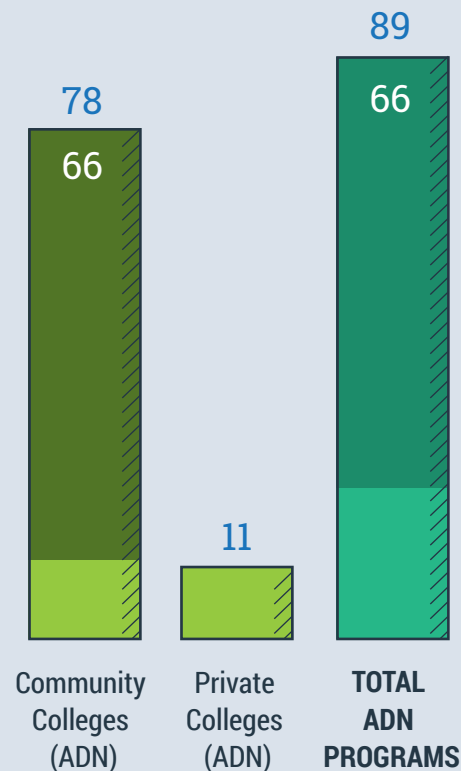
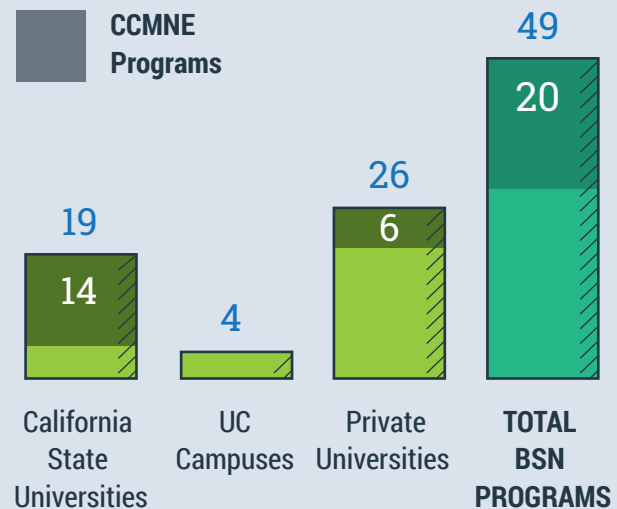
HealthImpact has provided strategic leadership since 2008 in the development and expansion of the CCMNE, a dual enrollment ADN to BSN model conducted in collaboration between BSN granting universities and ADN programs. Funding from the Robert Wood Johnson Foundation Academic Progression in Nursing grant awarded to *HealthImpact* through the CA Action Coalition from 2012-2016 supported adoption of the CCMNE model by Cal State Los Angeles's regional collaborative program in partnership with 13 community colleges, dually enrolling 80 new ADN students annually. Statewide dissemination of program success strategies through individual consultation and regional meetings further strengthened sustainability and growth of the model across the state.

STATEWIDE PROGRESS

The goal of doubling enrollment in CCMNE programs since 2014 (283 students) was exceeded in 2016, with 1,000 students newly enrolled through 20 universities working in partnership with 66 community colleges across the state.

18% of all ADN students in California are dually enrolled through this emerging type of ADN to BSN program model.

CCMNE PROGRAMS PROVIDED BY 20 UNIVERSITIES IN PARTNERSHIP WITH 66 ADN PROGRAMS



CALIFORNIA NURSING PROGRAMS

California Simulation Alliance (CSA)

PRESENTATIONS

CSA Director KT Waxman and CSA faculty members presented at:

1. International Meeting on Simulation in Healthcare (IMSH) in San Diego, CA
2. International Association for Clinical Simulation and Learning in Grapevine, TX
3. In September, Waxman was also invited to present at the Australasian Simulation Conference & the Victorian Simulation Alliance annual board meeting in Australia

CALIFORNIA COLLABORATIVES

Rural Northern Area • Capital Area • Bay Area • Central Valley • Southern CA • Inland Empire • San Diego

TRAINING

The CSA held six training classes in 2016, with 80 participants, in San Francisco, Sacramento, Torrance, and Riverside, California.

COMING IN 2017

Three onsite Train-the-Trainer programs with new instructor manual

CSA SUBSCRIBERS

Benefits include access to:

- ✓ NEW Mentorship program
- ✓ Statewide pricing agreements with Laerdal, EMS, Limbs & Things, etc.
- ✓ More than 75 scenarios
- ✓ Statewide simulation survey
- ✓ Simulation coordinators listing
- ✓ Discounts on sim courses
- ✓ CHSE-certified CSA faculty available to expand training capacity
- ✓ Consulting services

PUBLISHED

Waxman, KT. (2016, October) Sustaining a statewide simulation alliance. *Clinical Simulation in Nursing*, 12(10), 448-452. <http://dx.doi.org/10.1016/j.ecns.2016.07.001>.

Waxman, KT., Maxworthy, J. (2016). Healthcare simulation program builder. HcPro, publisher.

INDUSTRY PARTNERS

Education Management Solutions
Kyoto Kagaku Co., Ltd.
Laerdal Medical
Limbs & Things, Inc.
Vosaic

Centralized Clinical Placement System (CCPS)

The Centralized Clinical Placement System (CCPS) is a one-stop online scheduling tool used by RN and LVN nursing schools and their affiliated clinical facilities to plan student clinical education placements.

CCPS was developed in California and expanded to be licensed in multiple states across the country. Within California, CCPS was originally launched in the San Francisco Bay Area through grant funding from the Gordon and Betty Moore Foundation, then adopted in the greater Los Angeles Region and Bakersfield with funding from the California Community College Chancellors Office, CCPS is now sustained through annual user fees paid by participating sites.

Competition for limited clinical education capacity remains the most frequently reported challenge faced by pre-licensure schools.¹ Utilizing CCPS is making a difference in sourcing availability, requesting and confirming placements, and coordinating scheduling to maximize clinical education access within each region.

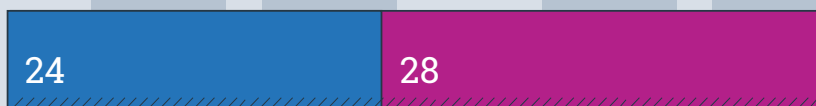


PLANS FOR 2017

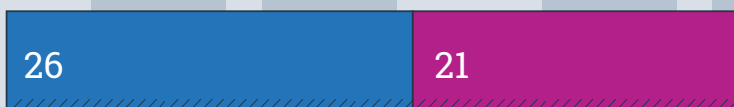
CCPS system redesign led by the technical team at the Foundation for California Community Colleges (FCCC) is underway, with improvements to functionality of the scheduling tool planned for pilot testing in summer followed by full release to all regions of the country. Anticipated new features include redesign to streamline pre-existing placements, management of clinical education affiliation agreements, and sourcing scheduling data to support reporting. Future releases will include access for uploading/downloading orientation materials, supporting streamlined distribution of student information.

CCPS CLINICAL EDUCATION PLACEMENTS IN 2016

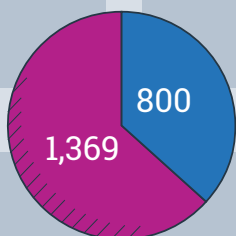
NURSING SCHOOLS (RN, LVN)



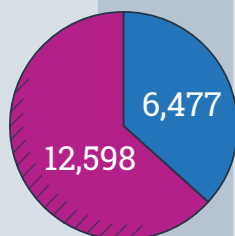
CLINICAL FACILITIES



COHORT GROUPS



STUDENTS



San Francisco Bay Area
<http://bayareanrc.org>

Los Angeles Region
<http://losangelesnrc.org>



¹ California Board of Nursing Annual School Report, July, 2016

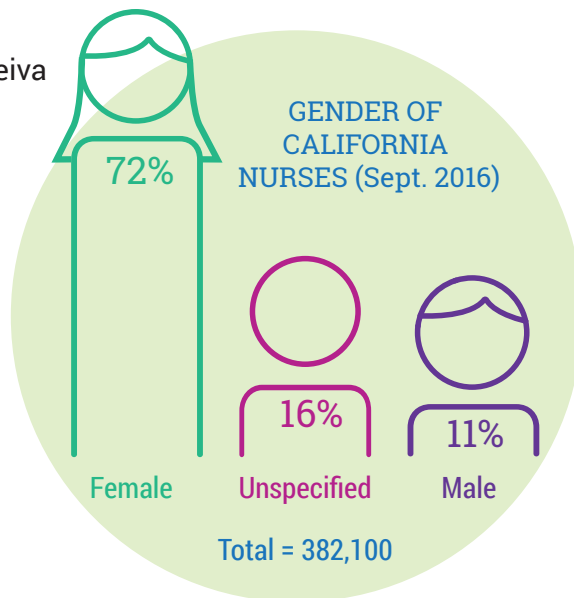
Diversity / Inclusiveness Program

DIVERSITY NETWORK

Katherine Abriam-Yago
Kupiri Ackerman-Barger
Phillip Bautista
Judith Berg
Josie Clevenger
Pilar De La Cruz-Reyes
Mary Dickow
Leah Ferrier
Paloma Garza
Priscilla Gonzalez-Leiva
Linda Gregory
Nancy Hoff
Letty James
Angie Millan
Austin Nation
Merlie Ramira
Howard Rho
Robert Robledo
Ebere Ume
Ethel Weekly
Emeline Yabut

DIVERSITY SUMMIT

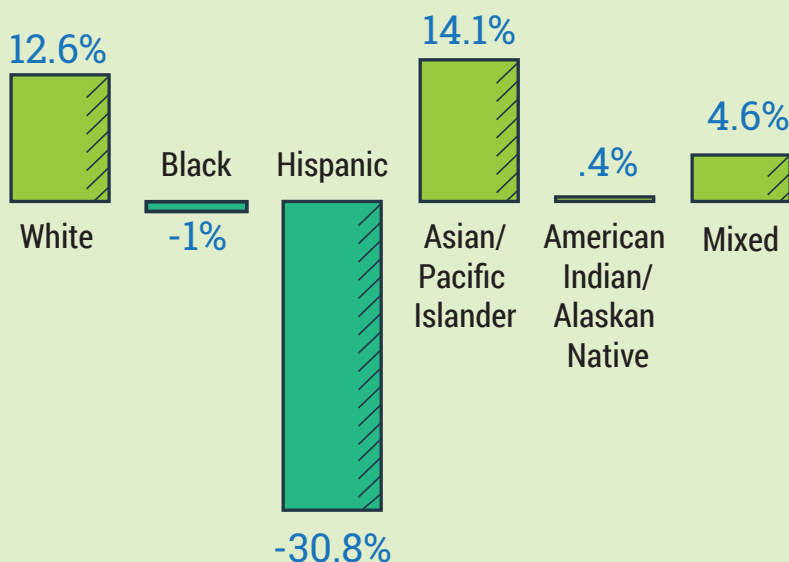
In September 2016, a day-long Diversity Summit was held at St. Agnes Medical Center in Fresno, California. Over 100 attended and participants articulated the need to share programs like this more broadly. We are now working to set up similar events in the Bay Area, Sacramento, Los Angeles and San Diego.



GOALS

- Increase the diversity of the California RN workforce so that it is more closely aligned with the demographics of the communities it serves
- Improve educational access for underrepresented students
- Support academic success of underrepresented students in nursing programs
- Foster retention of newly graduated nurses
- Identify minority nurse leaders who can serve as role models and mentors
- Increase the diversity of California's nursing faculty
- Deliver media messages to targeted communities promoting nursing as a professional career choice

RACE/ETHNICITY OF NURSE POPULATION COMPARED TO GENERAL POPULATION



SOURCES:

- 1 The Henry J. Kaiser Family Foundation
<http://kff.org/statedata/2014>: 13,226 newly enrolled students; 386,000 licensed RNs
- 2 The Henry J. Kaiser Family Foundation
<http://kff.org/statedata/>
- 3 Board of Registered Nursing—2014 Survey of Registered Nurses www.rn.ca.gov/pdfs/forms/survey2014.pdf
- 4 *HealthImpact* website
<https://healthimpact.org/programs/diversity>

Fall Regional Meetings / Listening Tour

As the statewide convener around nursing issues, in the last quarter of 2016 *HealthImpact* hosted six regional meetings designed to address current issues of importance in practice, academic, and policy arenas. These meetings were structured to identify key priorities for future program development with the goal of improving the well-being of Californians through innovation, interprofessional leadership and nursing excellence.

Partner with Nurses for a Healthy California

HIGHLIGHTED ISSUES:

- Clinical evaluation of students; RN to BSN curriculum; new graduate residency experience
- Strengthening academic/practice partnerships
- Improving diversity of the nursing workforce
- Faculty development and onboarding
- Interprofessional teams: preparation, nursing role
- Residency programs
- Simulation: use in pre-licensure nursing programs
- Core competencies for new graduates
- Role of RN in primary care settings

NOV. 1
Sutter Center for the
Health Professions,
Sacramento

SACRAMENTO

BAY AREA

OCT. 25
Samuel Merritt
University, Oakland

OCT. 18
St. Agnes Medical
Center, Fresno

CENTRAL VALLEY

DEC. 7
Mount Saint Mary's
University, Los
Angeles

LOS ANGELES

DEC. 8
Western
University of
Health Sciences,
Pomona

INLAND EMPIRE

DEC. 9
Grossmont College,
El Cajon

SAN DIEGO

New Graduate Employment

The employment landscape for newly licensed Registered Nurses has been building momentum and continues to show marked improvement evidenced by increased hiring trends and greater opportunity for new graduates to work in various settings and roles. Over the past few years, slow economic recovery and changes in the scope of and access to health care services have increased the demand for more newly licensed nurses and expectations for their preparation.

The California Employment Development Department (EDD) forecasts 10,500 new nurses are needed annually through 2018 to support population growth and replacement of nurses who retire or leave the state. The state's supply and demand are currently in balance with 11,119 new graduates from the most recent 2014-2015 academic year. Employer trends include escalating needs for RNs in specialty areas, emerging new practice settings and roles, and preference in hiring RNs with a minimum of a BSN degree.

KEY FINDINGS

84.7% reported working in their first registered nursing job

75.8% of those employed found jobs within 3 months, another 19.9% within 6 months

Marked improvement in employment rate by 10.5% from the prior year

79.1% of RNs report lack of experience to be primary reason jobs were not offered

Percent employed by nursing degree: 83.4% ADN, 88.5% BSN, 63.6% Masters Entry

Regional differences in rural and metropolitan area employment rates reported ranging from the San Joaquin Valley (94.7%) to the San Francisco Bay Area (77.7%)

Most frequent employment settings

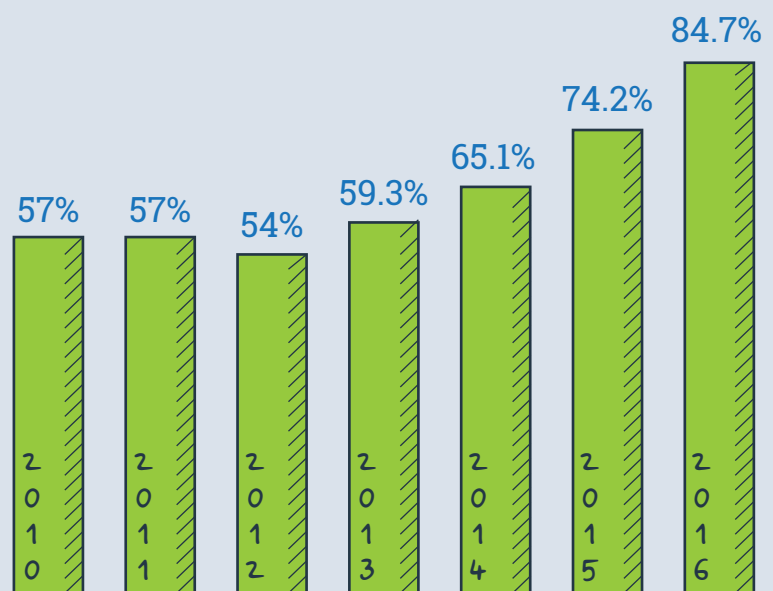
include hospital inpatient (67.6%), Emergency Department (10.6%), Rehabilitation/Long Term Acute Care (3.9%), Skilled Nursing (2.8%), Home Health/Hospice (1.5%), and Medical Offices/Clinics (1.4%).

47.6% report participating in a new graduate transition to practice residency program

PLANS FOR 2017

Plans to conduct the California New Graduate Employment Survey in fall 2017 are dependent upon further funding.

EMPLOYMENT WITHIN 12 MONTHS OF LICENSURE



PERCENT EMPLOYED

To better understand employment trends and experiences of newly licensed RNs, a statewide survey has been conducted annually by HealthImpact since 2010 in partnership with the California Board of Registered Nursing (BRN), the Association of California Nurse Leaders (ACNL), and the California Student Nurses Association (CSNA), with funding provided by Kaiser Permanente Northern California. A random sample of 50% (4,140) of RNs newly licensed in the 12 month period between September 2015 and August 2016 were invited to participate in the fall 2016 survey, with a response rate of 28% (1,143).

Nursing Education Plan White Paper

The report provides a framework for preparing nurses to advance health in a changing healthcare environment. As the largest provider group in the state, nurses must practice and lead in a variety of settings, in new roles, and in an environment that is shifting from providing care to managing health. Through this large-scale effort, five areas of recommendation were identified:

RECOMMENDATIONS

I. Academic-Practice Partnerships:

Build strong academic-practice partnerships along the continuum of care.

II. Advancing Nursing Education:

Promote academic progression for all RNs in California to obtain a BSN or higher degree by 2030.

III. Faculty Recruitment and Development:

Create career pathways, develop programs, and provide resources to assure a well-prepared and diverse nursing faculty.

IV. Transition Programs and Residencies:

Establish transition-to-practice programs and residencies for all new graduates and nurses shifting to new specialties and roles.

V. Preparing Nurses for the Future:

Provide transformative learning opportunities that prepare nurses for evolving roles in rapidly changing interprofessional practice environments.



*Completed in summer 2016
Supported with grant funding from the
Gordon and Betty Moore Foundation*

CONDUCTED IN PARTNERSHIP WITH:

American Nurses Association, California
Association of California Nurse Leaders/
California Nursing Student Association
California Board of Registered Nursing (BRN)
California Association of Colleges of Nursing
California Organization of Associate Degree
Nursing Program Directors North and South

The complete report includes detailed strategies.
bit.ly/NEPWhitePaper

Transition to Practice Programs

The California Action Coalition Transition and Residency Team adopted the Institute of Medicine recommendation to “implement nurse residence programs” as a key initiative. Our investment over the past two years connects the work and provides an opportunity to move forward in implementing statewide definitions for transition-to-practice/residency programs, identifying essential evidence-based program components, and recommending adoption in all such programs as the standard of practice.

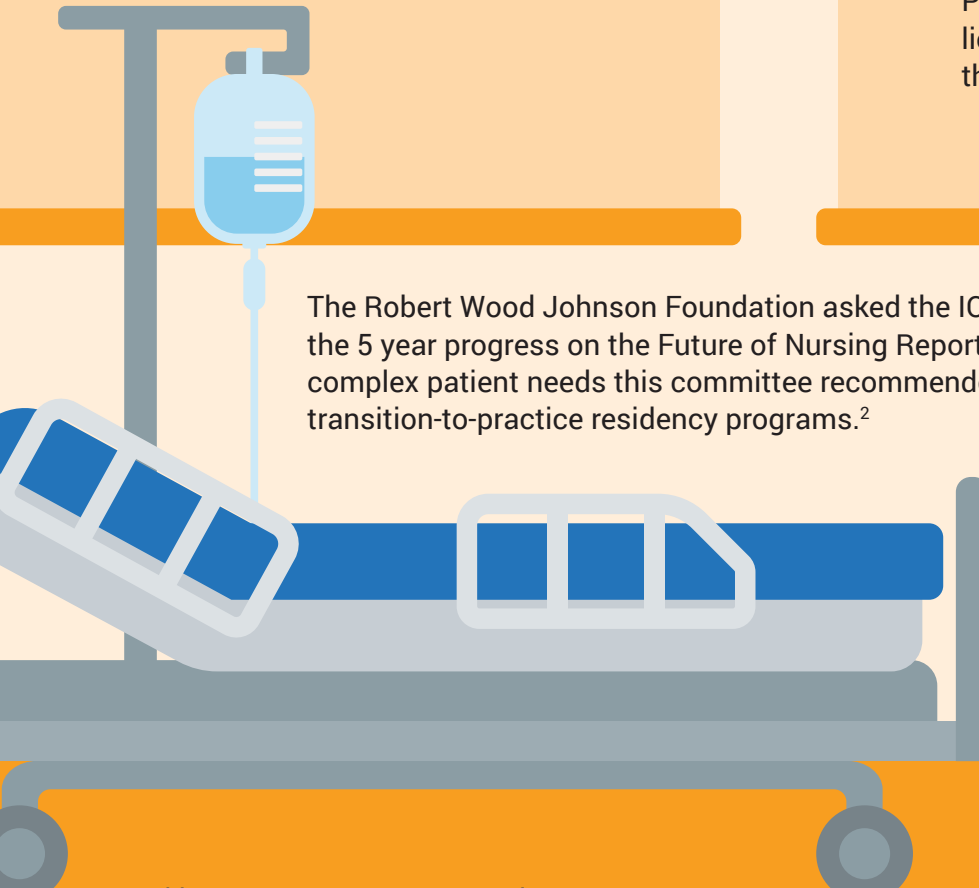
47.6% of RNs newly licensed in California between Oct. 2015 and Sept. 2016 completed some type of transition to practice program.¹

SCOPE OF WORK

1. Establish standardized definitions
2. Identify evidence-based program guidelines
3. Monitor statewide progress

WORKGROUP PRODUCTS

1. Definitions
2. Residency and Transition to Practice Standards & Guidelines
3. Survey of Directors of RN Prelicensure Programs in California on Transition to Practice programs provided for newly licensed RNs by schools of nursing, or their interest in doing so



The Robert Wood Johnson Foundation asked the IOM to convene a committee to assess the 5 year progress on the Future of Nursing Report. In order for nurses to meet increasingly complex patient needs this committee recommended exploring ways to create and fund transition-to-practice residency programs.²

1 *HealthImpact* 2015-2016 New Grad Survey

2 <http://www.nationalacademies.org/hmd/Reports/2015/Assessing-Progress-on-the-IOM-Report-The-Future-of-Nursing.aspx>

The Value of Nursing Project—Phase 1

Completed February 2016

The Value of Nursing project was generated by previous work on California's Nursing Education Plan and identifying new roles for nurses in an era of health care reform. This project identified three important components to communicating the value of nursing to improved health outcomes.

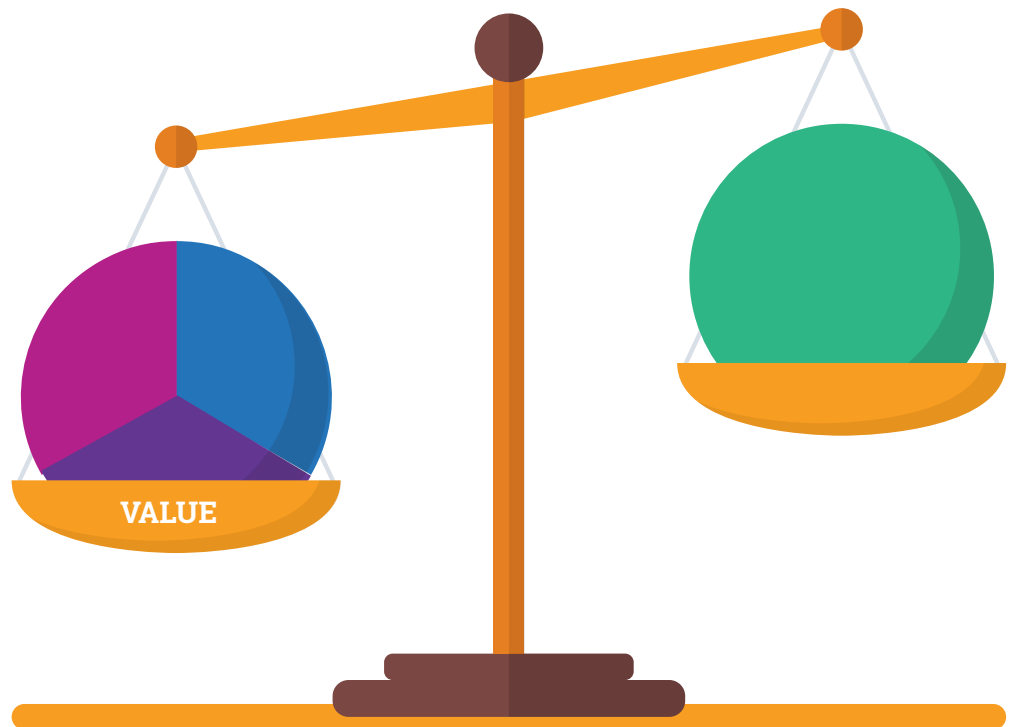
PROJECT CO-LEADERS

BJ Bartleson
Vice President, Nursing & Clinical Services
California Hospital Association

Stephanie Decker
National Nursing Policy Consultant
National Patient Care Services, Kaiser Permanente

COMPONENT 1

- Creation of a consistent definition of the value of nursing that can be shared both within health care and with the general population
- A clear understanding of the scope and capabilities of an RN, linked to value-based outcomes
- Development of creative models of care
- Key talking points, sharing the definition of value-based nursing, adapted for the settings in which they will be used.



COMPONENT 2

- The development of a business case for the utilization of the RN
- Return on Investment Formula that can demonstrate the financial benefit of utilizing an RN in specific roles and programs

COMPONENT 3

- Formulation of an interprofessional competency crosswalk for the multidisciplinary team
- Description of each professional's role in the provision of care as well as the associated salary
- Highlight the scope of practice, breadth of services, and flexibility than an RN brings to the table

Value of Nursing
Report Phase I:
bit.ly/VON1

2016 FINANCIAL PARTNERS

BENEFACTOR

Cedars-Sinai Medical Center
Gordon and Betty Moore Foundation
Kaiser Permanente National Patient Care Services
Kaiser Permanente Northern California Health Education Fund at the East Bay Community Foundation
Robert Wood Johnson Foundation

PATRON

California Hospital Association
Laerdal Medical

PARTNER

John Muir Health System
Sharp HealthCare
St. Joseph Health

CONTRIBUTOR

Association of California Nurse Leaders
Community Medical Centers
Dignity Health
Henry Mayo Newhall Memorial Hospital
Kaweah Delta Health Care District
Providence Health & Services
Santa Barbara Cottage Hospital
Sierra View Medical Center
The California Wellness Foundation
Valley Children's Hospital

FRIEND

J. Kendall Anderson
Linda Burnes Bolton
Children's Hospital Los Angeles
Marilyn Chow
Citrus Valley Medical Center
Community Hospital of the Monterey Peninsula
Ida Danzey
Efraín Garza Fuentes
Mary Dee Hacker
Terry Hill
Hospital Association of Southern California
Huntington Memorial Hospital
Limbs & Things
NorthBay Healthcare
Pomona Valley Hospital Medical Center

Ridgecrest Regional Hospital
Torrance Memorial Medical Center
UCLA Medical Center
UC San Diego Medical Center

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Beverly Quaye

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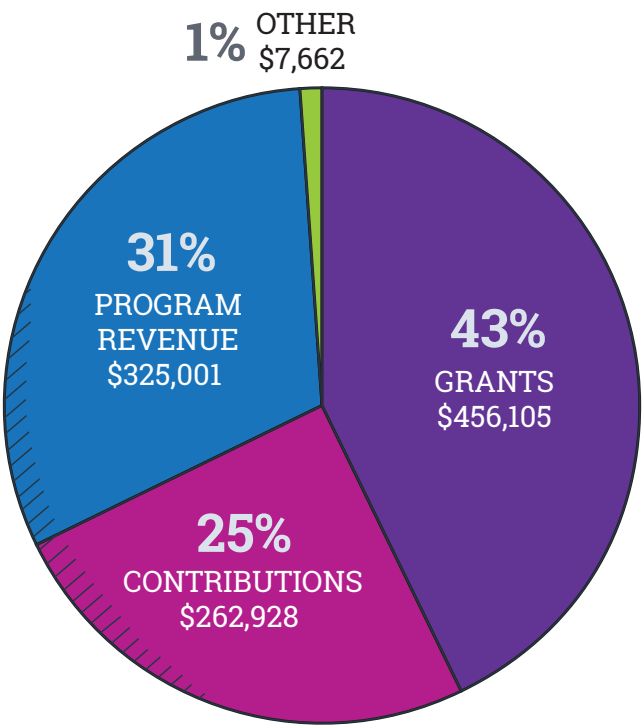
Mary Wickman

Judith Yates

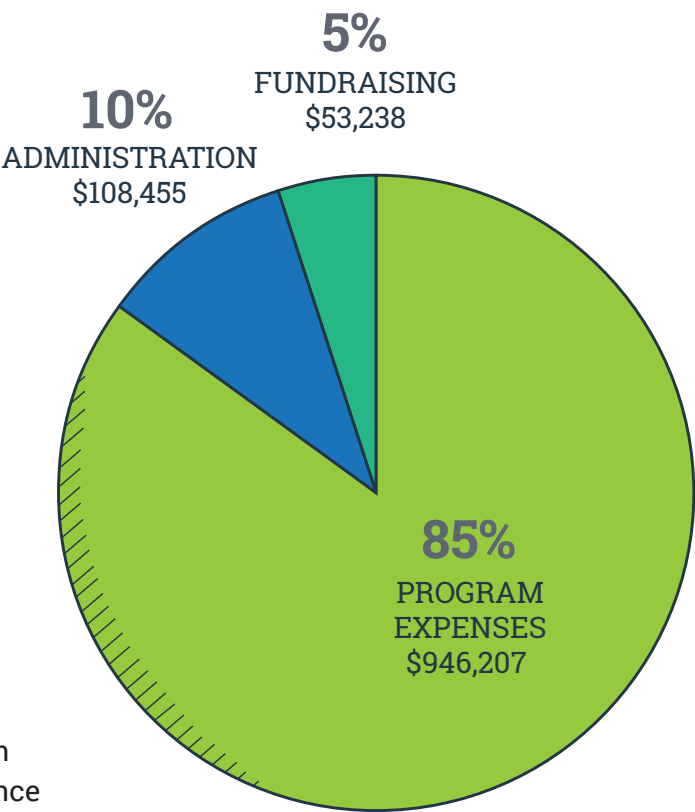
Linda Zorn **CO-CHAIR**

Financial Information

TOTAL REVENUE: \$1,051,696



TOTAL EXPENSES: \$1,113,899



The financial information shown here was derived from HealthImpact’s 2016 financial statements. The difference between revenue and expenses in fiscal year 2016 was covered by board designated net assets. Copies of audited financial statements may be obtained by contacting HealthImpact.

2017 HEALTHIMPACT STAFF

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HealthImpact is devoted to improving the health of Californians by promoting a dynamic, well-prepared nursing workforce. In 2001, a group of nurse leaders across California saw the need for comprehensive planning in the field of nursing. They launched *HealthImpact*, formerly the California Institute for Nursing and Healthcare (CINHC), as a forum for cooperation and sharing best practices across the state. As health care undergoes major changes, nurses play an ever increasing role in providing care and keeping the public healthy. *HealthImpact* brings together leaders in nursing, academia and policy to ensure that nursing stays ahead of the changes in our profession. We are a catalyst for innovation and promote the collaboration of partners from all areas in the field.

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