



FORMERLY CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE (CINHC)

# 2015 Annual Report





*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 a 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. We bring 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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# Letter from the Board Chair



Dear Colleagues & *HealthImpact* Supporters:

Thank you for your support of the various work streams described in this report. The value of that work speaks for itself.

You also know that the current pace of change in healthcare has accelerated faster than we ever thought possible. The nursing profession must respond effectively to those changes, whether derived from new procedures or genomic medications, newly insured populations, or new sites of care.

But the nursing profession must also lead change in healthcare, first by envisioning population health and wellness, then developing the strategies and tools, plus the education and training, to get us there. *HealthImpact* is well positioned to move this work forward. I am deeply grateful to its remarkable Board of Directors and Advisory Committee for embracing this challenge.

Sincerely,

A handwritten signature in blue ink, appearing to read "Terry Hill MD".

Terry Hill, MD



## 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



# Letter from the Executive Director



Dear Colleagues,

It has been a momentous year for the organization! In September, we changed our name from the California Institute for Nursing and Health Care (CINHC) to *HealthImpact*. This change was made to further emphasize our mission to provide a forum by which stakeholders can improve the health of Californians through focus on the state's nursing workforce. This year's report also looks different from past reports, reflecting our goal to communicate the impact of *HealthImpact*'s work in a fresh and easily understood format.

We are pleased to share our activity over the past year, and as you review this report, please think about how you might engage with us around initiatives in the year ahead. Our Board of Directors is continually focused on increasing 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 our business model is evolving to increase self-sustainability. 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 National Patient Care Services
- Robert Wood Johnson Foundation

We were able to conclude the year with a favorable change in net assets. Please see more detailed financial statements on page 14 in this report.

Priorities for 2016 include continuing work through the California Action Coalition, expanding transition to practice programs, completing and disseminating the California Nursing Education Plan, 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 interprofessional teams, strengthening diversity/inclusiveness in the nursing workforce, and increasing knowledge of the social determinants of health 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 new website at [www.healthimpact.org](http://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

# California Action Coalition

Over the past five years the Future of Nursing: Campaign for Action has provided technical support and advice to Action Coalitions across the nation. With that guidance and the unwavering support of a passionate group of volunteers, the CA AC has made significant progress toward implementing the recommendations set forth in the Institute of Medicine report *The Future of Nursing*.

For more information, contact Statewide Director Mary Dickow, MA, FAAN at [Mary@HealthImpact.org](mailto:Mary@HealthImpact.org).

## ✓ Increase the number of BSN prepared nurses by 80% by 2020

8.3% increase

61.5% of CA nurses have BSN or higher degree

## ✓ Prepare and enable nurses to lead change and advance health

LifeMoxie Mentorship Program has now established 217 mentor/mentee pairs

Nurses on Boards Survey Tool provides a mechanism to assess the numbers and identify areas where we can provide support

## ✓ Implement nurse residency programs

CA AC volunteers have created:

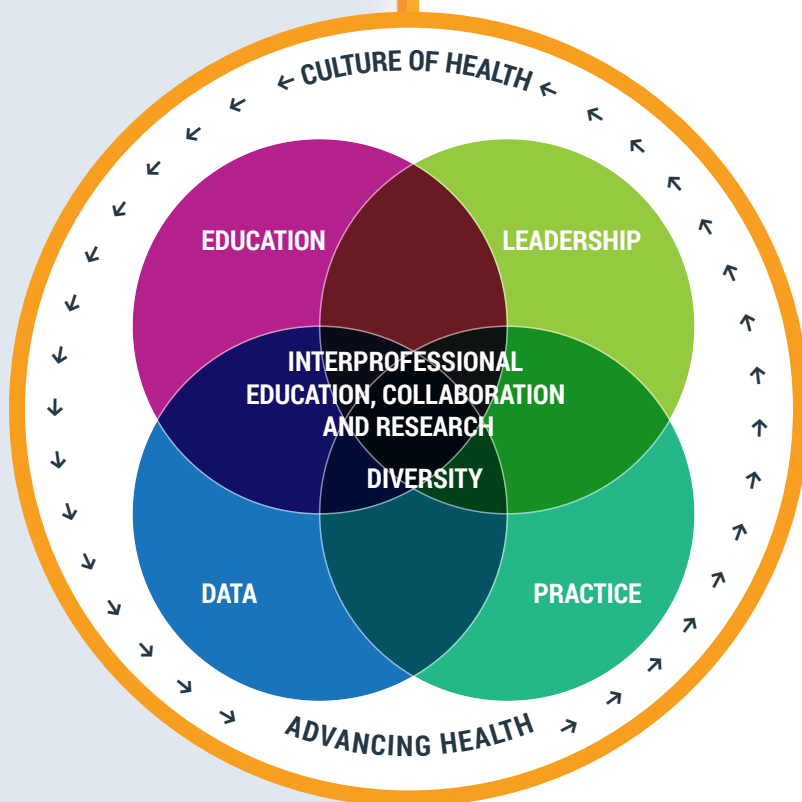
1. Standards and guidelines
2. A Definitions document
3. Program tracking in California

Individuals who have participated in the transition to practice programs are finding jobs, often in nontraditional settings.

## ✓ Remove scope of practice barriers

The practice group was instrumental in developing the APRN Coalition and joined with AARP-CA in a broad coalition of stakeholders focusing on advanced practice bills.

Members of the CA AC also participated in the December 2015 Campaign for Action Summit held in Washington, DC, which focused on the need to create a culture of health and building healthier communities.



# California Collaborative Model of Nursing Education

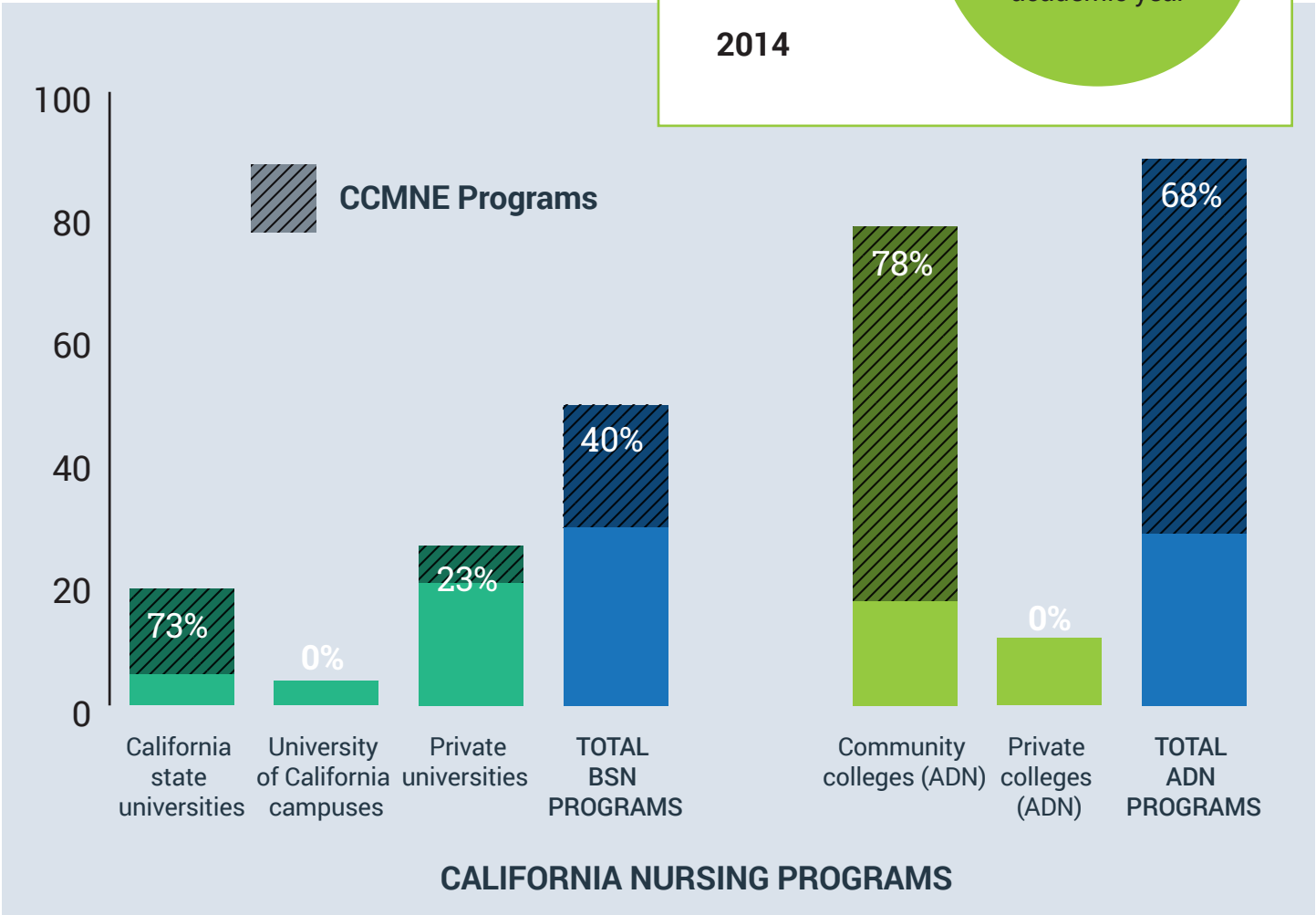
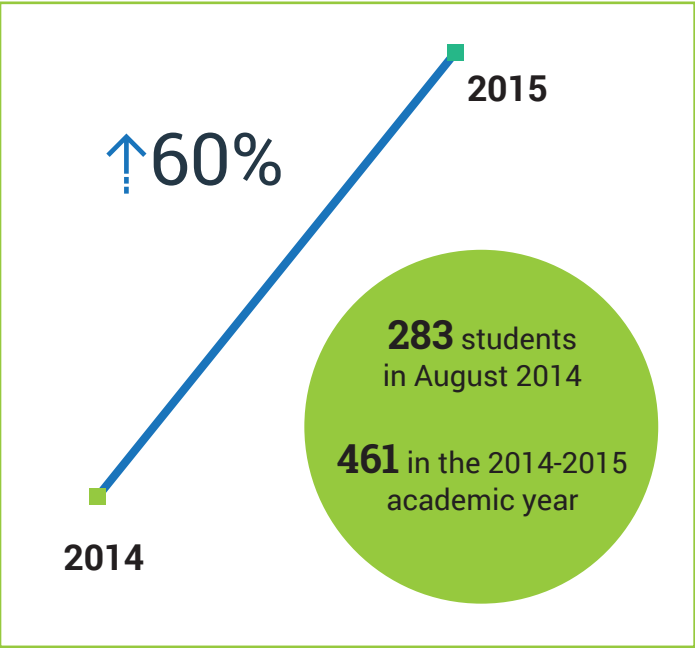
*HealthImpact* has provided leadership in developing, expanding and sustaining the collaborative model of nursing education since 2008. This successful program provides nurses and nursing students with an efficient, seamless path from the ADN to BSN degree, based upon partnerships between community colleges and BSN granting universities.

## GOAL

Increase the education of California’s nursing workforce by doubling the annual student enrollment in CCMNE programs by August 2016

## PROGRESS

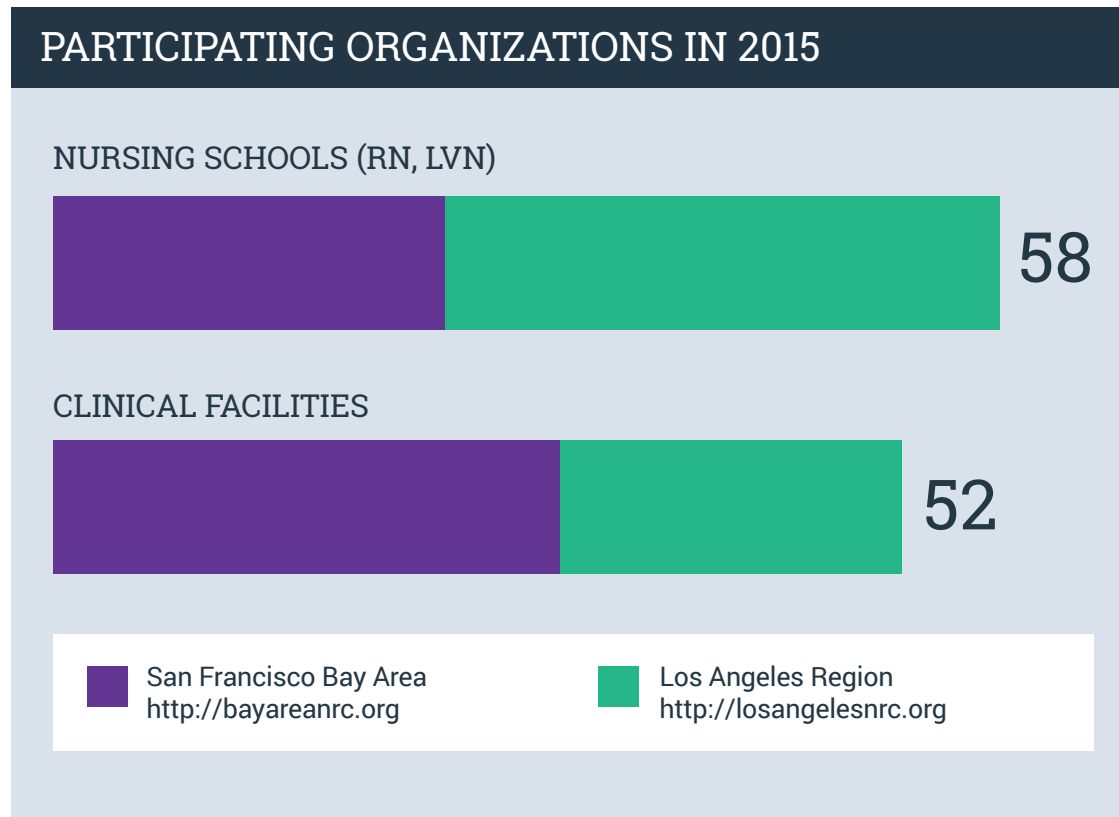
As of Fall 2015, there were 20 university based collaboratives working in partnership with 61 community colleges. 6% of CA ADN students are obtaining their BSN via this unique program model.



# Centralized Clinical Placement System

The Centralized Clinical Placement System (CCPS) is a one-stop online placement tool enabling schools and clinical facilities to easily coordinate student clinical education placements.

CCPS was developed in California and is now licensed in multiple states across the country. Within California, CCPS is used in the San Francisco Bay Area, the greater Los Angeles region and Bakersfield. Originally launched using grant funding from the Gordon and Betty Moore Foundation, CCPS is now sustained through annual user fees paid by participating sites.



## PLANS FOR 2016

CCPS is in the midst of a system redesign led by the technical team at the Foundation for California Community Colleges (FCCC), with improvements to usability planned for limited release in 2016. New features are anticipated to include redesign to streamline pre-existing placements, management of affiliation agreements, uploading/downloading of orientation materials, distributing student evaluations, and community benefit reporting.

### Los Angeles

Carolyn Orlowski, MSN, RN, [Carolyn@HealthImpact.org](mailto:Carolyn@HealthImpact.org)  
Tianda McKoy, [Tianda@HealthImpact.org](mailto:Tianda@HealthImpact.org)

### San Francisco Bay Area

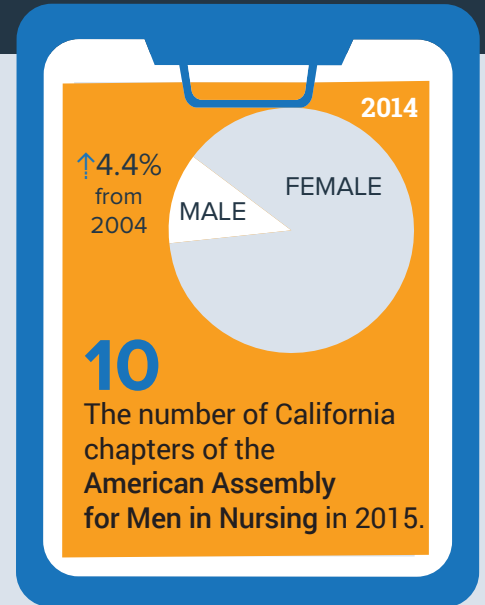
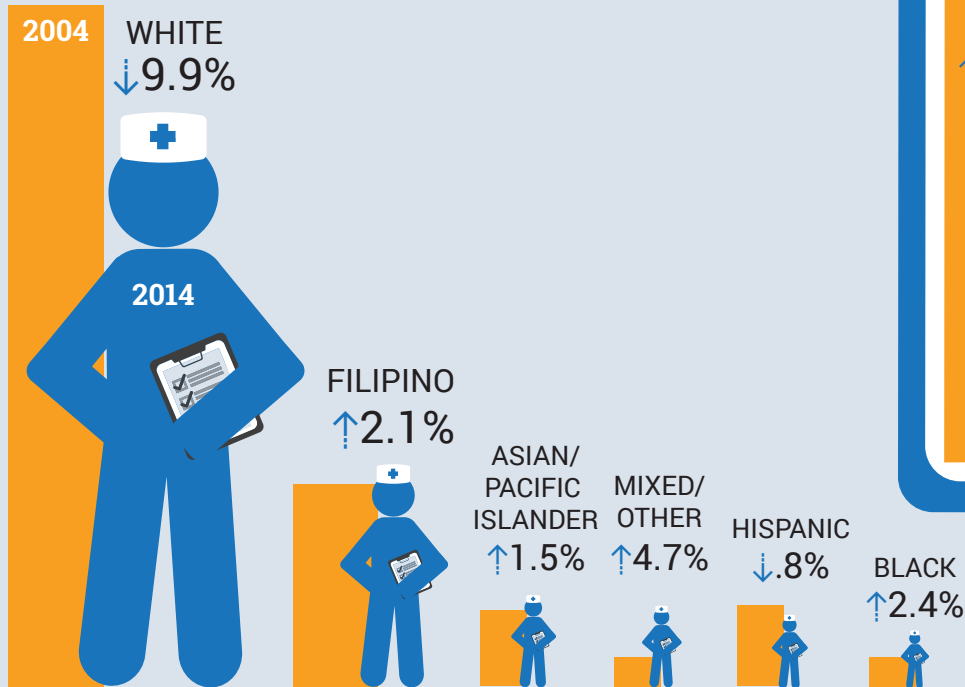
Nikki West, MPH, [Nikki@HealthImpact.org](mailto:Nikki@HealthImpact.org)



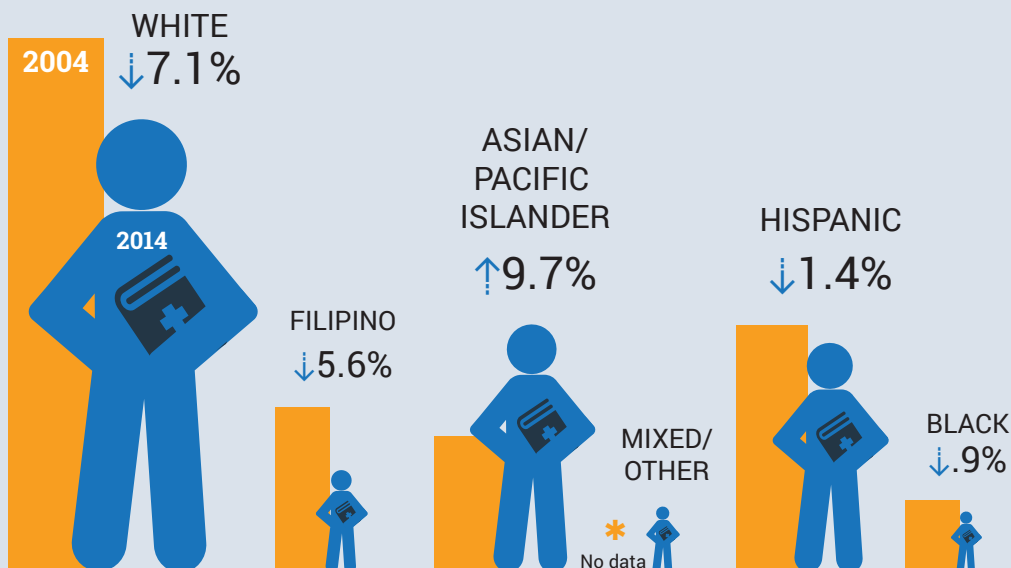
# Diversity Program

California trends reveal how far we've come, and where we need to focus our future efforts to create a workforce that mirrors the diversity of our state population.

## CALIFORNIA'S NURSING WORKFORCE



## CALIFORNIA'S NURSING STUDENTS<sup>1</sup>



1. 2004: 8,926 newly enrolled students; 255,000 licensed RNs  
2014: 13,226 newly enrolled students; 386,000 licensed RNs

### Sources:

Spetz, J., Chu, L., Levin, Z., Muench, U., Keane, D. 2014 *Survey of Registered Nurses*. Sacramento, CA: California Board of Registered Nursing, September 2015.

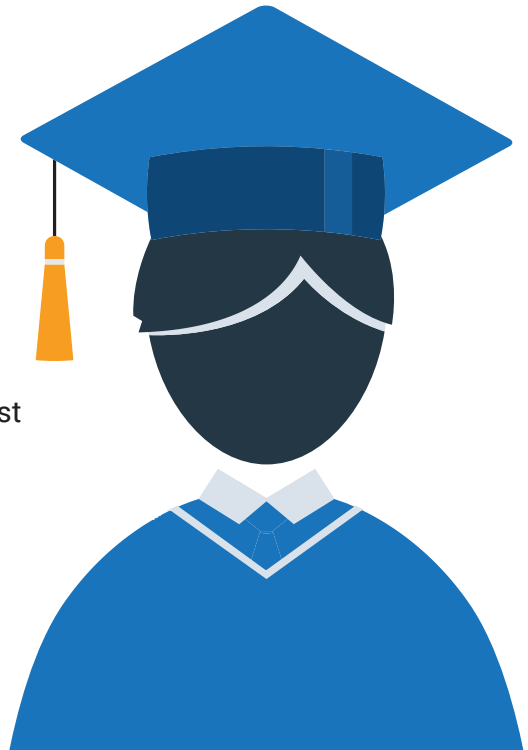
Spetz, J., Chu, L., Levin, Z., Muench, U., Keane, D. BRN School Report 2013–2014.

# New Graduate Survey

The employment landscape for newly licensed nurses is showing marked improvement!

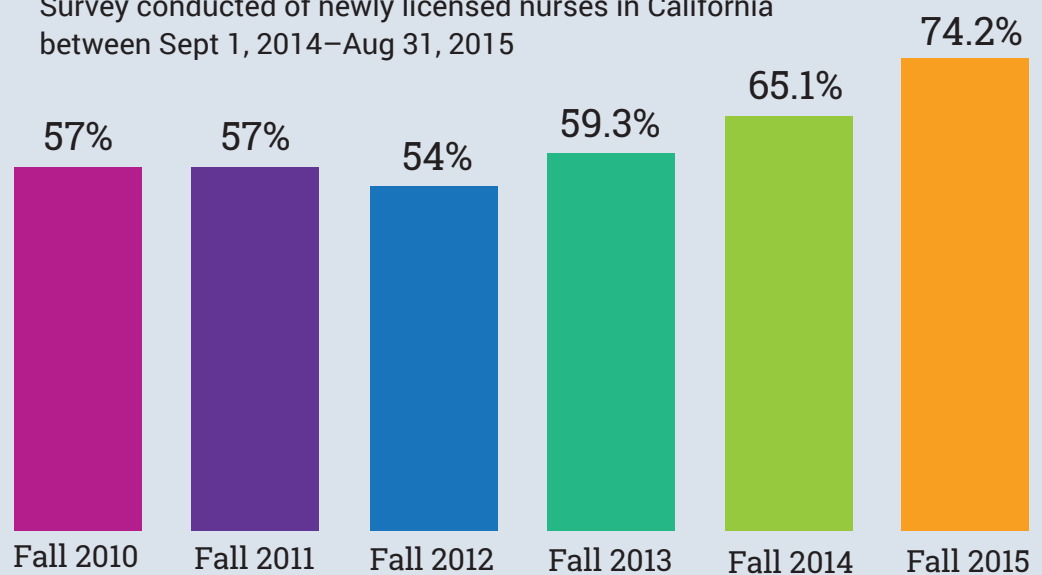
The sixth annual statewide survey was conducted in fall 2015 by *HealthImpact*, in partnership with the California of Registered Nursing (BRN), the Association of CA Nurse Leaders (ACNL), and the California Student Nurses Association (CSNA). Kaiser Permanente Northern California Patient Care Services and their Nurse Scholar Academy provided funding.

A random sample of 5,283 (50%) out of 11,566 nurses newly licensed by exam in California between September 2014 and August 2015 were invited to participate in the survey. Results indicated 86% of nurses were hired within 6 months of licensure, and a 9.1% increase in the employment rate compared with the prior year.



## EMPLOYMENT OF RNS WITHIN 12 MONTHS OF LICENSURE

Survey conducted of newly licensed nurses in California between Sept 1, 2014–Aug 31, 2015



## PLANS FOR 2016

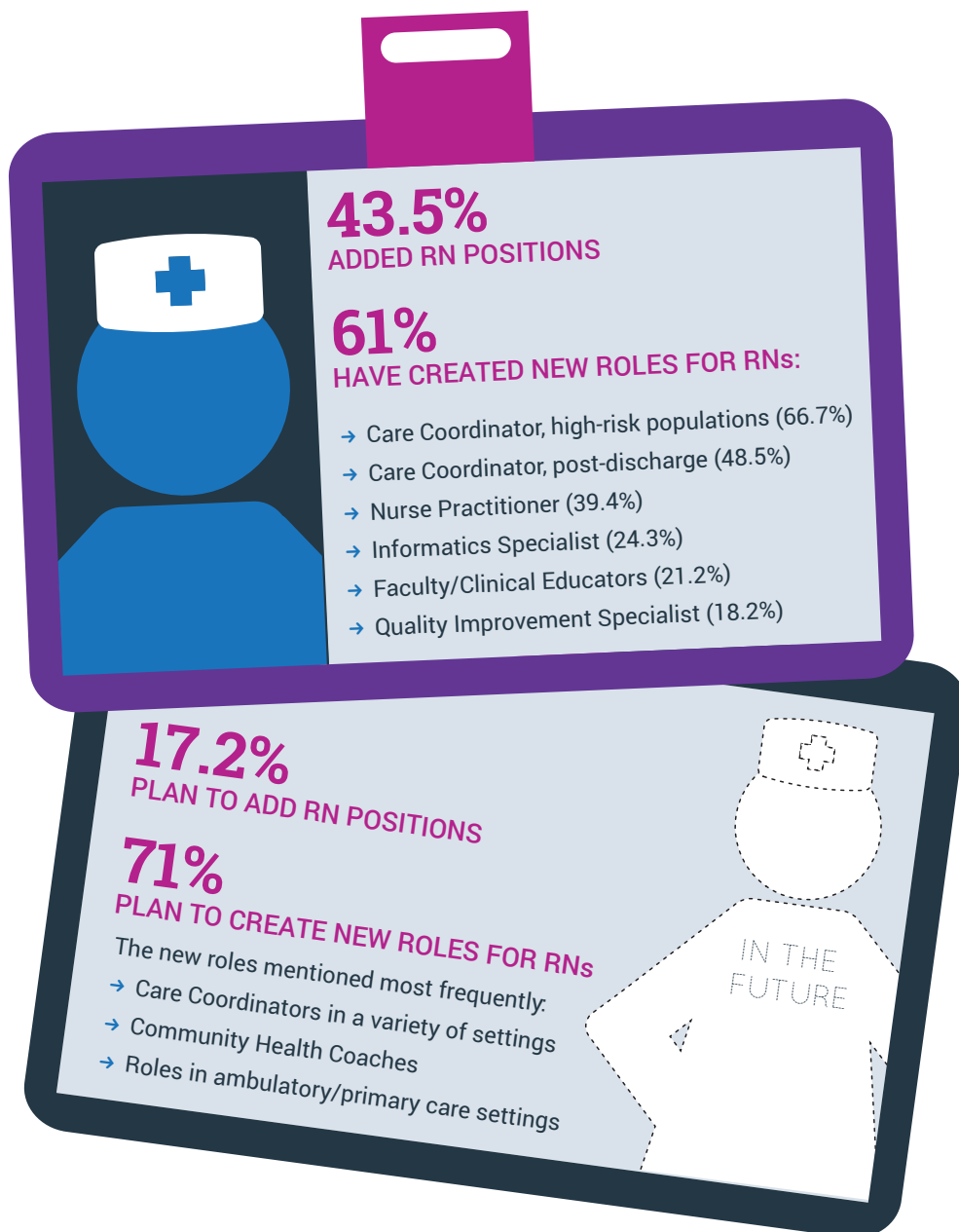
The employment landscape for newly licensed nurses in California is very promising related to increased opportunities for new roles, practice settings, and progressive career advancement. Plans to conduct the New Graduate Employment Survey in 2016 will be based on further funding. Refer to [www.healthimpact.org](http://www.healthimpact.org) for a copy of the complete New Graduate Employment Study.

# New Roles for Nurses

As a sequel to the work initiated by *HealthImpact* in 2013 to identify new roles for nurses (RNs) to address gaps in care as a result of health care reform (Berg, Dickow, 2013), a survey was conducted in 2015 to determine which, if any, of the new roles were being introduced into practice by hospitals and health systems. The original new roles identified were: care coordinator, faculty team leader, informatics specialist, nurse/family cooperative facilitator (renamed as community nurse), and primary care partner.

The survey revealed variability throughout the state in both the prevalence of “at risk” payment models that might drive new role development, and the development of new roles themselves. Respondents indicated 39% were actively engaged in some form of population health model (e.g. Accountable Care Organization, Health Maintenance Organization). In other instances, new roles were being driven by changes associated with value based purchasing or expanded programs/ services.

Changes are occurring in how hospitals and health systems are responding as they transition from organizations that *provide care* to organizations that *manage health*. Nurses are playing an increasingly important role in this transition—especially in the area of care coordination/ care management, as demonstrated by these survey findings. It will be important to remain aware of these changes in order to adequately prepare nurses for these roles in the future.



# Nursing Education Redesign

In January 2015 *HealthImpact* launched a statewide initiative to update the *California 2008 Nursing Education Redesign—White Paper*, to help inform nursing education in preparing nurses to advance health in the changing healthcare environment. Grant funding was provided by the Gordon and Betty Moore Foundation.

## CO-SPONSORS/ ADVISORY TEAM

The American Nurses  
Association, CA (ANA\CA)

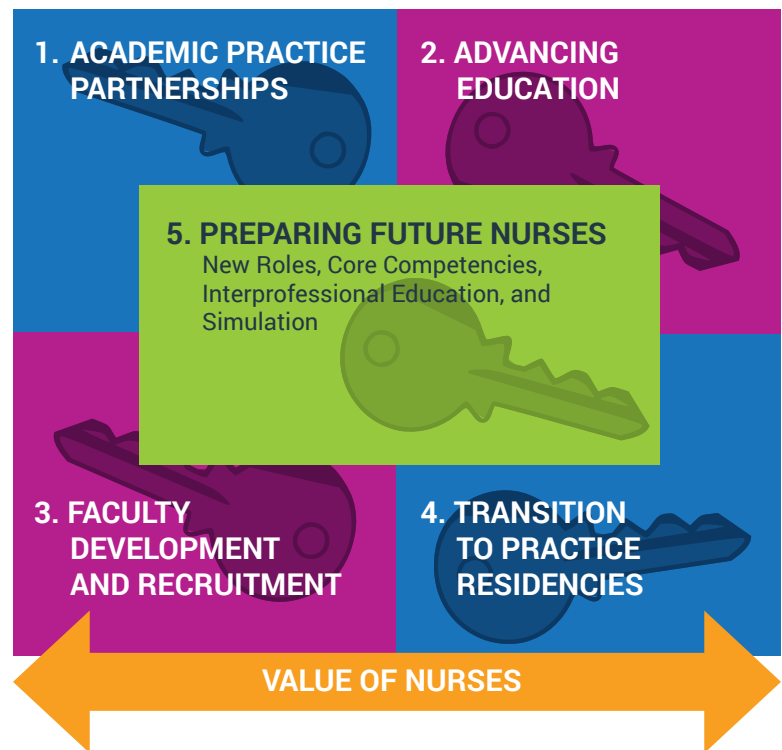
Association of CA Nurse Leaders  
(ACNL)

Board of Registered Nursing  
(BRN)

CA Association of Colleges of  
Nursing (CACN)

CA Organization of Associate  
Degree Nursing Program  
Directors (COADN), North & South

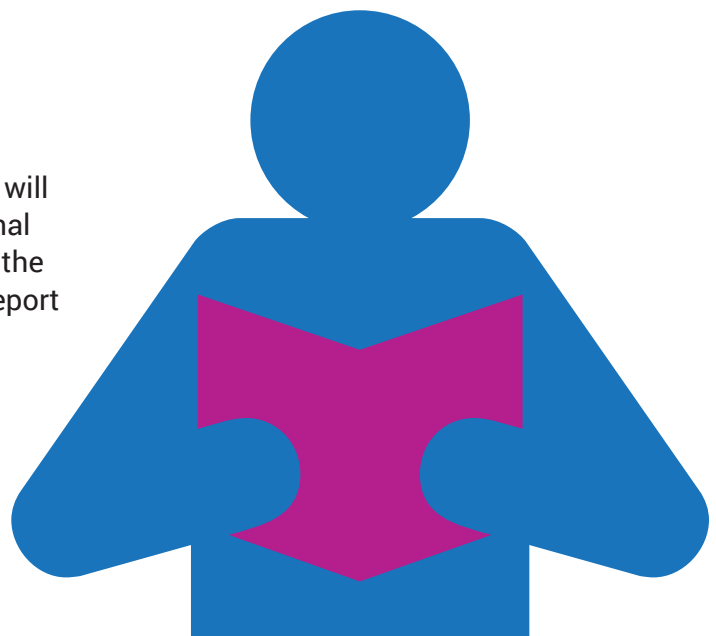
Regional convenings were held across the state in summer 2015, with over 350 health care leaders and educators. Recommendations were developed in five key areas:



## PLANS FOR 2016

The draft *Nursing Education Plan—White Paper* report will be distributed to approximately 100 state and national reviewers. The Advisory Team will review and adopt the recommendations and strategies in April; the final report will be disseminated in Summer 2016.

Those interested in learning more about the project may contact Carolyn Orlowski, Project Director, at [Carolyn@HealthImpact.org](mailto:Carolyn@HealthImpact.org).



# RN Transition Programs

RN Transition Programs are a unique model for preparing new graduate and experienced nurses for the demands of a changing environment, with nurses taking on new roles, and taking positions in areas where shortages are emerging. The programs differ from traditional new graduate bridging programs provided by employers upon hire, in that schools and clinical sites work in partnership to offer the experience to the nurse participants through a school of nursing with one or multiple practice sites. Program participants are enrolled in the program through the nursing school, in a special student status, with the school covering worker's compensation and liability insurance.

RN graduate participants have **greater employability, confidence, and competence** than those not in the program.

(according to evaluations from the initial pilot)

Since launching this model in 2010, 29 California nursing schools have provided a program, with 15 schools conducting one or more courses in 2015. The model has been replicated across the state and has generated national interest.

In 2016, we anticipate that the RN Transition Program model will be used to prepare nurses specifically for emerging roles (such as Care Coordination) and for specialty areas such as PeriOp and Critical Care, where high demand for experienced nurses is now trending.

NURSE LEADER

Journal for Continuing Education in Nursing

Journal for Professional Nursing

Journal of Nursing Professional Development

NURSE EDUCATOR

JOURNAL OF NURSING REGULATION

7  
ARTICLES\*  
PUBLISHED IN  
6  
PEER-REVIEWED  
JOURNALS  
SINCE 2014

TO BE RELEASED  
IN 2016

Chapter update  
on RN Transition  
Programs in a  
nursing leadership  
textbook

Read articles online at <http://healthimpact.org/2016/03/rn-transition-program-publications/>

\* Supported by the Gordon & Betty Moore Foundation



# Simulation

## TRAINING

Held four interprofessional courses in Irvine, Torrance and San Jose

Trained more than 45 faculty and educators

Co-hosted (with University of San Francisco) a simulation conference attended by 70

CSA faculty presented at

- the Society for Simulation in Healthcare's 15th Annual International Meeting on Simulation in Healthcare in New Orleans
- the International Nursing Association for Clinical Simulation and Learning in San Diego



## RESEARCH

Completed statewide simulation survey of 90 academic programs and 39 hospitals/health systems, revealing overall global trends, including:

- Opinions of simulation as a standard for education for students, clinical practitioners and team training have not shifted much since 2007
- Use of standardized patients has increased by 10% in hospitals and 30% in schools
- Simulation is used more for team training (60-77% for hospitals; 21-42% for schools)
- 12% increase in the use of CSA courses to train simulation educators as a minimum requirement in hospitals; 13% increase in schools

Completed research study on faculty development and the impact on practice

### PLANS FOR 2016

- Our new website launches in March 2016.

### OUR INDUSTRY PARTNERS

Education Management Solutions

Kyoto Kagaku Co., Ltd.

Laerdal Medical

Limbs & Things, Inc.

Pocket Nurse Enterprises, Inc.

Shadow Health, Inc.



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Dean, Betty Irene Moore  
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**Linda Zorn**  
Statewide Initiative  
Director • Health  
Workforce Initiative

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# Financials

## STATEMENT OF FINANCIAL POSITION

Unaudited Financial Statements, Year Ending December 31, 2015

	Unrestricted	Temporarily Restricted	Total
<b>ASSETS</b>			
Cash	\$392,925	\$-	\$392,925
PayPal Website Link	\$3,477	\$-	\$3,477
Receivables	\$17,875	\$-	\$17,875
Contributions Receivable	\$45,000	\$-	\$45,000
Interfund Receivable (Payable)	\$(1,169,559)	\$1,169,559	\$-
Grants	\$-	\$30,000	\$30,000
Pledges Receivable	\$2,026	\$-	\$2,026
Prepaid Expenses	\$10,369	\$-	\$10,369
Deposits	\$2,010	\$-	\$2,010
Investments	\$1,199,685	\$-	\$1,199,685
Net Property & Equipment	\$-	\$-	\$-
<b>Total Assets</b>	<b>\$503,808</b>	<b>\$1,199,559</b>	<b>\$1,703,367</b>
<b>LIABILITIES &amp; NET ASSETS</b>			
<b>Liabilities</b>			
Accounts Payable	\$51,078	\$-	\$51,078
Accrued Vacation	\$10,786	\$-	\$10,786
Deferred Revenue	\$21,835	\$-	\$21,835
Due to Fiscal Agency	\$5,850	\$-	\$5,850
<b>Total Liabilities</b>	<b>\$89,549</b>	<b>\$-</b>	<b>\$89,549</b>
Fixed Assets, Net	\$17,690	\$-	\$17,690
<b>Total Net Assets</b>	<b>\$414,259</b>	<b>\$1,199,559</b>	<b>\$1,613,818</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$521,499</b>	<b>\$1,199,559</b>	<b>\$1,721,058</b>

## STATEMENT OF ACTIVITIES

Year Ending December 31, 2015

	Unrestricted	Temporarily Restricted	Total
<b>SUPPORT &amp; REVENUES</b>			
Contributions	\$106,479	\$191,618	\$298,097
Grants	\$-	\$15,000	\$15,000
In-kind Contributions	\$17,223	\$-	\$17,223
Program Income	\$167,974	\$-	\$167,974
Interest/Other	\$22,941	\$-	\$22,941
Registrations & Subscriptions	\$111,391	\$-	\$111,391
Net Assets Released from Restriction	\$1,137,082	\$(1,137,082)	\$-
<b>Total Support &amp; Revenues</b>	<b>\$1,563,089</b>	<b>\$(930,464)</b>	<b>\$632,625</b>
<b>EXPENSES</b>			
<b>Program &amp; Supporting Services</b>			
Programs	\$1,333,589	\$-	\$1,333,589
General Administration	\$134,857	\$-	\$134,857
Fundraising	\$29,968	\$-	\$29,968
<b>Total Program &amp; Supporting Services</b>	<b>\$1,498,415</b>	<b>\$-</b>	<b>\$1,498,415</b>
Change in Net Assets	\$64,674	\$(930,464)	\$(865,790)
<b>Net Assets, Beginning of Year</b>	<b>\$367,276</b>	<b>\$2,130,023</b>	<b>\$2,497,298</b>
<b>Net Assets, December 31, 2015</b>	<b>\$431,950</b>	<b>\$1,199,559</b>	<b>\$1,631,509</b>

## 2015 FINANCIAL PARTNERS

### BENEFACTOR

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

### PATRON

California Hospital Association

### PARTNER

John Muir Health System  
Sharp HealthCare

St. Joseph Health

### CONTRIBUTOR

Adventist Health  
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  
Valley Children's Hospital

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Motion Picture & Television Fund  
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Torrance Memorial Medical Center  
UC Irvine Medical Center

UC San Diego Medical Center  
Ukiah Valley Medical Center

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**Nikki West, MPH**  
*Program Director*  
Nikki@HealthImpact.org



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[www.healthimpact.org](http://www.healthimpact.org)