

2014 ANNUAL REPORT

Dear Colleagues,

The California Institute for Nursing and Health Care (CINHC) was incorporated in 2001 as a not-for-profit organization to provide a forum by which stakeholders could improve the health of Californians through focus on the state's nursing workforce. Year-end is a time to reflect on the accomplishments of 2014 toward this goal, and focus on the year ahead.

We are pleased to share our work over the past year, and as you review this report, please be thinking about how you might be able to engage with us around important initiatives moving forward. Our Board of Directors is continually focused on how we might increase our effectiveness relative to our mission, vision and values.

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

2014 highlights include:

- Continued focus on supporting diverse students to be successful in their academic programs through a specific mentoring program with partner schools in Southern CA
- Continued focus on increasing the number of men in nursing through support of the American Assembly of Men in Nursing
- Strengthening academic progression in nursing through the California Collaborative Model of Nursing Education, including development of a toolkit
- Developing an *RN Role Transformation Tool* to assist nurse leaders in planning for the workforce changes associated with health care reform
- Continued discussion and strategizing related to new roles for nursing as health care shifts from providing care to managing health
- Support of Transition to Practice (T2P) programs, which provide support to new graduate RNs through academic-service partnerships
- Providing simulation education and support through the California Simulation Alliance
- Partnering with the Foundation for California Community Colleges to begin a renovation of the Centralized Clinical Placement System (CCPS) to make it more user friendly and responsive to changing clinical placement needs
- Integration of the work of the California Action Coalition (CA AC) into the work of CINHC to strengthen the over-all impact in California
- Creating a sustainability plan for CINHC, which will carry us into the future through a new economic logic model
- Completed a survey of the hiring experiences of new graduate RNs in partnership with the UCLA School of Nursing, the BRN, and ACNL/California Nursing Students' Association

Please read the entire report to see important progress and programs that benefit the state's hospitals and health systems, communities, health providers, academic institutions that prepare our future nursing workforce, and our business and industry partners.

Financial Summary:

Achieving financial sustainability and seeking funding for operational and program support continue to be important activities for the organization. We are very grateful to our financial partners, identified elsewhere in this report, and to the following foundations that have supported our program work over the past year:

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

We were able to conclude the year with a favorable change in net assets of \$52,442. Please see more detailed financial statements elsewhere in this report.

Looking ahead to 2015, CINHC priorities include:

- Continued focus on increasing the diversity of the nursing workforce through work with the CCMNE, men in nursing, and focused diversity planning
- Updating the California Nursing Education Plan through a state-wide consensus process including multiple stakeholders
- Implementing the CINHC sustainability plan, which shifts the economic logic model of the organization
- Completing a communications and marketing plan for CINHC, which will include a new name, website, and communication strategies for the organization and our programs
- Expanding the offerings of the California Simulation Alliance while continuing its current work
- Continue program work with the CA AC focused on implementation of the Institute of Medicine's report on the Future of Nursing in the areas of education, practice and care, leadership, interprofessional collaboration, diversity and data
- Continue support for academic progression through the CCMNE
- On-going support for T2P programs to include creation of a virtual preceptor model and implementing a program in long-term care
- Continue in our role as convener of various stakeholders to address trends and new approaches to improving health through nursing excellence
- Partner with FCCC to implement a new CCPS
- Develop an expanded philanthropy model for the organization to support additional program work
- Begin development of a white paper focused on nursing leadership of interprofessional collaboration in academic and practice settings

Please continue to read the remainder of the Annual Report to learn more about the programs that CINHC is leading as we work with our colleagues and partners to build and strengthen California's nursing workforce. Additional information is available at www.cinhc.org. Thank you for the support that you give me, the Board of Directors, and the CINHC staff.

Warm regards,



Judith G. Berg, RN, MS, FACHE
Executive Director

MESSAGE FROM BOARD CHAIR

Dear Colleagues & CINHC Supporters:

While the Institute can claim many exciting moments since its founding in 2001, perhaps none are more exciting than the present. The Institute's new name, Health*Impact*, is catching attention, but beneath the new name are remarkable currents of accomplishment and challenge.

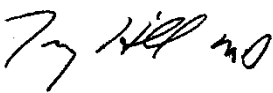
During its retreat in April 2014, the Board adopted a new mission, *To enhance the well-being of Californians through innovation, interprofessional leadership, and nursing excellence*. Since then the Institute and its stakeholders, with support from the Moore Foundation, have methodically worked through the creation of a new sustainability plan. We are very grateful for the engagement of our many supporters in the creation of new business models and a strategy that will minimize our dependence upon grant funding. Our communications plan is also emerging from this work. The new name is the first manifestation of this plan; other elements will follow, including transformation of our website.

As you know, since 2011 the Institute has provided a fiscal home for the California Action Coalition, which is implementing the recommendations from the Institute of Medicine (IOM) / Robert Wood Johnson Foundation Initiative on the Future of Nursing. With the recent merger of the Institute's Advisory Committee and California Action Coalition Advisory Committee, this work is now fully integrated into the Institute under the direction of Mary Foley and Linda Zorn.

I will mention only two additional work streams, one completed and one in progress that illustrate the Institute's value. Based on our 2013 *Nurse Role Exploration Project*, the Institute worked with the California Hospital Association in creating the *RN Role Transformation Tool* to help senior leaders envision their future nursing workforce. Also, together with multiple co-sponsoring organizations, the Institute has started an update of the *California Nursing Education Plan*. This work, which also has Moore Foundation support, will continue into 2016.

Finally, I would like to acknowledge the contributions made by Priscilla Gonzalez-Leiva, RN, during her 13 years on the Institute's Board of Directors. Priscilla served as Board Chair for eight years until stepping down to focus on family concerns. The Institute has been blessed with a remarkable array of leaders on its Board and in its stakeholder organizations. The state and country have been beneficiaries of their personal initiative. What is now abundantly clear is how much the future of our health care depends upon nursing leadership.

Sincerely,



Terry Hill, MD

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Judith Yates, Hospital Council of San Diego and Imperial Counties
Linda L. Zorn, Statewide Initiative Director, Health Workforce Initiative

Financial Partners

Hospitals and Health Systems

Alameda Hospital	Kaweah Delta Health Care District
Barton Healthcare System	Motion Picture & Television Fund
Cedars-Sinai Medical Center	NorthBay Healthcare
Children’s Hospital Central CA	Palomar Health
Children’s Hospital Los Angeles	Pomona Valley Hospital Medical Center
Citrus Valley Medical Center	Presbyterian Intercommunity Hospital
City of Hope Nat’l Med Center	Providence Health & Services
Community Hospital of Monterey Peninsula	Santa Barbara Cottage Hospital
Community Medical Centers	Sharp HealthCare
Dignity Health	So. CA Permanente Medical Group
Henry Mayo Newhall Memorial Hospital	St. Vincent Medical Center

Huntington Memorial Hospital
John Muir Health System
Kaiser Permanente

Corporations

Gannett Healthcare Group
Laerdal Medical Corporation
Limbs & Things
Orbis Education

Academic Institutions

Azusa Pacific University
CSU Fullerton
CSU Los Angeles
Samuel Merritt University
UC Davis Medical Center
UC Irvine Medical Center
UC San Diego Medical Center
United States University
University of San Francisco
Vanguard University
Western University of Health Sciences

Torrance Memorial Medical Center
White Memorial Medical Center

Associations

American Nurses Assoc\CA (ANA\C)
Association of CA Nurse Leaders (ACNL)
California Hospital Association (CHA)
Hospital Assoc of Southern CA (HASC)

Foundations

Kaiser Permanente Northern CA Fund for
Health Educ at EB Comm Fdn
Foundation for CA Community Colleges
Gordon & Betty Moore Foundation
Kaiser Permanente Comm Benefit, So CA
Kaiser Permanente, Pt Care Services
The CA Wellness Foundation
The Robert Wood Johnson Foundation

I. BUILDING EDUCATIONAL CAPACITY

Nursing Resource Centers (NRC)

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

CCPS Coordinator Los Angeles: Tianda McKoy, Tianda@cinhc.org

Program Lead San Francisco Bay Area: Nikki West, MPH, Nikki@cinhc.org

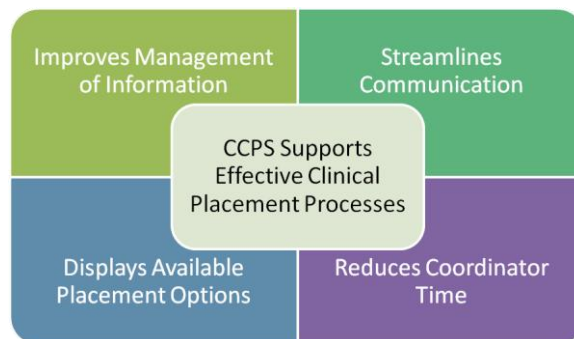
NRC provides centralized, web-based services for nursing schools and clinical agencies, with ongoing coordination, leadership, and support provided by the Institute in the San Francisco Bay Area and the Los Angeles Area. NRC is offered in partnership with the Foundation for California Community Colleges (FCCC) and includes two tools: the Centralized Clinical Placement System (CCPS) and the Centralized Faculty Resource Center (CFRC). Developed initially through funds from the Gordon and Betty Moore Foundation, CCPS streamlines management of student clinical placements for both schools and clinical facilities to identify untapped clinical capacity. The CFRC at www.iTeachNursing.org connects open faculty positions posted by nursing schools with interested, qualified faculty.

NRC is used in California by RN and LVN schools and clinical facilities in Los Angeles, the San Francisco Bay Area, and Bakersfield. The Bay Area NRC has been in place for nine years and currently has 22 active school users and 33 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, and has now completed its seventh year of using CCPS, with 23 RN schools, 9 LVN schools and 21 hospitals participating in Los Angeles County. Annual user fees cover the cost of the tool and user support.

The 2014 Los Angeles annual users' survey indicated CCPS benefits include:

- Increasing the ability to better manage scheduling information (62%)
- Supporting communication between schools and hospitals (62%)
- Planning and viewing features has supported accommodating more students (43%)
- Displaying availability of information on regional schedules and placement options (57%)
- Standardizing of the process across facilities within the region (52%)
- Providing greater transparency of placement patterns and trends (32%)
- Using CCPS exclusively to process placements (57%)
- Reducing time needed to propose, review and confirm processing clinical placements (52%)

The greatest barrier to placing additional nursing students continues to be the lack of available capacity due to suitable units already saturated with students, as reported by 67% of survey respondents.



Plans for 2015:

Our goal is to support and expand the number of clinical facilities and schools using the NRC and maximize the regional benefits. The Institute will continue to provide training and customer support and implement system enhancements in partnership with FCCC. A team continues to evaluate options to improve the preceptor placement feature. While hospital-based clinical education sites remain the predominant setting of choice by prelicensure RN schools in the region, leveraging clinical placement options in non-acute care settings provides

further opportunity to sustain growth. In addition to California, other markets licensing the system include South Florida, Texas, Cincinnati, and Hawaii. We look forward to licensing CCPS and CFRC to additional sites beyond those that have already adopted it.

Simulation Programs

California Simulation Alliance

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

The California Simulation Alliance (CSA) has been operating since 2008 under the auspices of CINHC. The CSA has built a sustainable program with no grant funding. Five revenue streams have contributed to sustainability: subscription fees, course revenue, apprentice fees, consulting and industry partner contracts. Our sixth revenue stream went into effect in 4th quarter, 2014. One of our industry partners, EMS, is selling our scenarios with their products and we expect to receive revenues from that partnership in 2015. The CSA continues to be the hub for simulation activity in the state of California.

Through 2014, under CSA leadership, seven regional collaboratives are still in place. 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.

After the implementation of subscription fees in April of 2011, the CSA now has over 150 subscribers from California and other states. We have 2 international subscribers. Subscribers are granted access to our scenario library and institutions can take advantage of our pricing agreements. The following benefit CSA subscribers:

- ♦ Access to statewide pricing agreement with Laerdal Medical, EMS, Limbs & Things, and others, which has resulted in savings of over \$2 million in equipment purchases
- ♦ Over 75 scenarios (which have been enhanced to include the QSEN competencies) are available for sharing (five leadership and six LGBTQ scenarios recently added)
- ♦ Statewide Simulation Survey conducted in 2009, 2011, & 2013 - will repeat in 2015
- ♦ List of simulation coordinators in the state
- ♦ Discounts on simulation courses
- ♦ 16 CSA faculty available to expand training capacity
- ♦ Consulting services

Consulting:

CSA provided consultation and training services in June 2014 to 25 Canadian faculty from Ontario. Through a grant that they received, they paid the Institute/CSA \$99K to provide this training when they flew to San Francisco. We will return to Canada in the summer of 2015 to provide follow-up mentoring and conduct a simulation course. The excess of revenues from this consultation has sustained us through 2015. We trained several Japanese faculty in 2014 as well.

Presentations:

Presentations about the evolution of the CSA have been made at:

- International meeting on Simulation in Healthcare, San Francisco (4 presentations and workshops)
- International Association of Clinical Simulation and Learning annual meeting in Orlando
- QSEN conference in Baltimore

Publications:

Maxworthy, J, Waxman, K.T. (2014). Simulation Alliances, networks and collaboratives. In Palaganas, J., Maxworthy, J., Epps, C, Mancini, B. (Eds.). Defining excellence in simulation programs, Wolters Kluwer, Philadelphia.

Waxman, K.T., Delucas, C. (2014). Using simulation for succession planning and leadership development. *Nurse Leader*, 12 (5).

Waxman, K.T. (2014). The California Simulation Alliance. *MedSim Magazine*, vol. 3(2).

Waxman, K.T., Miller, M. (2014). Faculty development to develop and implement simulations: strategies and possibilities. In Jeffries, P. (Ed) *Advanced Simulation in Nursing*, National League for Nursing.

International partnerships:

We have an unofficial partnership with Victoria, Australia. They have modeled their Victorian Simulation Alliance (VSA) after the CSA, and KT Waxman and Leone English have presented this work in both Australia and the US. The Trans-Pacific Simulation Alliance was launched in 2013 and will continue to distribute a joint newsletter to VSA and CSA subscribers and members.

Plans for 2015

We will hold classes and continue educating our California faculty in schools and hospitals by offering ten courses this year. Through the Kaiser grant for the SCSC, we have been able to conduct a faculty development workshop to ensure we have trainers in each region of the CSA, and to that end have scheduled more courses. We are in the process of conducting a qualitative study on the impact of the three-day simulation intensive course on faculty skills, performance and quality of simulations. This should be completed in June 2015. We will continue to add more subscribers to the CSA and have a targeted marketing plan developed to launch this year.

The CSA director will lead the simulation initiative section of the 2015 White Paper led by CINHC.

New Graduate RN Transition Programs

Program Lead: Nikki West, Nikki@cinhc.org

Southern California Lead: Carolyn Orlowski, Carolyn@cinhc.org

RN Transition Programs continue to generate interest across the nursing community and show promise as a sustainable means to prepare RNs for the myriad of roles and settings where RNs practice. Transition Programs are similar to a traditional nurse residency. However, they are structured as collaborative academic-practice partnerships offered through a school of nursing, which partners with one or multiple clinical facilities to provide the experience. The program participants are graduated, licensed RNs, but need not be employed. The program is versatile enough to prepare RNs for employment both within the hospital as well as in non-hospital settings. This is compelling as we seek ways to match the supply of nurses for the various community-based, ambulatory settings where care is being delivered.

Energy and momentum is building! To date, the model has been replicated across 20 locations in California, with over 1,500 RNs participating since the first pilot launched in 2010. An evaluation found that nearly 85% of participants were employed as RNs within three months of program completion. Transition Programs have prepared RNs in acute care, clinics, hospice, home health, school nursing, and care coordination. The Institute serves as a co-lead for the California Action Coalition workgroup focused on nurse residency programs, which provides linkages from the transition program work to both the statewide Action Coalition efforts as well as to the national Action Coalition campaign through the Center to Champion Nursing in America.

Transition Programs have received national visibility. Five articles were authored by Institute staff:

- *Nurse Educator* (April 2014)
- *Journal of Continuing Education in Nursing* (June 2014, 2 articles including lead article for CNE)
- *Nurse Leader* (October 2014)
- *Journal for Nursing Professional Development* (October 2014)

Additionally, the Institute led a national webinar hosted by the Center to Champion Nursing in America with a specific focus on the RN Transition Program. Transition Program presentations were given at the statewide annual California Nursing Students' Association conference and at the statewide California Action Coalition

Summit.

Through this visibility, we are now connecting with other states involved in similar work, identifying ways to leverage this model beyond California.

2015 Priorities include:

- Package a Transition Program toolkit accompanied by Technical Assistance to offer to sites that want to implement the model
- Launch new Transition Program models for specialty areas and new roles for nurses in era of health reform
- Enter into agreements with other states to offer Transition Program toolkit and Technical Assistance
- Launch program to provide virtual preceptor for Transition Programs in locations where RNs are not currently employed, such as rural settings
- Continue statewide and national presentations to disseminate our work

New Graduate Employment

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

To better understand the current employment experience of newly licensed RNs, a fifth annual statewide survey was conducted in fall 2014 through the efforts of the California Institute for Nursing and Health Care (CINHC), the California Board of Registered Nursing (BRN), the Association of California Nurse Leaders (ACNL), the California Student Nurses' Association (CSNA), and the UCLA School of Nursing, with funding provided by Kaiser Permanente Northern California.

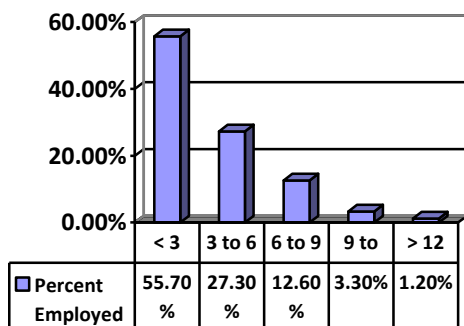
Data from this current California survey indicates an increased employment rate reported by newly licensed RNs for the second consecutive year within the past five years.

RN Employment within 12 Months of Licensure

Survey conducted with nurses newly licensed in the 12-month period prior to the survey (Sept 1 and Aug 31)	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014
Percent Employed	57.0%	57.0%	54.0%	59.3%	65.1%

When employed nurses were asked how long it took to find their first nursing job, a majority found employment as RNs within the first 6 months after licensure, with 83% employed. It is noted that 10% more new graduates found jobs within the first 6 months this past year compared to 2013, We are in the process of conducting a qualitative study on the impact of the three-day simulation intensive course and faculty skills, performance and quality of simulations. We are in the process of conducting a qualitative study on the impact of the three-day simulation intensive course and faculty skills, performance and quality of simulations. We are in the process of conducting a qualitative study on the impact of the three-day simulation intensive course and faculty skills, performance and quality of simulations. when 78.3% reported employment.

Length of Time Between Licensure and Employment in an RN Role



There were 21.3% (N=117) of all respondents that indicated participating in a transition to practice or new graduate residency program (internship) following graduation. When asked if participation in a program helped them to obtain employment, 62.9% (N=66) indicated it did. Incentives reported to influence participation in a new graduate program included:

- Opportunity to gain experience as a licensed RN (90.5%)
- Opportunity to increase skills, competencies, and confidence (85.2%)
- Improving resume (80.0%)
- Obtaining college credit applicable to BSN or MSN degree (52.6%)
- Deferment of student loans (47.5%)

California needs to retain newly licensed RNs engaged in the nursing workforce as a critical resource for ensuring the state has the supply of nurses to provide needed health care. The California Employment Development Department (EDD) forecasts approximately 10,500 new nurses are needed annually for population growth and replacement of nurses who retire or leave the state through 2018. With 11,292 new graduates in California from the 2012-2013 academic year, future workforce demand and current nursing education supply are currently in balance.

(A copy of the complete report is available on the California Institute for Nursing & Health Care website www.cinhc.org)

[California Collaborative Model for Nursing Education \(CCMNE\)](#)

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

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

Consultant: Liz Close, PhD, RN, Liz.Close@sonoma.edu

APIN Project Co-Leads CSULA: Lorie H. Judson, PhD, RN, NP, ljudson@calstatela.edu,

P. Betsy Manchester, MN, RN, FNP, CNE, pmanche@calstatela.edu

The national priority to meet evolving healthcare needs through a more highly educated nursing workforce is being addressed in California through CINHC's strategic leadership in the expansion and sustainability of California Collaborative Model for Nursing Education (CCMNE) programs. This model provides a redesigned pathway for seamless ADN to BSN academic progression, addressing The Institute of Medicine (IOM)'s recommendation to increase the nursing workforce educated at the BSN or higher level to 80%.

CINHC provided technical assistance to nursing schools in Southern California to develop, implement, and expand CCMNE programs with the support of a third year of funding from Kaiser Permanente Southern California Community Benefit. Regional meetings were conducted with CSUs, private universities, and community colleges to advance and sustain CCMNE programs, and a CCMNE Toolkit was developed. An additional two years of funding was also awarded through the California Action Coalition from the Robert Wood Johnson Foundation (RWJF) Academic Progression in Nursing (APIN) supporting the development of

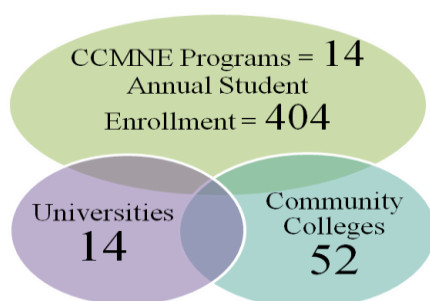
CSULA’s regional collaborative, with expanded enrollment to 80 students annually, in partnership with 12 community college partners.

Current Status and Influencing Factors

- 53.2% of California’s nursing workforce has a BSN or higher degree (*2012 Survey of Registered Nurses. Sacramento, CA: California Board of Registered Nursing*)
- The number of California hospital employers that either prefer or require a minimum of BSN degree upon hire increased from 75.2% in 2013 to 80.4% in 2014 (*California Employer Report: Survey of Nurse Employers in California, HASC 2014*)

Statewide Progress

The goal to double the annual student enrollment in CCMNE programs across California from 283 to 566 by August 2016 is on track, with 404 students newly enrolled in the 2013-2014 academic year. As of fall 2014 there are 14 university-based collaboratives working in partnership with 52 community colleges, with 6% of California ADN students obtaining their BSN degree through this program model.



CCMNE programs are:

- Provided by 11/19 CSUs (57%) and 3/21 private universities (11%), in partnership with 52/78 (66%) community colleges.
- Expanding with the addition of 3 new collaboratives in 2014 by 3 private universities with 11 community colleges.
- Diversifying options with some community colleges partnered with both a CSU and a private university supporting increased student access and potential for growth
- Enrolling 6% of California ADN students in this education pathway to obtain BSN degree.

<i>Type of Academic Institution</i>	<i># California Nursing Programs</i>	<i>CCMNE Programs Provided by 14 Universities in Partnership with 52 Community Colleges</i>
California State Universities (CSUs)	19	11 (57%)
University of California (UCs)	4	0 (0%)
Private Universities	26	3 (11%)
Total BSN Programs	49	14 (28%)
Community Colleges (ADN)	78	52 (66%)
Private Colleges (ADN)	11	0
Total ADN Programs	89	52 (57%)

Plans for 2015

Goals moving forward include doubling the annual student enrollment in CCMNE programs in California, encouraging greater diversity of students enrolled in BSN programs, and engaging further employer partnerships to increase the percent of nurses with a BSN or higher degree in California’s workforce. Continued growth in the number and capacity of CCMNE programs will be supported through the dissemination of best practices to strengthen sustainability.

II. DIVERSITY

Diversity Project

Program Lead: Marcia Harris-Luna, MSN, RNP, mharrisluna@gmail.com

Continuing efforts to increase diversity in the nursing workforce was the priority of this program. The core operating support to provide education and mentoring for minority nursing students to improve diversity in the health professions is funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private independent foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention. This grant focuses on interventions to decrease attrition among African-American and Latino nursing students, as well as developing a mentorship program serving 20 African-American and Latino students. As a result, the following accomplishments were met:

- 64 underrepresented minority students were mentored over the two-year term of the grant
- Financial coaching was provided
- Assistance with strategies to help them memorize drug classes, perform drug calculations and conversions and perform intravenous line placements
- Materials on how to study and prepare for tests; detailed explanations on how to arrive at correct pharmacology proportions
- Three study workshops; assisted the students with preparation of professional curricula vitae

Plans for 2014:

Continue to foster interest in nursing by underrepresented groups.

The Coalition for Nursing Careers in California (CNCC)

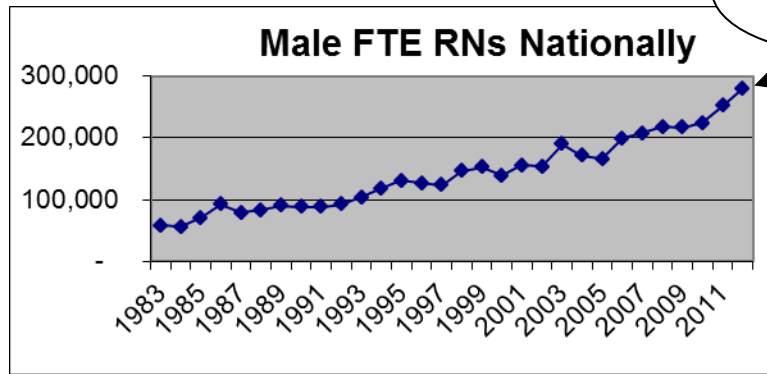
Program Lead: Bob Patterson, MSN, RN, Bob@cinhc.org

As we've continue to observe that schools of nursing have seen a dramatic increase in the number of pre-licensure applications for their programs, we've also realized that CNCC, as a recruitment pipeline program, is being utilized less. It is because of this that both websites that support CNCC (www.cncc.org and www.choosenursing.com) have been transferred to the Association of California Nurse Leaders (ACNL). The program better aligns with ACNL's mission, vision and values. We wish CNCC continued success in its new home!

The California Campaign for Men in Nursing

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

Efforts focused on outreach to young, underrepresented men in middle schools and high schools, as well as career coaching new graduates, and increasing involvement in the American Assembly for Men in Nursing (AAMN), at national and local levels. Despite national efforts, the number of men in nursing has never previously exceeded 10%; however, since 2010 the proportion of men in nursing has grown to 11.5%.



Peter I. Buerhaus, PhD, RN, FAAN, Center for Interdisciplinary Health Workforce Studies at Vanderbilt University (2014)

Eleven AAMN chapters have been established in California since May 2009, tripling the number compared to 2014. They include:

1. Bay Area Chapter, contact: Steve Johnson, stj218@gmail.com
2. Southern California Chapter, contact: John Cordova, jcsocalaamn@charter.net
3. UCLA Chapter, contact: Megan Guardiano, minatucla@gmail.com
4. Chaffey College Men in Nursing: Walt Simon, toeside180@att.net
5. Charles Drew University Chapter: Donald Osakwe, cdumn@cdrew.edu
6. CSULA AAMN, contact: Kristin Garcia, Kristin.leigh.garcia@gmail.com
7. North Bay Chapter, contact: Kelsi Gilbert, Kelsi.gilbert@students.dominican.edu
8. Diablo Valley Chapter, contact: Dean Charkow, dean.charkow@johnmuirhealth.com
9. WesternU Men in Nursing, contact: Ryan Shimizu, rshimizu@westernu.edu
10. San Diego Chapter of AAMN, contact: info@SD-AAMN.org
11. Cal State University at Fullerton, contact: Rueben Paul, reubenpaul@csu.fullerton.edu



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 middle- and high school-aged boys, as well as a second career for men. The video has had over 152,000 views to date on YouTube™. URL:

https://www.youtube.com/results?search_query=men+in+nursing

“Thanks for this video. I was going to school using my GI bill but I stopped because I gave up my dream for a dead end job just because I wanted a quick pay check. I learned my lesson. I’m back on track following my dream going to school to become a nurse.”

“This is the best video I’ve seen so far for nursing programs, with incredible inside info (especially for male nursing). Thank you for posting this online.”

Plans for 2015:

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

1. Provide overall leadership for AAMN, as Patterson assumed the role of president
2. Analyze the 450+ men in nursing, YouTube™ comments, and lift the top three themes to focus on
3. Develop a manuscript describing the top three themes discovered in the comments
4. Develop a toolkit focused on recruitment of middle school, underrepresented male students
5. Examine funding sources to help continue supporting men in nursing activities

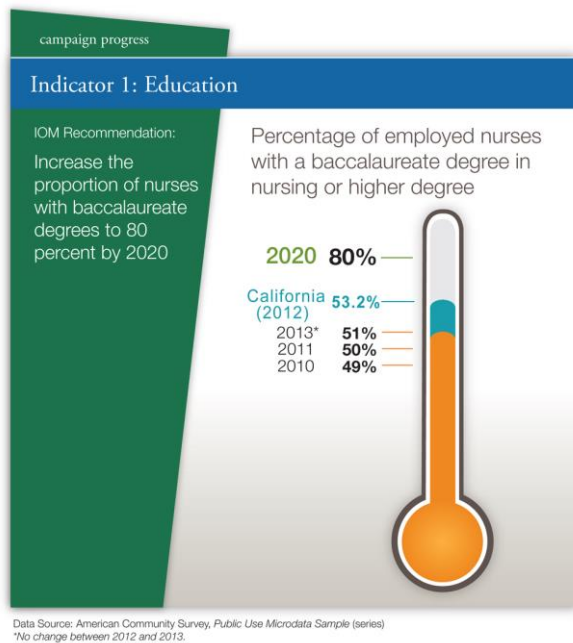
III. LEADERSHIP & OTHER PROGRAMS

California Action Coalition

Program Lead: Mary Dickow, MPA, mdickow@CAactioncoalition.org

The California Action Coalition (CA AC) has made great progress this past year. One very important step was working with CINHC staff and consultants on the full integration of the CA AC into the strategic sustainability plan for the Institute and the efforts moving forward in California. As reported last year there has always been significant overlap across our work. and this new direction will allow for efficiencies of scale, less competition for valuable resources and the ability to more fully engage critical partners. We are truly excited about this direction and alignment with our missions to advance the health of all Californians.

We are pleased to announce the publication of the updated Campaign Dashboard (<http://campaignforaction.org/dashboard>). The Dashboard is a set of graphic indicators that are used to measure progress in key areas: education, doctoral degrees, removing barriers to practice and care, interprofessional collaboration, leadership, and workforce data. The progress happening around the nation would not be possible without the efforts of all the Action Coalitions (ACs) engaged in this work. California has been recognized by the Campaign as leading the way in several areas and for sharing best practices with other ACs.



2014 Highlights include:

- Fostered important working relationship with AARP-CA around Nurse Practitioner scope of practice strategies, the development of a robust Advanced Practice RN Coalition and the focus on improved scope for all RNs;
- Created and led successful transition to practice programs in both acute and ambulatory settings, developed curriculum and working with other ACs to share best practices;
- Advanced the work of the collaborative models in place in CA to increase number of BSNs, received second round of funding from RWJF for the APIN grant at CSU Los Angeles, met with potential partners to grow the number of collaborative models in the state;

- Developed leadership competencies, a life-long learning compendium, a highly regarded on-line mentorship program and launched new focus related to national agenda of getting 10,000 nurses on boards with survey through ACNL.

2015 Priorities include:

- Emphasis on new roles for nurses to ensure we are preparing a diverse workforce to lead care in a changing environment with an emphasis on wellness and population health;
- Launch new work in the area of interprofessional collaboration across academic and practice settings, leading this effort through nursing;
- Implementation of the 3-year sustainability plan with CINHC to increase capacity to advance the well-being of Californians;
- Increase efforts to appoint nurses to governing boards;
- Participation on the Advisory Team for the Education Redesign whitepaper;
- Create new strategic plan for volunteer recruitment and engagement;
- Continue statewide and national presentations to disseminate our work.



Mary Dickow and Judee Berg presenting New Roles work at WVONE Conference

[Nurse Role Exploration Project](#)

Program Leads: Judee Berg judee@cinhc.org and Mary Dickow mdickow@CAactioncoalition.org

The *Nurse Role Exploration Project: The Affordable Care Act and New Nursing Roles* white paper completed in 2013 continued to be disseminated through multiple presentations across the state and country throughout 2014. The five RN roles highlighted as being instrumental to an effort of rapidly expanding capacity to meet the expected growth in demand within the healthcare delivery system envisioned by the ACA were modified slightly through a name change for one of the roles. The new roles are:

- Care Coordinator
- Faculty Team Leader
- Informatics Specialist
- Community Centered Nurse (Originally named Nurse/Family Cooperative Facilitator)
- Primary Care Partner

During 2014, an *RN Role Transformation Tool* was developed in collaboration with the California Hospital Association (CHA), using the new roles identified in the Nurse Role Exploration Project, along with earlier work done by CHA to define alternative financial strategies hospitals and health systems may consider as they plan for the future. The *Tool* is a helpful planning and discussion document to assist leaders in health care organizations consider RN workforce changes that may be required as they move forward. A copy of the *Tool* is

available by contacting Judee Berg at judee@cinhc.org. The original white paper, *The Nurse Role Exploration Project: The Affordable Care Act and New Nursing Roles*, can be found at www.cinhc.org. In addition, an article discussing the New Roles Project was included in the October 2015 issue of *Nurse Leader*.

Plans for 2015

Dissemination of the New Roles work will continue in 2015 through presentations and published articles. The *RN Role Transformation Tool* will be presented at two national conferences in 2015. In addition, this work will be incorporated into the project work associated with updating California's Nursing Education Plan, which is occurring throughout 2015. As an adjunct to the updating work, a statewide conference in May will explore the new roles and discuss next steps, competencies needed, and opportunities/barriers to moving the new roles into practice.

CALIFORNIA INSTITUTE FOR NURSING AND HEALTH CARE

STATEMENT OF FINANCIAL POSITION

Unaudited Financial Statements, Year Ending December 31, 2014

	Unrestricted	Temporarily Restricted	Total
ASSETS			
Cash	\$ 670,398	\$ -	\$ 670,398
PayPal Website Link	\$ 1,913	\$ -	\$ 1,913
Receivables	\$ 20,142	\$ -	\$ 20,142
Contributions Receivable	\$ -	-	\$ -
Interfund Receivable (Payable)	\$ (1,875,991)	1,875,991	\$ -
Grants		150,000	\$ 150,000
Pledges Receivable	\$ -	104,031	\$ 104,031
Prepaid Expenses	\$ 14,480	\$ -	\$ 14,480
Deposits	\$ 2,010	\$ -	\$ 2,010
Investments	\$ 1,651,721	\$ -	\$ 1,651,721
Net Property & Equipment	\$ -	\$ -	\$ -
Total Assets	\$ 484,673	\$ 2,130,022	\$ 2,614,695
LIABILITIES & NET ASSETS			
Liabilities			
Accounts Payable	\$ 29,751	\$ -	\$ 29,751
Accrued Vacation	\$ 13,847	\$ -	\$ 13,847
Deferred Revenue	\$ 72,023	\$ -	\$ 72,023
Due to Fiscal Agency	\$ 3,900	\$ -	\$ 3,900
Total Liabilities	\$ 119,521	\$ -	\$ 119,521
Fixed Assets, Net	\$ 2,125	\$ -	\$ 2,125
Total Net Assets	\$ 365,152	\$ 2,130,022	\$ 2,495,174
Total Liabilities & Net Assets	\$ 486,798	\$ -	\$ 2,616,820

STATEMENT OF ACTIVITIES

Year Ending December 31, 2014

	Unrestricted	Temporarily Restricted	Total
SUPPORT & REVENUES			
Contributions	\$ 74,001	\$ 281,592	\$ 355,593
Grants		\$ 680,216	\$ 680,216
In-kind Contributions	\$ 23,164	\$ -	\$ 23,164
Program Income	\$ 140,806	\$ -	\$ 140,806
Interest/Other	\$ 10,970	\$ -	\$ 10,970
Registrations & Subscriptions	\$ 122,738	\$ -	\$ 122,738
Net Assets Released from Restriction	\$ 1,135,307	\$ (1,135,307)	\$ -
Total Support & Revenues	\$ 1,506,986	\$ (173,499)	\$ 1,333,487
EXPENSES			
Program & Supporting Services			
Programs	\$ 1,273,713	\$ -	\$ 1,273,713
General Administration	\$ 148,456	\$ -	\$ 148,456
Fundraising	\$ 32,374	\$ -	\$ 32,374
Total Program & Supporting Services	\$ 1,454,543	\$ -	\$ 1,454,543
Change in Net Assets	\$ 52,442	\$ (173,499)	\$ (121,056)
Net Assets, Beginning of Year	\$ 314,833	\$ 2,303,521	\$ 2,618,354
Net Assets, December 31, 2014	\$ 367,275	\$ 2,130,022	\$ 2,497,297