California Fall 2018 Regional Nursing Summits: Bridging the Gaps in Pre-licensure RN Clinical Education Capacity



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Objectives:

- 1. Report the May 2018 survey results of Clinical Capacity/Clinical Displacement Survey as reported by California Pre-licensure Nursing Education Programs and Clinical Agencies
- 2. Share the reported Impact of clinical capacity issues/clinical displacement on Nursing Education Programs and Clinical Agencies
- 3. Highlight the proposed solutions/comments provided by Nursing Education Programs and Clinical Agencies responding to the May 2018 surveys







Scope: Total Number of Pre-licensure Nursing Education Programs in California

Type of Nursing Program:

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Associate Degree Nursing Programs = 91
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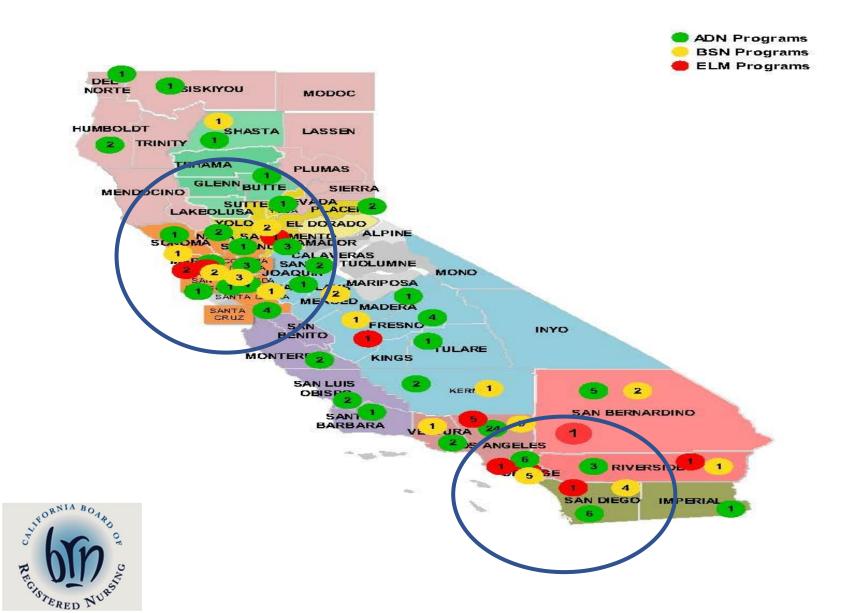
Baccalaureate Degree Nursing Programs = 37

Entry Level Master's Degree Programs = 13

Total = 141



Scope: Location of Nursing Education Program by Region



Scope: Pre-licensure Nursing Education Programs Annual School Survey

Trends:

According to trended results for the <u>CA Annual School Survey</u> reporting periods 2012-2017 (5 years of reported data):

➤ Total enrollment across all degree types (i.e. ADN, BSN, ELM) ranged from approximately 25,000 to 26,000 students annually

➤ Student academic year <u>completions</u> rates for all types of programs (AD, BSN, ELM) ranged from 11,292-11,302



Scope: Pre-licensure Nursing Education Programs-NCLEX-RN Passing Rates

Trends:

Reporting period July 1, 2017-June 30, 2018

- California had a total of 11,655 first-time test takers take the NCLEX-RN Exam
- ➤ Overall passing rate for first-time CA testers was <u>90.79% vs. 87.80%</u> US and Territories
- ➤ Consistently highest or second highest NCLEX passing rates for US educated first time testers when compared with other US state boards of nursing with comparable numbers of US educated first time testers on a quarterly and annual basis



Scope: BRN Nursing Education Programs Pertinent Statutes & Regulations

Nurse Practice Act:

- ➤ All Board approved pre-licensure RN programs are required to comply with current laws:
 - (Business & Professions Code 2785-2789, 2798)
 - (California Code of Regulations 1420-1432)
- ▶ Programs are required to provide clinical experiences/hours in the <u>five</u> particular specialty areas:
 - ➤ Geriatrics
 - ➤ Medical-Surgical
 - **≻**Obstetrics
 - ➤ Pediatrics
 - ➤ Psych/Mental Health
- > Clinical hours are determined by each program
- > BRN requires a min. of 18 semester or 27 quarter units for clinical practice

Scope: Sample of Current Pre-licensure Nursing Programs (ADN)

Quarter or Semester	Degree type	Weeks	Theory	Clinical	Cinical Hours	otal nits	Communication	Science	Total for licensure	Total for graduation	2017-2018 NCLEX
Quarter	ADN	10	34	28	840	62	9	24	95	99	74.63%
Semester	ADN	16.4	21	26	1279.2	47	6	24	77	87	94.03%
Quarter	ADN	10	31.3	30.2	906	62	10	25	97	108	71.93%
Semester	ADN	17	3 1	20	1020	51	6	23	80	88	94.68%
Quarter	ADN	10	2	29	870	61	10	30	101	116	98.04%
Semester	ADN	17.5	.0	23	1207.5	43	7	18	68	80	96.10%
Quarter	ADN	12	28 5	30.5	1098	59	13	37	109	125	91.67%
Semester	ADN	18	21.75	22.75	1228.5	44.5	6	22	72.5	77.5	100%
Quarter	ADN	10	4	30	900	70	9	30	107	118	91.92%
Quarter	ADN	10	49.5	28.5	855	78	9	28.5	116	119.5	100%
Semester	ADN	16	21	21	1008	42	7	24	73	80	100%

48.5

30

84.5

89.5

96.88%

Theory and Clinical Unite: 18 Semester or 27 Quarter Units

Semester

ADN

Clinical Hours: 1 Semester or Quarter Unit:
 3 Practice Clinical Hours x Number of Weeks in the Semester / Quarter

Scope: Sample of Current Pre-licensure Nursing Programs (BSN & ELM)

Quarter or Semester	Degree type	Weeks	Theory	(Clinica	ıl	Clinical Hours	Tota Uni		Communication	Science	Total for licensure	Total for graduation	2017-2018 NCLEX
Quarter	BSN	10	50			39	1170		89	15	40	144	189	94.64%
Semester	BSN	15	28			22	990		6	50	25	81	120	86.92%
Semester	BSN	15	27		2	4.5	1102.5		.1.5	9	22	82.5	132.5	91.49%
Semester	BSN	15	38			22	990		50	12	31	103	129	90.14%
Semester	BSN	15	3(21	945		1	6	27	84	120	92.00%
Semester	BSN	16	2(25	1200		5	9	32	86	130	93.77%
Semester	BSN	15	38			23	1035		51	9	20	90	120	87.18%
Quarter	BSN	10	38			30	900		68	12	35	115	185	94.00%
Semester	BSN	15	39			20	900		59	6	21	86	120	97.22%
Semester	ELM	15	35	,	T	22	990		57	9	28	94	131	83.78%
Quarter	ELM	10	66)		20	840		94	. 11	27	131	180	97.73%

Scope: Clinical Capacity vs. Clinical Displacement

Definition:

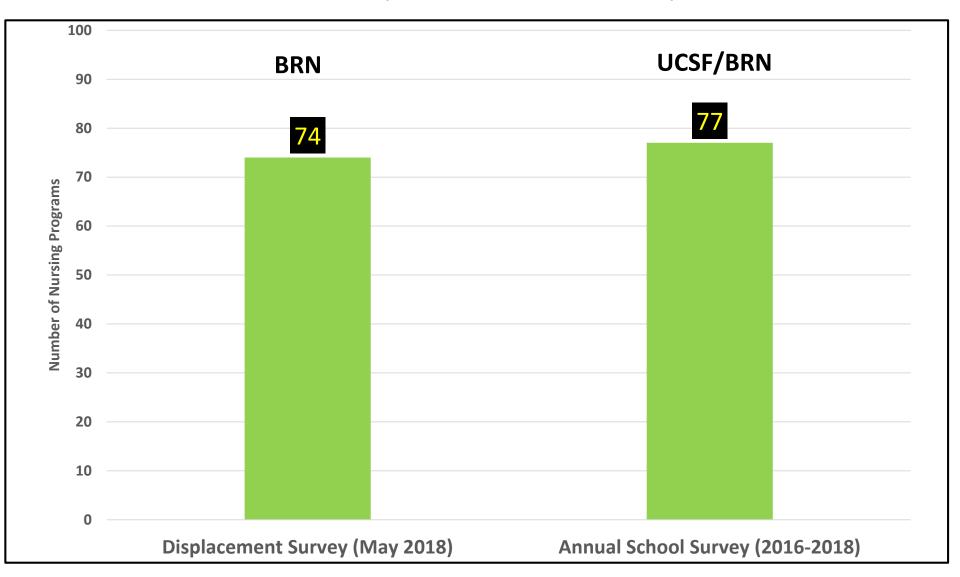
- Clinical Displacement: A student or a cohort of students enrolled in a nursing education program and placed in a site to gain clinical experience who are <u>replaced</u> by a <u>student and/or cohort of</u> <u>students</u> from another nursing education program for a shift, unit, entire placement or fewer preceptorships
- Clinical Capacity: Sufficient <u>supply and demand</u> of safe competent RN nursing education program graduates to meet California's <u>workforce needs</u> now and in the future

Scope: May 2018 Survey Results from Nursing Education Programs

Survey:

- A 27-item
- Online link was sent to 141 Pre-licensure RN education programs
- A total of 134 programs responded:
 - **91** ADN
 - 30 BSN
 - **13** ELM programs
- Note: some survey respondents included schools/programs that offer more than one degree option

Scope: Comparison of Annual School Survey and Displacement Survey



Scope: Regions Where Nursing Education Programs reported Highest Number of Denied Clinical Spaces

Ranking of Counties:

1. LA Area: Los Angeles & Ventura

2. Inland Empire: Orange, Riverside, & San Bernardino

3. Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, & Sonoma

4. Southern Border: Imperial and San Diego



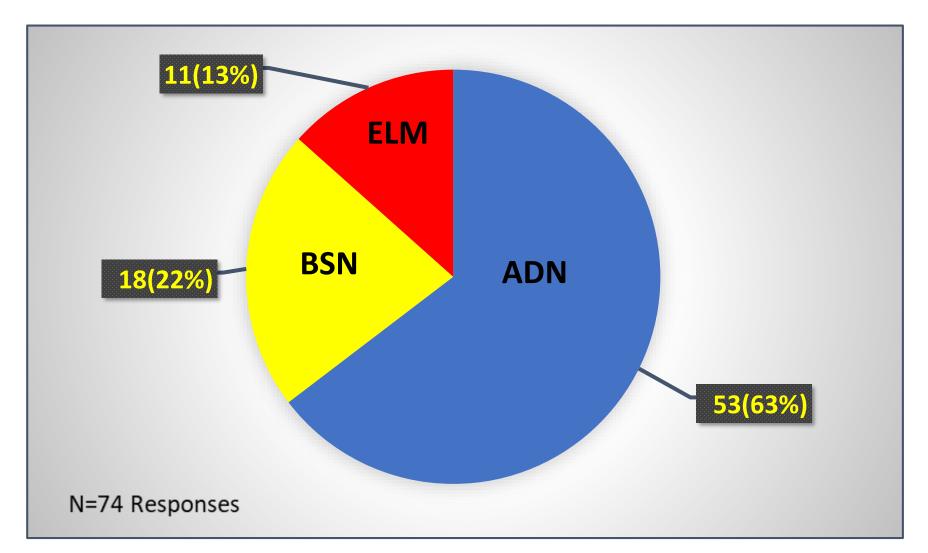
Scope: Total Number of Reported Clinical Displacements by Counties

County	# of Displacements	County	# of Displacements
LASSEN	<u> </u>	SISKIYOU	
LOS ANGELES	23	SOLANO	2
MADERA		SONOMA	2
MARIN	2	STANISLAUS	2
MARIPOSA		SUTTER	
MENDOCINO		TEHAMA	
MERCED		TRINITY	
MODOC		TULARE	
MONO		TUOLUMNE	
MONTEREY	1	VENTURA	1
NAPA	1	YOLO	
NEVADA		YUBA	

N = 99 responses

County	#of Displacements	County	# of Displacements
ALAMEDA	4	ORANGE	12
ALPINE		PLACER	1
AMADOR		PLUMAS	
BUTTE	1	RIVERSIDE	1
CALAVERAS		SACRAMENTO	7
COLUSA		SAN BENITO	
CONTRA COSTA	3	SAN BERNARDINO	9
DEL NORTE		SAN DIEGO	11
EL DORADO	1	SAN FRANCISCO	3
FRESNO	1	SAN JOAQUIN	3
GLENN		SAN LUIS OBISPO	
HUMBOLDT		SAN MATEO	2
IMPERIAL		SANTA BARBARA	
INYO		SANTA CLARA	2
KERN	3	SANTA CRUZ	
KINGS		SHASTA	1
LAKE		SIERRA	
LASSEN		SISKIYOU	

Scope: Percentage & Number of Programs That Experienced Displacement August 1, 2016-July 1, 2017



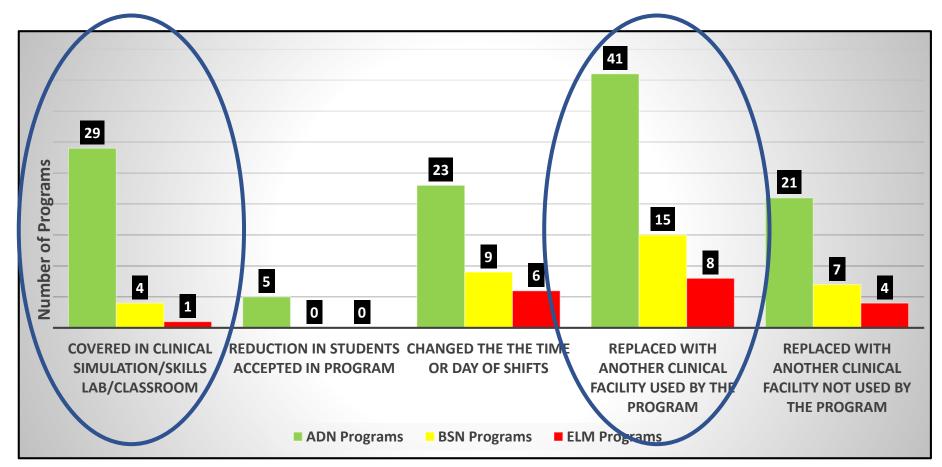
Scope: Top 3 Ranked Clinical Areas Nursing Education Programs Reported Displacement

	Med-Surg.	Pediatrics	Psych	ICU/CCU	Obstetrics
ADN	27 (Rank-1)	13 (Rank-2)	6 (Rank-3)		
BSN	5 (Rank-1)	6 (Rank-2)		2 (Rank-3)	
ELM	3 (Rank-2)	4 (Rank-1)	1 (Rank-3)		1 (Rank-3)

Scope: Programs Most Common Perceived Reasons for Clinical Displacement

N = 144 Responses	ADN	BSIN	ELIVI
Decrease in patient census or volume of care	5	3	★ 5
Closure or consolidation of units within the organization	16	2	2
Clinical RN staff workload, fatigue, or other internal practice issues	18	* 16	4
Need to distribute fewer students per unit/area and/or utilize more units/areas per student cohort group due to clinical staff workload/pace	5	5	1
Need to distribute fewer students per unit/area and/or utilize more units/areas per student cohort group due to limited/variable level of clinical staff experience, number of newly licensed/newly hired RN's or staff vacancies	9	3	3
Accepting more students from one or more existing clinical program(s) historically affiliated with hospital (growth in selected existing program(s) impacting placement capacity for other affiliated schools	* 23	4	0
Administrative decision to shift or redistribute available clinical educational opportunities from one or more ADN program(s) to one or more BSN or ELM programs consistent with hiring needs/practices/Magnet designiation or decision to recruit/hire RN's with a minimum of a BSN required	18	1	1

Solutions: Most Frequent Ways Nursing Programs Addressed Lost/Denied Clinical Placements



N = 173 Responses

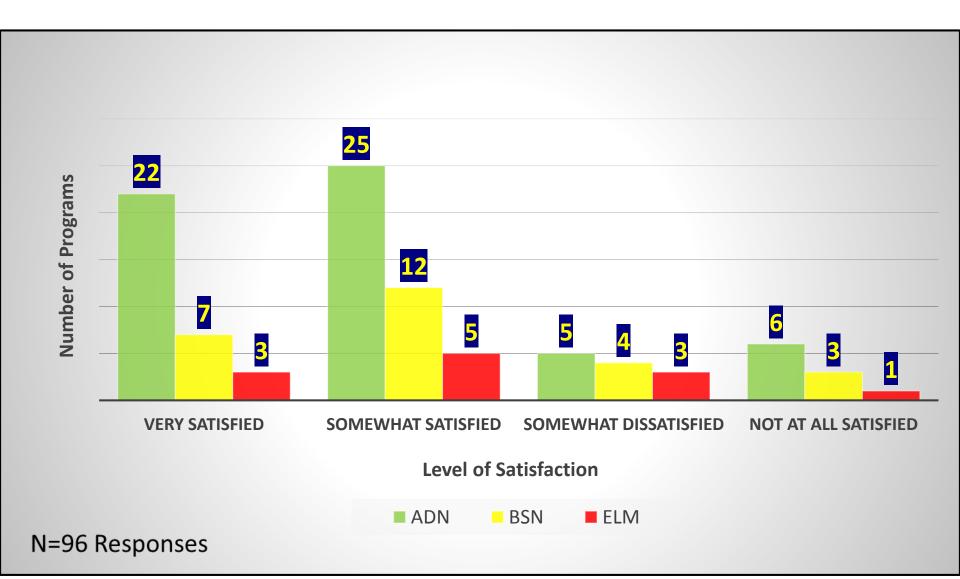
ADN reported use of simulation/skills lab significantly more than BSN & ELM

Solutions: Nursing Education Programs Use of Clinical Consortiums/Clinical Placement Systems

Consortium Name	ADN	BSN	ELM
Health Community Forum Greater Sacramento	5	3	1
CCPS (Bay Area)	14	3	3
CCPS (San Joaquin Valley)	6	0	0
CCPS (Bakersfield)	1	1	0
CCPS (Los Angeles)	11	1	2
CCPS (Long Beach)	7	6	0
My Clinical Exchange	1	1	0
Orange County Long Beach Consortium	7	6	2
Inland Empire Healthcare Education Consortium	3	1	1
Inland Empire Clinical Placement Consortium for Nursing	1	0	0
San Diego Nursing and Allied Health Education Consortium	6	4	3
Total	62	26	12

Note: 6-7 different type of student clinical placement/consortium systems for formal and informal placement decisions

Solutions: Nursing Programs Satisfaction Levels With Consortiums/Clinical Placement Systems



Solutions: Nursing Education Programs Reasons for Not Participating in Consortium(s)/Clinical Planning Systems

Qualitative Responses:

- Fees not affordable
- Difficult to use
- Lack of knowledge
- Historical placements not approved
- Not all hospitals belong to the consortium
- Not all areas regularly meet or have a consortium



Clinical Agencies Report

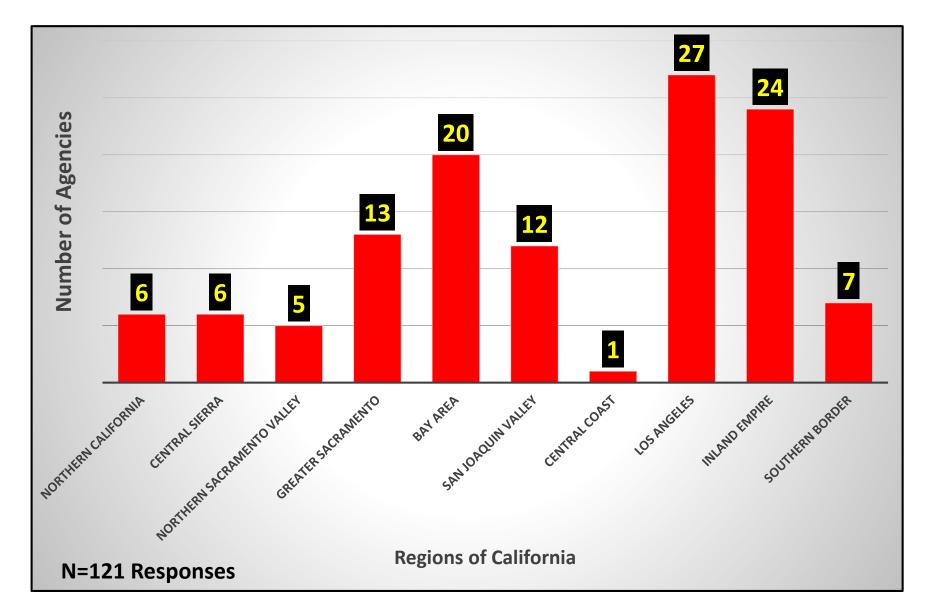


Scope: Clinical Agencies Report

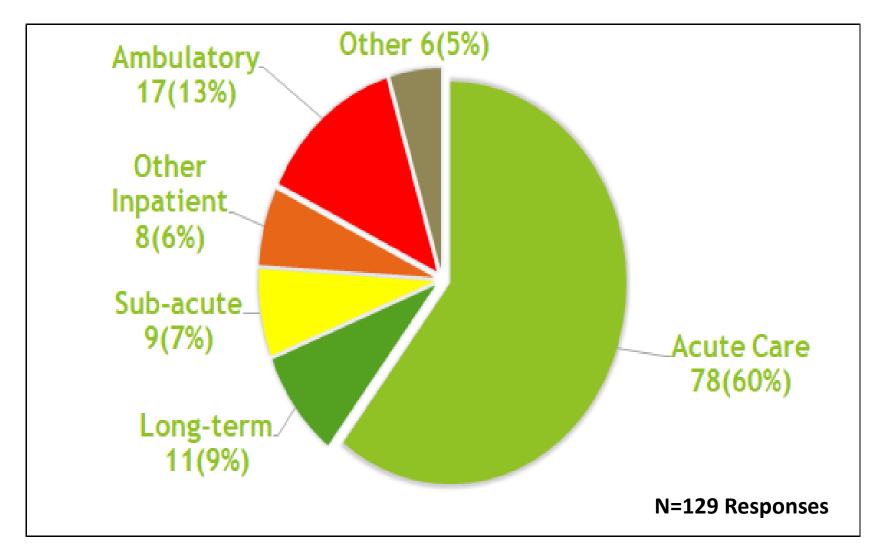
Background

- About 400 clinical agencies were invited to participate in the online survey
- 91 responded to the 30-items survey
- Majority (78) of clinical agencies were identified as an acute care facility
- Note:
 - Not all agencies responded to all the questions
 - Some agencies had multiple responses to the questions

Scope: Clinical Agencies that Responded to Survey By Region

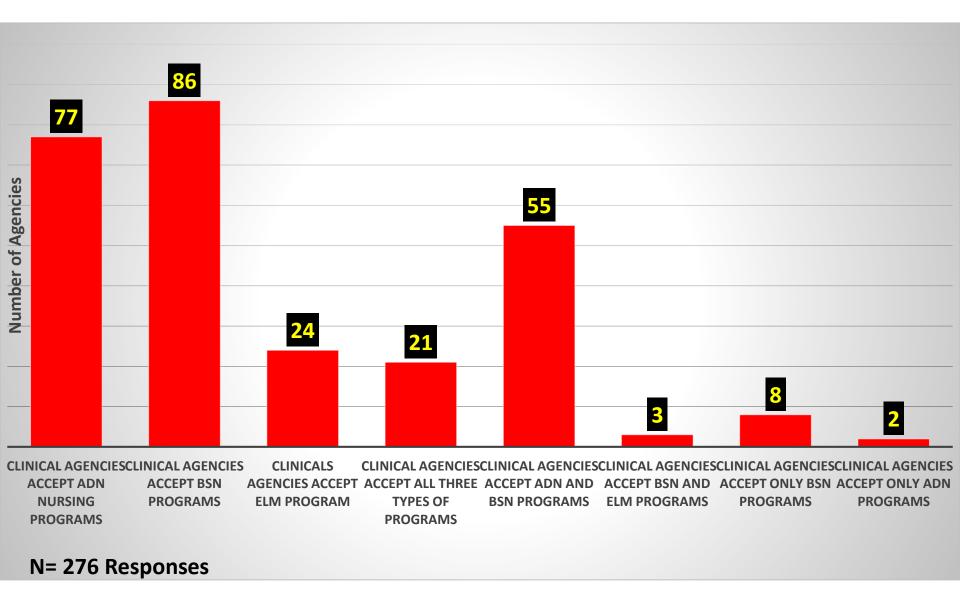


Scope: Types of Services Clinical Agencies Provide

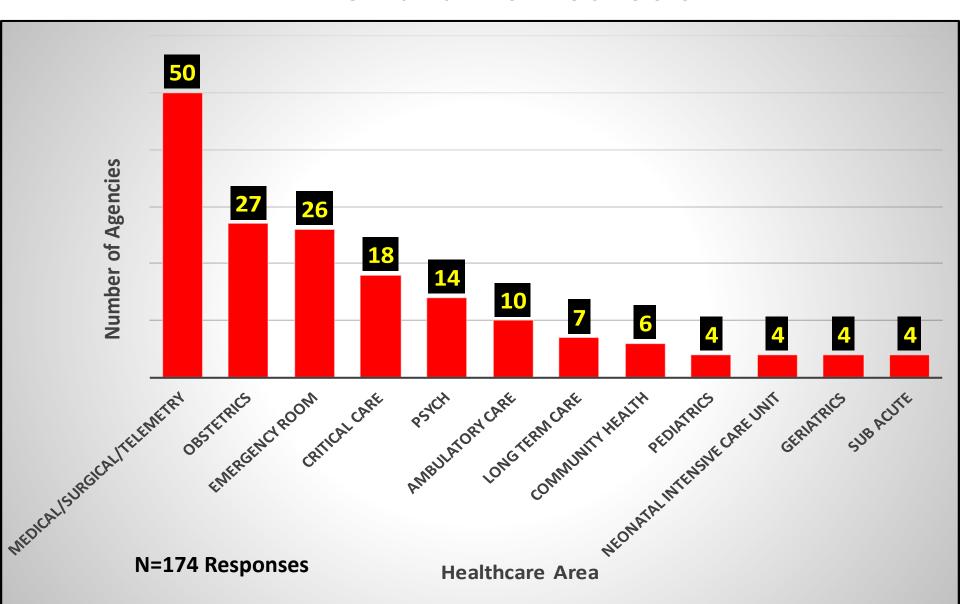


^{*}This slide illustrates the variety of clinical placement opportunities available to students

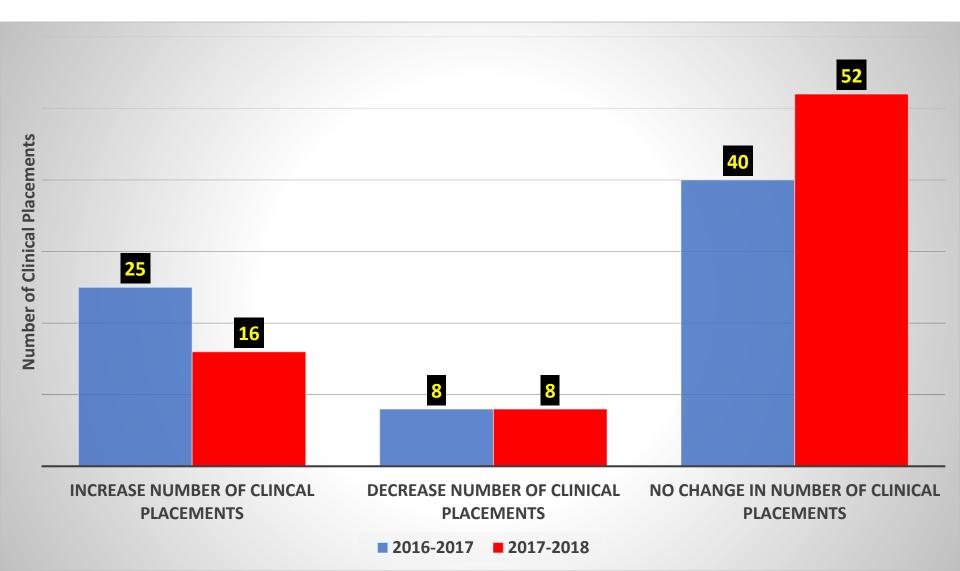
Scope: Types of Nursing Education Programs Accepted by Clinical Agencies



Scope: Clinical Agencies Report of Greatest Areas in Demand From Schools



Impact: Changes in Clinical Agencies Number of Placements Provided by Academic Years 2016-2018

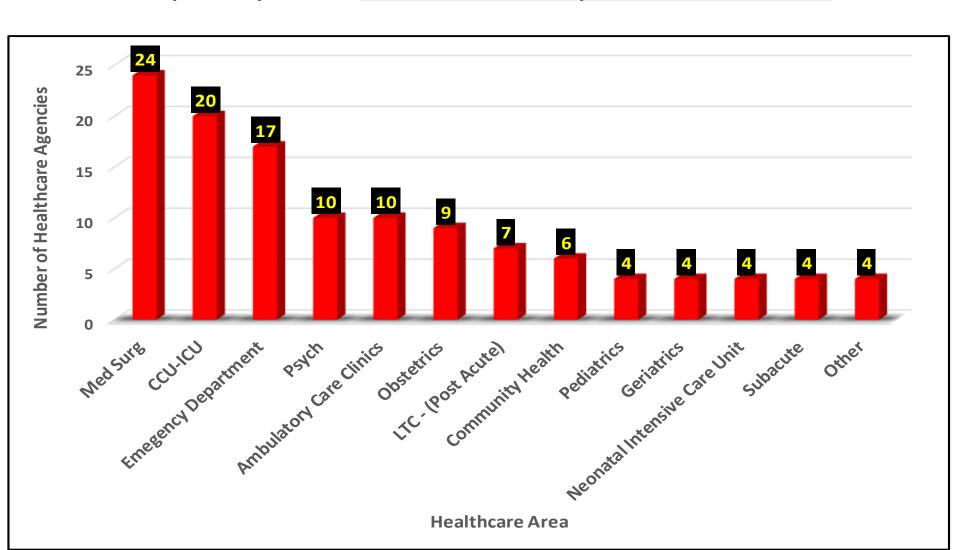


Impact: Factors Contributing to Decreased or Planned Decreases in the Number of Clinical Placements

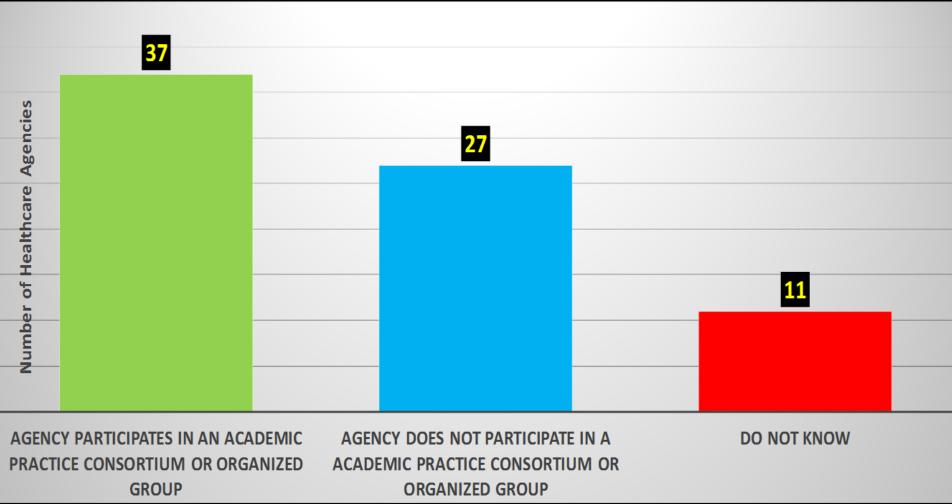
Qualitative Responses:

- Rn clinical staff workload increase
- Less experienced RN clinical staff
- The number of newly licensed/hired RNs or staff unit vacancies
- Decreased patient census/volume of care/closure consolidation of units
- Complexity of patient care
- Administrative decision to shift/re-distribute clinical placement opportunities from ADN to BSN/ELM based on hiring needs

Solutions: Number of Healthcare Agencies with Some Opportunity for Additional Clinical Capacity on "Selected" Days/Hours/Shifts



Solutions: Healthcare Agencies Participation in Consortium(s)/Clinical Placement System



- Academia and Clinical agencies should identify ways to improve communication, collaboration, cooperation/compromise that promotes fairness of clinical placement decisions/processes
- Schools should use of a variety of inpatient, outpatient, community-based, and ambulatory care clinical learning experiences
- ➤ Schools should increase their scheduling flexibility for needed clinical placements



- ➤ Nursing education programs should pursue standardization of curriculum units and hours
- ➤ Encourage the Board of Registered Nursing to pursue, if necessary, nursing education regulation changes, including mechanisms that promote opportunities for innovation/pilot projects
- ➤ Encourage the Board of Registered Nursing to consider regulations that speak to out of state nursing programs seeking clinical placements in California



- ➤ Use Evidence Based Practice (EBP) such as with skills/simulation labs to augment (i.e. up to 25%) but not replace actual patient care experiences
- ➤ Explore ways to address clinical agency RN staff "fatigue" associated with student placements 24/7:
 - limit number of students/clinical unit
 - RNs should take fewer patients when assigned to students
 - > Less experienced RN staff not be assigned to students
 - > Funding incentives for agencies providing placements

- > Standardize/streamline consortiums and clinical placement planning systems and processes
- ➤ Continue to carefully monitor, manage, and regulate the impact that increased student enrollments and new program approvals



Conclusion: Essential Activities to Achieving Positive Clinical Capacity Solutions/Outcomes

- 1. Communication: interactions among parties involved in all aspects of clinical placement decision including planning, scheduling, on-boarding, providing needed direct care clinical hours/learning experiences, and evaluation of placements
- 2. Collaboration: working jointly together in a respectful, non-competitive, non-adversarial manner to provide sufficient clinical placements for CA's Board approved nursing education programs
- 3. Cooperation/Compromise: concessions and agreements made to ensure sufficient clinical capacity and clinical placements available

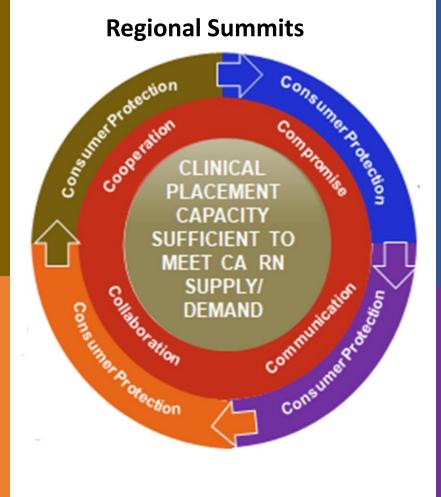
Influences that Potentially Impact Clinical Placement Capacity for Nursing Programs

Other Key Stakeholders

- -Professional Nursing Organizations
- -Labor groups
- -NCSBN
- -New RN Programs
- -Clinical Partners

Pre-Licensure RN Programs

- -Public/Private Inst.
- -Students/Faculty/Staff
- -Board of Trustees
- -CA. Chancellors Dept.
- -Advisory Councils
- -Consortiums/Clinical Planning Groups



"It Takes a Village......."

Clinical Partners

- -Public/Private Inst.
- -Students/Faculty/Staff
- -CA. Chancellors Dept.
- -Advisory Councils
- -Hosp./LTC/Amb. Assoc.
- -Dept. of Public Health
- -Dept. of Corrections
- -Other Healthcare agencies and Accrediting bodies

Board of Registered Nursing

- -Department of Consumer Affairs
- -Business and

Consumer Services

- -Governor's Office
- -Legislature
- -OSHPD

Thank You.....Questions?

