

California Healthcare Workforce Policy Commission (CHWPC)  
 400 R Street, Room 317  
 Wednesday, May 4, 2011  
 Call to Order: 9:00 a.m.  
 Recess: 3:00 p.m.

**CORRECTED - MINUTES**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Elizabeth Dolezal - <b>Chair</b> Roslynn Byous, DPA, PA-C Angie Maria Millan, RN, MSN, NP Tracey Norton, DO William Henning, DO Andrea Renwanz Boyle, DNSc Deborah Rice, FNP Mario San Bartolome, MD, MBA Katherine Townsend, Ed.D., MSN John J. Troidl, PhD Ashby Wolfe, MD, MPP, MPH	Lauri Hoagland, FNP Cathryn Nation, MD Bonnie Wheatley, Ed.D., MPH, MA
	STAFF TO COMMISSION PRESENT
	David Carlisle, MD, PhD Angela Minniefield, MPA Konder Chung Manuela Lachica Melissa Omand
	ADDITIONAL STAFF FROM OSHPD:
	Dorian Rodriguez, Clearinghouse Elizabeth Wied, Chief Counsel

ITEM NUMBER	TOPIC	AGENDA ITEM	ACTION ITEM OR DISCUSSION
1.	Call to Order	Meeting called to order at 9:00 a.m.	
2.	Administration of Oath	Dr. Carlisle, Director of the Office of Statewide Health Planning and Development (OSHPD) administered the Oath of Office to Commission Member Andrea Renwanz-Boyle, DNSc.	
3.	Introduction of CHWPC Members	CHWPC Members introduced themselves and indicated whom they represent and which government authority appointed them.	
4.	Chair Remarks and approval of February 2011 minutes	Approval of minutes from CHWPC meeting held February 9-10, 2011 in Sacramento, California.	Motion made ( <b>Norton</b> ) and seconded ( <b>Troidl</b> ) to approve the February 2011 minutes with corrections.

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5.	OSHPD Director's Report	<p>Dr. Carlisle reported on the following items in the Director's Report:</p> <p><u>Retirement from OSHPD</u>            Dr. Carlisle informed the Commission that he would be stepping down as Director of OSHPD as of June 1, 2011 to take the position of President of the Charles R. Drew University located in Los Angeles, Ca.</p> <p><u>Patient Protection &amp; Affordable Care Act</u>            Dr. Carlisle stated that OSHPD has been very active with the implementation of the Patient Protection and Affordable Care Act (PPACA). OSHPD has been working in collaboration with the Workforce Investment Board and hopes to be successful in applying and receiving a federal workforce implementation grant in the next several months.</p> <p><u>Bagley-Keene Act</u>            Dr. Carlisle transitioned to Chief Legal Counsel Elizabeth Wied. Ms. Wied provided a refresher course on the Bagley-Keene Act.</p> <p><u>Conflict of Interest Statement (Form 700)</u>            Ms. Wied also reminded Commission members of the requirement for new members to file a Conflict of Interest statement within the first 30 days of their appointment to the Commission.</p> <p>Dr. Carlisle emphasized the seriousness of completing the Conflict of Interest Statement; he stated that it is the foundation of transparency in State government.</p>	
6.	Correspondence	<p>Ms. Lachica, Program Director for the Song-Brown Program reported on the following items in the Correspondence:</p> <ol style="list-style-type: none"> <li>1. Letter from the University of California (UC), Office of the President regarding their annual contribution. The UC contribution is a dollar for dollar match to the annual physician contributions received.</li> </ol>	<p>Dr. Troidl requested a letter from the Commission be sent to UC requesting the remaining \$65,000.</p> <p>Dr. Byous requested a historical list of contributions from UC for the last 5 years. Dr. Henning requested that staff make an accounting of the \$114K to determine whether contributions are from MDs or DOs.</p>

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6.	Correspondence Continued	<ol style="list-style-type: none"> <li>2. Letter from the Program Director of the Samuel Merritt University Physician's Assistant Program stating that due to difficulties in working with Alameda County they would bill no further on their Song-Brown Mental Health Special Program contract.</li> <li>3. Letter from the California Academy of Family Physicians (CAFP) offering Song-Brown process recommendations.</li> <li>4. Thank you letter from Samuel Merritt University on behalf of their Family Nurse Practitioner Program.</li> </ol>	<p>Commission members expressed concerns regarding the continuation of the PA MH Special Program grants.</p> <p>Dr. Troidl called for an ad-hoc committee to discuss the issues related to the Mental Health PA Special Programs.</p> <p>Ms. Minniefield stated a discussion with Department of Mental Health (DMH) staff would be appropriate to discuss the infrastructure issues between County DMH Departments and the educational institutions.</p>
7.	Executive Secretary's Report	<p>Angela Minniefield, Deputy Director of the HWDD reported on the following items in the Executive Secretary's report</p> <ul style="list-style-type: none"> <li>• HWDD has spent approximately 63% of the budget, by the end of the year there should be about \$800K remaining due to the spending cap, the inability to fill vacancies and streamlining of operations. All of the local assistance funds will be used by the year end.</li> </ul> <p><u>Song-Brown Program</u></p> <ul style="list-style-type: none"> <li>• On February 9, 2011, \$500K was awarded by the Commission in Registered Nurse Special Program funds and \$2.2M in Capitation funds to 16 RN Programs.</li> <li>• The office released the Family Practice Residency Request for Application on February 23, 2011.</li> <li>• Staff attended the California for Connected Health Policy briefing; there is draft bill language that would require Song-Brown to include a component on the use of Telehealth.</li> <li>• AB 635 (Hernandez) may increase the funding for Song-Brown; the legislation does not state if the additional funds from the Major Risk Medical Insurance Program will be an augmentation to SB or replace some of the current program funding.</li> </ul>	

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7.	Executive Secretary's Report-cont'd.	<ul style="list-style-type: none"> <li>• The CAFP letter previously mentioned discusses some of the issues Song-Brown staff and management have been discussing for a while. The transparency of SB funding helps to educate the programs and helps staff communicate with the programs about their program outcomes.</li> <li>• The Office responded to an inquiry from Senator Atkins Office regarding the lack of Song-Brown funding for the University of San Diego, Hahn School of Nursing. The Senator's Office inquired about the SB funding process, in the response staff focused on the statutory priorities.</li> </ul> <p><u>Health Careers Training Program (HCTP)</u></p> <ul style="list-style-type: none"> <li>• The HCTP received 27 applications for the Mini Grants requesting approximately \$350K. 15 of the applications will be funded for \$189K for Health Career Conferences and Workshops and Health Career Exploration.</li> </ul> <p><u>Shortage Designation Program</u></p> <ul style="list-style-type: none"> <li>• Shortage Area Designation staff have been providing information to the CA representative on the National Rule Making Committee as they are revisiting the methodology that is used to determine shortage designations. For the 2011 cycle, 81 applications have been received and 55 have been submitted to HRSA, 10 applications are being processed and 16 are waiting to be processed. Shortage Area staff hopes to be proactive at identifying primary care, dental and mental health shortage areas to help community's access funds and leverage additional federal funds for California. Three staff positions have been identified in the budget to help identify Health Professional Shortage Areas in California.</li> </ul> <p><u>State Loan Repayment Program</u></p> <ul style="list-style-type: none"> <li>• The State Loan Repayment Program has received 29 applications since August 2010 of which 19 are new and 10 are extension applications.</li> </ul>	

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7.	Executive Secretary's Report-cont'd.	<p><u>American Recovery and Reinvestment Act (ARRA)</u></p> <ul style="list-style-type: none"> <li>• American Recovery and Reinvestment Act (ARRA) funds have been awarded to the Primary Care Office for \$104,775. This grant coordinates activities for the delivery of primary care services, including the recruitment and retention of critical health care providers.</li> <li>• CAL SEARCH provides clinical training opportunities to students and residents in Community clinics and health centers. Commissioner Rice helped to get FNP students into the SEARCH Program.</li> </ul> <p><u>Health Workforce Pilot Project Program (HWPP)</u></p> <ul style="list-style-type: none"> <li>• HWPP Project #171 received approval for an extension by Dr. Carlisle to cover April through September 2011. The extension will allow the project to train advance practice clinicians for another six months.</li> <li>• HWPP Project #172 Training Current Allied Dental Personnel for New Duties- the program is developing a site evaluation tool for the project.</li> </ul> <p><u>Research, Policy, and Planning</u></p> <ul style="list-style-type: none"> <li>• Research, Policy and Planning has been focusing on developing Health Workforce Regions to evaluate and display OSHPD grant outcomes both currently, 5 yr. status and in conjunction with an inventory of existing health workforce shortage areas. This will give the Office a common frame of reference for regional configuration and discussion.</li> </ul> <p><u>Healthcare Workforce Clearinghouse Program</u></p> <ul style="list-style-type: none"> <li>• The Healthcare Workforce Clearinghouse Program will create a data warehouse, a central repository for workforce and education data. The go live date is June 2012.</li> </ul>	<p>Dr. Troidl requested that Research staff present the Health Workforce Regions to the Commission at the August meeting.</p>

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7.	Executive Secretary's Report-cont'd.	<p><u>Legislation</u></p> <ul style="list-style-type: none"> <li>AB 1360 (Swanson) if approved would authorize Health Care Districts (HCD) and clinics owned by the HCDs to directly employ physicians and surgeons. AB 635 (Hernandez) would provide excess funds over the first \$1M deposited into the Managed Care Administrative Fines and Penalties Fund to be transferred to OSHPD for purposes of the SB Health Care Workforce Training Act.</li> </ul>	
8.	New Business	<p><b><u>Review and approval of Registered Nurse Shortage Areas (RNSA)</u></b>          Dorian Rodriguez of the Research, Policy, and Planning Section within HWDD provided the Commission with an update on the California Registered Nurse Shortage Areas. Changes to the RNSA include the addition of Shasta and Sutter, now there are 26 Counties designated as RNSAs.          Dorian added that Dr. Joanne Spetz from UCSF reviewed the RNSA and commented that the Center for Health Workforce Studies at the School of Public Health in NY has been working on redefining the methodology for HRSA, the Final Report from Jean Moore has not be completed. OSHPD staff will review the report to determine if the methodology is appropriate to fulfill the Commissions guidelines in determining shortage areas.          Dorian reminded the CHWPC that while the RNSA is updated annually there is a lag in the data because it does not become available until October of the prior year.</p> <p><i>Registered Nurse Shortage Area Update and map are hereby incorporated as Attachment A</i></p> <p><b><u>Review and Approval of Registered Nurse Minimum Standards for Site Visits</u></b>          For the first two years of the Song-Brown RN component the nursing shortage areas were based on the Primary Care Shortage Areas. In 2008, the RNSA was approved by the Commission. At this point, staff is requesting the Commission adopt revisions made to the SB RN standards that will now reflect the RNSA.</p>	<p>There was some discussion of the methodology but Dr. Carlisle stated it was the best available currently.</p> <p>Motion made (<b>Henning</b>) and seconded (<b>Rice</b>) to accept staff's recommendation to use the current methodology using the mean of the County data as the cutoff for designation.</p>

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8.	New Business-continued	<p>Secondly, staff has developed a site visit tool for each level of nursing versus having one site visit tool for all levels of nursing. Staff worked with Commissioners Millan, Rice and Townsend to determine which questions were best suited for the different levels of nursing.</p> <p><b><u>Policy and Procedures of the CHWPC</u></b>            The Policy and Procedures document adopted by the Commission in 2009 is being revised to include Section IX.A. Special Election Vacancy for Chair or Vice Chair Position.</p> <p><b><i>Policies and Procedures of the California Healthcare Workforce Policy Commission is hereby incorporated as Attachment B</i></b></p> <p><b><u>Funding Family Practice Residency Programs based on residency size</u></b>            Manuela Lachica presented an Issue Memo on placing funding limits on Family Practice Residency Programs. Staff reviewed the FP funding methodology adopted in 2008 that was based on a maximum of 4 cycles per program and a tier system to determine the number of cycles awarded to each program.</p>	<p>Dr. Byous requested additional information regarding the national pass rate for nurses be added to the tool so Commissioners can compare the numbers to each program. She also requested information regarding each program's cohort of students. After discussion on site visit outcomes it was determined the information requested by Dr. Byous was not needed since staff reports any program concerns on the Evaluation Worksheets.</p> <p>The Commission was directed to the Governor's transparency web site for those Commission members interested in reviewing completed Site Visit Reports.</p> <p>Motion made (<b>Troidl</b>) and seconded (<b>Rice</b>) to accept the new site visit tools and the changes made to the RN standards.</p> <p>Dr. Troidl stated for the record, he does not like term limits.</p> <p>Dr. Carlisle stated that Vice Chair nominations should be written (mail or e-mail) notices and not verbal notices to staff.</p> <p>Staff will call for nominations for Vice Chair prior to the meeting.</p>

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8.	New Business-continued	<p>In the limited time this FP funding methodology has been in place, it appears a large portion of programs are seeking 4 capitation cycles regardless of program need. Staff is proposing that the number of cycles each program can apply for be based on their approved ACGME accreditation. Only those programs approved for expansion by the ACGME could apply for expansion cycles from the SB Program. New FP programs or those without a current SB contract could apply for two capitation cycles. The Commission would continue to fund all applicants as they have been, using the rank and tier system.</p> <p><i>Issue Memo titled "Funding Limits on Family Practice Residency Training Programs" is hereby incorporated as Attachment C</i></p> <p><b><u>Song-Brown Statutory Requirements used to make funding decisions</u></b>          Manuela Lachica presented an Issue Memo on the weighting of Song-Brown statutory requirements. Staff proposes to revise the evaluation worksheets used by Commissioners to include weighting of statutory priorities and other important factors. Statutory priorities would be valued at 1 – 5 points, sub-priorities and additional factors would be 1 point per question, and other considerations would be 1 – 3 points for a total of 27 possible points. The statutory priorities would be scored based on applicant data outcomes and Commissioners would use their expertise to determine points for the "Other Considerations" portion of the worksheet. The Commission would continue to fund all applicants as they have been, using the rank and tier system.</p> <p>Scatter plots were created by staff for the years 2008 - 2010 to show the disconnect between the Criteria Ranking (ranking based on meeting Song-Brown statutory priorities) for Family Practice and what the CHWPC Ranking (ranking given by the Commission and used to award funds).</p>	<p>There was some discussion of using the new FP funding methodology for the August Commission meeting; however, it was determined the proposal would be presented to the FP Programs for their feedback.</p> <p>Callie Langton of the CAFD stated need and size are different and that some of the smaller programs do really need the 4 cycles whereas larger programs may not to the same degree.</p> <p>Dr. Carlisle stated that over time (2008, 2009 &amp; 2010) the value of disagreement between the statutory priority (data) and the Commission ranking has increased by 40%.</p> <p>Dr. Henning stated the proposed scoring method was great and he requested that staff populate the worksheets for the statutory priorities (data) section then Commissioners can focus on the subjective areas of the worksheet.</p> <p>Dr. Troidl stated that by weighting certain aspects of the worksheets the Commission would be trying to quantify something that is qualitative.</p> <p>Dr. Carlisle added the worksheets are a step in the right direction.</p> <p>Ms. Minniefield stated that there needs to be a process where staff can explain and articulate the awarding of SB funds. This would move the Commission into a policy making body.</p>

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8.	New Business-continued	<p><b><u>Song-Brown Statutory Requirements used to make funding decisions- cont'd</u></b></p> <p><i>Issue Memo titled "Weighting of Song-Brown Statutory requirements" is hereby incorporated as Attachment D</i></p> <p><b><u>Shifting Song-Brown RN Capitation funds to Special Programs</u></b>            Manuela Lachica presented an Issue Memo on the shifting of Song-Brown RN capitation funds to Special Programs. Staff recommends that \$500K of RN Capitation funds be shifted to RN Special Program funds. The basis for the proposal is that not many RN Programs are truly expanding any longer due to budget constraints but rather have to reduce enrollment. Staff feels shifting more funds to Special Programs will allow the programs to focus on projects that enhance the skills of new nursing students and graduates and help them retain their knowledge and improve their marketability.</p> <p><i>Issue Memo titled "Shifting of Song-Brown RN Capitation funds to Special Programs is hereby incorporated as Attachment E</i></p>	<p>Dr. Wolfe stated that she would appreciate a worksheet where at least statutory priorities are weighted because this is the function of the Commission.</p> <p>Dr. Norton stated that she would support the weighting of the statutory priorities.</p> <p>Dr. Henning recommended that 3 points be available for the application and 3 points for the presentation.</p> <p>Callie Langton stated that the weighting of the statutory priorities is a step in the right direction. She also stated that just because a family practice residency program is located in an area of unmet need it doesn't mean that their graduates are serving that population.</p> <p>Dr. Boyle asked for clarification, "if a statutory priority is worth 5 points and it is given 1 point shouldn't the Commissioner have to explain why they are assigning a lower point?"</p> <p>No action was taken by the Commission at this time. This proposal will be presented to the FP Programs for their feedback</p> <p>Motion made (<b>Townsend</b>) and seconded (<b>Renwanz-Boyle</b>) to accept staff's recommendation to move \$500K from RN Capitation funds to RN Special Program funds for the September 2011 application. Motion passed.</p>

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8.	New Business-continued	<p><b><u>Doctorate of Nursing Practice Programs (DNP)</u></b>            Prompted by Public Comment at previous SB meetings the Commission discussed whether DNP Programs should be funded by the Song-Brown Program.            Prior to the meeting CHWPC members were provided copies of the following documents to review:</p> <ol style="list-style-type: none"> <li>1. The Essentials of Doctoral Education for Advance Nursing Practice</li> <li>2. Understanding the Doctor of Nursing Practice: Evolution, Perceived Benefits and Challenges.</li> </ol>	<p>Dr. Boyle supported the funding of DNP Programs. She stated that California State University's DNP offering will have an educational component and increase the number of educators.            Dr. Boyle further stated there is a lot of variability in the State and in the nation.</p> <p>Dr. Townsend stated there is no educational component for the DNP and felt that many of the nursing directors would not hire these graduates because they do not have the experience unless they have been an instructor before completing the DNP Program.</p> <p>Ms. Rice stated that she would like to see some data before the Commission uses SB funds to support the DNP Programs.</p> <p>The Commission decided to hold off making a determination about funding until more data and research comes out about the DNP.</p>
9.	Public Comment	Callie Langton of the CAFP thanked the Commission for taking such careful consideration of the professional association.	
10.	Adjournment	The meeting was adjourned at 3:00 p.m.	

**Memorandum**

State of California

osHPD

*"Equitable Healthcare Accessibility for California"*

**To:** California Healthcare Workforce Policy Commission      **Date:** April 21, 2011

**From:** David M. Carlisle, M.D., Ph.D.  
Director

**Subject:** Registered Nurse Shortage Area Update

The results displayed in this report are from the Registered Nurse Shortage Area (RNSA) analysis completed in November 2010. The 2009 data used are from the Board of Registered Nursing (BRN) and the Office of Statewide Health Planning and Development (OSHPD).

**Assessment**

Song-Brown staff was not contacted during the year regarding the RNSA. No new data sources currently exist which would enhance or change the adopted approach. Staff contacted Dr. Joanne Spetz, University of California, San Francisco (UCSF), The Center for the Health Professions, to inquire about any new methodologies relating to measuring nursing shortages. Staff also contacted Dr. Jean Moore, Center for Health Workforce Studies, University at Albany, State University of New York (SUNY) School of Public Health, to discuss a project she's working on for the Health Resources and Services Administration (HRSA) to revise their methodology for nursing shortage areas on a national level. Initial research was conducted by the University of Albany and a summary and technical report were published in 2007. HRSA has supported further research to refine the methodology and data sources used; however, the final report is not available yet.

**Results**

The results from the last adopted approach are displayed in a separate memo, "Registered Nurse Shortage Area Update" on January 28, 2010.

This analysis was performed by using the current methodology of counties as the analytical unit. The mean ratio for counties was 46.36. In the county analysis, 26 counties were designated as RNSAs. Since the February 2010 Commission meeting, designation status has changed for 2 counties. Shasta and Sutter Counties have gained a designation (See map on page 6). Alpine County and Sierra County are automatically designated since there are no counts for Long-Term Care Facilities (LTCs) or General Acute Care Hospitals (GACs).

Table 1 on Page 2 illustrates the RNSA listed alphabetically by county, where *LTCPatient* is the patient days for long-term care facilities, *GACCensus* is the census days for general acute care hospitals, *BRNCount* is the number of registered nurses per county from the BRN, *Ratio* is the ratio of each county derived from the Ratio Equation, and *Designated* is whether that particular county has been designated according to the mean. Table 2 on Page 4 ranks the counties by ratio. A map is also included on Page 6 to show the county designations. \*Note: the yellow highlighted rows in Tables 1 and 2 indicate the two counties whose designation status has changed since the last RNSA update in February 2010.

**Recommendation**

Since the development and implementation of the current RNSA methodology, there has not been a formal method of measuring the nursing shortage. **Staff recommends the continued use of the current methodology using the county mean as the analytical unit.**

Table 1 – RNSA Listed Alphabetically by County; Mean Designation Cutoff >46.36

County	LTC_BD	GAC_BD	BRN_COUNT	Ratio	Designated
Alameda	1601466	648339	12707	61.10	Yes
Alpine	0	0	10	0.00	Yes
Amador	41578	8317	321	36.27	No
Butte	332382	117757	2282	63.25	Yes
Calaveras	33357	5835	454	18.73	No
Colusa	29529	3465	58	100.47	Yes
Contra Costa	794788	370591	10829	40.09	No
Del Norte	26541	7861	227	43.98	No
El Dorado	77743	31708	2174	17.45	No
Fresno	882855	394604	7155	65.02	Yes
Glenn	26425	1151	99	32.98	No
Humboldt	117807	45614	1369	40.20	No
Imperial	81616	46040	826	63.64	Yes
Inyo	28190	3269	174	31.75	No
Kern	454486	326230	5029	72.10	Yes
Kings	94941	34967	834	51.03	Yes
Lake	77806	13564	461	42.93	No
Lassen	0	4231	210	20.15	No
Los Angeles	11677917	4728570	68936	82.15	Yes
Madera	137280	105303	859	135.37	Yes
Marin	306890	85791	3313	33.31	No
Mariposa	0	819	126	6.50	No
Mendocino	78218	20861	759	35.73	No

County	LTC BD	GAC BD	BRN_COUNT	Ratio	Designated
Merced	217746	52568	1122	62.38	Yes
Modoc	0	623	50	12.46	No
Mono	0	1676	103	16.27	No
Monterey	315570	141336	2894	57.56	Yes
Napa	247644	56304	2055	37.04	No
Nevada	127759	26131	1111	32.72	No
Orange	2180573	1140351	24371	53.95	Yes
Placer	302567	157473	4518	40.21	No
Plumas	18087	3861	167	31.78	No
Riverside	1389700	622293	15848	46.28	No
Sacramento	1117347	629016	12074	59.50	Yes
San Benito	0	8012	317	25.27	No
San Bernardino	1360891	865665	16569	58.82	Yes
San Diego	2746924	1228142	27592	52.48	Yes
San Francisco	422707	545019	7267	79.65	Yes
San Joaquin	853118	240729	4776	64.69	Yes
San Luis Obispo	265753	84199	2782	37.91	No
San Mateo	406413	198865	7931	29.17	No
Santa Barbara	344642	134230	2745	58.94	Yes
Santa Clara	1650275	746995	13543	64.91	Yes
Santa Cruz	249274	77340	2590	37.56	No
Shasta	259522	105068	2177	57.80	Yes
Sierra	0	0	27	0.00	Yes
Siskiyou	19327	8953	406	25.86	No
Solano	254020	130738	5293	28.54	No
Sonoma	478886	138440	4950	35.71	No
Stanislaus	549571	267633	4038	77.17	Yes
Sutter	134795	28581	719	54.75	Yes
Tehama	38162	10755	317	43.56	No
Trinity	0	1310	74	17.70	No
Tulare	437918	154498	2667	71.07	Yes
Tuolumne	42857	18926	610	36.65	No
Ventura	516151	281144	7052	45.72	No
Yolo	170586	19575	1326	25.05	No
Yuba	29386	40373	369	115.78	Yes

Table 2 – RNSA Listed by Ratio (for Counties); Mean Designation Cutoff >46.36

Rank	County	LTC BD	GAC BD	BRN_COUNT	Ratio	Designated
1	Mariposa	0	819	126	6.50	No
2	Modoc	0	623	50	12.46	No
3	Mono	0	1676	103	16.27	No
4	El Dorado	77743	31708	2174	17.45	No
5	Trinity	0	1310	74	17.70	No
6	Calaveras	33357	5835	454	18.73	No
7	Lassen	0	4231	210	20.15	No
8	Yolo	170586	19575	1326	25.05	No
9	San Benito	0	8012	317	25.27	No
10	Siskiyou	19327	8953	406	25.86	No
11	Solano	254020	130738	5293	28.54	No
12	San Mateo	406413	198865	7931	29.17	No
13	Inyo	28190	3269	174	31.75	No
14	Plumas	18087	3861	167	31.78	No
15	Nevada	127759	26131	1111	32.72	No
16	Glenn	26425	1151	99	32.98	No
17	Marin	306890	85791	3313	33.31	No
18	Sonoma	478886	138440	4950	35.71	No
19	Mendocino	78218	20861	759	35.73	No
20	Amador	41578	8317	321	36.27	No
21	Tuolumne	42857	18926	610	36.65	No
22	Napa	247644	56304	2055	37.04	No
23	Santa Cruz	249274	77340	2590	37.56	No
24	San Luis Obispo	265753	84199	2782	37.91	No
25	Contra Costa	794788	370591	10829	40.09	No
26	Humboldt	117807	45614	1369	40.20	No
27	Placer	302567	157473	4518	40.21	No
28	Lake	77806	13564	461	42.93	No
29	Tehama	38162	10755	317	43.56	No
30	Del Norte	26541	7861	227	43.98	No
31	Ventura	516151	281144	7052	45.72	No
32	Riverside	1389700	622293	15848	46.28	No
33	Kings	94941	34967	834	51.03	Yes
34	San Diego	2746924	1228142	27592	52.48	Yes
35	Orange	2180573	1140351	24371	53.95	Yes
36	Sutter	134795	28581	719	54.75	Yes
37	Monterey	315570	141336	2894	57.56	Yes

Rank	County	LTC BD	GAC BD	BRN COUNT	Ratio	Designated
38	Shasta	259522	105068	2177	57.80	Yes
39	San Bernardino	1360891	865665	16569	58.82	Yes
40	Santa Barbara	344642	134230	2745	58.94	Yes
41	Sacramento	1117347	629016	12074	59.50	Yes
42	Alameda	1601466	648339	12707	61.10	Yes
43	Merced	217746	52568	1122	62.38	Yes
44	Butte	332382	117757	2282	63.25	Yes
45	Imperial	81616	46040	826	63.64	Yes
46	San Joaquin	853118	240729	4776	64.69	Yes
47	Santa Clara	1650275	746995	13543	64.91	Yes
48	Fresno	882855	394604	7155	65.02	Yes
49	Tulare	437918	154498	2667	71.07	Yes
50	Kern	454486	326230	5029	72.10	Yes
51	Stanislaus	549571	267633	4038	77.17	Yes
52	San Francisco	422707	545019	7267	79.65	Yes
53	Los Angeles	11677917	4728570	68936	82.15	Yes
54	Colusa	29529	3465	58	100.47	Yes
55	Yuba	29386	40373	369	115.78	Yes
56	Madera	137280	105303	859	135.37	Yes
57	Alpine	0	0	10	0.00	Yes
58	Sierra	0	0	27	0.00	Yes

# Registered Nurse Shortage Areas (RNSAs) By County Using the Mean as the Analytical Unit



Sources:  
OSHPD Healthcare Workforce Development Division  
GIS Layers. 2009 Board of Registered Nursing data.

Note: The RNSA is updated annually; therefore, counties may gain or lose their designation status with each update.

March 2011



**To:** California Healthcare Workforce Policy Commission      **Date:** April 21, 2011

**From:** David M. Carlisle, M.D., Ph.D.  
Director

**Subject:** Determining Registered Nurse Shortage Areas

## **Background**

In February 2007, the California Healthcare Workforce Policy Commission (Commission) formally adopted staff recommendations for the creation of a Registered Nurse Shortage Area (RNSA). The method for determining the RNSA is a function of the number of licensed nurses (supply) and patient volume (demand). The previous analysis performed used 2008 data and was on a county basis. Taking into account that the Legislature (and current literature) has determined that California, as a whole, is a nursing shortage area, final designation is determined when a county (1) lacks a general acute care hospital (GAC) and a long-term care (LTC) facility and (2) is above the mean ratio of available nurses to patient volume. The ratio is the total number of bed days for GACs and LTC facilities multiplied by .08 and divided by the number of registered nurses (RNs) in the specific county. The Commission uses the RNSA as only one of many factors to determine Song-Brown funding for nursing education programs. The RNSA does not in itself determine funding or funding levels. In February 2008, the Commission stipulated that this method be reviewed annually, as opposed to every two years to provide insight into the latest science and current literature affecting the nursing workforce.

The Commission needs a quantitative, repeatable and meaningful way of ranking applications whose past graduates and training facilities operate in areas of unmet need (e.g. Song-Brown nursing shortages). The adopted RNSA, using counties as the analytical unit, serves well under this rubric. The RNSA does not in itself determine funding or funding levels, but is one of the factors used by the Commission.

## **Methodology**

Three factors are used in defining nursing shortages: (1) California counties (as the geographic unit for analysis), (2) California registered nurse data of all active

licenses by county from the Board of Registered Nursing (BRN)<sup>1</sup>, and (3) the patient day and census data from all LTCs and GACs from OSHPD.<sup>2</sup>

OSHPD maintains data on patient volume for GACs and LTCs. These data are maintained in the OSHPD Automated Licensing Information and Report Tracking System (ALIRTS) program. These locations employ nearly 70% of the total nursing workforce in California. No current data exist on patient volume for the other 30% of the workforce.

OSHPD facility census<sup>3</sup> data for 2009 were obtained by county. There are more licensed bed days in LTCs than GACs in California and LTCs only account for 5% of the registered nurse workforce.<sup>4</sup> Therefore, a scale factor representing the percent of the nursing workforce at LTCs in this function was applied to ensure the census data were not skewed.<sup>5</sup> A total census was created by summing the two numbers and a ratio was used of census divided by registered nurses for each of the 58 counties.

Ratio Equation:

$$\frac{\sum (\text{CensusDays}_{\text{GAC}} + [(\text{PatientDays}_{\text{LTC}}) * 0.08])}{\text{RNCount}}$$

Where:

**CensusDays<sub>GAC</sub>** is the number of days a patient is occupying a bed in General Acute Care Hospitals in 2009

**PatientDays<sub>LTC</sub>** is the number of days a patient is occupying a bed in Long-Term Care Facilities in 2009

**RNCount** is the number of licensed, active registered nurses per county in 2009

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<sup>1</sup> Source: 2009, Department of Consumer Affairs, Board of Registered Nursing, County Count Summary for Clear Licenses.

<sup>2</sup> Source: 2009, Office of Statewide Health Planning and Development, Automated Licensing Information and Report Tracking System (ALIRTS). <http://oshpd.ca.gov/alirts/index.htm>

<sup>3</sup> Census Day Totals are a measure of service delivery. This value is the sum of the number of days that a given bed was occupied by a patient. Each night healthcare facilities take a census of patients in each bed. The census is kept by bed type (Acute Respiratory Care, Burn, Coronary Care, Intensive Care, Intensive Care – Newborn Nursery, Perinatal, Pediatric, Rehabilitation Center, and Unspecified General Acute Care). The GAC Census Days are the sum of the census for each of the nine GAC bed designations. A similar number is obtained for Long-Term Care Facilities.

<sup>4</sup> 5% of the RN workforce is at LTC facilities, while 64% of the RN workforce is at GACs.

<sup>5</sup> The scale factor is 0.08. This number is the percent of the workforce at LTC facilities, in our function. It is derived from 5 (percent of nurses employed at LTC facilities) / 64 (percent of nurses employed at GACs).

### **Limitations**

This designation methodology has two limitations. First, only about 70% of the nursing workforce is accounted for in this function. The remaining 30% of the workforce is employed at schools, home health agencies, and other facilities, for which no ratio of average daily census or population served can be readily analyzed.<sup>6</sup> Second, nurses and patients both travel outside county boundaries to give and receive care. However, we are unable to obtain data on commute patterns by occupation at this time due to confidentiality constraints regarding the release of healthcare providers' Social Security Numbers. Other methodological approaches were explored by OSHPD staff and were indicated in a separate report on March 9, 2009, "Registered Nurse Shortage Area Alternative Methodologies."

### **Recommendation**

Since the development and implementation of the current RNSA methodology, there has not been a formal method of measuring the nursing shortage. **Staff recommends the continued use of the current methodology using the county mean as the analytical unit.**

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<sup>6</sup> CA Workforce Initiative, Center for Health Professions, UCSF. 2001. *Nursing in CA: A Workforce Crisis*.



**Policies and Procedures**  
**of the**  
**California Healthcare Workforce Policy Commission**  
**(May 2011)**

**I. Introduction**

The purpose of this document is to provide information regarding the policies and procedures under which the California Healthcare Workforce Policy Commission (Commission) performs its functions and duties.

**II. California Healthcare Workforce Policy Commission**

The Commission was statutorily created in October 1973 (Senate Bill 1224 - Song, Chapter 1176, Statutes of 1973) and cited as the Song-Brown Family Physician Training Act (Act). Subsequent legislation has broadened the Act:

- Senate Bill 490 (Chapter 1003, Statutes of 1975) authorized the funding of primary care nurse practitioner programs and requires that all funded programs include a component of training in underserved multicultural communities, lower socioeconomic neighborhoods or rural communities.
- Assembly Bill 2450 (Chapter 1196, Statutes of 1976) established the Rural Health Services Development Program and requires the Commission to designate geographical rural areas where unmet priority need for primary care services exists.
- Assembly Bill 3943 (Chapter 1750, Statutes of 1984) included osteopathic medical residency programs as being eligible for Song-Brown Funding.
- Senate Bill 2614 (Chapter 1087, Statutes of 1988) required the Commission, when making recommendations to the Director, to give priority to programs that have demonstrated success in the areas of placing individuals in medically underserved areas, attracting and admitting members of minority groups and former residents of medically underserved areas.
- Assembly Bill 2944 (Chapter 585, Statutes of 1993) required the Commission to establish standards for postgraduate osteopathic medical programs in family practice.
- Assembly Bill 2874 (Chapter 711, Statutes of 1993) removed the requirement of an annual report to the Legislature from the Commission.
- Assembly Bill 3426 (Chapter 1130, Statutes of 1993) authorized the collection of voluntary donations by physicians during re-licensure to be used to support the Song-Brown Family Physician Training Program.
- Assembly Bill 3449 (Chapter 1305, Statutes of 1993) authorized the Commission to repay education loans for medical students who commit to work in medically underserved shortage areas.
- Assembly Bill (Chapter 582, Statutes of 2004) changed the name of the Commission from the California Health Manpower Policy Commission to the California Healthcare Workforce Policy Commission.

- Senate Bill 68 (Chapter 78, Statutes of 2005) authorizes the Commission to establish a Song-Brown Nursing Program, and adds 5 new nursing commission members to the California Health Workforce Policy Commission for a total of 15 members.
- Senate Bill 1850 (Chapter 259, Statutes of 2007) required that the Song-Brown Family Physician Act now be referred to as Song-Brown Health Care Workforce Training Act.

The governing provisions are contained in Health and Safety Code, Sections 128200 through 128241.

### **III. Objectives of the California Healthcare Workforce Policy Commission**

In accordance with Health and Safety Code, Section 128225 the Commission shall review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of all programs under the Song-Brown Health Care Workforce Training Act.

The Commission shall identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist. The Commission also establishes standards for the programs to include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and should be organized to prepare program graduates for service in those neighborhoods and communities.

The Commission shall give priority to programs that have demonstrated success in the following areas:

1. Actual placement of individuals in medically underserved areas.
2. Success in attracting and admitting members of minority groups to the program.
3. Success in attracting and admitting individuals who were former residents of medically underserved areas.
4. Location of the program in a medically underserved area.
5. The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

### **IV. Executive Secretary**

The Chief of the Healthcare Workforce Development Division in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the Commission.

## V. Commission Members

In accordance with Health and Safety Code, Section 128215 a California Healthcare Workforce Policy Commission was created. The Commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

1. Nine members appointed by the Governor, as follows:
  - a. One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
  - b. One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
  - c. One representative of practicing family physicians.
  - d. One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
  - e. One representative of undergraduate medical students in a family practice program or residence in family practice training.
  - f. One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
  - g. One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.
  - h. One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
  - i. One representative of practicing registered nurses.
2. Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
3. Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
4. Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

## **VI. Chair and Vice-Chair Duties and Responsibilities**

### **Chair**

1. Assure that the Commission operates in accordance with the terms of the Song-Brown Healthcare Workforce Training Act statute.
2. Propose policy and procedure changes for Commission.
3. Reviews Commission meeting agendas.
4. Chair and attend all meetings of the Commission. If unable to attend, arrange for this to be performed by the Vice-Chair, and inform the Executive Secretary of the absence.
5. Advise the Director of Office of Statewide Health Planning and Development on Commission activities.
6. Attend all Health Profession Education Meetings as the Office of Statewide Health Planning and Development Ex-Officio member.

### **Vice-Chair**

Upon absence of or upon delegation by the Chair, the Vice-Chair of the Commission shall assume the duties of the Chair. Should the Chair become unable to serve out his/her term, the Vice-Chair shall serve as Chair until the end of the two year term and an election for Vice-Chair shall occur during the next scheduled meeting of the Commission.

## **VII. Commission Members Duties**

1. For all new members, complete and return the appointment package that is sent out by Song-Brown staff (staff). This package includes:
  - Employee Action Request (STD 686)
  - Designation of Person Authorized to Receive Warrants (STD 243)
  - Emergency Notification Information (OSH-AD 334)
  - Ethnicity Questionnaire (SPB 1070)
  - Employment Eligibility Verification (OMB No. 1615-0047)
  - Authorization to Use Private Vehicle (STD 261)
  - Request for CalATERS (OSH-AD412)
  - Oath of Office (STD 688)
2. The Office of Statewide Health Planning and Development has adopted a Conflict of Interest Code under the Political Reform Act that designates that commission members file a Statement of Economic Interests (Form 700) annually. The Form 700 is sent out by Office of Statewide Health Planning and

Development's Human Resources Services with instructions on which disclosure categories to file and where to file.

3. It is required that members of this Commission take an Ethics Training course within 30 days of the appointment date, and to provide a certificate of completion. The course is to be completed every two years. The website address: <http://www.ag.ca.gov/ethics/>
4. If unable to attend a meeting, inform Chair and staff of the absence.
5. Resignation – When a member resigns from the Commission, the member shall send a letter of resignation to their appointing authority, noting the effective date of the resignation. A copy of the letter shall be sent to the Director of Office of Statewide Health Planning and Development.

#### **VIII. Commission Members Responsibilities**

1. At each of the three funding meetings, every member will identify themselves and their affiliations to the Commission and the public audience, making public any disqualifying conflict of interest position.
2. Identify specific areas of the state where unmet priority needs for primary care physicians and registered nurses exist.
3. Establish standards and contract criteria for funding of family practice, family nurse practitioner, physician assistant and registered nurse education programs, including provisions to encourage students and residents to provide service in unmet need areas.
4. Review and make recommendations to the Director of Office of Statewide Health Planning and Development concerning funding of family practice, family nurse practitioner, physician assistant and registered nurse education programs.
5. If the Commission determines that a funded program does not meet the standards established by the Commission, it shall submit to the Director of Office of Statewide Health Planning and Development and the Legislature a report detailing its objections.
6. Establish standards and contract criteria for special programs.
7. Review and makes recommendations to the Director of Office of Statewide Health Planning and Development concerning funding of special programs.
8. During each program's presentation, use the worksheets provided to review and evaluate the program by their compliance with statutes.

9. After all the programs have made their presentations, use the ballot provided to rank each program for funding awards.
10. The completed worksheets and signed ballots must be returned to staff before the funding discussion and decision process begins. A Commissioner's vote will not count if the completed worksheets are not submitted with the signed ballots.

## **IX. Election Process**

The Chair and Vice-Chair of the Commission are appointed members elected by a majority of the Commission members.

1. Staff will announce elections during the November Commission meeting.
2. Staff will call for nominations to be sent to Healthcare Workforce Development Division.
3. Staff will send ballots with February/March Meeting packets to Commissioners.
4. Elections for Chair and Vice-Chair will be held at the February/March meeting.
5. Staff will collect and count ballots for the Chair and Vice-Chair officers at the beginning of the February/March Meeting.
6. Staff will announce the new officers at the end of the February/March meeting.
7. Terms for the Chair and Vice-Chair Officers will be for a period of two years.
8. No more than two terms may be served consecutively.
9. In the event of a tie, each nominee will be given an opportunity to address the Commission, and then a re-vote will take place. Subsequent ties would follow the same process.

### **IX. A. Special Election - Vacancy for Chair or Vice Chair Position**

1. The staff will announce the election at the first meeting after the vacancy has occurred for either the Chair or Vice Chair position.
2. Staff will call for nominations to be sent to Healthcare Workforce Development Division.
3. Staff will send ballots with the materials for the next California Healthcare Workforce Policy Commission (CHWPC) meeting once the call for nominations has been completed.

4. Staff will collect and count ballots for the Special Election vacancy at the beginning of the next CHWPC meeting.
5. Staff will announce the new officer at the end of the meeting.
6. Terms for the Chair or Vice-Chair replacement will be for the remaining period of time of the initial term.
7. No more than two additional terms may be served consecutively.
8. In the event of a tie, each nominee will be given an opportunity to address the Commission, and then a re-vote will take place. Subsequent ties would follow the same process.

#### **X. Conducting Public Meetings**

Public meeting procedures will follow the Bagley-Keene Open Meeting Act.

#### **XI. Meeting Requirements**

In accordance with Government Code, Sections 11120, all meetings are open to the public as required by the Bagley-Keene Open Meeting Act.

Commission members are required to attend all California Healthcare Workforce Policy Commission meetings. The Commission funding meetings are generally held in February for registered nurse education programs, in August for family practice

residency programs, and in November for family nurse practitioner and physician assistant training programs. The Commission policy meeting is generally held in May.

Commission members may be required to participate in California Healthcare Workforce Policy Commission Task Force meetings as necessary to develop and make policy recommendations to the full Commission.

##### **1. Funding Meetings**

The Commission convenes on the call of the Chair. The Commission will conduct its business and hear presentations by training and educational programs that have filed applications to be considered for Song-Brown funding. The Commissioners will rank each applicant on how well they have achieved Song-Brown Health Care Workforce Training Act objectives. This ranking process will determine the amount of funding each program will receive. The meetings are held in various areas throughout the state.

##### **2. Special Meetings**

The Chair or the Executive Secretary may call special meetings at any time for any specific business. Special meetings are convened at various locations selected throughout the state.

### 3. Meeting Notices and Agendas

- a. Notice of all public meetings and their agendas shall be made available to all members, to any person who so requests, and posted to the Office of Statewide Health Planning and Development webpage, at least ten (10) days in advance of the meeting.
- b. The agenda will provide a description of each item of business to be transacted or discussed so that interested members of the public will be capable of understanding the nature of each item.
- c. As a general rule, items not appearing on the agenda shall not be discussed or voted on. However, when an item is raised by a member of the public, the Commission may accept comments and discuss the item for a limited time, but no action is taken until it is added to the agenda of a subsequent meeting.

### 4. Voting

- a. Only appointed members of the Commission can vote at a meeting. Office of Statewide Health Planning and Development staff members, invited guests and members of the audience may not vote at a Commission meeting.
- b. All voting will be conducted in the open meetings.

### 5. Quorum

A quorum for a meeting of the Commission will consist of one more than half the sitting members.

### 6. Conflict of Interest

- a. Per Government Code, Sections 87105, during a Commission meetings, "... upon identifying a conflict of interest or a potential conflict of interest and immediately prior to the consideration of the matter, do all the following:
  - (1) Publicly identify the financial interest that gives rise to the conflict of interest or potential conflict of interest in detail sufficient to be understood by the public, except that disclosure of the exact street address of a residence is not required.
  - (2) Recuse himself/herself from discussing and voting on the matter."

- b. The member will not be required to leave the room provided the member recuses himself or herself from the discussion and voting on the item.
- c. The disqualified member may not be counted toward achieving a quorum while the item is being voted on.
- d. The identification of the conflict and economic interest shall be made part of the public record.

#### 7. Meeting Minutes

Meeting minutes shall be made of all meetings and submitted to the Commission for consideration and approval at the following meeting.

#### 8. Agenda and Meeting Materials

With the Executive Secretary's concurrence, the staff will develop and send to each member an agenda listing the matters to be considered and, so far as practical, copies of all written reports and applications which are to be reviewed by the Commissioners. These packages will be distributed at least ten (10) days prior to any meeting.

### **XII. Compensation**

#### 1. Expenses and Reimbursements

- a. It is the policy of Office of Statewide Health Planning and Development to pay per diem and to reimburse reasonable and necessary travel and incidental business expenses to the Commissioners in accordance with Department of Personnel Administration for Excluded Employees Rule Number's 599.616.1 through 599.626.1.
- b. No payment of expenses to Commissioners can be made prior to the return of all completed forms from the appointment package.
- c. Transportation expenses will be reimbursed for all charges essential for transportation to and from the meeting place. Reimbursement shall be made only for the method of transportation which is in the best interest of the state. Travel should be via the shortest, usually traveled route. An explanation is required for any deviation or unusual delay.

- d. Expense claims should be submitted after each commission meeting. Commission members should submit their claims to staff. Failure to furnish receipts must be explained on expense claims. The amount involved cannot be allowed in absence of a satisfactory explanation. All expense claims must contain a brief statement of the purpose or objective of each trip or business related meal for which reimbursement is claimed.

In accordance with Health and Safety Code, Commission members of the California Healthcare Workforce Policy Commission are reimbursed for their reasonable actual expenses incurred in attending meetings. The meetings are conducted to carry out the provisions of Health and Safety Code, Division 107, Part 3, Chapter 4, Article 1, Section 128200 through 128241.

## 2. Meeting Attendance Allowance

In accordance with Health and Safety Code, Section 128220, Commission members are eligible to claim \$100.00 for each day's attendance at a Commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.



## Office of Statewide Health Planning and Development

Healthcare Workforce Development Division  
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Sacramento, California 95811-6213  
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www.oshpd.ca.gov



Attachment C

To: California Healthcare Workforce Policy Commission      Date: May 4, 2011

From: Office of Statewide Health Planning and Development

Subject: Funding Limits on Family Practice Residency Training Programs

**Background**

In September 2008, a funding policy was developed to ensure that the limited amount of funds available to award to Family Practice Residency Training Programs were allocated in a consistent and fair manner.

**Issue**

Even though Song-Brown Program goals, review process (ranking), and outcomes have become more structured and consistent over the last few years, it has become apparent that Family Practice Residency (FPR) Programs are continuing to request the maximum amount of capitation cycles allowed (4 cycles per year) for funding regardless of the number of approved ACGME slots they have and that the Family Practice funding methodology should be revisited.

**Current Funding Methodology**

- 1) Limits the types of capitation cycles to renewal and new cycles only.
- 2) Limits capitation cycles to a maximum of four cycles each year.
- 3) Capitation funds are awarded using the Tier method as follows:
  - a) Tier 1, full funding, maximum of 4 cycles and minimum of 1 cycle
  - b) Tier 2, full funding, minus 1 cycle or minimum of 1 cycle
  - c) Tier 3, full funding, minus 2 cycles or minimum of 1 cycle
  - d) Tier 4, no funding, applicant not competitive

The Commission is responsible for determining the ranks within the four tiers and retains the right to award no monies if warranted and to distribute any remaining funds starting with the second tier.

**Proposed Funding Methodology****Limit the capitation cycles to size of Residency Slots/Positions**

Allow applicants to continue to apply for renewal and new capitation cycles, and base the number of cycles a program is eligible to receive on the number of residents trained by each residency program as of July 1 of the prior academic year.

The number of cycles would be based on approved ACGME residency training slots as follows:

APPROVED ACGME SLOTS	# CAPITATION CYCLES ELIGIBLE TO APPLY PER YEAR
1 – 20	1
21 – 29	2
30 – 38	3
39 +	4

Limit new capitation cycles

Limit new capitation cycles to only those residency programs that have ACGME approval to expand and/or to FPR programs that do not have an existing Song-Brown capitation contract. Each program would be allowed to apply for up to two new capitation cycles if they are expanding; or if a program does not have current Song-Brown Program funding.

Distribute funds consistently

Continue to use the Tier funding method for Capitation awards as follows:

- Tier 1, full funding, maximum of 4 cycles and minimum of 1 cycle
- Tier 2, full funding, minus 1 cycle or minimum of 1 cycle
- Tier 3, full funding, minus 2 cycles or minimum of 1 cycle
- Tier 4, no funding, applicant not competitive

The Commission would still be responsible for determining the ranks within the four tiers and would retain the right to award no monies if warranted and distribute any remaining funds starting with the second tier.

Song-Brown Program Recommendation

Song-Brown Program staff recommends the Commission adopt the following revisions to the Family Practice Residency (FPR) Training funding methodology as follows:

- 1) Limit the capitation cycles to the size of the residency training slots, with no program receiving more than four cycles per year;
- 2) *Limit new capitation cycles to FPR Training Program that have ACGME approval to expand and/or to those programs that do not have an existing Song-Brown capitation contract would be allowed up to two new capitation cycles;*
- 3) Continue to use the Tier funding method. This will provide Family Practice Residency Training Programs with a consistent funding mechanism and ensure that the limited Song-Brown funds are distributed in an effective and efficient manner.

Family Practice Residency Training Programs

March 15, 2011

PROGRAM NAME	APPROVED ACGME SLOTS	1 CYCLE	2 CYCLES	3 CYCLES	4 CYCLES
Arrowhead Regional Medical Center Program	50				X
Contra Costa County Health Services Program	39				X
Downey Regional Medical Center	*21		X		
Glendale Adventist Medical Center Program	24		X		
Kaiser Permanente - Orange County	24		X		
Kaiser Permanente - Fontana	24		X		
Kaiser Permanente - Los Angeles	27		X		
Kaiser Permanente - Riverside	18	X			
Kaiser Permanente - Woodland Hills	18	X			
Kern Medical Center	18	X			
Loma Linda University - Hanford	12	X			
Loma Linda University - Loma Linda	24		X		
Long Beach Memorial Medical Center Program	24		X		
Harbor-UCLA	36			X	
Mercy Medical Center - Merced	24		X		
Mercy Medical Center - Redding	19	X			
Methodist Hospital - Sacramento	21		X		
Natividad Medical Center Program	24		X		
Northridge Hospital Medical Center	21		X		
Pomona Valley Hospital Medical Center	18	X			
Presbyterian Intercommunity Hospital	21		X		
Riverside County Regional Medical Center	33			X	
San Joaquin General Hospital	21		X		
San Jose O'Connor Hospital	24		X		
Scripps Mercy Hospital - Chula Vista	18	X			
Sutter Health Program - Sacramento	21	X			
UCLA Medical Center	36			X	
University of California, Davis	40				X
University of California, Irvine	30			X	
UCSD Combined Family Medicine - Psychiatry	6	X			
University of California, San Diego	27		X		
University of California, San Francisco	45				X
UCSF - Fresno	39				X
UCSF - Santa Rosa	36			X	
USC - California Hospital	24		X		
Valley Family Medicine Residency - Modesto	30			X	
Ventura County Medical Center	42				X
White Memorial Medical Center	21		X		
Total Programs = 38, Total Slots = 85		9	17	6	6
*Accredited by the American College of Osteopathic Family Physicians of California					

History of Requested Family Practice Residency Capitation Cycles  
August 2008 - 2010

Program Name	Approved ACGME Slots	Proposed Eligible Cycles	Cycles Requested/ Awarded 8/2008	Cycles Requested/ Awarded 8/2009	Cycles Requested/ Awarded 8/2010	Average Cycles Awarded
Arrowhead Regional Medical Center Program	50	4	0	0	0	0
Contra Costa County Health Services Program	39	4	2/1	1/1	4/2	1.33
Downey Regional Medical Center	*21	2	2/2	2/1	3/0	1
Glendale Adventist Medical Center Program	24	2	2/1	2/1	2/0	.66
Kaiser Permanente - Orange County	24	2	1/1	2/2	3/3	2
Kaiser Permanente - Fontana	24	2	0	0	0	0
Kaiser Permanente - Los Angeles	27	2	0	0	0	0
Kaiser Permanente - Riverside	18	1	0	0	0	0
Kaiser Permanente - Woodland Hills	18	1	0	0	0	0
Kern Medical Center	18	1	2/0	0	0	0
Loma Linda University - Hanford	12	1	**0	1/1	4/2	1.5
Loma Linda University - Loma Linda	24	2	2/1	2/2	2/1	1.3
Long Beach Memorial Medical Center Program	24	2	3/1	1/1	1/1	1
Harbor-UCLA	36	3	2/2	2/2	4/4	2.6
Mercy Medical Center - Merced	24	2	2/2	2/2	4/3	2.3
Mercy Medical Center - Redding	19	1	**0	1/1	2/1	1
Methodist Hospital - Sacramento	21	2	0	0	0	0
Natividad Medical Center Program	24	2	2/2	2/2	2/2	2
Northridge Hospital Medical Center	21	2	1/1	1/1	1/1	1
Pomona Valley Hospital Medical Center	18	1	1/1	1/1	1/1	1
Presbyterian Intercommunity Hospital	21	2	1/1	1/1	1/1	1
Riverside County Regional Medical Center	33	2	4/4	**0	2/2	3
San Joaquin General Hospital	21	2	**0	3/1	3/1	1
San Jose O'Connor Hospital	24	2	1/1	1/1	1/1	1
Scripps Mercy Hospital - Chula Vista	18	1	3/3	3/3	2/2	2.6
Sutter Health Program - Sacramento	21	2	0	0	0	0
UCLA Medical Center	36	4	2/2	2/2	4/4	2.6
University of California, Davis	40	4	2/2	4/4	4/2	2.6
University of California, Irvine	30	3	2/2	2/2	4/4	2.6
UCSD Combined Family Medicine - Psychiatry	4	1	3/3	3/3	1/1	2.3
University of California, San Diego	27	2	0	0	0	0
University of California, San Francisco	45	4	2/2	2/1	**0	1.5
UCSF - Fresno	39	4	5/5	3/1	3/1	2.3
UCSF - Santa Rosa	36	3	3/1	2/1	1/1	1
USC - California Hospital	24	2	3/1	3/3	2/1	1.6
Valley Family Medicine Residency - Modesto	30	3	2/2	4/4	4/4	3.3
Ventura County Medical Center	42	4	5/5	4/4	4/4	4.3
White Memorial Medical Center	21	2	7/7	4/4	4/4	5
*Accredited by the American College of Osteopathic Family Physicians of California						
**Did not apply for funding						



## Office of Statewide Health Planning and Development



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Attachment D

**To:** California Healthcare Workforce Policy Commission      **Date:** May 4, 2011

**From:** Song-Brown Program, Healthcare Workforce  
Development Division

**Subject:** Weighting of Song-Brown Statutory Requirements

### Background

In 2008, the Song-Brown funding worksheets were revised to emphasize the statutory requirements of the Song-Brown Program and to provide individual program data in a format that could be reviewed easily by Commission members during funding meetings.

### Issue

Although the review process (ranking) and funding of awards has become more transparent at each meeting over the last few years, staff continues to receive inquiries from program directors about the basis of the Commission's decision relative to their application. Staff has sometimes had difficulty interpreting and explaining the application results due to the inability to link funding decisions to Song-Brown statutory priorities.

### Current Worksheets

The current Song-Brown Program worksheets (Attachment I) are used by Commission members to rank applicants for funding. The SB funding worksheets currently list the Song-Brown statutory requirements, additional factors and program information such as underrepresented minority enrollment, program graduate and clinical training site information but no weighted values are applied to the worksheet.

### Proposed Weighted Values of Song-Brown Worksheets

Statutory priorities 1, 2, and 3 (below) will each have a five-point maximum weighted value for a total of 15 possible points:

- A. Weighted Values (Attachment II) of the three statutory priorities are as follows:
1. Placing of graduates in areas of unmet need (% of graduates in areas of unmet need);
  2. Attracting and admitting underrepresented minorities (URMs) and/or economically disadvantaged groups to the program (% of URMs);
  3. Location of the program and/or clinical training sites in medically underserved areas.

Commission members will use the data analysis to assign points to the statutory priorities

- B. The statutory priorities/considerations will have a weighted value of 1 point for each category as follows:
- 1a. Counseling and placement program to encourage graduate placement in areas of unmet need;
  - 1b. Cultural competence/culturally responsive care incorporated into the program curriculum;
  - 2a. Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need;
  - 3a. Percent of clinical hours in areas of unmet need.
- C. The “Additional Factors” section will have a weighted value of 1 point per category for categories 1 – 5, as follows:
- 1) Does the residency training program structure its training to encourage graduates to practice as a health care team that includes FNP and PA providers?
  - 2) Does the program have an affiliation or relationship with an FNP and PA Training Program?
  - 3) Does the faculty's experience and background lend support to the intent of the Song-Brown Program?
  - 4) Does the program utilize family physicians from the local community in the training program?
  - 5) Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?
- D. Additional Factor, category 6 “Other Considerations”, allows Commission members to award 1 through 3 points for presentation, application, program improvement or another consideration each Commissioner deems appropriate. Commission members must be specific in their comments identifying what they are awarding points for.
- E. Each applicant can achieve a total weighted score of 27 points. Commission members will transfer their scores to a ballot; the scores will then be averaged. From the averages, the applicants will be ranked and funded according to the tier method currently in place.

Song-Brown Program Recommendation

Song-Brown staff recommends the adoption of the revisions to the Family Practice Residency (FPR) Training worksheets to provide transparency and clarity to the Song-Brown Program awards process as follows:

CATEGORY	WEIGHTED VALUE	MEETS CRITERIA
Statutory Priorities: 1, 2, 3	Maximum of 5 (1- 5) points each	Meets statutory category
Statutory Priorities: 1a, 1b, 2a, & 3a	1 point per question	Yes = 1 point, No = 0 points
Additional Factors: 1, 2, 3, 4, and 5,	1 point per question	Yes = 1 point, No = 0 points
Additional Factor: “Other Considerations”	1 through 3 points	Specify why points are awarded

The maximum points an applicant can receive is 27.

Applicants will be ranked based on the total points awarded; Commission members will continue to use the tier funding method.

Adoption of the evaluation worksheets as discussed above will provide Family Practice Residency Training Programs with a consistent funding mechanism and ensure that the worksheets can be used to provide transparency and feedback to those applicants seeking limited Song-Brown funds.

Attachments



**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
 FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS  
 CAPITATION EVALUATION WORKSHEETS**

**Attachment I**

<b>Eligibility Requirements Accreditation and/or Approval</b>
Copy of most recent letter provided:
Date of letter:
Expiration date:

Program Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

Program Director: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

<b>Summary of Request</b>

<b>Statutory Priorities for Funding</b> (Priority for funding shall be given to programs that demonstrate success in these areas)	
Priority	Comments
<b>1) Placing graduates in areas of unmet need (% of graduates in areas of unmet need)</b>	
1a) Counseling and placement program to encourage graduate placement in areas of unmet need	
1b) Cultural competency/culturally responsive care incorporated into the program curriculum	
<b>2) Attracting and admitting URMs and/or economically disadvantaged groups to the program (% of URMs)</b>	
2a) Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need	
<b>3) Location of the program and/or clinical training sites in medically underserved areas</b>	
3a) Percent of clinical hours in areas of unmet need	

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
 FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS  
 CAPITATION EVALUATION WORKSHEETS**

<b>Additional Factors Considered</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1) Does the residency training program structure its training to encourage graduates to practice as a health care team that includes FNP and PA providers?			
2) Does the program have an affiliation or relationship with an FNP and PA Training Program?			
3) Does the faculty's experience and background lend support to the intent of the Song-Brown Program?			
4) Does the program utilize family physicians from the local community in the training program?			
5) Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?			
6) Does the program have an evaluation process to review the program's effectiveness and address deficiencies?			

<b>Program Changes</b>

<b>Staff Comments</b>

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
 FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS  
 CAPITATION EVALUATION WORKSHEETS**

Presentation Notes

Commissioner Comments

Program Information
---------------------

Total # of trainees enrolled in program as of 07/2009			# of URM Enrolled	% of URM	# of Stephen M. Thompson and/or NHSC Scholars	
Total # of Graduates Reported (2006-2009)			# of URM Graduates	% of URM Graduating		
# of students fluent enough in a second language to conduct a patient history or exam?			Total # of positions offered in the program	% of graduates in areas of unmet need	% of clinical training sites in medically underserved areas	
# of Song-Brown funded residents in training in the program by year of residency on 7/1/109				Total # of Residents graduating in		
PGY-1	PGY-2	PGY - 3		2006	2007	2008

Commissioner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
 FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS  
 CAPITATION EVALUATION WORKSHEETS

Eligibility Requirements Accreditation and/or Approval
Copy of most recent letter provided:
Date of letter:
Expiration date:

Program Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

Program Director: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Summary of Request

Worksheet - Section I			
Statutory Priorities for Funding (Priority for funding shall be given to programs that demonstrate success in these areas)			
Priority	Possible Points	CHWPC Points	Comments
Questions 1, 2 & 3 (Max.5 pts. each) Questions 1a,1b, 2a, & 3a (Max, 1 pt. each)			
<b>1) Placing graduates in areas of unmet need (% of graduates in areas of UMN)</b>	<b>5</b>		
1a) Counseling and placement program to encourage graduate placement in areas of unmet need	1		
1b) Cultural competency/culturally responsive care incorporated into the program curriculum	1		
<b>2) Attracting and admitting URMs and/or economically disadvantaged groups to the program (% of URM graduates)</b>	<b>5</b>		
2a) Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need	1		
<b>3) Location of the program and/or clinical training sites in medically underserved areas (% of training sites in areas of UMN)</b>	<b>5</b>		
3a) Percent of clinical hours in areas of unmet need	1		
<b>Section I Total Points</b>	<b>19</b>		

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
 FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS  
 CAPITATION EVALUATION WORKSHEETS**

<b>Worksheet - Section II</b>			
<b>Additional Factors Considered</b>			
<b>Questions 1 - 6 have a maximum of (1) point each possible</b>	<b>Possible Points</b>	<b>CHWPC Points</b>	<b>Comments</b>
1) Does the residency training program structure its training to encourage graduates to practice as a health care team that includes FNP and PA providers?	1		
2) Does the program have an affiliation or relationship with an FNP and PA Training Program?	1		
3) Does the faculty's experience and background lend support to the intent of the Song-Brown Program?	1		
4) Does the program utilize family physicians from the local community in the training program?	1		
5) Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?	1		
6) Other considerations, please specify. (Up to 1 - 3 points.)	Max of 3		
<b>Section II Total Points</b>	<b>8</b>		
<b>Total Points (Section I and II)</b>	<b>27</b>		

<b>Program Changes</b>

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**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
 FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS  
 CAPITATION EVALUATION WORKSHEETS**

Presentation Notes

Commissioner Comments

Program Information							
Total # of trainees enrolled in program as of 07/2009			# of URMs Enrolled	% of URMs	# of Stephen M. Thompson and/or NHSC Scholars/LRP		
Total # of Graduates Reported (2006-2009)			# of URM Graduates	% of URMs Graduating			
# of students fluent in a second language to conduct a patient history or exam?			Total # of positions offered in the program	% of graduates in areas of	% of clinical training sites in medically underserved areas		
# of Song-Brown funded residents in training in the program by year of residency on 7/1/109							
PGY-1	PGY-2	PGY - 3			2006	2007	2008

Commissioner Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_



**SONG-BROWN PROGRAM  
PROPOSED SCORING CRITERIA**

1.		2.		3.	
% of GRADUATES IN AREAS OF UNMET NEED	Points	% of UNDERREPRESENTED MINORITY GRADUATES	Points	% of TRAINING SITES IN AREAS OF UNMET NEED	Points
Less than 5 %	0	0 %	0	Less than 24 %	0
5-24%	1	1 - 15%	1	25-44%	1
25-40%	2	16 - 29%	2	45-60%	2
41-59%	3	30% - 44%	3	61-80%	3
60-79%	4	45% - 58%	4	81% - 89%	4
80% and above	5	59% and above	5	90% and above	5

Section I	Criteria	Total Points
1.	Placement of graduates in medically underserved areas. (% of graduates in areas of UMN)	5
1. a.	Counseling and placement program to encourage graduate placement in areas of unmet need	1
1. b.	Cultural competency/culturally responsive care incorporated into the program curriculum	1
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% of URM graduates)	5
2. a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need	1
3.	Location of the program and/or clinical training sites in medically underserved areas. (% of training sites in areas of UMN)	5
3. a.	Percent of clinical hours in areas of unmet need	1
<b>Section II</b>		
1	Does the residency training program structure its training to encourage graduates to practice as a health care team that includes FNP and PA providers?	1
2	Does the program have an affiliation or relationship with an FNP and PA Training Program?	1
3	Does the faculty's experience and background lend support to the intent of the Song-Brown Program?	1
4	Does the program utilize family physicians from the local community in the training program?	1
5	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?	1
6	Other considerations. Specify reason for any points provided under this item. (Up to 1 - 3 points.)	3
<b>Total Possible Score</b>		<b>27</b>

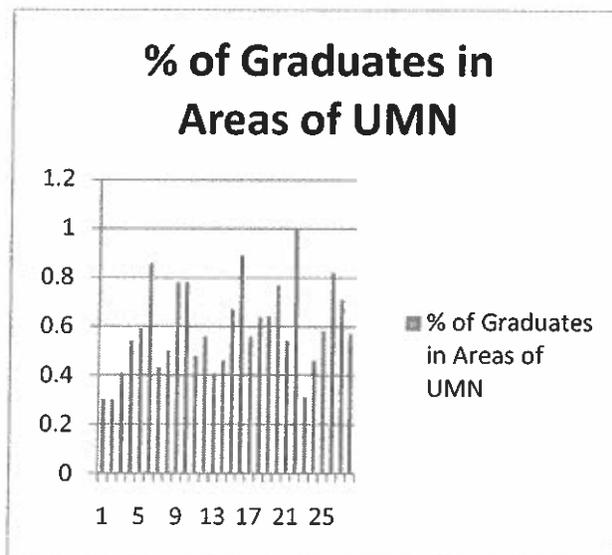


## Song-Brown Program Scoring Criteria

Method used for developing criteria:

1. Analyzed the Family Practice Medicine past grant cycle scores and 3 years of graduate data (2006-2009).
2. Graduates in unmet need are represented as a percentage based on the total number of graduates reported for each training program.
3. Scores were ranked from high to low based on the 3 threshold statutory requirements for the program.
4. Analyzed descriptive statistics for the data.
  - a. Mean, and Standard Deviation – and the distribution for each item.
5. Used the mean as midpoint for developing the scoring range.
6. Used close to standard deviation value to create additional ranges out from mid range
7. Tested ranges to see how applicants' scores would list with the scoring criteria, while considering scores for incentive to improve outreach and immediate training in areas of unmet need

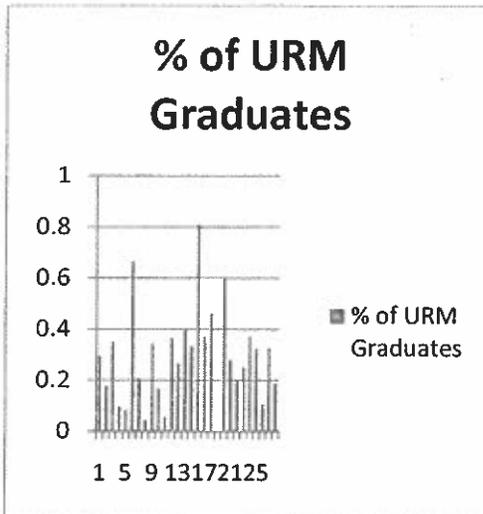
Distribution of Scores



### *% of Graduates in Areas of UMN*

Mean	0.591428571
Standard Error	0.034742874
Median	0.565
Mode	0.3
Standard Deviation	0.183842007
Sample Variance	0.033797884
Kurtosis	-0.45155325
Skewness	0.337930553
Range	0.7
Minimum	0.3
Maximum	1
Sum	16.56
Count	28

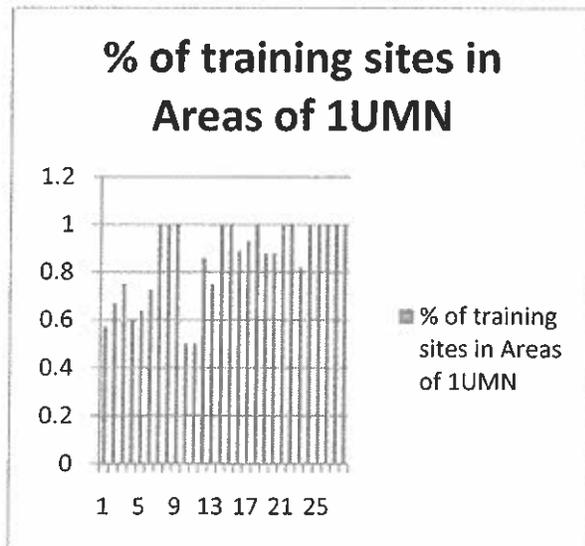
## Song-Brown Program Scoring Criteria



### *% of URM Graduates*

Mean	0.29023085
Standard Error	0.035448302
Median	0.287058824
Mode	#N/A
Standard Deviation	0.187574785
Sample Variance	0.0351843
Kurtosis	1.200429157
Skewness	0.907077477
Range	0.80952381
Minimum	0
Maximum	0.80952381
Sum	8.126463803
Count	28

### Distribution of Scores



### *% of training sites in Areas of 1UMN*

Mean	0.856071429
Standard Error	0.032511045
Median	0.91
Mode	1
Standard Deviation	0.172032281
Sample Variance	0.029595106
Kurtosis	0.583737779
Skewness	0.879222798
Range	0.5
Minimum	0.5
Maximum	1
Sum	23.97
Count	28

## Song-Brown Program Scoring Criteria

Data used from Family Practice Medicine Programs

% of training sites in Areas of 1UMN	% of Graduates in Areas of UMN	% of URM Graduates
0.57	0.3	0.294
0.67	0.3	0.176
0.75	0.41	0.353
0.6	0.54	0.095
0.64	0.59	0.083
0.73	0.86	0.667
1	0.43	0.206
1	0.5	0.042
1	0.78	0.345
0.5	0.78	0.167
0.5	0.48	0.056
0.86	0.56	0.367
0.75	0.41	0.265
1	0.46	0.4
1	0.67	0.333
0.89	0.89	0.81
0.93	0.56	0.368
1	0.64	0.459
0.88	0.64	0
0.88	0.77	0.6
1	0.54	0.28
1	1	0.2
0.82	0.31	0.25
1	0.46	0.37
1	0.58	0.324
1	0.82	0.105
1	0.71	0.324
1	0.57	0.188

**Song-Brown Program  
Scoring Criteria**

<b>STATUORY PRIORITIES</b>		
<b>% of GRADUATES IN AREAS OF UNMET NEED</b>	<b>% of UNDERREPRESENTED MINORITY GRADUATES</b>	<b>% of TRAINING SITES IN AREAS OF UNMET NEED</b>
mean = .59	mean = .29	mean = .85
High = 100% Low = 30%	High = 81% Low = 0%	High = 100% Low = 50%
Less than 5 % = 0 Points	0 % = 0 Points	Less than 24 % = 0 Points
5-24% = 1 Point	1 - 15% = 1 Point	25-44% = 1 Point
25-40%= 2 Points	16 - 29% = 2 Points	45-60% = 2 Points
41-59% - = 3 Points	30% - 44% = 3 Points	61-80% = 3 Points
60-79% = 4 Points	45% - 58% = 4 Points	81% - 89% = 4 Points
80% or above = 5 Points	59% or above = 5 Points	90% or above = 5 Points

Std Dev

0.172032

Std Dev

0.183842

Std Dev

0.187575

**M e m o r a n d u m**

Attachment E

**To** : California Healthcare Workforce Policy Commission Members      **Date** : May 4, 2011

**From** : Song-Brown Program, Healthcare Workforce Development Division

**Subject** : Shifting of Song-Brown RN Capitation Funds to Special Programs

Background

The Song-Brown Program started funding Registered Nurse (RN) Education Programs in 2006 with both Capitation and Special Program funding. Currently, there are 30 of 139 nursing programs receiving Song-Brown funding. To date, \$12,433,549 in Capitation and \$4,019,971 in Special Program funds have been awarded.

Funding for RN Programs for 2006 – 2011 is as follows:

Year	Special Program Requests	Capitation Funding Requests	Total Applications Received	Capitation Awards	Special Program Awards	Number of RN Awards
2006	\$1,370,068.00	\$1,803,549.00	19	\$1,323,549.50	\$1,120,068.00	16
2007	\$1,991,760.00	\$2,480,000.00	27	\$2,096,000.00	\$906,382.00	18
2008	\$1,315,316.00	\$3,760,000.00	27	\$2,224,000.00	\$497,950.00	21
2009	\$1,515,483.00	\$3,752,000.00	29	\$2,296,000.00	\$497,352.00	16
2010	\$2,048,274.00	\$4,758,000.00	39	\$2,270,000.00	\$498,219.00	18
2011	\$2,363,228.00	\$5,519,000.00	46	\$2,224,000.00	\$500,000.00	24
Totals	\$10,601,129.00	\$22,072,549.00	187	\$12,433,549.50	\$4,019,971.00	113

As other RN funding sources begin to diminish, the number of Capitation and Special Program application requests for funding continues to increase each year (as noted above). In addition, with the state's current fiscal crisis more RN Education Programs are being downsized and/or are not expanding. As stated in the California Board of Registered Nursing 2009-2010 Annual School Report (Attachment I) "Enrollment growth peaked at 24.7% in 2005-06 and has been followed by four consecutive years of slower growth: 14.2% in 2006-07, 2.0% in 2007-08, 7.9% in 2008-09 and 1.7% growth in 2009-10.

Issue

Should a portion of Song-Brown Capitation funding (\$500,000.00) be shifted to Special Program funding to help programs maintain the expansion levels achieved over the last five years, to assist new graduates gain job experience and to continue to support RN students to be successful in completing their nursing education.

A 2009-2010 New Graduate Hiring Survey (Attachment II) conducted as a joint effort by the California Institute for Nursing & Health Care (CINHC), the California Board of Registered Nursing (BRN), California Student Nurses Association (CSNA), Association of California Nurse Leaders (ACNL), the California Community Colleges Chancellor's Office (CCCCO), and the UCLA School of Nursing for the period of January 1, 2009 through March 31, 2010 with a response rate of 92% (973 of 1052 respondents) found that 57% of the respondents were employed as nurses and 43% were not working as nurses. The survey respondents' reasons for not finding employment after graduation are as follow:

- |                           |     |
|---------------------------|-----|
| 1. No nursing experience  | 93% |
| 2. No positions available | 67% |
| 3. BSN degree preferred   | 35% |
| 4. Out of School to long  | 13% |

Recommendation

Staff recommends the Commission move a portion of capitation funds to special program and have the Requests for Application focus on the following examples as presented in the last RN Program survey: Enhancing skills for senior nursing students and new graduates that will assist them in retaining their nursing knowledge and improving their marketability for employment; developing a nursing bridge program for veterans; development and/or expansion of nurse-run clinics.

**Attachment I**

**2009- 2010 New Graduate Hiring Survey**



## **2009 – 2010 New Graduate Hiring Survey**

The unexpected difficulty of new RNs finding employment is now California's most pressing workforce issue. After several years of investing in building the workforce and increasing nursing program educational capacity, the new graduate hiring dilemma threatens to undermine the progress that has been made. To better understand how many newly licensed RNs are experiencing difficulties, a statewide survey was recently conducted through the efforts of the California Institute for Nursing & Health Care (CINHC), the California Board of Registered Nursing (BRN), California Student Nurses Association (CSNA), Association of California Nurse Leaders (ACNL), the California Community Colleges Chancellor's Office (CCCOC), and the UCLA School of Nursing.

**Design and Sample:** A random selection of 7,000 out of the 15,000 nurses who were newly licensed in California from Jan. 1 2009 through March 31, 2010 was invited to voluntarily participate in the survey. Each received a letter from the BRN in July 2010 inviting them to access and complete the on-line survey within a one month period of time. No personal information was gathered and the all results were aggregated. Out of 1,052 respondents, we received 973 completed surveys for a 14% completed survey response rate.

### **Results:**

#### **Respondent Profile:**

- 89% graduated from nursing schools in California within the period May 2009 through March of 2010.
  - 44% of respondents graduated in December 2009 and 37% graduated in May/June 2009
- The sample reflected the state's education system: 61% of respondents had associate degrees, 36% bachelors, and 1% were masters prepared.
- 25% of respondents live in the San Francisco Bay area; 25% in the Los Angeles/Ventura area; 12% in Orange /Riverside and San Bernardino counties; and 12% in the San Diego area.
- 32% of respondents were between the ages of 25-30; 19% were less than 25 years of age, indicating that the entry into practice is consistent with the national trend of nursing as a younger, career oriented profession.
- The majority of respondents were White, non-Hispanic (48%) followed by 12% Hispanic and 12% Black/African American.

#### **Work/Job Experience:**

- 57% of respondents are working in their first job as a registered nurse and 43% are not working as a registered nurse.
- Of the respondents who are currently working as nurses, 67% are working in an acute care hospital; the remainder are working in long term care/skilled nursing facility (12%), home health (3%) or community health (3%).
- The majority of those with nursing are working full-time (82%).
- When asked how long it took to find their first nursing job the majority of respondents indicated less than three months (45%); 26% responded that it took 3-6 months to find their first nursing job.
- Jobs were found in a variety of ways: 28% indicated that they knew someone at the hospital or health facility where they eventually went to work; 26% indicated that they used the hospital or health facility Website; 21% responded that they had previous employment at the hospital or health facility in a non-RN position, and 20% had a referral.
- Among respondents who indicated that they were not working as an RN, 28% had been looking for a RN position 3-6 months; 28% had been looking, 6-9 months; 15% for 9-12 months and 20% had been looking for longer than 12 months (20%).

Reasons for Difficulty and Internship Attitudes:

- The reasons that were given for not finding a job were either no experience (93%) or no positions available (67%). 35% were told BSN preferred or required and 13% were told they were out of school too long.
- When asked about interest in participating in a non-paying internship, the majority of respondents (85%) indicated they would be interested.
- Although the opportunity to increase skills and competencies was overwhelmingly an incentive to participate in an internship (96%) so was:
  - Exposure to employers (91.7%)
  - Improving ones resume (86.8%)
  - 59.6% felt obtaining college credit was an incentive
  - 37.7% felt deferment of student loans was an incentive
- 85% would be willing to participate in an unpaid internship and 46.8% would be willing to pay a tuition fee to participate.
- 76% indicated that if given the opportunity to work in a non-acute health care facility they would consider this as a great opportunity.

This survey was a snapshot of the hiring dilemma new RN graduates are facing in California and its findings are a resource for nurse leaders seeking creative ways to employ recently graduated nurses. The sample accurately reflects the demographics of new graduates from the annual BRN school survey and their regional distribution. It also mirrors the response of a survey of employers of nurses conducted by CINHC and the Hospital Association of Southern California (HASC) in 2009, which indicated that 40% of new graduates may not be able to find jobs in California hospitals because of a lack of available positions. The employer survey also indicated that non-acute health facilities had positions available for nurses, but did not have the resources to hire and train new graduates.

This survey also indicates that the use of unpaid internships may be a way to keep the newly licensed RN engaged in the work force, providing an opportunity to increase skills and competencies, while they seek employment.

California needs to keep newly licensed RNs engaged and in the nursing workforce as they are the critical resource for ensuring the state has the nurses to provide care to the people of California when the economy improves and the expected exodus of experienced nurses hits. Nurse leaders from academia and service must begin to share best practices and innovative strategies to ensure that new RNs maintain and gain competencies during this temporary employment hiring lull, as the nurse shortage is not over with.

The research team thanks all of the new graduates who took time to share their hiring experiences with us. These results will be shared with others concerned about the difficulty new graduates are having finding RN positions.

October 6, 2010

**Study Team:**

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**Attachment II**

**California Board of Registered Nursing**

**2009-2010 Annual School Report**



# California Board of Registered Nursing

## 2009-2010 Annual School Report

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Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

February 9, 2011

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## **PREFACE**

### **Nursing Education Survey Background**

Development of the 2009-2010 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Advisory Committee (EAC), which consists of nursing education stakeholders from across California. A list of the EAC members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

### **Organization of Report**

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2009 through July 31, 2010. Demographic information and census data were requested for October 15, 2010.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Data collected for the first time on 2009-2010 survey are identified by the symbol (‡). The reliability of these new data will be reviewed and considered for continued inclusion in future surveys.

### **Availability of Data**

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the 2000-2001 through 2009-2010 BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact the BRN.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the EAC developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact the BRN.

## Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Advisory Committee and all survey respondents. Your participation has been vital to the success of this project.

## Survey Participation

All California nursing education programs were invited to participate in the survey. All of the 139 pre-licensure programs approved by the BRN to enroll students in 2009-2010 responded to the survey. A list of nursing programs that responded to the survey is provided in the Appendix.

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	77	77	100%
LVN to ADN	9	9	100%
BSN	37	37	100%
ELM	16	16	100%
Sum of Pre-Licensure Programs*	139	139	100%

\*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools (n=125) in the state.

## DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2009-2010 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, student and faculty census data, the use of clinical simulation by nursing programs, and clinical space and practice restrictions.

### Trends in Pre-Licensure Nursing Programs

#### *Number of Nursing Programs*

In 2009-2010, California had a total of 139 pre-licensure nursing programs. This represents a net increase of one nursing program since 2008-2009 (one new BSN program). Most pre-licensure nursing programs in California are public. However, the share of public programs has decreased from a high of 85.6% (n=83) of pre-licensure nursing programs in 2000-2001 to its current share of 75.5% (n=105) in 2009-2010. Since 2006-2007, private schools have accounted for all new program growth.

#### Number of Nursing Programs

	<i>Academic Year</i>									
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>
<b>Total # Nursing Programs</b>	<b>97</b>	<b>100</b>	<b>101</b>	<b>104</b>	<b>109</b>	<b>117</b>	<b>130</b>	<b>132</b>	<b>138</b>	<b>139</b>
ADN Programs	71	72	73	73	76	77	82	84	86	86
BSN Programs	22	23	23	23	24	26	32	32	36	37
ELM Programs	4	5	5	8	9	14	16	16	16	16
Public Programs	83	85	86	87	90	96	105	105	105	105
Private Programs	14	15	15	17	19	21	25	27	33	34

#### *Admission Spaces and New Student Enrollments*

In 2009-2010, programs reported almost the same number of admission spaces (n=12,797) available for new student enrollments as in 2008-2009 (n=12,812). These spaces were filled with a total of 14,228 students, which, again, represents approximately the same level of new student enrollment compared with the previous year (n=13,988). 47.5% of pre-licensure programs (n=66) reported that they filled more admission spaces than were available. The most frequently reported reasons for doing so were to account for attrition and to make use of grant or donor funding.<sup>‡</sup>

<sup>‡</sup> Data were collected for the first time in the 2009-2010 survey.

### Availability and Utilization of Admission Spaces

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Spaces Available	6,610	6,719	7,601	7,797	9,026	10,523	11,475	11,773	12,812	12,797
New Student Enrollments	6,128	6,422	7,457	7,825	8,926	11,131	12,709	12,961	13,988	14,228
% Spaces Filled	92.7%	95.6%	98.1%	100.4%	98.9%	105.8%	110.8%	110.1%	109.2%	111.2%

Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. There was a 12.6% (n=4,594) increase in the number of qualified applications nursing schools received between 2008-2009 and 2009-2010. In 2009-2010, 65.4% (n=26,877) of qualified applications to California nursing education programs were not accepted for admission. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

### Student Admission Applications\*

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
<b>Qualified Applications</b>	<b>10,021</b>	<b>10,362</b>	<b>13,926</b>	<b>17,887</b>	<b>20,405</b>	<b>28,410</b>	<b>28,506</b>	<b>33,746</b>	<b>36,511</b>	<b>41,105</b>
ADN	6,924	7,554	9,531	12,585	14,615	19,724	19,559	25,021	26,185	28,555
BSN	2,635	2,413	3,301	3,964	4,914	7,391	7,004	7,187	8,142	10,151
ELM	462	395	1,094	1,338	876	1,295	1,943	1,538	2,184	2,399
% Qualified Applications Not Accepted	38.8%	38.0%	46.5%	56.3%	56.3%	60.8%	55.4%	61.0%	61.7%	65.4%

\*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Since 2000-2001, new student enrollments have more than doubled (n=8,100). However, the rate of new student enrollment growth has been slowing in recent years. The number of students who enrolled in a nursing program in California increased very slightly by 1.7% (n=240), from 13,988 in 2008-2009 to 14,228 in 2009-2010. New student enrollments in ADN programs fell 8.7% (n=818), but increased by 26.7% in BSN programs (n=1,021). In addition, new student enrollments in public programs fell by 5.8% (n=593), but increased 22.1% in private programs (n=833).

### New Student Enrollment by Program Type

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
<b>New Student Enrollment</b>	<b>6,128</b>	<b>6,422</b>	<b>7,457</b>	<b>7,825</b>	<b>8,926</b>	<b>11,131</b>	<b>12,709</b>	<b>12,961</b>	<b>13,988</b>	<b>14,228</b>
ADN	4,236	4,558	5,316	5,547	6,160	7,778	8,899	8,847	9,412	8,594
BSN	1,732	1,677	1,903	1,960	2,371	2,709	3,110	3,404	3,821	4,842
ELM	160	187	238	318	395	644	700	710	755	792
Private	951	884	980	1,150	1,614	2,024	2,384	2,704	3,774	4,607
Public	5,177	5,538	6,477	6,675	7,312	9,107	10,325	10,257	10,214	9,621

### Student Completions

RN programs continue to graduate more students every year. However, as with new student enrollments, the rate of increase is slowing down. In 2009-2010, the number of students who completed a nursing program in California increased by 8.9% (n=942) over the previous year. This is compared with a 10.3% (n=990) increase in new graduates between 2007-2008 and 2008-2009, and a 15.2% (n=1,263) increase between 2006-2007 and 2007-2008. 66.8% of students completing a nursing program do so through an ADN program.

### Student Completions

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
<b>Student Completions</b>	<b>5,178</b>	<b>5,346</b>	<b>5,623</b>	<b>6,158</b>	<b>6,677</b>	<b>7,528</b>	<b>8,317</b>	<b>9,580</b>	<b>10,570</b>	<b>11,512</b>
ADN	3,799	3,826	4,027	4,488	4,769	5,351	5,885	6,527	7,119	7,690
BSN	1,277	1,394	1,412	1,479	1,664	1,861	2,074	2,481	2,788	3,157
ELM	102	126	184	191	244	316	358	572	663	665

### Retention and Attrition Rates

Of the 10,180 students scheduled to complete a nursing program in the 2009-2010 academic year, 77.1% (n=7,845) completed the program on-time, 9.1% (n=925) are still enrolled in the program, and 13.9% (n=1,410) dropped out or were disqualified from the program. The retention rate has steadily increased over the past decade, from a low of 66.2% in 2000-2001 to the current high of 77.1% in 2009-2010.

### Student Retention and Attrition

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
<b>Students Scheduled to Complete the Program</b>	<b>8,478</b>	<b>6,806</b>	<b>8,208</b>	<b>8,151</b>	<b>8,507</b>	<b>8,208</b>	<b>8,852</b>	<b>9,769</b>	<b>10,630</b>	<b>10,180</b>
Completed On Time	5,610	4,553	5,621	5,831	6,055	6,047	6,437	7,254	7,990	7,845
Still Enrolled	1,372	1,184	1,314	1,082	710	849	996	950	1,078	925
Attrition	1,496	1,069	1,273	1,238	1,742	1,312	1,419	1,565	1,562	1,410
Completed Late <sup>‡</sup>										615
<b>Retention Rate*</b>	<b>66.2%</b>	<b>66.9%</b>	<b>68.5%</b>	<b>71.5%</b>	<b>71.2%</b>	<b>73.7%</b>	<b>72.7%</b>	<b>74.3%</b>	<b>75.2%</b>	<b>77.1%</b>
<b>Attrition Rate</b>	<b>17.6%</b>	<b>15.7%</b>	<b>15.5%</b>	<b>15.2%</b>	<b>20.5%</b>	<b>16.0%</b>	<b>16.0%</b>	<b>16.0%</b>	<b>14.7%</b>	<b>13.9%</b>
<b>% Still Enrolled</b>	<b>16.2%</b>	<b>17.4%</b>	<b>16.0%</b>	<b>13.3%</b>	<b>8.3%</b>	<b>10.3%</b>	<b>11.3%</b>	<b>9.7%</b>	<b>10.1%</b>	<b>9.1%</b>

\*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

<sup>‡</sup> Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Attrition rates vary by program type. In 2009-2010, attrition rates in ADN and BSN programs dropped slightly, while the attrition rate increased in ELM programs from 5.2% to 8.3%. Attrition rates are higher in public nursing programs than in private programs, 15.1% compared to 8.9%; however, there was a decline in attrition rates in both public and private nursing programs this year.

#### Attrition Rates by Program Type

Program Type	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
ADN	21.5%	16.9%	19.1%	17.0%	23.7%	18.3%	19.0%	19.0%	17.6%	16.6%
BSN	9.0%	14.0%	8.1%	10.8%	11.0%	10.5%	8.7%	8.6%	9.0%	8.1%
ELM	3.3%	1.2%	3.2%	4.7%	14.3%	5.0%	7.2%	5.6%	5.2%	8.3%
Private	11.7%	12.0%	9.6%	10.1%	15.9%	14.6%	7.9%	9.2%	10.0%	8.9%
Public	18.8%	16.5%	16.7%	15.9%	21.2%	16.2%	17.7%	17.5%	16.0%	15.1%

Retention and attrition rates have fluctuated over the nine-year period documented in the above tables. Changes to the survey that occurred between 2003-2004 and 2005-2006 may have affected the comparability of these data over time.

#### Student Census Data

The total number of students enrolled in California nursing programs on October 15, 2010 increased very slightly by comparison with the previous year, from 25,285 to 25,719. This increase is the result of more BSN students, whose total numbers grew by 15.2% (n=1,349) between 2009 and 2010. Of the total student body in California's pre-license nursing programs, 54.5% (n=14,011) were in ADN programs, 39.8% (n=10,242) in BSN programs, and 5.7% (n=1,466) in ELM programs.

#### Student Census Data\*

Program Type	Year									
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
ADN Program	8,236	8,999	9,547	9,939	11,117	12,632	14,191	14,304	14,987	14,011
BSN Program		4,235	4,254	5,279	5,669	6,285	6,799	7,956	8,893	10,242
ELM Program		190	148	368	804	659	896	1,290	1,405	1,466
<b>Total Nursing Students</b>	<b>12,661</b>	<b>13,401</b>	<b>15,194</b>	<b>16,412</b>	<b>18,061</b>	<b>20,327</b>	<b>22,524</b>	<b>23,550</b>	<b>25,285</b>	<b>25,719</b>

\*Census data represent the number of students on October 15<sup>th</sup> of the given year. Blank cells indicated that the applicable information was not requested in the given year.

### *Clinical Simulation in Nursing Education*

Between 8/1/09 and 7/31/10, 116 of California's 125 nursing schools reported using clinical simulation<sup>1</sup>. Of the remaining nine schools not using clinical simulations, one began using clinical simulation since 7/31/10. An additional six schools reported plans to start using simulation in the next year.

The most frequently reported reasons for why schools used a clinical simulation center in 2009-2010 were to provide clinical experience not available in a clinical setting, to standardize clinical experiences, and to check clinical competencies. Of the 116 schools that used clinical simulation centers in 2009-2010, 72.4% (n=84) plan to expand the center.

<b>Reasons for Using a Clinical Simulation Center*</b>	2007-2008	2008-2009	2009-2010
To provide clinical experience not available in a clinical setting	73.5%	70.3%	85.1%
To standardize clinical experiences	80.9%	75.7%	82.5%
To check clinical competencies	69.1%	73.9%	80.7%
To make up for clinical experiences	55.9%	56.8%	62.2%
To increase capacity in your nursing program	22.1%	14.4%	13.8%
Number of schools that use a clinical simulation center	68	111	116

\*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.

### *Clinical Space & Clinical Practice Restrictions<sup>‡</sup>*

77 programs reported being denied access to clinical placement sites in 2009-2010 that had been available during the 2008-2009 academic year, affecting a total of 2,312 students. Overall, the most frequently reported reasons for why programs were denied clinical space were competition for space arising from an increase in the number of nursing students in the region, and being displaced by another program.

	<b>Program Type</b>				
	ADN	LVN to ADN	BSN	ELM	Total
<b>Reasons for Clinical Space Being Unavailable</b>	%	%	%	%	%
Competition for Clinical Space due to Increase in Number of Nursing Students in Region	62.2%	80.0%	77.8%	100%	71.4%
Displaced by Another Program	57.8%	80.0%	61.1%	77.8%	62.3%
Staff Nurse Overload	44.4%	60.0%	72.2%	66.7%	54.5%
Clinical Facility Seeking Magnet Status	44.4%	80.0%	16.7%	11.1%	36.4%
Decrease in Patient Census	31.1%	40.0%	55.6%	11.1%	35.1%
Nursing Residency Programs	26.7%	40.0%	33.3%	22.2%	28.6%
No Longer Accepting ADN Students	37.8%	60.0%	0.0%	0.0%	26.0%
Other	24.4%	20.0%	11.1%	22.2%	20.8%
Number of programs	45	5	18	9	77

<sup>1</sup> Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

<sup>‡</sup> Data were collected for the first time in the 2009-2010 survey.

94 schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and bar coding medication administration. Schools reported that it was uncommon to have students face restrictions on direct communication with health care team members, access to alternative settings due to liability issues, and IV medication administration.

Type of Restricted Access	Percentage of Schools (%)					# Schools
	Very Uncommon	Uncommon	Common	Very Common	N/A	
Bar coding medication administration	8.5%	17.0%	39.4%	30.9%	4.3%	94
Electronic Medical Records	7.5%	19.2%	39.4%	30.9%	3.2%	94
Glucometers	21.1%	34.4%	18.9%	20.0%	5.6%	90
Automated medical supply cabinets	10.8%	21.5%	30.0%	23.7%	16.1%	93
IV medication administration	20.7%	44.6%	16.3%	12.0%	6.5%	92
Clinical site due to visit from accrediting agency (Joint Commission)	6.5%	22.8%	34.8%	34.8%	1.1%	92
Direct communication with health team	36.6%	45.2%	6.5%	5.4%	6.5%	93
Alternative setting due to liability	28.6%	30.8%	13.2%	7.7%	19.8%	91

#### Faculty Census Data

The total number of nursing faculty increased by 3.1% (n=111) over the last year. On October 15, 2010, there were 3,741 total nursing faculty. Of these faculty, 38.4% (n=1,435) were full-time and 61.6% (n=2,306) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2010, there were 196 vacant faculty positions. These vacancies represent a 5.0% faculty vacancy rate.

#### Faculty Census Data<sup>1</sup>

	Year									
	2001	2002	2003	2004	2005 <sup>2</sup>	2006*	2007*	2008	2009	2010
<b>Total Faculty</b>	<b>1,840</b>	<b>1,957</b>	<b>2,031</b>	<b>2,207</b>	<b>2,432</b>	<b>2,723</b>	<b>3,282</b>	<b>3,471</b>	<b>3,630</b>	<b>3,741</b>
Full-time	1,047	1,090	1,087	1,061	930	1,102	1,374	1,402	1,453	1,435
Part-time	793	867	944	1,146	959	1,619	1,896	2,069	2,177	2,306
<b>Vacancy Rate**</b>		<b>4.1%</b>	<b>5.9%</b>	<b>3.7%</b>	<b>6.0%</b>	<b>6.6%</b>	<b>5.9%</b>	<b>4.7%</b>	<b>4.7%</b>	<b>5.0%</b>
Vacancies		83	128	84	154	193	206	172	181	196

\*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

\*\*Vacancy rate = number of vacancies/(total faculty + number of vacancies)

1 - Census data represent the number of faculty on October 15<sup>th</sup> of the given year.

2 - Faculty vacancies were estimated based on the vacant FTEs reported.

## Summary

Over the past decade, the number of California pre-licensure nursing programs has grown by 43.3%, from 97 programs in 2000-2001 to 139 programs in 2009-2010. During this period new student enrollments have more than doubled. California's pre-licensure nursing programs enrolled over 14,000 new students in 2009-2010. Although both admission spaces and new student enrollments have grown, data indicate that the rate of enrollment growth has stabilized. For the past four years enrollment growth has been slowly declining. Enrollment growth peaked at 24.7% in 2005-2006 and has been followed by four consecutive years of slower growth: 14.2% in 2006-2007, 2.0% in 2007-2008, 7.9% in 2008-2009 and 1.7% growth in 2009-2010. This stabilization of enrollment growth since 2005-2006 most likely signifies a new trend in nursing program expansion in California.

In 2009-2010, pre-licensure RN programs reported 11,512 completions, more than double the 5,178 completions reported in 2000-2001. Despite the overall increase in graduates and the highest statewide retention rate (77.1%) in ten years, the new graduate growth rate in 2009-2010 was much smaller by comparison with previous years; 10.5% in 2006-2007, 15.2% in 2007-2008, 10.3% in 2008-2009 and 8.9% in 2009-2010. As the rate of enrollment growth stabilizes and if the statewide retention rate remains at current levels, it is likely that the number of graduates from California nursing programs will also stabilize.

Clinical simulation has become widespread in nursing education. It is seen by schools as an important tool for providing clinical experiences that are otherwise not available to students, and for standardizing students' clinical experiences and monitoring clinical competencies. The importance of clinical simulation is underscored by data collected for the first time in the 2009-2010 survey, which show that 55% of programs (n=77) were denied access to clinical placement sites that were previously available to them. In addition, 75% of schools (n=94) reported that their students had faced restrictions to specific types of clinical practice during the 2009-2010 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has almost doubled in the past ten years, from 1,840 in 2001 to 3,741 in 2010, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2009-2010, 196 faculty vacancies were reported, representing a faculty vacancy rate of 5.0%, which is slightly higher than in 2008-2009 (4.7%). Although this is one of the lowest reported rates over the past six years, a shortage of faculty remains one of the key obstacles to RN program expansion.

## APPENDICES

### APPENDIX A – List of Survey Respondents by Degree Program

#### *ADN Programs (77)*

American River College	Los Angeles Southwest College
Antelope Valley College	Los Angeles Trade-Tech College
Bakersfield College	Los Angeles Valley College
Butte Community College	Los Medanos College
Cabrillo College	Mendocino College
Cerritos College	Merced College
Chabot College	Merritt College
Chaffey College	Mira Costa College ( <i>formerly LVN to ADN</i> )
Citrus College	Modesto Junior College
City College of San Francisco	Monterey Peninsula College
College of Marin	Moorpark College
College of San Mateo	Mount Saint Mary's College
College of the Canyons	Mount San Antonio College
College of the Desert	Mount San Jacinto College
College of the Redwoods	Napa Valley College
College of the Sequoias	Ohlone College
Contra Costa College	Pacific Union College
Copper Mountain College	Palomar College
Cuesta College	Pasadena City College
Cypress College	Rio Hondo College
De Anza College	Riverside Community College
East Los Angeles College	Sacramento City College
El Camino College - Compton Education Center	Saddleback College
El Camino College	San Bernardino Valley College
Everest College	San Diego City College
Evergreen Valley College	San Joaquin Delta College
Fresno City College	San Joaquin Valley College
Glendale Community College	Santa Ana College
Golden West College	Santa Barbara City College
Grossmont College	Santa Monica College
Hartnell College	Santa Rosa Junior College
Imperial Valley College	Shasta College
Kaplan College ( <i>formerly Maric College</i> )	Sierra College
Long Beach City College	Solano Community College
Los Angeles City College	Southwestern College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Pierce College	West Hills College Lemoore
	Yuba College

*LVN to ADN Programs Only (9)*

Allan Hancock College  
 Carrington College  
*(formerly Western Career College –  
 Sacramento)*  
 College of the Siskiyous  
 Gavilan College

Mission College  
 Unitek College  
 West Coast University – Inland Empire  
 West Coast University – Los Angeles  
 West Coast University – Orange

*BSN Programs (37)*

American University of Health Sciences  
 Azusa Pacific University  
 Biola University  
 California Baptist University  
 Concordia University Irvine  
 CSU Bakersfield  
 CSU Channel Islands  
 CSU Chico  
 CSU East Bay  
 CSU Fresno  
 CSU Fullerton  
 CSU Long Beach  
 CSU Los Angeles  
 CSU Northridge  
 CSU Sacramento  
 CSU San Bernardino  
 CSU San Marcos  
 CSU Stanislaus  
 Dominican University of California

Humboldt State University  
 Loma Linda University  
 Mount Saint Mary's College  
 National University  
 Point Loma Nazarene University  
 Samuel Merritt University  
 San Diego State University  
 San Francisco State University  
 San Jose State University  
 Sonoma State University  
 University of California Irvine  
 University of California Los Angeles  
 University of Phoenix - Northern California  
 University of San Francisco  
 West Coast University – Inland Empire  
 \* West Coast University – Los Angeles  
 West Coast University – Orange County  
 Western Governors University

*ELM Programs (16)*

Azusa Pacific University  
 California Baptist University  
 CSU Dominguez Hills  
 CSU Fresno  
 CSU Fullerton  
 CSU Long Beach  
 CSU Los Angeles  
 United States University  
*(formerly InterAmerican College)*

Samuel Merritt University  
 San Francisco State University  
 Sonoma State University  
 University of California Los Angeles  
 University of California San Francisco  
 University of San Diego  
 University of San Francisco  
 Western University of Health Sciences

\* - New programs in 2009-2010

**APPENDIX B – BRN Education Advisory Committee Members**

**BRN Education Advisory Committee Members**

**Members**

Loucine Huckabay, Chair  
Sue Albert  
Audrey Berman  
Liz Close  
Patricia Girczyc  
Marilyn Herrmann  
Deloras Jones  
Stephanie Leach  
Tammy Rice, MSN, RN  
Scott R. Ziehm, ND, RN

**Organization**

California State University, Long Beach  
College of the Canyons  
Samuel Merritt University  
Sonoma State University  
College of the Redwoods  
Loma Linda University  
California Institute of Nursing and Health Care  
formerly with California Community College Chancellor's Office  
Saddleback College  
University of California, San Francisco

**Ex-Officio Members**

Louise Bailey California Board of Registered Nursing

**Project Managers**

Carol Mackay California Board of Registered Nursing  
Julie Campbell-Warnock California Board of Registered Nursing

