

2010 ANNUAL REPORT

Dear Colleagues,

The California Institute for Nursing & Health Care (CINHC) was established in 2003 when the state's nursing leadership was concerned that more studies about the nursing shortage were not solving this problem and that action need to be taken to build California's nursing work force. Hospitals and health systems stepped forward to financially launch CINHC to lead California through the complex work force shortage.

CINHC's value as a neutral convener and catalyst for action paid off. Educational capacity has increased by 69% in state schools of nursing since 2003-04. In 2010, there were 5,354 more graduates than in 2004, with 35 new nursing programs. Unfortunately, the economic crisis has delayed retirement for experienced nurses. Additionally, hospital vacancy rates are at unprecedented low levels. As a result, new graduates are having a tough time finding jobs, creating a false impression that the nursing shortage is over. It isn't. The current situation is temporary and will last only until the economy recovers when our aging work force will begin to retire.

The CINHC Board has grappled with how the workforce supply impacts CINHC's focus. Although the nursing shortage has temporarily softened, the Board confirmed that while our mission remains as strong as ever, our focus must shift and adapt. Passage of the Affordable Care Act means that CINHC must serve as a catalyst for ensuring that California's nursing work force meets the demands of health care reform. The Recommendations from the Institute of Medicine's (IOM) Initiative on the Future of Nursing in the fall of 2010 and the launch of the campaign to support implementation have provided a framework for CINHC to redefine its work in 2011. California was selected as one of five states to pilot the launch of the Campaign for the Future of Nursing, with CINHC serving as the lead coordinating entity for the California Regional Action Coalition (CA RAC).

We also carefully reexamined our business model. A drop-off in unrestricted contributions that began in 2009 resulted in a shortfall of \$200,000 for 2010 operational needs, requiring budget tightening measures that included furlough days and an office move. These changes along with the augmented financial support from several major health care partners allowed CINHC to stay solvent and progressive. However, the importance of a sustainable financial infrastructure had become evident. The Gordon & Betty Moore Foundation (GBMF) stepped forward to hire the consulting firm of Barbara Aved and Associates to work with the CINHC Board and our stakeholders to redefine our value proposition and update our business plan so that we can achieve greater financial sustainability.

As existing grants came to a close in 2010, finding new grants to support programs became a priority. We applied for federal grants with new partners, including schools of nursing, for the Diversity Program, transition to practice programs, and the collaborative model of nursing education. Other new revenue sources were initiated as well. We began providing consulting services, primarily in the area of simulation and faculty development, based on the intellectual property and expertise that CINHC has developed over the years through grant-funded programs.

2010 Program Highlights (please see accompanying report for more detail)

As we move forward, we look back on 2010 with the satisfaction of having strengthened the infrastructure that supports the state's nursing work force and educational capacity.

The shift to simulation as an integral part of the education of nursing students and enhancing skill building in health care settings has been facilitated by the growth of the California Statewide Alliance (CSA) of Simulation Users and regional coalitions led by Dr. KT Waxman. The training of 300 faculty, creation and distribution of more than 50 scenarios, research conducted, and partnerships established with companies such as Laerdal Medical Corporation, which provides a pricing discount to CSA members, demonstrate the success of statewide coalition building. Funding from Kaiser Permanente Southern California Community Benefits, GBMF, and the successful Magic in Teaching's educational programs have all contributed to building the CSA.

Preparing new clinical faculty for their roles in educating student nurses has been another important element in support of educational capacity. Under the leadership of Carolyn Orłowski and Diane Welch, and grant funding from the California Employment Development Department, CINHC trained 97 new clinical faculty in Los Angeles and Humboldt Counties last year.

The development of community-based transition to practice (TP) programs to address the hiring dilemma of new graduates was a major accomplishment in 2010. Through regranteeing of \$500,000 from the GBMF, with supplementary funding from the East Bay Community Foundation through the Kaiser Permanente Health Education Fund, 250 new graduates will have had the opportunity to improve their skills and competencies and increase their employability. Nikki West is leading this critical effort, which serves as a model for new TP programs cropping up across California.

Other Highlights

- ◆ Ruth Ann Terry, former Executive Officer for the California Board of Registered Nursing, joined CINHC as a Board member. Ms. Terry's thoughtful leadership and commitment to California nursing is a major asset for CINHC.
- ◆ We welcomed Marilyn Chow, VP for National Patient Care Service, Kaiser Permanente, back as she rejoined the CINHC Board.
- ◆ In June we moved our offices to downtown Oakland, a location more easily accessible from BART, the freeways, and the Oakland airport.
- ◆ California Hospital Association President Duane Dauner and Chair of the Board of Trustees Patrick Fry sent a letter encouraging California hospital CEOs to get behind funding CINHC's infrastructure, and new financial partners have stepped forward. (CINHC financial partners listed on page 15)
- ◆ Ensuring we have the data for workforce planning is an important part of CINHC's work. Partnering with Dr. Suzette Cardin, principal investigator, UCLA School of Nursing; the California Board of Registered Nursing; the Association of California Nurse Leaders; and California Association of Student Nurses, CINHC administered a survey to new graduates that helped document their hiring challenges. The biannual survey of CNOs was also completed in late 2010, in partnership with the Hospital Association of Southern California and the UCSF Center for the Health Professions.
- ◆ Increasing diversity in the work force continued with the development of a new video, *Breaking the Barriers...Yes You Can!*; convening meetings of the chairs of statewide ethnic nursing organizations to establishing mentoring programs for student nurses; the Nurse Ambassador program as outreach to underrepresented youth; and the video, *Men in Nursing: Strong, Proud, Independent*, promoting nursing as a career for men. It received tens of thousands of YouTube hits.

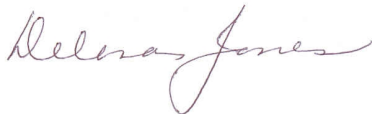
- ◆ CINHC continues to provide leadership in national efforts through the Center to Champion Nursing in America (under AARP), which is now supporting the Future of Nursing Campaign, and the National Forum of States' Nursing Workforce Centers.

Ahead for 2011

- ◆ Providing the coordinating leadership for the California RAC's Campaign for the Future of Nursing and implementation of the IOM Recommendations will be a priority and frames future work. California's workforce priorities are aligned with the eight recommendations that will be addressed. These include Residencies (Transition to Practice Programs), Collaborative Model of Nursing Education (seamless progression), start-up of new doctoral programs, promoting nurses in leadership roles, enhanced workforce data, and new practice models that promote maximizing current scope of practice and interprofessional partnerships.
- ◆ Linking the work of the Campaign for the Future of Nursing to other statewide initiatives that are addressing health care reform will be accomplished through strengthening existing partnerships and establishing new ones.
- ◆ Maintaining the education capacity gains made will be key to weathering the looming shortage that will be triggered by the retirement of the state's aging nursing workforce.
- ◆ Establishing more stable infrastructure funding will be a continuing priority, so that CINHC is positioned to continue to focus on addressing the state's nursing workforce.

We look forward to building on our successes of the past seven years and to continue serving as catalyst and convener so that the state has the quality nursing work force needed to meet the health care needs Californians as we move into this new era of health care reform. Working together with our partners, colleagues, and the state's diverse stakeholders, we will ***continue to make a difference.***

Sincerely,



Deloras Jones, Executive Director

GREETINGS FROM THE CHAIR OF CINHC'S BOARD OF DIRECTORS

Dear Colleagues and CINHC supporters,

CINHC collaborates with state agencies, educators, employer, and professional organizations, to help assure a better prepared nursing profession to care for the people of California. We have demonstrated that by working together we can build the nursing workforce and a better health care system. We are grateful for our partnership with the foundations, chancellors' offices, Labor & Workforce Development Agency, employers of nurses, associations, and many others, which have supported the implementation of new programs that strengthen the state's capacity to have an adequate supply of nurses.

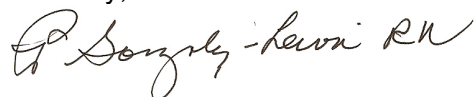
We are also particularly grateful to our financial partners who have had stood behind CINHC and provided the critical unrestricted revenue needed for operational expenses, allowing CINHC to provide leadership for building the quality nursing workforce California needs.

In 2010 the Board was faced with weathering a challenging financial situation and developing a sustainable funding plan for building a solid financial foundation. Health care reform and implementation of the Institute of Medicine's Recommendation for the Future of Nursing required CINHC to adapt, sharpen priorities and respond to the opportunity to serve as California's Nursing Workforce Center.

The Board and I look forward to continuing to support CINHC's efforts to maintain a solid financial foundation, recruit new financial partners, build program activities that respond to changing needs, and build organizational capacity to make a lasting difference.

Personally, I thank the members of the Board for their faithful oversight of CINHC and providing the direction needed for sustainability. I also thank the Steering Committee for their contribution and guidance to program development and promoting CINHC's vision. Lastly, and by no means least, I express my gratitude to the staff for their excellent work in leading CINHC's programs and ensuring that CINHC is making a difference.

Sincerely,

A handwritten signature in cursive script that reads "Priscilla Gonzalez-Rivera RN".

Priscilla Gonzalez, R.N.
Chair, Board of Directors

PROGRAM REPORTS FOR 2010

I. BUILDING EDUCATIONAL CAPACITY

Nursing Resource Centers

Program Lead: Carolyn Orlowski, MSN, RN, Carolyn@cinhc.org

Nursing Resource Centers (NRC) provide 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 through funds from the Gordon and Betty Moore Foundation (GBMF) in partnership with the Foundation for California Community Colleges (FCCC), NRC streamlines management of student clinical placements for both schools and hospitals. It also allows schools to identify untapped clinical capacity, facilitating over a 30% increase in nursing student enrollments in the Bay Area from 2004-2008. The second NRC tool, the CFRC at www.iTeachNursing.org, connects schools with open faculty positions to interested, qualified faculty. This tool is being redesigned.

NRC is used by schools and hospitals in Los Angeles and Bakersfield in addition to the San Francisco Bay Area. The Los Angeles NRC received start-up funding from the UniHealth Foundation and the California Community Colleges Chancellor's Office. This area has now completed its third year of using CCPS with 21 (62% of all LA schools) RN schools and six LVN schools in Los Angeles County used CCPS to facilitate identifying available clinical options for placements this past year. Twenty-seven (32%) of acute care clinical facilities utilized the CCPS, recognizing the advantage of streamlining the placement planning process to save time and money. The most recent clinical placement cycle, conducted in fall 2010 for spring 2011 placements, resulted in over 1500 unit based schedules processed for 530 cohort groups.

The July 2010 users' survey indicated that the CCPS has helped to: increase user ability to manage scheduling (61%), reduce scheduling time (43%), and increase communication between schools and hospitals (65%). 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%). Clinical education in traditional acute care hospitals remains the predominant setting of choice by RN schools in the region.

The Los Angeles NRC Advisory Board identified escalating capacity issues with preceptor-based programs as a priority of concern with schools report limited ability to secure sufficient placements. Regional preceptor meetings were convened by the CINHC Regional Coordinator in June and September for schools and hospitals to identify barriers and explore options – including consideration of non-acute care settings and new models of clinical education. Facilities are implementing selected changes where applicable to support ongoing preceptor placements and two regional preceptor development programs were scheduled through the California Community Colleges' Health Workforce Initiative to expand capacity.

With grant support now ended, annual user fees were charged in 2010 to participating schools and clinical facilities to cover the cost of the CCPS tool and part-time CINHC project support. The program is now self-sustained through user fees. While the CCPS has been well received by schools of nursing and hospitals, the economic climate has prompted a reduction in the number of participating schools and hospitals this past year. Four RN schools, two LVN schools, and four hospitals decided to stop using CCPS, indicating inability to pay the annual user fee.

Plans for 2011:

Communication strategies remain targeted to sustain and expand the number of clinical facilities using CCPS and to maximize the regional benefits of the system. FCCC and CINHC have teams devoted to training, customer support, and continued system enhancements. In 2011, we will continue to improve and enhance the tool, including redesign of CFRC. We also look forward to licensing CCPS and CFRC to new regions nationally. In addition to California, other markets are now using CCPS and CFRC, including South Florida, Texas, Cincinnati, and, recently, Hawaii.

Simulation Programs

Statewide Simulation Alliance

Program Lead: KT Waxman, RN, MBA, CNL, DNP, kt@cinhc.org

The California Simulation Alliance (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 2010, 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.

The CSA has over 3,000 simulation users, "members," across the state. A bimonthly newsletter has been distributed to CSA members, as well as other interested parties nationally and internationally. The following benefit CSA members:

- ♦ Access to statewide pricing agreement with Laerdal Medical, EMS 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)
- ♦ Statewide Simulation Survey conducted to establish a baseline of simulation use
- ♦ List of simulation coordinators in the state
- ♦ Training faculty and nurse educators (more than 40 classes taught with over 600 faculty trained, representing 60% schools and 40% hospitals)
- ♦ 15 new CSA trainers available to expand training capacity
- ♦ Curricula for Level 1, Debriefing, Scenario Writing developed
- ♦ Magic in Teaching (MIT) conference
- ♦ Consulting services

Plans for 2011

Fee-based courses have been scheduled monthly around the state (San Diego, LA, Fresno, Sacramento and the Bay Area) for 2011 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 to CSA members. Beginning in May 2011, a subscription fee will be charged to CSA members and institutions wishing to continue to take advantage of the benefits offered above. As the CSA has had no direct funding, leveraging grant funding, it is now time to move the CSA to a sustainable business model.

Bay Area Simulation Center (BASC)

Program Lead: KT Waxman, RN, MBA, CNL, DNP, kt@cinhc.org

In 2007, CINHC was awarded a grant from the GBMF to develop the BASC with the objective of increasing educational capacity in the San Francisco Bay Area through utilization of high-fidelity simulation. A second objective was to demonstrate that this methodology increases critical thinking in nursing students. The grant funding was completed in August, 2010. Over 600 nursing school faculty and hospital educators have now been trained in the Bay Area. Eight apprentices graduated from the program and are now instructors for the BASC as part of a train-the-trainer program. More than 50 simulation scenarios have been written, validated, and tested by BASC members, and distributed amongst members. The BASC now has more than 700 members with representatives from 60 hospitals and 30 schools of nursing. It is now one of the state's seven regional simulation collaboratives.

Southern California Simulation Collaborative (SCSC)

**Program Lead: KT Waxman, RN, MBA, CNL, DNP, kt@cinhc.org
Carolyn Orlowski, RN, MS, carolyn@cinhc.org**

The development of the SCSC was 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. Through the course of the grant, 306 participants have attended classes from 42 schools and 29 service settings from LA and the surrounding six county area, and an additional 51 participants from other regions of California. Local faculty experts have been identified and began co-teaching the CSA courses as part of the regional Southern California plan for education sustainability.

Comprehensive site assessments by SimHealth Consultants were completed for simulation centers with interest and potential to become Regional Simulation Centers. A report of findings was instrumental in establishing a baseline to plan the next phase of regional simulation development for 2011-2012.

Plans for 2011

Grant funding is being sought to fund an additional two years of simulation development in the region, while moving towards sustainability.

Clinical Faculty Development Program

**Program Leads: Carolyn Orlowski, RN, MSN and Nikki West, MPH, nikki@cinhc.org
Education Director: Diane Welch, MSN, welchdd@frontiernet.net
Education Director (Los Angeles): Kathleen Chai, MSN, PhD, CHPQ, FNAHQ, kchai@csudh.edu**

CINHC's Clinical Faculty Development Program, developed to address the urgent need for nursing faculty resources in the San Francisco Bay Area, expanded to the Los Angeles and rural Northern California areas with funding provided by a California Employment Development Department grant. Ninety seven nurses have been trained to serve as clinical faculty in three programs in the Los Angeles area and one in the Humboldt/Arcata area. The program recruits experienced nurses and provides them the education and skills to serve as clinical faculty through an integrated educational

intensive that includes didactic classes, web-based learning, and clinical practicums with mentoring from experienced faculty. Twenty-seven schools of nursing and 85 faculty preceptors, providing the clinical practicum portion of the course, collaborated with CINHC in providing the programs.

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.

Other outcomes of the 2010 program included: CSU Dominguez Hills implementation of a modified course through their extended education department in January 2011 to help address ongoing community needs. An article was published by ANA-C's fall 2010 quarterly newsletter about CINHC's Clinical Faculty Development Program to inform nurses in California about the program and to encourage experienced nurses to consider teaching as a career option. A program guide has also been prepared integrating CINHC's statewide experience, which includes over 30 core tools to support program development, planning, implementation, and management of the program to support further replication.

Plans for 2011:

There is interest and an ongoing need to offer future programs to prepare more clinical faculty. A survey of clinical faculty vacancies in California nursing schools completed by Diane Welch helped to inform planning for additional programs. There were 425 clinical faculty vacancies reported by 51 schools across the state. Through additional funding from Kaiser Permanente Health Education Fund, administered through the East Bay Community Foundation, plans are underway to 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.

We also plan to explore opportunities for CINHC to offer the program guide and associated materials to other states as part of a revenue-generating consulting product going forward.

[Magic in Teaching](#)

**Program Leads: KT Waxman, DNP, MBA, RN, CNL, kt@cinhc.org
Bob Patterson, MSN, RN, bob@cinhc.org**

Magic in Teaching: Innovative Strategies in Simulation, Technology and Learning Science conferences, sponsored in partnership with the California Board of Registered Nursing, are provided to nursing education faculty and industry partners across the state. These important programs advance new knowledge and build a community of nursing education professionals who learn together and share information on best practices. Keynote speakers - state, national, and international leaders in education and simulation - as well as poster and breakout sessions feature projects and outcomes of local and statewide efforts to build education capacity, diversity, and redesign nursing education in California.

The conference was held twice in 2010: in Los Angeles, March 10-11 and San Francisco, October 19-20.

Plans for 2011:

Beginning in the Fall 2011, the *Magic in Teaching* and Clinical Simulation programs will be offered as an annual, two-day conference, rotating between Northern and Southern California. The next conference is scheduled in San Diego, October 18-19th, 2011.

II. DIVERSITY**Diversity Plan**

Program Leads: Pilar De La Cruz-Reyes, MSN, RN, pilar@cinhc.org

The Diversity Advisory Committee in April and November to review the progress and offer ideas for the continuation of the important work of increasing the diversity of the nursing workforce. The Diversity Director made 35 different presentations throughout the state to various groups, schools, and professional organizations. The message delivered was: "we need to continue our efforts to increase diversity in the nursing workforce." A matrix of all the California Ethnic Nursing chapters with contact information was developed and has been placed on the CINHC Web site.

The DVD *Breaking the Barriers* was completed in 2010. 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 their 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 Web site and Vimeo (<http://vimeo.com/19674182>). A copy was sent to *Minority Nurse Magazine*, and *NurseWeek Magazine* plans to place the video on nurse.com so it can be viewed by their readers.

A meeting of the ethnic nursing chapter presidents was held in July to dialogue about diversity issues, review strategies, and brainstorm ideas. One of the outcomes from the meeting was the need to develop regional forums on diversity and bring the different chapters together to collaboratively address the need for increased diversity. Another identified need was to have more minority nurses as role models in leadership positions. A pilot program, "Enhancing Minority Nurse Leadership: Breaking the Concrete Ceiling" was the result of a joint effort by the Philippine Nurses Association of the Central Valley, San Joaquin Chapter of the National Association of Hispanic Nurses, and the Central Valley Black Nurses Association, under the leadership of the CINHC Diversity Director. This program brought minority nurse leaders together to share their experiences of how they had overcome the challenges and broken the "concrete ceiling". This successful program had nearly 100 nurses attending, including nursing students, some of whom made comments like: "It was nice being able to attend a program where you looked around and saw many people of color, versus the usual meetings where you look around and no one else looks like you."

Plans for 2011:

Regional forums on "Increasing Minority Nurse Leadership; Breaking the Concrete Ceiling" are being discussed for Los Angeles and the Bay Area. Also, a meeting with United States University in Southern California is planned to discuss a potential partnership in seeking a HRSA grant for Nurse Workforce Diversity. 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
Outreach Coordinator, Josie Clevenger, RN, josie@cinhc.org

CNCC continued to reach out to underrepresented minority students at 52 career fairs and school events throughout the state in 2010. These events were attended by RN Ambassadors and the Outreach Coordinator, and 7000 students were reached in 2010 – more than double the number in 2009.

A tactic used to raise funds for CNCC was through donations for “Proud to be a Nurse” T-shirts that had been designed specifically for CNCC for distribution at various nursing meetings. The Web site: *choosenursing.com* was printed on the back of the T-shirt. Also hospitals and health systems who donated to CNCC had their logo placed on the CNCC.org Web site. Individuals donated to the “Give 5; Keep it Alive” campaign. One of the original founders of CNCC, Katie Bray, asked her guests to give a donation to CNCC in lieu of a gift for her wedding. Additional funds were raised for nursing scholarships, which were given out at the California Student Nurses Association state meeting. Funding for these scholarships were made possible through donations from Katie Bray and Stephanie Mearns.

Plans for 2011:

Nurse Ambassadors will continue to attend school career fairs to promote nursing as a career to underrepresented minority youth. The *choosenursing.com* Web site will continue to be monitored as an outreach tool to youth and respond to questions from potential students; additionally, the Web site is expected to undergo a major updating in 2011. The T-shirt campaign will also continue.

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

Program Lead: Bob Patterson, MSN, RN, bob@cinhc.org

The California Campaign for Men in Nursing Advisory Committee focused on establishing new California chapters of the American Assembly for Men in Nursing (AAMN); increased exposure of nursing as a career to grade and high school students; developing discussion programs to help support men in nursing school; and seeking funding sources to continue supporting the campaign.

Four AAMN Chapters have been established in California. They include:

1. Bay Area Chapter, contact: Bob Patterson, bob@cinhc.org
2. Southern California, contact: John Cordova, jcsocalaamn@charter.net
3. UCLA, contact: Jonathan Lee, ionjon90@ucla.edu
4. LA AAMN, contact: Javier Exebio, jexebio@calstatela.edu

Discussion programs/support groups are slowly but steadily moving towards development. An in-depth evaluation of the *Board of Registered Nursing (BRN) Annual School Report Data, 2000-2001 to 2008-2009* of two-year associates degree nursing programs in California identified schools of nursing with greater than a 50% attrition rate of male nursing students to target for interventions.

The Southern California Permanente Medical Group restricted donation helped strengthen efforts for the California Campaign for Men in Nursing, including California’s national recognition through AAMN. Bob Patterson was elected as a national Board member for AAMN. The 35th Annual AAMN Conference, “*Working for the Health of the Nation and the World,*” was held September 23-25, 2010 in Durham, North Carolina. Patterson will help provide leadership for the 2012 AAMN annual conference in San Francisco.

Recruitment Video

The *Men in Nursing: Strong, Proud, Independent* recruitment video continued 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. It has been distributed at the Association of California Nurse Leaders (ACNL) and Magic in Teaching conferences, the Diversity Advisory Committee meetings, and to all AAMN Board members, as well as AAMN Chapter Presidents.

The video was placed on YouTube™ and had over 32,000 hits in 2010. Comments 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. Some comments were:

- ♦ *"I am an 18 year old kid, who has no idea what I want to do with my life. Just finished my first semester of community college strong (4.0 GPA). I was thinking of entering the radiology field, but after seeing this [video] I'm definitely going to get more info about this career."*
- ♦ *"I'm a VET too and this video inspired me!"*
- ♦ *"Great video - I'm considering going into nursing but being a guy throws me off a bit. I'm going to look into it more seriously now thanks."*

III. LEADERSHIP & OTHER PROGRAMS

Leading Empowered Organizations (LEO)

Program Lead: Bob Patterson, MSN, RN, bob@cinhc.org

LEO, under license from Creative HealthCare Management, was provided to Marin General Hospital (MGH) in Greenbrae, October 19-20, 2010, for the operating room nursing leadership team and Interim Chief Nursing Officer. Evaluations demonstrated a high level of satisfaction, in addition to a request for a one-day refresher course. The LEO brochure was updated as a one-page handout, which was distributed at the ACNL and Magic in Teaching conferences.

Plans for 2011:

Provide MGH a one-day refresher class, while encouraging other leadership teams at their organization to consider LEO. In addition, efforts will focus on renewed marketing strategies for increasing the number of programs offered.

New Graduate RN Transition Programs

Program Lead: Nikki West, MPH, nikki@cinhc.org

Southern California Region: Carolyn Orlowski, MSN, RN, carolyn@cinhc.org

As a response to the new graduate RN hiring crisis, CINHC partnered with the GBMF, the East Bay Community Foundation, and Kaiser Permanente Northern California Community Benefit, to fund and implement demonstration New Graduate RN Transition Programs (TP). Additional funding has also been provided by local Workforce Investment Boards (WIBs). 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 setting (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.

Four school-based programs were established as demonstration models: Samuel Merritt University, University of San Francisco, California State University-East Bay, and a collaboration of South Bay schools, including San Jose State University and San Jose/Evergreen Community College District through the Workforce Institute. CINHC is also working with a research team at the University of San Francisco to create a formal evaluation plan. Employability, participant competence, confidence, turnover, and ability to efficiently transition to the workplace are all being tracked. Within the Bay Area, a minimum of 250 new graduate RNs will enroll in these Transition Programs. A total of 169 new graduate RNs were enrolled in the programs in 2010, and 80% have earned RN positions to date.

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 across the state.

Plans for 2011:

Evaluations of the impact of these programs will continue, as well as complying best practices from the programs and cross-walking the TP programs to other residency programs across the country.

Funding exists to support the Bay Area programs through 2011. There is much interest from schools, employers, and new graduate RNs who are having difficulty finding jobs in continuing the programs. A priority will be developing feasible economic models to sustain the programs.

Assisting other regions throughout the state to launch programs, and for residencies and/or transition programs to eventually become standard practice for nursing education are continuing objectives. Programs are scheduled for spring/summer 2011, including Western University (February), with 4 additional pilot programs scheduled to begin in May including Chaffey College, Golden West College, Saddleback College, and Rio Hondo College. CINHC is a partner in a 3-year HRSA grant proposal submitted by Saddleback College in December. CINHC's role will be evaluation and linking the program to the overall statewide effort.

CINHC's Project Manager is also serving as co-leader, with Dorel Harms of the California Hospital Association, for the statewide California Regional Action Coalition (RAC) Workgroup focused on Recommendation #3: Implementing Nurse Residencies from the Institute of Medicine's Recommendations on the Future of Nursing.

[Collaborative Model of Education \(Los Angeles and Orange County Areas\)](#)

Education Director: Diane Welch, MSN, welchdd@frontiernet.net

Program Lead Southern California: Carolyn Orlowski, RN, MSN, 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, based on the experiences of 41 other schools of nursing that have committed to the collaborative model as a means of providing seamless progression of nursing education. This model is the state's most efficient way to prepared 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 NLN accredited schools in their preliminary program planning, and assisted with the preparation of a HRSA grant proposal for CSU Los Angeles and CSU San Marcos in December 2010.

Plans for 2011

CSU Fullerton is in the early planning phase with four Community Colleges to develop and implement a Collaborative Model with private foundation funding. CINHC will provide expert consultation. Pending success with the HRSA grant, and other funding being sought to provide technical assistance, CINHC will facilitate the development of new collaboratives that will include up to 19 more schools of nursing in Southern California.

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

[Compendium of Innovative Practices and Partnerships](#)

2010 Lead: Carolyn Orlowski, MSN, RN Carolyn@cinhc.org

The statewide survey of innovative practices and partnerships for nursing education was conducted in 2010 and published as Edition 3 of the *Compendium of Innovative Practice and Partnerships*. The report was distributed at the annual meeting of Nursing Deans and Directors in Monterey in October, is available as a CD and posted on the CINHC Web site. (www.cinhc.org)

Practices submitted to the Compendium document the extensive work and accomplishments by schools of nursing through partnerships to address strategic priorities and nursing education initiatives over the past two years. Seventy-seven practices were included in the publication. A wide range of programs are reported, including those addressing: capacity, clinical simulation, collaborative models, diversity, facility needs, faculty shortage, learning outcomes, mentoring, retention, specialty courses, teaching methods, and RN new graduate transition programs.

Plans for 2011

The Compendium has historically been done every two years. There is no plan to repeat this survey in 2011.

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