

Agenda Item #16.A.1.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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COVER SHEET

SUBJECT: Bay Area College of Nursing, Palo Alto, Vocational Nursing Program. Reconsideration of Provisional Approval; Consideration of Request to Admit Students (Director: Rachelle Cagampan, Palo Alto, Santa Clara County, Private)

The Bay Area College of Nursing, Palo Alto, Vocational Nursing Program is presented for reconsideration of provisional approval, for consideration of a report of violations identified during the course of a recent unannounced program inspection, and for consideration of the program's request for approval to admit students.

Recommendations:

1. Extend provisional approval of the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program for the three month period from December 1, 2015 through February 29, 2016.
2. Deny the program's request for approval to admit one (1) class of 10 students beginning December 1, 2015, and graduating March 6, 2017.
3. Require the program to correct violations identified during the onsite inspection and submit a report identifying implemented interventions including, but not limited to, the following no later than **December 15, 2017**.
 - a. Timeline for implementation of the policies and documentation of evaluation of curriculum and clinical facilities, including program administration oversight;
 - b. Plan of correction that describes how the program will follow and/or improve the policies for admission, screening and selection of applicants;
 - c. Detailed plan and timeline for improving resources sufficient to achieve the program's objectives;
 - d. Documentation of high school graduation or the equivalent for each student;
 - e. Revised policy, including timeline for implementation, for evaluation of student progress and remediation.
 - f. Plan of correction, including timeline for implementation, that ensures correlation between theory and clinical in the case of absences.
4. Continue to require the program to maintain its average annual pass rate at no more than ten percentage points below the state average annual pass rates.

5. Continue to require the program to admit no additional students unless approved by the full Board.
6. Require the program to provide no less than one (1) clinical instructor for every 10 (ten) students in all clinical experiences.
7. Require the program director to submit, under penalty of perjury, the names of all enrolled students, date of admission, placement in the curriculum, and expected date of graduation by **December 1, 2015**.
8. Continue to require the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.
9. Continue to require the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval.
10. Failure to take any of these corrective actions may cause the full Board to revoke the program's approval.
11. Place the program on the **February 2016** Board agenda for reconsideration of provisional approval.

Rationale: The program's current average annual pass rate on the licensure examination is **64%**, which is **eight (8)** percentage points **below** the state average annual pass rate. As such, the program's pass rate is **lower** than when last reconsidered for provisional approval, one (1) year ago. In addition, the recent unannounced program inspection identified a total of **eight (8)** violations representing serious concerns regarding the program. As such, denial of the program's request for approval to admit students is recommended at this time.

A brief extension of provisional approval will allow the program time to respond to the notice of violations and will allow the Board time to evaluate the program's response, as well as any change in the program's pass rates on the licensure examination.

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DATE: November 4, 2015

TO: Board Members

FROM: 
Donna G. Johnson, RNP, MS, MA
Nursing Education Consultant

SUBJECT: Bay Area College of Nursing, Palo Alto, Vocational Nursing Program.
Reconsideration of Provisional Approval; Consideration of Request to Admit
Students (Director: Rachelle Cagampan, Palo Alto, Santa Clara County, Private)

The Bay Area College of Nursing, Palo Alto, Vocational Nursing Program is presented for reconsideration of provisional approval, for consideration of a report of violations identified during the course of a recent unannounced program inspection, and for consideration of the program's request for approval to admit students.

On November 10, 2011, the Board initially placed the program on provisional approval for a two (2) year period from November 10, 2011 through November 30, 2013, due to noncompliant licensure pass rates. At that time, the program's average annual pass rate was **39%**, which was **thirty-seven (37)** percentage points **below** the state average annual pass rate.

On November 22, 2013, with an average annual pass rate of **42%**, which was **thirty-two (32)** percentage points **below** the state average annual pass rate, the Board extended the program's provisional approval for one (1) year through November 30, 2014.

On November 21, 2014, with an average annual pass rate of **75%**, which was **two (2)** percentage points **above** the state average annual pass rate, the Board extended the program's provisional approval for the one (1) year period from December 1, 2014 through November 30, 2015.

On August 27, 2015, the program submitted a request for approval to admit one (1) class of 10 students beginning December 1, 2015, and graduating March 6, 2017.

On September 21 and 22, 2015, an unannounced program inspection was conducted and a total of eight (8) violations were identified.

History of Prior Board Actions

(See Attachment A, History of Prior Board Actions)

Enrollment

The program currently offers classes that are thirty (30) hours per week and fifty-eight (58) weeks in length. Theory classes are held in the evenings and clinical experience is conducted on weekends. Approval by the full Board is required prior to the admission of each class.

The following table represents **current and projected** student enrollment based on current and proposed class starts and completions. The table indicates a **maximum enrollment of 57 students** for the period from **January 2010 through December 2015**.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
1/10		24	21	21
7/10		25	22	22 + 21 = 43
1/11		16	14	43 + 14 = 57
	2/11 (1/10 Class)		-21	57 - 21 = 36
	9/11 (7/10 Class)		-22	36 - 22 = 14
12/11		10	13	14 + 13 = 27
	2/12 (1/11 Class)		-14	27 - 14 = 13
6/12		19	18	13 + 18 = 31
	3/13 (12/11 Class)		-13	31 - 13 = 18
5/13		11	9	18 + 9 = 27
	8/13 (6/12 Class)		-18	27 - 18 = 9
2/14		14	16	9 + 16 = 25
	8/14 (5/13 Class)		-9	25 - 9 = 16
9/14		13	13	16 + 13 = 29
12/14	3/16	6	6	29 + 6 = 35
3/15	6/16	14	10	35 + 10 = 45
	5/15 (2/14 Class)		-16	45 - 16 = 29

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
5/15	8/16	10	10	29 + 10 = 39
12/15 (PROPOSED)	3/17	10		39 + 10 = 49
	12/15 (9/14 Class)		-13	49 - 13 = 36

Licensing Examination Statistics

The following statistics, furnished by the Pearson Vue and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction," for the period January 2010 through September 2015, specify the pass percentage rates for graduates of the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program on the National Council Licensure Examination for Practical (Vocational) Nurses (NCLEX-PN®), and the variance from state average annual pass rates.

NCLEX-PN® Licensure Examination Data							
Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate [CCR § 2530 (l)]	Variance From State Average Annual Pass Rate
Jan – Mar 2010	18	7	39%	75%	64%	74%	-10
Apr – Jun 2010	13	6	46%	74%	59%	75%	-16
Jul – Sep 2010	17	7	41%	76%	45%	75%	-30
Oct – Dec 2010	11	2	18%	77%	37%	76%	-39
Jan – Mar 2011	13	7	54%	80%	41%	77%	-36
Apr – Jun 2011	2	0	0%	71%	37%	76%	-39
Jul – Sep 2011	15	7	47%	74%	39%	76%	-37
Oct – Dec 2011	4	3	75%	74%	50%	75%	-25
Jan – Mar 2012	11	5	45%	77%	47%	74%	-27
Apr – Jun 2012	13	7	54%	72%	51%	74%	-23
Jul – Sep 2012	8	5	63%	74%	56%	74%	-18
Oct – Dec 2012	3	1	33%	70%	51%	74%	-23
Jan – Mar 2013	5	1	20%	75%	48%	73%	-25
Apr – Jun 2013	3	0	0%	78%	37%	73%	-36
Jul – Sep 2013	8	6	75%	75%	42%	74%	-32
Oct – Dec 2013	5	4	80%	76%	52%	76%	-24
Jan – Mar 2014	5	4	80%	74%	67%	76%	-9
Apr – Jun 2014	6	4	67%	66%	75%	73%	+2

NCLEX-PN® Licensure Examination Data							
Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate [CCR § 2530 (l)]	Variance From State Average Annual Pass Rate
Jul – Sep 2014	No Candidates Tested			72%	75%	73%	+2
Oct – Dec 2014	5	4	80%	72%	75%	72%	+3
Jan – Mar 2015	3	0	0%	73%	57%	71%	-14
Apr – Jun 2015	1	0	0%	69%	44%	72%	-28
Jul – Sep 2015	5	5	100%	73%	64%	72%	-8

*The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three-quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.

California Code of Regulations section 2530(l) states:

“The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved vocational nursing schools for the same period.”

This data substantiates the program's non - compliance with Section 2530 (l) of the California Code of Regulations for 16 consecutive quarters, followed by four (4) compliant quarters, followed by two (2) consecutive non - compliant quarters. However, it is also noted that for the current quarter, the program's average annual pass rate is compliant with regulatory requirements.

Based on the most current data available (July through September 2015), the program's average annual pass rate is **64%**. The California average annual pass rate for graduates from approved vocational nursing programs who took the NCLEX-PN® for the first time is 72%. The average annual pass rate for the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program is **eight (8) percentage points below** the state average annual pass rate.

Faculty and Facilities

Section 2534(d) of the Vocational Nursing Rules and Regulations states:

"For supervision of clinical experience, there shall be a maximum of 15 students for each instructor."

The number of Board-approved faculty totals 17, including the director and one (1) Additional Faculty. The director has 90% administrative and 10% teaching duties. Of the total faculty, 16 instructors, including the director, are approved to teach clinical. All instructors are part – time.

Based on the Board's prior decision requiring the program to provide no less than one (1) instructor for every ten (10) students in all clinical experiences and the program's maximum

enrollment of **57** students, **six (6)** instructors are needed. Therefore, the number of current faculty is **adequate** for the current and proposed enrollment.

Section 2534 (b) of the Vocational Nursing Rules and Regulations states:

“Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2533. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences consistent with competency-based objectives and theory being taught.”

The program has **adequate** clinical facilities to provide clinical experiences that are consistent with the approved curriculum for the current and proposed student enrollment.

Other Considerations

In the November 2014 report to the Board, a synopsis of the program’s efforts at improvement plans was offered as follows:

In an effort to improve NCLEX/PN® pass rates, the program proposed revisions to its admission, screening, and selection criteria, and completed a major curriculum revision that was approved on April 17, 2012. The revised curriculum shifted some of the focus in the theoretical content, increased clinical hours from **970** to **1012.5**, and incorporated ATI®, as noted below.

In August and September 2013, the program director submitted an analysis of the most recent three (3) classes, problems identified per class, and the actions taken by the program to address those problems for subsequent classes.

The following actions were reported.

- Revised Admission Criteria by increasing the passing score on the admission examination from 8th grade level to 12th grade level or higher and adding the Scholastic Level Exam (SLE) with a passing score of 14 or higher as part of the admission testing.
- Increased the number of tests and quizzes that are given during the program to desensitize students with test anxiety
- Added the Assessment Technologies Institute (ATI®) VN Package with proctored computerized testing throughout the program.
- Incorporated students’ ATI® grades as part of their overall grade and raised the passing score to 75%, including the ATI® predictor examination.
- Utilizing third-party vendors, provided in-service training to faculty with the goal of improving teaching techniques and test development skills.
- Worked with faculty to evaluate and assure competence.
- Ensured that students strictly adhere to attendance policy.

The required comprehensive analysis follow-up, which was due on August 1, 2014 was submitted on September 24, 2014 after phone consultation with the program director. That

analysis document (Attachment B) added improvements noted to date to the previously submitted analyses.

On November 21, 2014, the Board extended the program's provisional approval through November 30, 2015. (See Attachment C) As required by the Board on November 21, 2014, the program submitted a report regarding the low number of graduates taking the licensure examination. The brief report is attached. (See Attachment D). Since submission of that report, a total of nine (9) graduates have taken the examination for the first time.

As described in the February 2015 report to the Board, the program lacked adequate clinical facilities for maternity and pediatric clinical experiences. Board records, some of which were attached to the May 2015 report to the Board, document the extensive consultations and the numerous challenges in verifying adequate placements in maternity and pediatric clinical facilities for enrolled and proposed students. In addition to numerous phone consultations, consultation with the program director was conducted at Board headquarters on March 13 and August 7, 2015.

On August 12, 2015, the program director submitted the comprehensive analysis that was due on August 1, 2015 and had been requested prior to the consultation. That report is found in Attachment E and is summarized below.

➤ **Admission, Screening, and Selection Criteria**

The program reported on inconsistency in pass rates and noted a decline in student census. The program also reported on a plan to institute "a vigorous admission and selection process" and described plans, to be implemented with next class, for an admission interview with two faculty members and the director. (*See Violations, below*)

➤ **Terminal Objectives**

The program reported no change is necessary at this time and noted they will continue to monitor progress of students.

➤ **Curriculum Objectives/Instructional Plan**

"Due to low number of test takers from the first two (2) quarters of this year, more data is needed for comparison and further analysis." The program reported a specific action of identifying the deficiencies in the curriculum and stated this was in progress. (*See Violations, below*)

➤ **Theory and Clinical Objectives, Lesson Plans, and Textbooks**

The program reported, "Will revise based on the outcomes/effects of the actions and interventions implemented in the instructional plan."

➤ **Attendance Policies**

The program reported, "No policy changes needed." (*See Violations, below*)

➤ **Remediation Policies**

The program reported that two remediation exams are given to pass the course and the plan was to change that to only one exam to be given.

➤ **Evaluations of Theory and Clinical Faculty**

The program reported that all instructors are employed part-time and two (2) instructors have resigned since the last reporting period. The program also reported plans to use “vigorous screening and selection” of instructors and to continue to search for full-time instructors.

➤ **Evaluations of Theory Presentations**

Reported as “no change.”

➤ **Evaluations of Clinical Rotations**

The program reported plan to, “Establish an ongoing face-to-face interaction between the program director and clinical facility representative – February 2015.” (See *Violations, below*)

➤ **Evaluation of Student Achievement**

Monthly student progress reports began June 2015. The program notes that action plans were only given for students with overall failing grades after the final exam.

➤ **Current Enrollment**

The program notes a decline in student census for three (3) reasons: low number qualified applicants, withdrawals due to financial difficulties, and decreased approved number of students proposed by the school. The program notes a smaller class will be more conducive to learning.

On August 27, 2015, the program submitted a request for approval to admit students and documentation in support of the request. Due to multiple concerns with the submitted documentation, the Board sent a letter to the program on August 28, 2015. (See Attachment F).

On September 10, 2015, a consultation was held with the program director at Board headquarters. On September 15, 2015, the **fourth draft** of proposed placements in support of the request for approval to admit students was received by the Board.

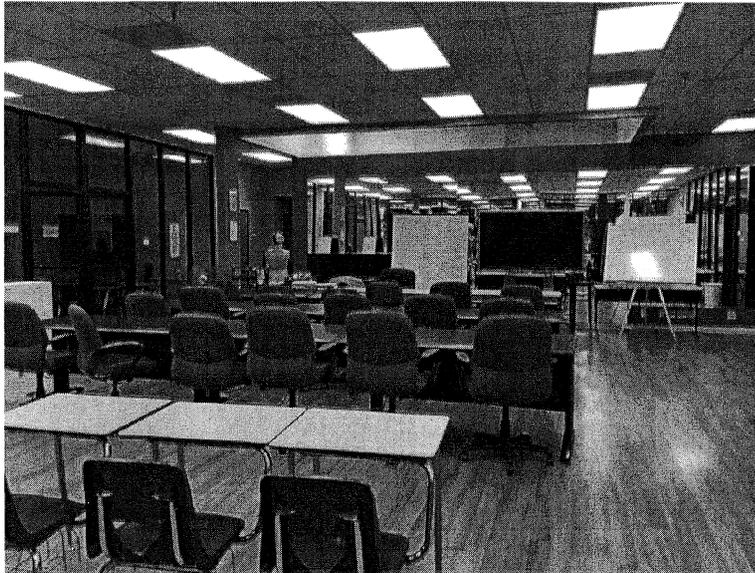
Unannounced Program Inspection

On September 21 and 22, 2015, two (2) representatives of the Board conducted an unannounced program inspection of the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program. During the two-day visit, Board representatives assessed the physical resources for the program, inspected records for newly graduated and currently-enrolled students, met with students in a theory classes, interviewed a faculty member on campus, and facilitated discussions with the program director and other staff members. An assessment of program resources follows.

Classroom Space

The main classroom is located in a central, open area and contains tables and 18 chairs. There were three (3) additional student desks in this room. For testing, removable wooden partitions are placed between students. Also noted were miscellaneous items stored at the front of the classroom, including a piano and large mirror. A second, smaller classroom is next to the larger room. The smaller classroom has glass walls and door and so both

classrooms have sight of each other. The smaller classroom measures 22 feet by 10 feet and has a support beam in the midst of seating. The room contained 13 student desks, a large screen, some posters, and no teacher's desk. Normal voices are easily audible between the classrooms. With line of sight and noise, no classroom is without major distractions. There are currently four (4) cohorts enrolled.



Main Classroom



Second Classroom, off Main Classroom

Computer Lab, Library, and Other Physical Resources

Students are expected to have their own laptops. A total of nine (9) laptops are kept in a locked cabinet. The library is a small room and stores textbooks. Students have access to an on-line library. No private office for student counseling is available. There is a financial aid office, used by the financial aid officer, with a door, but the walls and door are of glass and all interactions are visible. Another office, with two desks, copy machine, file cabinets, and other office related equipment was noted but, upon arrival, both desks were covered with materials and documents. A folding screen is available to shield the office from the glass

door. The program is now occupying the first floor of the building. With the exception of a storage room, the program lost use of the second floor of the building in August 2015.

Student Records

Throughout the program inspection, program staff were working to locate documents. The program does not store all student records in one location for individual students. As such, there is not a complete record for an individual student without searching multiple sources, both paper and digital. For example, transfer credit is stored in one file for an entire cohort and is not stored for an individual student. Remediation records are stored separately, organized by cohort, rather than having one student's complete record in one place. Grades are stored digitally, and attendance is stored both on paper and digitally. The paper and digital attendance records did not match for all students. Program staff were making every effort to locate requested records during the inspection.

Student Interview

One (1) class of students were available for interview during the evening of the first day of the inspection. The students were at mid-term of the second term of study. Some students noted an instructor not being prepared for lecture and the students reported computerized adaptive testing is not introduced until Term 3 of the program. The students reported positively on clinical experiences to date.

Skills Laboratory

The skills laboratory is a 25 foot by 11 foot room crowded with five (5) beds. The arrangement of beds in the narrow room does not allow for a group of 10 students to gather around an instructor who is demonstrating skills. No sink is available in or near the skills laboratory. Supplies are kept in four (4) different rooms, including a storage space on the second floor which is not accessible to faculty teaching in the lab. Supplies are not kept in an organized fashion and contents of drawers did not correspond with labels on the drawers. There were no sterile dressing supplies, the medication cart was empty, and an unorganized box of pill bottles was presented as equipment for instruction of medication administration. Sterile needles and syringes were not located other than pre-filled irrigation syringes. Missing were nasogastric tubes, equipment to practice tube feedings (such as bags and feeding tubes), and also missing were sterile gloves.

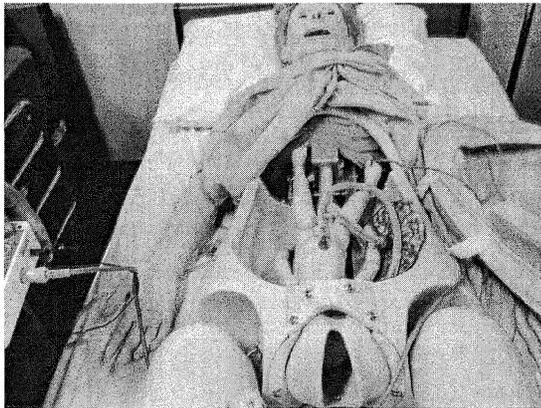
A total of two (2) adult mannequins and one (1) birthing mannequin were in the beds. None of the mannequins allow for practice of the care of a tracheostomy. Other than the birthing mannequin, no supplies related to maternity care were found. Supplies related to pediatric care included an infant mannequin, a pediatric scale, a pediatric Ambu bag, one (1) pediatric mask, some pediatric catheters, and paper measuring tapes. There was also an unopened pack of three (3) plastic baby bottles. No diapers, blankets or other equipment for pediatric care were located.



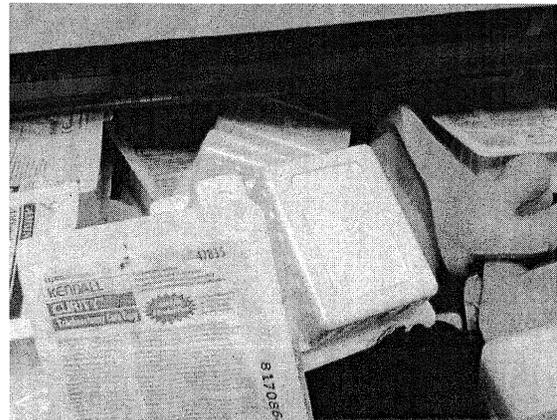
Medication Administration Supplies



Storage Room



Birthing Mannequin



Miscellaneous Supplies for Skills Lab

Violations

On September 25, 2015, the Board forwarded correspondence to the program regarding violations identified during the course of the program inspection. (See Attachment G). The violations are listed here:

Section 2526(a)(8) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

- ... (8) Evaluation methodology for curriculum.

Violation #1:

Board files confirm that the program has a methodology and procedure for evaluation of the curriculum. Documentation provided by the program as evidence of evaluation of the curriculum consisted of a total of seven (7) “Q3Y14 Faculty Curriculum Evaluation” forms. The forms were not specific to the Palo Alto program, only two (2) forms were dated (both dated December 30, 2014 and submitted with the report from the Daly

City program in 2014). With the exception of a single form signed by the director on December 30, 2014, the program did not produce documentation that the program director had evaluated the curriculum to determine its currency, effectiveness, consistency with the NCLEX-PN® test plan, or need for revision.

Required Action: Provide a timeline in which curriculum evaluation, including by the program director and including evaluation for consistency with the NCLEX-PN®, will be accomplished.

Due no later than October 30, 2015.

Section 2526(a)(11) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (11) Evaluation methodology for clinical facilities.”

Section 2534(c) of the Vocational Nursing Rules and Regulations states:

“Schools are responsible for the continuous review of clinical facilities to determine if the student’s clinical objectives for each facility are being met.”

Violation #2: Board files confirm that the program has a methodology and procedure for evaluation of clinical facilities. The program produced copies of student evaluations of clinical facilities. However, program representatives failed to produce documentation confirming that the director was evaluating clinical facilities or reviewing student evaluations.

Required Action: Provide documentation of evaluation of clinical facilities and a proposed timeline for ongoing evaluation of clinical facilities, including by the program director. That evaluation may include, but not be limited to, the following:

- 1) Which term(s) in the program the facility is utilized by students;
- 2) Describe the types of experience available and the ability of the students to meet the program’s stated clinical objectives in the facility;
- 3) Description of observed evidence of correlation of theory to clinical;
- 4) Dates students are in the clinical site;
- 5) Identified problems;
- 6) Plan to correct problems;
- 7) Participation and/or oversight by the program director

Due no later than October 30, 2015.

Section 2526(a)(12) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:
... (12) Admission criteria.

Section 2526(a)(13) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:
... (13) Screening and selection criteria.

Violation #3: Based on review of current and recently graduated student files (55 files reviewed), the program failed to follow its Board approved admission, screening, and selection policies as noted by the absence of SLE scores in five (5) student files; admission of one (1) student with lower than the program’s stated minimum SLE score; Wonderlic composite scores lower than the program’s stated minimum Wonderlic score in two (2) files; and one (1) student taking the Wonderlic a total of five (5) times within three (3) days before achieving the minimum passing score. In addition, while some students were interviewed prior to admission, there was no indication of program director involvement with the interview process (as is specified in the school catalog) and few questions were asked of most students who were admitted.

Required Action: Provide a plan for correction that describes how the program will follow and/or improve the policy for admission, screening and selection of applicants to the program. Provide verification of training, of all individuals associated with the school, regarding admission, screening and selection policies.

Due no later than October 30, 2015.

Section 2530(a) of the Vocational Nursing Rules and Regulations states:

“The program shall have sufficient resources, faculty, clinical facilities, library, staff and support services, physical space, skills laboratory and equipment to achieve the program’s objectives.”

Violation #4: Based on inspection observations and an analysis of supplies, equipment, and physical space required to accommodate the current enrollment of 39 students in four (4) different evening classes **and** the requested additional 10 students, Board representatives identified that the program lacks sufficient resources to achieve its objectives.

The skills laboratory is a 25 foot by 11 foot room crowded with five (5) beds. The arrangement of beds in the narrow room does

not allow for a group of 10 students to gather around an instructor who is demonstrating skills. No sink is available in or near the skills laboratory. Supplies are kept in four (4) different rooms, including a storage space on the second floor which is not accessible to faculty teaching in the lab. Supplies are not kept in an organized fashion and contents of drawers did not correspond with labels on the drawers. There were no sterile dressing supplies, the medication cart was empty, and an unorganized box of pill bottles was presented as equipment for instruction of medication administration. With the exception of pre-filled irrigation syringes, sterile needles and syringes were not located. Missing were nasogastric tubes, equipment to practice tube feedings, such as bags and feeding tubes, and also missing were sterile gloves.

Of the three adult mannequins (two static and one mechanical birthing mannequin), none allow for practice of the care of a tracheostomy. No supplies related to maternity care were found. While an infant mannequin and pediatric scale were noted, very few supplies related to pediatric care were available.

No private office for student counseling is available. The main classroom is in the open area of the first floor and contains tables and 18 chairs. Also noted were miscellaneous items stored at the front of the classroom, including a piano, mirror, and other objects. A second, smaller classroom is next to the larger room. The smaller classroom has glass walls and door and so both classrooms have sight and sound (including normal speaking voice) of each other. The smaller classroom measures 22 feet by 10 feet and has a support beam in the midst of seating. There is no computer lab. A total of nine (9) laptop computers are kept in a locked cabinet and students are expected to have their own laptop.

Required Action: Provide a detailed plan and timeline for improving resources sufficient to achieve the program's objectives.

Due no later than October 30, 2015.

Section 2530(b) of the Vocational Nursing Rules and Regulations states:

“Regular faculty meetings shall be held. Minutes shall be available to the Board’s representative.”

Violation #5: Program representatives produced a binder with minutes from Bay Area College of Nursing meetings relative to the Palo Alto and Daly City (combined) Vocational Nursing Programs. According to documents provided by the program, faculty meetings this year were held on January 30, 2015 and June 19, 2015. A notation in the meeting minutes of 2014 stated that

faculty meetings would be held quarterly. Previous documentation submitted by Bay Area College of Nursing to the Board stated meetings would be held quarterly.

Required Action: Provide a schedule of faculty meetings relative to the *Palo Alto Vocational Nursing Program*. Submit copies of meeting minutes within one (1) week after each meeting.

Due no later than October 30, 2015.

Section 2530(g) of the Vocational Nursing Rules and Regulations states:

“Each school shall have on file proof that each enrolled student has completed a general education course of study through the 12th grade or evidence of completion of the equivalent thereof. Equivalency is determined by the Department of Education in any of the United States or by a nationally-recognized regional accrediting body. “

Violation #6: Board representatives reviewed the 55 files of all current students and the most recent graduates. A total of three (3) student files did not contain documentation of completion of high school or equivalency.

Required Action: Provide verification that each student has proof of high school graduation or the equivalent in the student file. Provide a specific plan to eliminate the possibility of this violation in the future and provide a timeline and method of implementation of this plan.

Due no later than October 30, 2015.

Section 2530(i) of the Vocational Nursing Rules and Regulations states:

“The school shall evaluate student performance to determine the need for remediation or removal from the program.”

Violation #7: Board files confirm that the program has a methodology and procedure for evaluation of student progress and for remediation. However, the program did not produce documentation consistent with the remediation policy. Board representatives reviewed the grades of all current students and the most recent graduates. Grades were viewed in digital records with program staff providing the access and navigation through the files. In multiple instances, students failed final examinations yet passed the course and there was no indication of remediation in the remediation files offered by the program. In some cases, the grade records noted a “remediated” exam but remediation files could not be produced for that student. For some students, the “remediation final exam” was below the stated passing minimum grade, no remediation files were located, and students passed the course with the minimum passing grade of 75%. Some

courses were noted to offer substantial bonus points for participation and some courses added "extra credit" points to final course grades.

Required Action: Provide a detailed written proposal, including timeline for implementation, for revision of the policies for evaluation of student progress and remediation, including minimum passing rate on examinations and appropriate follow-up with students.

Due no later than October 30, 2015.

Section 2533(a) of the Vocational Nursing Rules and Regulations states:

"Vocational nursing programs shall include theory and correlated clinical experience."

Violation #8: The Board-approved curriculum includes theory and correlated clinical experience. However, due to delays in making up missed clinical time, and due to lack of remediation of the missed objectives, correlation between theory and clinical is lost for some students with absences. Records provided by the program and evaluated by both Board representatives demonstrated seven (7) instances of missed clinical hours (a single clinical day, rather than an extended absence) for which there was no documentation of remediation of specific objectives and for which make-up did not occur for between two (2) to four (4) months. For example, a clinical experience with a focus on cardiovascular disorders was not made up for three (3) months. One (1) student interviewed reported a clinical day from one term not being made up prior to beginning the next term. A contributing factor, according to students interviewed, is the cost of clinical make-up time at \$60 per day per student, if a total of 10 students sign up for the make-up day. Otherwise, according to the program's policy, students are required to pay \$600 per day for the instructor, divided by the number of students attending make-up clinical time.

Required Action: Provide a detailed written proposal, including timeline for implementation, that ensures the correlation between theory and clinical is maintained in the case of absences.

Due no later than October 30, 2015.

Summary

The program has been on provisional approval since November 10, 2011. While the program's average annual pass rate is better than when placed on provisional approval, progress has been inconsistent. The current average annual pass rate is **64%**, which is **eight (8) percentage points below** the state average annual pass rate. To date in 2015, nine (9) candidates have tested for the first time and five (5) candidates passed the exam.

As noted in a previous report to the Board, the program demonstrated extensive challenges with submitted materials prior to providing verifiable placement plans in adequate clinical facilities for a requested admission earlier this year.

On September 21 and 22, 2015, an unannounced program inspection was conducted. A total of **eight (8) violations** were identified, which, as of this writing, remain **uncorrected**.

A total of 39 students in four (4) classes are currently enrolled. A class of 13 students is scheduled to graduate in December 2015, leaving a total of 26 enrolled students at this time.

Recommendations:

1. Extend provisional approval of the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program for the three month period from December 1, 2015 through February 29, 2016. (See Attachment H)
2. Deny the program's request for approval to admit one (1) class of 10 students beginning December 1, 2015, and graduating March 6, 2017.
3. Require the program to correct violations identified during the onsite inspection and submit a report identifying implemented interventions including, but not limited to, the following no later than **December 15, 2017**.
 - a. Timeline for implementation of the policies and documentation of evaluation of curriculum and clinical facilities, including program administration oversight;
 - b. Plan of correction that describes how the program will follow and/or improve the policies for admission, screening and selection of applicants;
 - c. Detailed plan and timeline for improving resources sufficient to achieve the program's objectives;
 - d. Documentation of high school graduation or the equivalent for each student;
 - e. Revised policy, including timeline for implementation, for evaluation of student progress and remediation.
 - f. Plan of correction, including timeline for implementation, that ensures correlation between theory and clinical in the case of absences.
4. Continue to require the program to maintain its average annual pass rate at no more than ten percentage points below the state average annual pass rates.
5. Continue to require the program to admit no additional students unless approved by the full Board.
6. Require the program to provide no less than one (1) clinical instructor for every 10 (ten) students in all clinical experiences.
7. Require the program director to submit, under penalty of perjury, the names of all enrolled students, date of admission, placement in the curriculum, and expected date of graduation by **December 1, 2015**.
8. Continue to require the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code

Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.

9. Continue to require the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval.
10. Failure to take any of these corrective actions may cause the full Board to revoke the program's approval.
11. Place the program on the **February 2016** Board agenda for reconsideration of provisional approval.

Rationale: The program's current average annual pass rate on the licensure examination is **64%**, which is **eight (8)** percentage points **below** the state average annual pass rate. As such, the program's pass rate is **lower** than when last reconsidered for provisional approval, one (1) year ago. In addition, the recent unannounced program inspection identified a total of **eight (8)** violations representing serious concerns regarding the program. As such, denial of the program's request for approval to admit students is recommended at this time.

A brief extension of provisional approval will allow the program time to respond to the notice of violations and will allow the Board time to evaluate the program's response, as well as any change in the program's pass rates on the licensure examination.

- Attachment A: History of Prior Board Action.
- Attachment B: Program Correspondence Dated September 23, 2014.
- Attachment C: Notice of Extension of Provisional Approval Dated December 10, 2014
- Attachment D: Program Correspondence: NCLEX Examinees
- Attachment E: Program Correspondence Dated August 12, 2015
- Attachment F: Board Correspondence Dated August 28, 2015
- Attachment G: Notice of Violations Dated September 25, 2015
- Attachment H: Draft Notice

Agenda Item #16.A.1., Attachment A

BAY AREA COLLEGE OF NURSING, PALO ALTO VOCATIONAL NURSING PROGRAM

History of Prior Board Actions

- On April 12, 2006, the Executive Officer approved Bay Area College of Nursing, Palo Alto's request to begin a vocational nursing program with an initial full-time class of 20 students commencing May 22, 2006 only; and approved the program curriculum for 1598 hours, including 628 theory, and 970 clinical hours.
- February 8, 2007, the Board received correspondence stating the program name was changed to Bay Area College of Nursing, Inc., Palo Alto.
- On June 25, 26, 2007, the program was inspected to determine compliance with regulatory requirements specified in California Code of Regulations Article 5.
- On July 10, 2007, the Executive Officer approved the program's full accreditation for the period from June 26, 2007, through June 25, 2011, and issued a certificate accordingly.

Additionally, the Executive Officer approved the program's request for ongoing admissions of a full-time class of 60 students each January and July only, commencing July 17, 2007, with the following stipulations:

- a. No additional classes are added to the program's current pattern of admissions without prior Board approval. The program's current pattern of admissions includes two (2) full-time classes of 60 students plus 6 alternates in January and July of each year.
 - b. The director documents that adequate resources, i.e. faculty and facilities, are available to support each admitted class of students.
- On November 8, 2007, the Executive Officer approved the program's request to admit a full-time evening class of 30 students commencing November 5, 2007 only, graduating December 16, 2008.
 - On April 30, 2008, the Executive Officer approved the program's revised curriculum for 1646 hours (Theory – 676 hours; Clinical – 970 hours.) The program was directed to submit a revised instructional plan consistent with the revised program hours by May 1, 2008.
 - On May 5, 2008, the program submitted documentation and pictures relative to its new Skills Laboratory. The Executive Officer approved the program's revised instructional plan for 1646 hours (Theory – 676 hours; Clinical – 970 hours).

- On May 15, 2008, the program submitted its revised instructional plan and documentation confirming completion of lesson plans for Terms I, II, and III.
- On December 8, 2010, the assigned consultant forwarded correspondence to the director advising that the program's average annual pass rate had fallen more than ten (10) percentage points below the state average annual pass rate for the past four (4) quarters. The program was requested to submit a written plan for improving their NCLEX-PN® pass rates by December 17, 2010.
- On December 10, 2010, the Board received electronic correspondence from Abigail Ethel A. Valbuena, Assistant Director of Nursing, Bay Area College of Nursing, Palo Alto, Daly City, Milpitas, San Jose, relative to a proposed curriculum revision.
- On December 16, 2010, program representatives delivered correspondence and a computer disk to the Board's Sacramento headquarters, specifying the program's plan to improve program pass rates.
- On December 21, 2010, the Executive Officer approved the program's request to admit 30 students into an evening class commencing January 3, 2011 and graduating February 10, 2012. The Executive Officer required the program to submit a report by **February 1, 2011**, that includes a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.
 - a. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Terminal Objectives.
 - d. Curriculum Objectives.
 - e. Instructional Plan.
 - f. Theory and Clinical Objectives for Each Course.
 - g. Lesson Plans for Each Course.
 - h. Textbooks.
 - i. Attendance Policy.
 - j. Remediation Policy.
 - k. Evaluations of Theory and Clinical Faculty.
 - l. Evaluations of Theory Presentations.
 - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - n. Evaluation of Student Achievement.
 - o. Current Enrollment Information

Additionally, the Executive Officer **rescinded** the program's approval for the ongoing admission of 60 students into full-time day classes each January and July; **and**, required the program to obtain Board approval prior to the admission of students into day and evening classes.

- On March 22, 2011, the Board received program documents related to its comprehensive analysis.

- On August 24, 2011, the director submitted a comprehensive program analysis dated January 28, 2011.
- On August 26, 2011, the Executive Officer deferred action on the program's request to admit 22 students commencing September 19, 2011, to the full Board; **and**, placed the program on the agenda for the November 10, 2011 Board meeting for consideration of placement on provisional accreditation; **and**, required the program to obtain Board approval prior to the admission of future classes.
- On October 7, 2011, the assigned consultant forwarded correspondence requesting submission of fifteen (15) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider.
- On October 31, 2011, the Board received fifteen (15) copies of the requested documents for Board consideration.
- On November 10, 2011 the Board placed the program on provisional accreditation for the two-year period from November 10, 2011, through November 30, 2013, and issued a notice to the program to identify specific areas of noncompliance and requirements for correction as referenced in Section 2526.1 (e) of the California Code of Regulations; **and** required the program to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate; **and** approved the program's request to admit a class of 14 full-time evening students on December 14, 2011, graduating on February 24, 2013, at this time; **and** required the program to admit no additional students unless approved by the full Board; **and** required the program to submit follow-up reports in nine months, but no later than **August 1, 2012**, and 21 months, but no later than **August 1, 2013**. The reports must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.
 - a. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Terminal Objectives.
 - d. Curriculum Objectives.
 - e. Instructional Plan.
 - f. Theory and Clinical Objectives for Each Course.
 - g. Lesson Plans for Each Course.
 - h. Textbooks.
 - i. Attendance Policy.
 - j. Remediation Policy.
 - k. Evaluations of Theory and Clinical Faculty.
 - l. Evaluations of Theory Presentations.
 - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - n. Evaluation of Student Achievement.
 - o. Current Enrollment; **and**,

Required the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526; **and** required the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval; **and** failure to take any of these corrective actions may cause the full Board to revoke the program's approval; **and** placed the program on the **November 2013** Board agenda for reconsideration of provisional approval.

- On November 22, 2011 the Board forwarded to the director the Notice of Change in Approval Status.
- On March 26, 2012, the Board received correspondence from program director requesting approval to admit 20 students plus two (2) alternates into an evening class commencing May 15, 2012 and graduating July 21, 2013 to **replace** students who graduated on February 24, 2012.
- On April 4, 2012, the Executive Officer approved Bay Area College of Nursing, Palo Alto, Vocational Nursing Program's request for a major revision of the curriculum to include a change in total curriculum hours to 1588, a change in theory hours to 576, and a change in clinical hours to 1012.5; **and** approved the program's new instructional plan, instructional methods and materials, admission criteria, screening and selection criteria, attendance policies and evaluation of student achievement.
- On April 9, 2012, the Board received school correspondence that they wished the full Board to consider.
- On April 11, 2012, the Board received the program's plan of action to improve the performance of program graduates on the licensure examination.
- On May 11, 2012, the Board approved the program's request to admit 20 students plus two (2) alternates into an evening class commencing May 15, 2012 and graduating July 21, 2013 to **replace** students who graduated on February 24, 2012; and continued to require the program to admit no additional students unless approved by the full Board.
- On August 6, 2012, the Board received the program's follow-up report that was due on August 1, 2012.
- On September 14, 2012, the Board received correspondence from program director requesting approval to admit 20 students plus two (2) alternates into an evening class commencing November 26, 2012 and graduating February 16, 2014.
- On October 3, 2012, the assigned consultant forward correspondence to the director requesting documents for dissemination to Board Members.
- On November 9, 2012 the Board approved the program's request to admit 20 students plus two (2) alternates into an evening class commencing November 26, 2012 and

graduating February 16, 2014 **and** continued to require the program to admit no additional students unless approved by the full Board.

- On September 12, 2013, the Board received correspondence from the program director requesting approval to admit 20 students plus two (2) alternates into an evening class commencing February 10, 2014, and graduating May 24, 2015. The requested class would **replace** the class that graduated on March 3, 2013.
- On November 22, 2013, the Board extended the provisional approval of the program for the one (1) year period from December 1, 2013 through to November 30, 2014; **and** approved the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program's request to admit twenty (20) students plus two (2) alternates into an evening class commencing February 10, 2014 and graduating May 24, 2015; **and** continued to require the program bring its average annual pass rate to no more than ten percentage points below the state average annual pass rates; **and** continued to require the program to admit no additional students unless approved by the full Board; **and** required the program to submit follow-up reports in nine (9) months, but no later than **August 1, 2014**. The report must include a comprehensive analysis of the program, specific actions to improve program pass rates, timeline for implementation, and expected outcomes. The following elements must be addressed in the analysis.

- a. Admission Criteria.
- b. Screening and Selection Criteria.
- c. Terminal Objectives.
- d. Curriculum Objectives.
- e. Instructional Plan.
- f. Theory and Clinical Objectives for Each Course.
- g. Lesson Plans for Each Course.
- h. Textbooks.
- i. Attendance Policy.
- j. Remediation Policy.
- k. Evaluations of Theory and Clinical Faculty.
- l. Evaluations of Theory Presentations.
- m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- n. Evaluation of Student Achievement.
- o. Current Enrollment

In addition, the Board required the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526; **and** required the program to demonstrate incremental progress in correcting the violations; **and** if the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval.

- On September 12, 2014, the Board approved the program's request to admit one (1) part-time evening class of twenty (20) students and two (2) alternates to commence September 29, 2014, graduating December 20, 2015 to **replace** the class that graduated August 2013 **and** one (1) part-time day class of twenty (20) students and two (2) alternates to commence November 10, 2014, graduating February 14, 2016 to **replace** the class that graduated August 2014.

- On September 23, 2014, the assigned consultant phoned the program director to request the required follow-up report that was due on August 1, 2014.
- On September 24, 2014, via electronic correspondence, the Board received the required report from the program director.
- On November 21, 2014, the Board extended provisional approval of the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program for the one year period from December 1, 2014 through to November 30, 2015; **and** continued to require the program to maintain its average annual pass rate at no more than ten percentage points below the state average annual pass rates; **and** continued to require the program to admit no additional students unless approved by the full Board; **and** required the program to provide no less than one (1) clinical instructor for every 10 (ten) students in all clinical experiences; **and** required the program to submit a report analyzing the reasons for the decrease in the number of graduates taking the licensing examination since the introduction of the new curriculum, no later than January 15, 2015; **and** required the program to submit a follow-up report in nine (9) months, but no later than **August 1, 2015**. The report must include a **new** comprehensive analysis of the program, specific actions to improve program pass rates, timeline for implementation, and expected outcomes. The following elements must be addressed in the analysis.

- a. Admission Criteria.
- b. Screening and Selection Criteria.
- c. Terminal Objectives.
- d. Curriculum Objectives.
- e. Instructional Plan.
- f. Theory and Clinical Objectives for Each Course.
- g. Lesson Plans for Each Course.
- h. Textbooks.
- i. Attendance Policy.
- j. Remediation Policy.
- k. Evaluations of Theory and Clinical Faculty.
- l. Evaluations of Theory Presentations.
- m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- n. Evaluation of Student Achievement.
- o. Current Enrollment

Continued to require the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, section 2526; **and** continued to require the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval. Failure to take any of these corrective actions may cause the full Board to revoke the program's approval. The Board placed the program on the **November 2015** Board agenda for reconsideration of provisional approval.

- On December 12, 2014, the Board received the program's request to admit students.

- On January 15, 2015, the Board received the program's required report regarding the low numbers of graduates taking the licensing examination.
- On February 13, 2015, the Board approved the program's request to admit one (1) evening class of 20 students commencing February 23, 2015 and graduating May 22, 2016, provided the program secures and obtains Board approval for adequate clinical facilities, no later than February 20, 2015, such that Maternity Nursing and Pediatric Nursing clinical objectives can be accomplished; **and** required the program to submit verifiable plans for clinical placements for Maternity Nursing and Pediatric Nursing for currently enrolled students no later than February 20, 2015; **and** continued the program's requirement to obtain approval by the full Board prior to the admission of additional students.
- On March 9, 2015, the Board forwarded, via certified mail, a letter to the program regarding the failure to submit the required documentation related to maternity and pediatric nursing experiences.
- On March 13, 2015, the program director met with Board staff at Board offices.
- On March 18, 2015, the Board forwarded, via certified mail, a letter to the program regarding approval of the submitted placement plans for maternity and pediatric nursing experiences.
- On April 2, 2015, the Board received a request to admit students.
- On April 8, 2015, the Board received the revised clinical placement plans for the proposed students.
- On May 15, 2015, the Board approved the program's request to admit one (1) evening class of 10 students commencing May 26, 2015 and graduating August 8, 2016, only, **and** continued to require the program to provide no less than one (1) instructor for every ten (10) students in all clinical experiences, **and** continued the program's requirement to obtain approval by the full Board prior to the admission of additional students.
- On August 7, 2015, the program director met with Board staff at Board offices
- On September 10, 2015, the program director met with Board staff at Board offices
- On September 21 and 22, 2015, an unannounced program inspection was conducted by Board staff.
- On September 25, 2015, the Board forwarded, via certified mail, a Notice of Violations to the program.



Bay Area College of Nursing – Comprehensive Analysis

Submitted Date: September 23, 2014

1. Admission Criteria

a. COMPREHENSIVE ANALYSIS:

We have implemented the revised Wonderlic/WBST entrance exams score of 12th grade level or higher. The increased in the grade level for a passing score and the addition of the Scholastic Level Exam (SLE) with a passing score of 14 will help assess student's readiness and suitability for success in the VN program. This can also provide an accurate appraisal for a candidate's potential as a nurse.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

Utilize the revised WBST passing score from 8th Grade level (200 Verbal and 210 Quantitative) to a score at the 12th grade level or higher for the Verbal and Quantitative categories. We also added the SLE with a passing score of 14. These exams are tools to assess the student's readiness and sustainability for success in the VN program. We can then provide an accurate appraisal of a candidate's potential as a nurse.

c. TIMELINE:

In effect.

d. EFFECT OF INTERVENTION: Expected outcome of intervention will be as follows:

- i. There was a reduction in student cancellations/withdrawals/terminations due to failure to commit to the rigorous training/education that the school offers. Since implementation of the revised WBST passing score and the addition of the SLE, we had 2 students who failed to progress to the next term and had to repeat a term.
- ii. **Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation. (Please see attachment)**

2. Screening and Selection Criteria

a. COMPREHENSIVE ANALYSIS:

We have initially proposed a 3.0 cumulative grade point average or higher but learned that this was not feasible for majority of applicants have a 2.0 GPA. The students are required to pass the interview process as well as entrance examination.



b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

We will maintain the required 2.0 (C average) or higher overall cumulative grade point average based on completed secondary education or GED equivalency. We will also keep the WBST (200 Verbal and 210 Quantitative) that the 12th Grade level or higher for the Verbal and Quantitative categories to assist the candidate with the demands of being a nursing student. In addition, testing the students' cognitive ability using SLE with a passing score of 14 will be used to assess their readiness and suitability for success in the field of nursing. The candidates will still have to undergo a rigorous interview process using the Rubric criteria, which evaluates attitude, skills and experience.

c. TIMELINE:

In effect.

d. EFFECT OF INTERVENTION: Expected outcome of intervention will be as follows:

- i. Only one student had to drop because of work schedule conflict.
- ii. **Since the implementation of the increased WBST and SLE score, we have gradually increased our quarterly passed rate to 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation. (Please see attachment)**

3. Terminal Objectives

a. COMPREHENSIVE ANALYSIS:

Integrate and provide an end-of-the program clinical case study review/NCLEX test plan in preparation for the NCLEX-PN state exams.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

- i. Currently monitoring student progress throughout the three (3) terms to determine capability to advance or complete the program by instituting the following:
 1. (a) Proctored ATI exams throughout each term.
 2. (b) Students are deemed eligible to advance to the next term when they reach a Level II with an overall passing grade. Failure to reach this level and missing the overall passing grade would mean repeating the entire term.
 3. (c) At the end of the program, the student will have to take the comprehensive final examination that will determine their



probability of passing the NCLEX if they sat and take it that day. After taking the comprehensive exam, the students will be given a list of topics they need to study, making remediation more streamlined. There have been many studies to show the ATI Proctored Comprehensive Predictor is predictive of how students will perform on the NCLEX. Any student that doesn't meet the benchmark established by Bay Area College of Nursing (Level II) will have to remediate based on the plan established by the Director.

4. (d) Utilize the annual reports for ongoing evaluation of factors influencing the program's NCLEX results.

- **We are continuously monitoring the result of our students.**

c. **TIMELINE:**

The above plans are being implemented and are in progress.

d. **EFFECT OF INTERVENTION:**

- i. The students will be fully prepared to take and successfully pass the comprehensive final exams.
- ii. **We have gradually increased our quarterly passed rate to 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation and surpassed the annual minimum pass rate requirements set by the BVNPT.**

We are also monitoring the progress the next quarter's progress.

4. **Instructional Plan**

a. **COMPREHENSIVE ANALYSIS:**

Current curriculum approved and in use is the 1588.5 hours. The school has incorporated ATI in the curriculum that will help students hone their knowledge in specific areas where they struggled from during the course of the program.

b. **SPECIFIC ACTIONS TO IMPROVE PASS RATE:**

- i. The school has instituted the 1588.5 curriculum hours. The hours have been revised to reduce the length of time specific subjects are discussed and to eliminate redundancy of topics. Although the revised hours have been reduced, the number of weeks increased by 2. During certain weeks, the amount of theory hours is reduced in order to



maximize outside class time to absorb and study the material. Students are spending more time outside class hours improving their understanding of the materials by doing ATI practice exams, tutorials, and templates. Although students have access to ATI practice exams, tutorials, modules, and videos, time spent on these modes of learning are not counted in the actual curriculum hours.

Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to currently 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation. (Please see attachment)

- ii. We began using ATI-administered practice exams, proctored exams, and comprehensive exit exams as part of the curriculum and a requirement of the program. The ATI Proctored Comprehensive Predictor is created from the NCLEX PN 2011 Blueprint. The assessment will tell the student their probability of passing the NCLEX if they sat for it that day. Once the student has completed their practice or proctored assessment, they will have a list of topics they need to study, making remediation more streamlined. There have been many studies to show the ATI Proctored Comprehensive Predictor is predictive of how students will perform on the NCLEX. Any students that do not meet the benchmark established by Bay Area College of Nursing (Level II) will have to remediate to the plan established by the Director.
- iii. We also performed a cross analysis of the curriculum with the detailed clinical case study/NCLEX test plan and course review.
- iv. We utilized board consultants as needed in program evaluation and curriculum development.
- v. We included study and test-taking skills early in the program.
- vi. Faculty needs to receive training on test development and instructional techniques. The school promotes better teaching through attendance of faculty workshops, in-service trainings, continuing education, seminars, and other activities that would foster professional growth. Faculty members are also encouraged to observe other instructors, at their own convenience.
 - **The school has agreements with third-party vendors (ATI Academy, D&D Educational Resources, etc.) to provide the necessary in-service training for the improvement of instruction of our faculty and staff.**

c. **TIMELINE:**

In effect.



- d. EFFECT OF INTERVENTION: Expected outcome of intervention will be as follows:
- i. The students showed progress academically and clinically prepared in the performance of the nursing tasks and functions.
Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to currently 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation. (Please see attachment)

5. Theory and Clinical Objectives for Each Course

- a. COMPREHENSIVE ANALYSIS:
Theory and clinical objectives are met and the school started implementation of ATI proctored examinations in order to help the students improve their understanding of the materials and test taking skills.
- b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:
The students are currently using ATI-administered practice exams, proctored exams, and comprehensive predictor exams as part of the curriculum and a requirement of the program.
- c. TIMELINE:
These are currently being implemented and are constantly monitored.
- d. EFFECT OF INTERVENTION:
Expected outcome of intervention will be as follows:
 - i. The students will be academically and clinically prepared to perform nursing tasks and functions and will successfully pass all the requirements per term including the ATI-administered practice exams, proctored exams, and comprehensive exit exams.
Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to currently 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation. (Please see attachment)
 - ii. The school's annual pass rate will improve to 80% or higher by the end of the course program.
The annual pass rate increased in the past seven consecutive quarters with the current annual pass rate of 75%, which is 2% above the state average annual pass rate. (Please see attachment)

6. Lesson Plans for each Course

- a. COMPREHENSIVE ANALYSIS:



Lesson plans are submitted by the instructor after the class is taught and is kept on file.

This is being implemented and monitored.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

- i. Faculty will attend school related activities, Faculty Development Plans, etc. to help improve their test development and instructional techniques. In addition, the school director monitors the lesson plans and course syllabi created by the faculty to ensure that the objectives of the instructional plan are met.
- ii. Lesson plans shall reflect implementation of test taking strategies and NCLEX practice tests at the end of each course topic.

c. TIMELINE:

These are currently being implemented and are constantly monitored.

d. EFFECT OF INTERVENTION:

Expected outcome of intervention will be as follows:

- i. Required evidence of ongoing professional development certifications related to teaching strategies & methods, test development will be kept on file.

Quarterly CEUs for professional and educational/teaching development are required to be submitted by each faculty. The school has agreements with third-party vendors (ATI Academy, D&D Educational Resources, etc.) to provide the necessary in-service training for the improvement of instruction of our faculty and staff.

- ii. The students will be academically and clinically prepared to perform nursing tasks and will successfully pass the standards set forth by the school and the ATI-administered practice exams, proctored exams, and comprehensive exit exams

Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to currently 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation. (Please see attachment)

- iii. The school's annual pass rate will improve to 80% or higher by the end of the course program.

The annual pass rate increased in the past seven consecutive quarters with the current annual pass rate of 75%, which is 2% above the state average annual pass rate. (Please see attachment)

7. Textbooks

a. COMPREHENSIVE ANALYSIS:

Main Office: 824 San Antonio Rd., Palo Alto, CA 94303 * Phone: (650) 858-6810 * Fax: (650) 856-7886
Daly City Campus: 6150 Mission St., Suite 103, Daly City, CA 94014 * Phone: (650) 755-6888 * Fax: (650) 204-6979
San Jose Campus: 702 E. Santa Clara St., San Jose, CA 95112 * Phone: (408) 280-6888 * Fax: (650) 204-6979



The school uses textbooks required for the nursing theory and practical class. The school also incorporated in the curriculum the utilization of NCLEX-related materials and provided the students with ATI books.

Currently being utilized by the students.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

The school has added more materials for instructors and students' utilization in the library. Online access to journals, books, and others were also added for students' utilization at their discretion. The online library is accessible 24 hours/day, 7 days a week.

c. TIMELINE:

These are currently being implemented.

d. EFFECT OF INTERVENTION: Expected outcome of intervention will be as follows:

- i. The students will be fully equipped with resources for further learning.
- ii. Students will be prepared to take and successfully pass the exams by utilizing all resources provide. ATI-administered practice exams, proctored exams, and comprehensive exit exams
- iii. The school's annual pass rate will improve to 80% or higher by the end of the course program.

The annual pass rate increased in the past seven consecutive quarters with the current annual pass rate of 75%, which is 2% above the state average annual pass rate. (Please see attachment)

8. Attendance Policies

a. COMPREHENSIVE ANALYSIS:

Attendance is monitored daily and absences made up accordingly. Some of the factors affecting student attendance are family responsibilities and employment issues.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

We explained to the candidates/students that increased family responsibilities and employment hours negatively impact their nursing education and their success in the program. Full commitment to the program included in the admission criteria. We will continue monitoring the students' attendance and enforced accordingly.

c. TIMELINE:

These are currently being implemented.

d. EFFECT OF INTERVENTION:

There will be a reduction in the number of students on probation or warning due to absences.

We had a total of 1 student in 2014 that was placed on probation due to family and work related excessive absences.



9. Remediation Policies

a. COMPREHENSIVE ANALYSIS:

Remediation policies are being followed accordingly. ATI examinations are being given and students have to complete the remediation templates and hours depending on the level that they get on these proctored/practice examinations.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

A follow-up consultation with the student to determine progress will be conducted by the Director in collaboration with the faculty, clinical coordinator and educational service director. With proper completion of remediation, students are able to retake failed exams in the following subjects:

- i. End of the term comprehensive final proctored exam.
- ii. End of the program ATI comprehensive predictor exam.

c. TIMELINE:

In effect.

d. EFFECT OF INTERVENTION:

By monitoring the progress of each student on remediation, all enrolled students will successfully pass the course program and be more prepared in taking the NCLEX-PN exam. Hence, the quarterly and annual pass rates increased.

10. Evaluations of Theory and Clinical Faculty

a. COMPREHENSIVE ANALYSIS:

Proposed faculty training is being implemented through ATI Academy which is an online course offering topics such as: The Crossroads: Cancer in Ages 15-39, Best Practices for Using Admission Assessments, etc. The school is also providing in-service training for all the faculty through DND Educators.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

- i. Faculty needs to receive training on test development and instructional techniques. The school director observes and evaluates new faculty members 90 days after initial employment and annually at the end of the year. The school director may informally observe other faculty from time to time or as necessary. The end-of-the-year evaluation includes performance and progress made in implementing the professional development plan and the formulation of the plan for the coming year.
- ii. Faculty needs to spend adequate time evaluating NCLEX result data and plan program changes based on data.

This is currently in progress.



iii. Will hire full-time instructors.

There are new instructors that have been hired. Assigned instructors are now consistent with the batch that they are teaching from the beginning until the end of the program.

iv. Provide continuing education for faculty members on test development and analysis skills. The school will also provide in-service training for the faculty members, through DND Educators, and will ask for CE certificates to be added into their individual files.

Quarterly CEUs for professional and educational/teaching development are required to be submitted by each faculty. Faculties can log in to ATI academy and access material for their CEUs, i.e. The Crossroads: Cancer in Ages 15-39, Best Practices for Using Admission Assessments, etc. The school has agreements with third-party vendors (ATI Academy, D&D Educational Resources, etc.) to provide the necessary in-service training for the improvement of instruction of our faculty and staff.

v. Continue end-of-term evaluation and unannounced evaluations/drop-ins. **This is continuously being implemented.**

vi. The Clinical Coordinator assists in managing faculty needs, clinical assignment management, obtaining new clinical sites and establishing a good relationship with current clinical sites.

vii. Continue routine evaluation of theory and clinical instructors and effectiveness as a teacher. The school director annually reviews and evaluates each faculty member in the classroom or at the clinical site using the faculty evaluation form. The director discusses the written observation report subsequent to the classroom visit. During the annual evaluation, the director and faculty member will address the recommendations made in the classroom observation report and plan any action to improve or enhance their teaching skills and strategies

This is continuously being implemented.

c. TIMELINE:

This is implemented currently.

d. EFFECT OF INTERVENTION:

Required evidence of professional development certifications related to teaching, curriculum and test development will be kept on file.

This is currently being implemented and monitored.

11. Evaluations of Theory Presentations

a. COMPREHENSIVE ANALYSIS:

All essential theoretical elements and contents are being discussed and covered adequately. Lesson plans are submitted by the faculty.



Theory presentations are evaluated by the students at the end of each term and the DON every six months/annually.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

- i. Ensure that all essential theoretical elements and content are adequately covered and discussed. Instructional plan development are reviewed and evaluated annually and updated as necessary.

This is constantly being reviewed.

- ii. Will check and evaluate effectiveness of theory lesson plans submitted by the faculty. In addition, the school director monitors the lesson plans and course syllabi created by the faculty to ensure that the objectives of the instructional plan are met.

This is regularly being monitored.

- iii. Incorporate an ATI comprehensive final examination (predictor exam) at the end of the last term of the course program before its completion and prior to graduation. Continue routine evaluation of theory instructors and effectiveness of teaching strategies and materials. The school director also periodically visits classrooms informally during the course of the year to monitor new faculty, to monitor the use of new materials, and/or to visit faculty who request an informal observation. The school also administers in-class student surveys that evaluate instruction. The Student Evaluation of Faculty evaluates individual faculty in specific courses

This is regularly being monitored

- iv. The students were asked to sign a form indicating that they will need to get a 68% individual score (equivalent to 90% probability of passing the NCLEX the first time) in their Comprehensive exam before they are allowed to process their NCLEX-PN application papers. Failure to achieve the 68% will result in a retake until they obtain the 68%.

- **The annual pass rate increased in the past seven consecutive quarters with the current annual pass rate of 75%, which is 2% above the state average annual pass rate.** (Please see attachment)

c. TIMELINE:

In effect.

d. EFFECT OF INTERVENTION:

- i. The students will pass the theoretical portion of the course program.

This is constantly being evaluated.

- ii. The students will be fully prepared to take and pass the ATI-administered practice exams, proctored exams, and comprehensive exit exams.

This is constantly being implemented



- iii. The school's annual pass rate will improve because by asking the student to obtain at least a 90% on the predictor exam before they are allowed to submit their NCLEX-PN papers for processing ensures at least a 90% chance of passing the NCLEX-PN.

- The annual pass rate increased in the past seven consecutive quarters with the current annual pass rate of 75%, which is 2% above the state average annual pass rate.

12. Evaluations of Clinical Rotations

a. COMPREHENSIVE ANALYSIS:

Clinical rotations are evaluated by the students and faculty at the end of each term. Clinical sites are adequate and have added more sites as well as discontinued some clinical facilities.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

- i. Increased practical lab hours are in effect to improve, hone, and correctly apply the nursing and medical skills/procedures learned during the theory portion of the course program.

In effect.

- ii. Follow theory to clinical hour 1:3 ratio to comply with general educational requirements.

In effect.

c. TIMELINE:

In effect.

d. EFFECT OF INTERVENTION:

- i. Students will become and remain confident in performing all nursing and medical procedures based on their clinical objectives before exposure to the clinical sites.

This is currently in effect.

- ii. By obtaining a high percentage grade and not only a passing mark on the NCLEX predictor exam, the students will be fully prepared to take the NCLEX examination.

The students are constantly being monitored and evaluated.

- iii. The school's annual pass rate will improve to 80% or higher by the end of the course program.

Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to currently 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation.



13. Evaluation of Student Achievement

a. COMPREHENSIVE ANALYSIS:

Evaluate student achievement after each term by administering written exams and ATI proctored exams.

b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

- i. Identify students for at-risk status early in the program and implement a plan to assist them throughout the remainder of the program. At-risk students are those who are required to repeat failed nursing courses and score below school standards of NCLEX predictor exams. In addition, students are assessed by:
 - (a) Proctored ATI exam throughout each term.
 - (b) Proctored comprehensive ATI exam at the end of each term.
 - (c) At the end of the program, the student will be required to pass the predictor exam in order to graduate and be awarded a certificate of completion from the program.
 - (d) The students were asked to sign a form indicating that they will need to get a 68% individual score (equivalent to 90% probability of passing the NCLEX the first time) in their Comprehensive exam before they are allowed to process their NCLEX-PN application papers. Failure to achieve the 68% will result in a retake until they obtain the 68%.
- ii. The students must obtain a passing grade on the ATI predictor exam and must have an overall passing grade (75%) at the end of the program. Students who fail the predictor exam and get an overall failing grade will have another chance to pass after going through an extensive remediation and completing certain number of Remediation Templates and Hours.
- iii. We have increased the minimum passing grade 75% to pass the nursing courses.

This has been implemented.

c. TIMELINE:

In effect.

d. EFFECT OF INTERVENTION:

Expected outcome of intervention will be as follows:

- i. By reaching a passing grade on the NCLEX predictor exam, the students will be fully prepared to take the NCLEX exams. Also, by asking the student to get at least 90% on the predictor exam before they are allowed to submit their NCLEX-PN papers for processing this will ensure them that their chances of passing the NCLEX-PN on their first try is at least 90%.



- ii. The school's annual pass rate will improve to 80% or higher by the end of the course program, because the students will be well prepared to take the NCLEX-PN examination by passing the predictor exam. On the other hand, students who fail the predictor exam and get an overall failing grade in the program are not fully prepared to take the NCLEX and will not be able to graduate from the program.

Since the program was placed under probation in November 2011, we have gradually increased our quarterly passed rate to currently 67%. Our annual pass rate has increased in the past seven consecutive quarters. Currently, our annual pass rate is at 75% (2% points above the state average annual pass rate) up from 39%, when we were placed under probation.

- iii. All students are expected to complete the course program in a timely manner.

14. Current Enrollment

- a. COMPREHENSIVE ANALYSIS:

Implementing current student quota approved by the board. Student to Teacher ratio complies with the required ratio mandated by the board.

- b. SPECIFIC ACTIONS TO IMPROVE PASS RATE:

Maintain approved student quota and instructor: student ratio. Identify students for at-risk status early in the program and implement a plan to assist them with success in the program.

- c. TIMELINE:

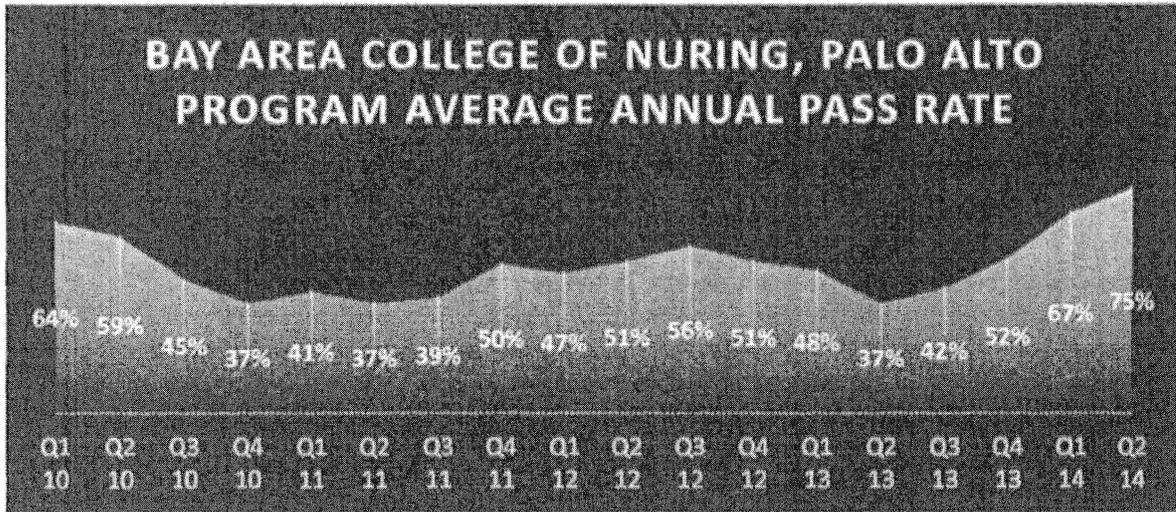
In effect.

- d. EFFECT OF INTERVENTION: Expected outcome of intervention will be as follows:

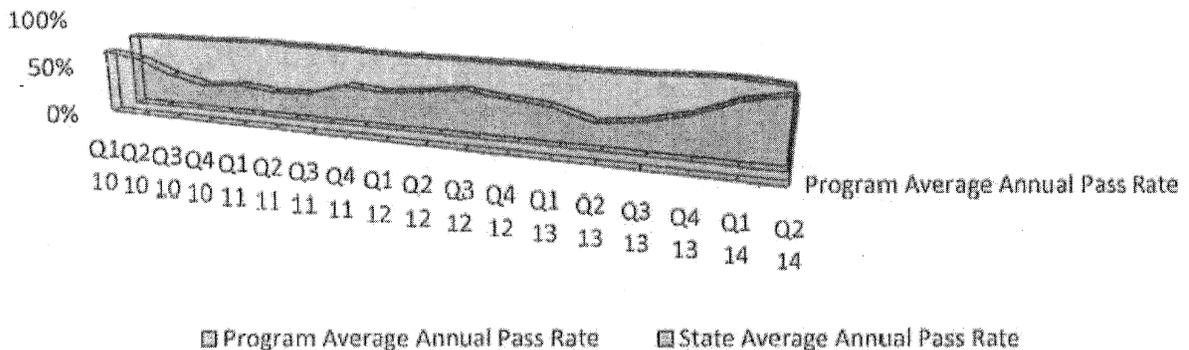
- i. The school's completion rate will improve by the end of the course program.
- ii. All students will complete the course program in a timely manner. One student failed to pass a class and needed to repeat a term.



ATTACHMENT:



Bay Area College of Nursing, Palo Alto Program vs State Average Annual Pass Rate



NOTE: Graph was taken from BVNPT website.

Agenda Item #16.A.1., Attachment C.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
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CERTIFIED MAIL

December 10, 2014

Rachelle Cagampan
Director, Vocational Nursing Program
Bay Area College of Nursing, Palo Alto
824 San Antonio Road
Palo Alto, CA 94303

Subject: Notice of Extension of Provisional Approval

Dear Ms. Cagampan:

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on November 21, 2014, provisional approval has been extended for the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program for the one – year period from December 1, 2014 through November 30, 2015.

The purpose of this letter is to explain the areas of non-compliance found and the corrections required of your program to avoid losing approval completely.

Once you have reviewed this letter, please sign and return the enclosed “Acknowledgement of Change in Approval Status” form by **Monday, December 15, 2014**.

AREAS OF NON-COMPLIANCE [VIOLATION(S)]

In accordance with Section 2526.1(c) of title 16 of the California Code of Regulations,

“The Board may place any program on provisional approval when that program does not meet all requirements as set forth in this chapter and in Section 2526...”

Section 2530(l) of title 16 of the California Code of Regulations states:

“The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved vocational nursing schools for the same period...”

The program pass rates of the Bay Area College of Nursing, Palo Alto Vocational Nursing Program for the past nineteen (19) quarters are set forth in the following table.

NCLEX-PN® Licensure Examination Data							
Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate [CCR § 2530 (l)]	Variance From State Average Annual Pass Rate
Jan – Mar 2010	18	7	39%	75%	64%	74%	-10
Apr – Jun 2010	13	6	46%	74%	59%	75%	-16
Jul – Sep 2010	17	7	41%	76%	45%	75%	-30
Oct – Dec 2010	11	2	18%	77%	37%	76%	-39
Jan – Mar 2011	13	7	54%	80%	41%	77%	-36
Apr – Jun 2011	2	0	0%	71%	37%	76%	-39
Jul – Sep 2011	15	7	47%	74%	39%	76%	-37
Oct – Dec 2011	4	3	75%	74%	50%	75%	-25
Jan – Mar 2012	11	5	45%	77%	47%	74%	-27
Apr – Jun 2012	13	7	54%	72%	51%	74%	-23
Jul – Sep 2012	8	5	63%	74%	56%	74%	-18
Oct – Dec 2012	3	1	33%	70%	51%	74%	-23
Jan – Mar 2013	5	1	20%	75%	48%	73%	-25
Apr – Jun 2013	3	0	0%	78%	37%	73%	-36
Jul – Sep 2013	8	6	75%	75%	42%	74%	-32
Oct – Dec 2013	5	4	80%	76%	52%	76%	-24
Jan – Mar 2014	5	4	80%	74%	67%	76%	-9
Apr – Jun 2014	6	4	67%	66%	75%	73%	+2
Jul – Sep 2014	No Candidates Tested			72%	75%	73%	+2

*The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three-quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.

Based on this data, the program failed to meet the average annual pass rate requirement.

REQUIRED CORRECTION(S)

1. The Bay Area College of Nursing, Palo Alto, Vocational Nursing Program shall continue to maintain its average annual pass rate at no more than ten percentage points below the state average annual pass rates.
2. The program shall continue to admit no additional students unless approved by the full Board.

3. The program shall provide no less than one (1) clinical instructor for every ten (10) students in all clinical experiences.
4. The program shall submit a report analyzing the reasons for the decrease in the number of graduates taking the licensing examination since the introduction of the new curriculum. The report must be submitted no later than **January 15, 2015**.
5. The program shall submit a follow-up report in nine (9) months, but no later than **August 1, 2015**. The report must include a **new** comprehensive analysis of the program, specific actions to improve program pass rates, timeline for implementation, and expected outcomes. The following elements must be addressed in the analysis.
 - a. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Terminal Objectives.
 - d. Curriculum Objectives.
 - e. Instructional Plan.
 - f. Theory and Clinical Objectives for Each Course.
 - g. Lesson Plans for Each Course.
 - h. Textbooks.
 - i. Attendance Policy.
 - j. Remediation Policy.
 - k. Evaluations of Theory and Clinical Faculty.
 - l. Evaluations of Theory Presentations.
 - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - n. Evaluation of Student Achievement.
 - o. Current Enrollment
6. The program shall continue to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.
7. The program shall continue to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval.
8. Failure to take any of these corrective actions may cause the full Board to revoke the program's provisional approval.

FUTURE BOARD ACTION

Your program will be placed on the **November 2015** Board Meeting agenda, at which point the Board may revoke or extend the program's provisional approval. If you have additional information that you wish considered beyond the required corrections listed on page 2 through

Notice of Change in Approval Status
Bay Area College of Nursing, Palo Alto
Vocational Nursing Program
December 10, 2014
Page 4 of 4

3, you must submit this documentation by the fifteenth day of the second month prior to the Board meeting.

OTHER IMPORTANT INFORMATION

Please be advised that, pursuant to the Board's regulations, the program will not be authorized to admit new classes beyond the established pattern of admissions previously approved by the Board. The established pattern of admissions approved by the Board is as follows: **Prior approval by the full Board is required to admit classes.**

In the event your program is required to submit any report(s) as a corrective action pursuant to this notice, such reports are required in addition to any other reports required pursuant to 2527 of the Board's regulations.

The program may no longer advertise that it has full approval, and should take steps to correct any ongoing advertisements or publications in that regard.

A copy of title 16, California Code of Regulations, section 2526.1, regarding provisional approval is attached for your reference. A complete copy of the Board's laws and regulations can be found on the Board's web site at www.bvnpt.ca.gov.

Should you have questions, please do not hesitate to contact the Board.

Sincerely,



TERESA BELLO-JONES, J.D., M.S.N., R.N.
Executive Officer

Enclosures

cc: Board Members

TBJ: dgj



EXPLANATION OF THE LOW NUMBER OF NCLEX EXAMINEES:

The school director reached out to the completers/graduates who have not taken the NCLEX-PN examination. The reasons for the delay in taking the test are the following:

1. Increased or added family responsibilities
2. Not financially cleared by the school
3. Lacks confidence in the ability to pass the NCLEX-PN/Needs more time to prepare
4. Increased demands of current employment
5. Career change ex. joined the military, engaged in a business venture, etc.
6. No interest in being a nurse
7. Very anxious to take the test

ACTIONS:

1. Encourage participation in the school's NCLEX review preparation and study workshops/sessions.
2. Suggest available NCLEX resources to use for review.
3. Meet to help with time management & prioritization and develop a study plan.
4. Teach stress reduction techniques.
5. Advise to lessen workload and to temporarily delegate family responsibilities.
6. Monitor and follow up progress.



SUBMITTED: August 12, 2015

1. Admission Criteria/Screening and Selection Criteria

a. COMPREHENSIVE ANALYSIS:

- i. As per recent quarterly NCLEX report, there was inconsistency in the results of the quarterly pass rates compared to the outcome of the 2014 NCLEX. In 2014, we had four (4) consecutive quarterly results that showed an improved pass rate within the state's average required criteria. However, the pass rates went down below the state average requirement in the most recent two consecutive quarters of 2015.
- ii. Decline in the student census due to a low number of qualified applicants and admitted students.

b. SPECIFIC ACTIONS:

Institute a vigorous admission and selection process:

- i. The student applicant will have to undergo an admissions interview with a panel consisting of two faculty members and the DON in order to determine the student's suitability for success in the field of nursing and ability to keep up with the accelerated pace of the program.
- ii. The admissions panel will consist of faculty members with graduate degrees and one year of teaching experience.
- iii. Prospective students will be allowed to retake the entrance admissions test only once within a year.
- iv. We will recommend that the applicant utilize the WBST comprehensive study guide for review to cover the essential skills and test taking strategies to do well in the entrance exams before the administration of the tests.
- v. Identify the reasons for the low number of applicants via interview, evaluation of operations and marketing strategies. An action plan will be created based on the results.
- vi. Met and discussed with assigned Nursing Education Consultant how to improve current program – August 7, 2015.

c. TIMELINE:

Will be implemented upon board approval.

d. EFFECT OF INTERVENTION: To be evaluated in the next approved cohort.

Expected outcome of intervention will be as follows:

- i. There will be more students qualified to enter and complete the program which will increase the chances of students passing the NCLEX.
- ii. We will meet the maximum number of students approved by BVNPT.



2. Terminal Objectives

a. COMPREHENSIVE ANALYSIS:

Since implementation of the approved actions by BVNPT, we had only one person who repeated Nursing 103. The student completed the program successfully.

b. SPECIFIC ACTIONS

- i. Will continue to monitor progress of students to ensure they achieve and meet the terminal objectives.
- ii. No change is necessary at this time.

c. TIMELINE: The above plans are being implemented and are in progress.

d. EFFECT OF INTERVENTION: All the students completed the program successfully since the last follow-up report until the present.

3. Curriculum Objectives/Instructional Plan

a. COMPREHENSIVE ANALYSIS:

- i. As per recent quarterly NCLEX report, there was inconsistency in the results of the quarterly pass rates compared to the outcome of the 2014 NCLEX. In 2014, we had four (4) consecutive quarterly results that showed an improved pass rate within the state's average required criteria. However, the pass rates went down below the state average requirement in the most recent two consecutive quarters of 2015.
- ii. Based on statistics from the most current reporting period (July-September 2014), the program's quarter pass rate was 0%, but the average annual pass rate was 75% with 0 test takers. From October-December 2014, the program's quarter pass rate was 80% and the average annual pass rate was 75% with 5 test takers. From January-March 2015, the program's quarter pass rate was 0% and the average annual pass rate was 57% with 3 test takers. From April-June 2015, the program's quarter pass rate was 0 and the average annual pass rate was 44.44% with 1 test taker. The total number of students from January to December 2014 were 40. Due to the low number of test takers from the first two (2) quarters of this year, more data is needed for comparison and further analysis in the next quarters.

b. SPECIFIC ACTIONS/TIMELINE:

- i. We have instituted the 10 students to 1 instructor ratio in the clinical setting in order to maximize student learning needs – Implemented on February 2015
- ii. Identify the deficiencies in the curriculum – In progress.
- iii. Subscribe and analyze NCSBN report data on students who has taken the exam where their weaknesses lie and strengthen those areas in need of improvement.
- iv. Evaluate student completion of the program – August 31, 2015.



- v. Awaiting the NCLEX result of the recent graduates who utilized the revised curriculum to obtain more data to evaluate the effectiveness of the current curriculum – In progress.
- vi. The low number of NCLEX examinees were addressed in Agenda Item #8.C.1, Attachment B.
- vii. Met and discussed with assigned Nursing Education Consultant how to improve current program – August 7, 2015.

c. **EFFECT OF INTERVENTION: Awaiting Results.**

Expected outcome of intervention will be as follows:

- i. Improvement in learning outcomes.
- ii. Prepare outline of Detailed Instructional Plan revision based on results of implemented actions, if necessary.
- iii. The NCLEX pass rate will be within ten percentage points of the NCLEX state average pass rate every quarter.
- iv. No student withdrawals due to failure of meeting the program objectives from our current students.

4. Theory and Clinical Objectives for Each Course

- a. Will revise based on the outcome/effects of the actions and interventions implemented in the instructional plan.
- b. Met and discussed with assigned Nursing Education Consultant how to improve current program – August 7, 2015.

5. Lesson Plans for each Course

- a. Will revise based on the outcome/effects of the actions and interventions implemented in the instructional plan.
- b. Met and discussed with assigned Nursing Education Consultant how to improve current program – August 7, 2015.

6. Textbooks

- a. Will revise based on the outcome/effects of the actions and interventions implemented in the instructional plan.
- b. Met and discussed with assigned Nursing Education Consultant how to improve current program – August 7, 2015.

7. Attendance Policies

- a. No policy changes needed.

8. Remediation Policies

a. **COMPREHENSIVE ANALYSIS:**

Students were given two remediation exams to pass the course.

b. **SPECIFIC ACTIONS/TIMELINE:**

- i. The student will be given only one remediation by the instructor to pass the course with the Director's oversight – August 2015.



- ii. Constant communication and consultation with assigned Nursing Education Consultant and discussed how to improve current program – Ongoing/August 7, 2015.
- c. EFFECT OF INTERVENTION:
The progress of the student will be closely monitored which will help the student successfully pass the course program and be more prepared in taking the NCLEX-PN exam.

9. Evaluations of Theory and Clinical Faculty

- a. COMPREHENSIVE ANALYSIS:
 - i. All instructors are employed part-time. The number of board-approved faculty totals fourteen (14), including the director and one additional faculty. There are currently five (5) out of fourteen (14) instructors who possess a graduate degree or higher. All fourteen (14) instructors graduated with a bachelor's degree.
 - ii. The program provided no less than one instructor for every 10 students in the clinical setting.
 - iii. Two (2) instructors resigned since the last reporting period.
- b. SPECIFIC ACTIONS:
 - i. Faculty engagement in regular meetings.
 - ii. Vigorous screening and selection of qualified instructors by director. We will encourage current instructors further their education at the graduate level and hire future instructors with graduate degrees.
 - iii. Submission of monthly student progress reports signed by both student and instructor.
 - iv. 1:10 Instructor/Student ratio in the clinical setting.
 - v. Will continue to search for full-time instructors.
- c. TIMELINE:
Ongoing.
- d. EFFECT OF INTERVENTION:
There will be consistency in learning resulting in successful NCLEX outcomes.

10. Evaluations of Theory Presentations

No change.

11. Evaluations of Clinical Rotations

- a. COMPREHENSIVE ANALYSIS:
 - i. Pediatric and Maternity Nursing were obtained to ensure the placements of enrolled students.
 - ii. Discontinued use of two (2) clinical sites and obtained and secured new contracts from seven (7) board-approved clinical sites. Most of the current facilities are skilled nursing



facilities, rehab, and clinics which are adequate to number, type and variety of patients treated so that the competency-based objectives can be accomplished.

b. SPECIFIC ACTION/TIMELINE:

- i. Establish an ongoing face-to-face interaction between the program director and clinical facility representatives – February 2015.
- ii. Search for a clinical site where students will be exposed to an acute care setting - Ongoing

c. EFFECT OF INTERVENTION:

Maintained clinical sites and good rapport with the clinical site administration.

12. Evaluation of Student Achievement

a. COMPREHENSIVE ANALYSIS:

Students were evaluated continuously throughout the program via exams and quizzes, however action plans are given only for students who have a failing overall grades after the final exam.

b. SPECIFIC ACTIONS/TIMELINE:

- a. Consistent monthly student progress reports signed by the instructor and the students – June 2015.
- b. Identify students for at-risk status early in the program and implement a plan to assist them with success in the program.

c. EFFECT OF INTERVENTION:

Students are more engaged and active in their learning and progress.

13. Current Enrollment

a. COMPREHENSIVE ANALYSIS:

The program has an enrollment of 40 students requiring four (4) instructors, which is adequate for the current enrollees.

There was a decline in the student census due to the following:

- i. a low number of qualified applicants
- ii. withdrawals due to financial difficulties (three withdrawn students)
- iii. decreased approved number of students proposed by the school.

b. SPECIFIC ACTIONS/TIMELINE:

Maintain approved student quota and instructor to student ratio – February 2015.

c. EFFECT OF INTERVENTION: Expected outcome of intervention will be as follows:

A smaller class will be more conducive to learning which will improve the learning outcomes of the students enrolled in the program.

Agenda Item #16.A.1., Attachment F.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.



Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 Web www.bvnpt.ca.gov

August 28, 2015

Rachelle Cagampan, Director
Vocational Nursing Program
Bay Area College of Nursing, Palo Alto
824 San Antonio Road
Palo Alto, CA 94303

Dear Ms. Cagampan,

Thank you for taking the time to speak with myself and the Supervising Nursing Education Consultant this morning. In our phone consultation we discussed deficits in the documentation submitted in support of the request to admit students, the need for additional consultation with Board staff, and the requirement for active administration of the program. Following is important communication regarding your pending request for approval to admit students.

The Board of Vocational Nursing and Psychiatric Technicians (Board) is in receipt of the request to admit student submitted on August 27, 2015. Please note the following regarding the documentation that was submitted.

- 1) Attached to the request were Faculty/Student Clinical Assignment forms for proposed students, only. It is necessary to submit documentation of placements for all currently enrolled students with the exception of the class that is scheduled to graduate the same month proposed students would begin the program. It is also necessary to submit Maternity and Pediatric Faculty/Student Clinical Assignment forms for all currently enrolled students.
- 2) The Faculty/Student Clinical Assignment form submitted for the proposed students indicates that only one (1) faculty member would be available for the clinical experiences throughout the entire program of study. Further, that one faculty member is the same individual identified as faculty for proposed Bay Area College of Nursing, Daly City, Vocational Nursing Program students. The documentation submitted indicates that this one individual would be in two different places at one time, covering both programs, for all three (3) terms of the programs. As such, you have failed to submit documentation of adequate faculty resources.
- 3) The Maternity Faculty/Student Clinical Assignment form submitted does not identify faculty for Maternity clinical nursing experience. According to the Board-approved clinical facility application for the facility indicated on the proposal, this site requires an instructor to be with the students at all times. As such, you have failed to submit documentation of adequate faculty resources.

- 4) The Pediatric Faculty/Student Clinical Assignment form submitted does not identify faculty for Pediatric clinical nursing experience. According to the Board-approved clinical facility application for the facility indicated on the proposal, this site requires an instructor to be with the students at all times. As such, you have failed to submit documentation of adequate faculty resources.
- 5) Both the Maternity and the Pediatric Faculty/Student Clinical Assignment forms indicate proposed simulation hours. Your program does not have Board-approval for the use of clinical simulation, which requires specialized equipment, specialized training of faculty, and a curriculum revision. Processing a curriculum revision requires far longer than the two weeks remaining before the deadline for submission of materials to be considered for the November 2015 Board meeting.

At this time, the above concerns must be addressed before a request to admit students can be processed with any recommendation other than a denial. Please be informed that the deadline for submission of all materials, in final form, is September 15, 2015.

As we discussed during the phone consultation this morning, your report that a staff member completed the documentation does not remove your responsibility as director of the program. Section 2529(b) of the Vocational Nursing Rules and Regulations requires each program to have one faculty member, designated as the director, to **actively administer the program. The director is responsible for compliance with all regulations.** The deficits identified in documentation submitted in support of the request to admit students now and in the past, specifically with the last request to admit students, does not demonstrate active administration or compliance with regulations. Board records document the extensive communication with you regarding materials submitted in support of the previous request to admit students.

Also as discussed in the phone consultation of this morning, Board staff will meet with you here, at Board headquarters, on September 10, 2015 at 10AM. It will be important that any additional materials in support of the request to admit students is received by the Board **prior** to our meeting on September 10.

In addition, it is necessary to provide documentation of approval of the Bureau of Private Post-Secondary Education for the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program. This documentation must be submitted in support of the request to admit students.

Should you have any questions, please contact me.

Sincerely,

Donna G. Johnson

Donna G. Johnson, RNP, MS, MA
Nursing Education Consultant

donna.johnson@dca.ca.gov

Agenda Item #16.A.1., Attachment G.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 Web www.bvnpt.ca.gov



CERTIFIED MAIL

September 25, 2015

Rachelle Cagampan, Director
Vocational Nursing Program
Bay Area College of Nursing, Palo Alto
824 San Antonio Road
Palo Alto, CA 94303

Subject: Notice of Violations

Dear Ms. Cagampan,

On September 21 and 22, 2015, two (2) representatives of the Board of Vocational Nursing and Psychiatric Technicians (Board) conducted an unannounced program inspection of the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program. During the two-day visit, Board representatives assessed the physical resources for the program, inspected records for newly graduated and currently-enrolled students, met with students in a theory classes, interviewed a faculty member on campus, and facilitated discussions with the program director and other staff members. Following are the violations identified during the program inspection. Required corrective actions are listed with each violation.

Section 2526(a)(8) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (8) Evaluation methodology for curriculum.

Violation #1:

Board files confirm that the program has a methodology and procedure for evaluation of the curriculum. Documentation provided by the program as evidence of evaluation of the curriculum consisted of a total of seven (7) “Q3Y14 Faculty Curriculum Evaluation” forms. The forms were not specific to the Palo Alto program, only two (2) forms were dated (both dated December 30, 2014 and submitted with the report from the Daly City program in 2014). With the exception of a single form signed by the director on December 30, 2014, the program did not produce documentation that the program director had evaluated the curriculum to determine its

currency, effectiveness, consistency with the NCLEX-PN® test plan, or need for revision.

Required Action: Provide a timeline in which curriculum evaluation, including by the program director and including evaluation for consistency with the NCLEX-PN®, will be accomplished.

Due no later than October 30, 2015.

Section 2526(a)(11) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (11) Evaluation methodology for clinical facilities.”

Section 2534(c) of the Vocational Nursing Rules and Regulations states:

“Schools are responsible for the continuous review of clinical facilities to determine if the student’s clinical objectives for each facility are being met.”

Violation #2: Board files confirm that the program has a methodology and procedure for evaluation of clinical facilities. The program produced copies of student evaluations of clinical facilities. However, program representatives failed to produce documentation confirming that the director was evaluating clinical facilities or reviewing student evaluations.

Required Action: Provide documentation of evaluation of clinical facilities and a proposed timeline for ongoing evaluation of clinical facilities, including by the program director. You may wish to include, but not be limited to, the following in the evaluation of clinical facilities:

- 1) Which term(s) in the program the facility is utilized by students;
- 2) Describe the types of experience available and the ability of the students to meet the program's stated clinical objectives in the facility;
- 3) Description of observed evidence of correlation of theory to clinical;
- 4) Dates students are in the clinical site;
- 5) Identified problems;
- 6) Plan to correct problems;
- 7) Participation and/or oversight by the program director

Due no later than October 30, 2015.

Section 2526(a)(12) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (12) Admission criteria.

Section 2526(a)(13) of the Vocational Nursing Rules and Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (13) Screening and selection criteria.

Violation #3:

Based on review of current and recently graduated student files (55 files reviewed), the program failed to follow its Board approved admission, screening, and selection policies as noted by the absence of SLE scores in five (5) student files; admission of one (1) student with lower than the program’s stated minimum SLE score; Wonderlic composite scores lower than the program’s stated minimum Wonderlic score in two (2) files; and one (1) student taking the Wonderlic a total of five (5) times within three (3) days before achieving the minimum passing score. In addition, while some students were interviewed prior to admission, there was no indication of program director involvement with the interview process (as is specified in the school catalog) and few questions were asked of most students who were admitted.

Required Action:

Provide a plan for correction that describes how the program will follow and/or improve the policy for admission, screening and selection of applicants to the program. Provide verification of training, of all individuals associated with the school, regarding admission, screening and selection policies.

Due no later than October 30, 2015.

Section 2530(a) of the Vocational Nursing Rules and Regulations states:

“The program shall have sufficient resources, faculty, clinical facilities, library, staff and support services, physical space, skills laboratory and equipment to achieve the program’s objectives.”

Violation #4:

Based on inspection observations and an analysis of supplies, equipment, and physical space required to accommodate the current enrollment of 39 students in four (4) different evening classes **and** the requested additional

10 students, Board representatives identified that the program lacks sufficient resources to achieve its objectives.

The skills laboratory is a 25 foot by 11 foot room crowded with five (5) beds. The arrangement of beds in the narrow room does not allow for a group of 10 students to gather around an instructor who is demonstrating skills. No sink is available in or near the skills laboratory. Supplies are kept in four (4) different rooms, including a storage space on the second floor which is not accessible to faculty teaching in the lab. Supplies are not kept in an organized fashion and contents of drawers did not correspond with labels on the drawers. There were no sterile dressing supplies, the medication cart was empty, and an unorganized box of pill bottles was presented as equipment for instruction of medication administration. With the exception of pre-filled irrigation syringes, sterile needles and syringes were not located. Missing were nasogastric tubes, equipment to practice tube feedings, such as bags and feeding tubes, and also missing were sterile gloves.

Of the three adult mannequins (two static and one mechanical birthing mannequin), none allow for practice of the care of a tracheostomy. No supplies related to maternity care were found. While an infant mannequin and pediatric scale were noted, very few supplies related to pediatric care were available.

No private office for student counseling is available. The main classroom is in the open area of the first floor and contains tables and 18 chairs. Also noted were miscellaneous items stored at the front of the classroom, including a piano, mirror, and other objects. A second, smaller classroom is next to the larger room. The smaller classroom has glass walls and door and so both classrooms have sight and sound (including normal speaking voice) of each other. The smaller classroom measures 22 feet by 10 feet and has a support beam in the midst of seating. There is no computer lab. A total of nine (9) laptop computers are kept in a locked cabinet and students are expected to have their own laptop.

Required Action:

Provide a detailed plan and timeline for improving resources sufficient to achieve the program's objectives.

Due no later than October 30, 2015.

Section 2530(b) of the Vocational Nursing Rules and Regulations states:

“Regular faculty meetings shall be held. Minutes shall be available to the Board’s representative.”

Violation #5: Program representatives produced a binder with minutes from Bay Area College of Nursing meetings relative to the Palo Alto and Daly City (combined) Vocational Nursing Programs. According to documents provided by the program, faculty meetings this year were held on January 30, 2015 and June 19, 2015. A notation in the meeting minutes of 2014 stated that faculty meetings would be held quarterly. Previous documentation submitted by Bay Area College of Nursing to the Board stated meetings would be held quarterly.

Required Action: Provide a schedule of faculty meetings relative to the Palo Alto Vocational Nursing Program.
Submit copies of meeting minutes within one (1) week after each meeting.

Due no later than October 30, 2015.

Section 2530(g) of the Vocational Nursing Rules and Regulations states:

“Each school shall have on file proof that each enrolled student has completed a general education course of study through the 12th grade or evidence of completion of the equivalent thereof. Equivalency is determined by the Department of Education in any of the United States or by a nationally-recognized regional accrediting body. “

Violation #6: Board representatives reviewed the 55 files of all current students and the most recent graduates. A total of three (3) student files did not contain documentation of completion of high school or equivalency.

Required Action: Provide verification that each student has proof of high school graduation or the equivalent in the student file. Provide a specific plan to eliminate the possibility of this violation in the future and provide a timeline and method of implementation of this plan.

Due no later than October 30, 2015.

Section 2530(i) of the Vocational Nursing Rules and Regulations states:

“The school shall evaluate student performance to determine the need for remediation or removal from the program.”

Violation #7:

Board files confirm that the program has a methodology and procedure for evaluation of student progress and for remediation. However, the program did not produce documentation consistent with the remediation policy. Board representatives reviewed the grades of all current students and the most recent graduates. Grades were viewed in digital records with program staff providing the access and navigation through the files. In multiple instances, students failed final examinations yet passed the course and there was no indication of remediation in the remediation files offered by the program. In some cases, the grade records noted a “remediated” exam but remediation files could not be produced for that student. For some students, the “remediation final exam” was below the stated passing minimum grade, no remediation files were located, and students passed the course with the minimum passing grade of 75%. Some courses were noted to offer substantial bonus points for participation and some courses added “extra credit” points to final course grades.

Required Action:

Provide a detailed written proposal, including timeline for implementation, for revision of the policies for evaluation of student progress and remediation, including minimum passing rate on examinations and appropriate follow-up with students.

Due no later than October 30, 2015.

Section 2533(a) of the Vocational Nursing Rules and Regulations states:

“Vocational nursing programs shall include theory and correlated clinical experience.”

Violation #8:

The Board-approved curriculum includes theory and correlated clinical experience. However, due to delays in making up missed clinical time, and due to lack of remediation of the missed objectives, correlation between theory and clinical is lost for some students with absences. Records provided by the program and evaluated by both

Board representatives demonstrated seven (7) instances of missed clinical hours (a single clinical day, rather than an extended absence) for which there was no documentation of remediation of specific objectives and for which make-up did not occur for between two (2) to four (4) months. For example, a clinical experience with a focus on cardiovascular disorders was not make up for three (3) months. One (1) student interviewed reported a clinical day from one term not being made up prior to beginning the next term. A contributing factor, according to students interviewed, is the cost of clinical make-up time at \$60 per day per student, if a total of 10 students sign up for the make-up day. Otherwise, according to the program's policy, students are required to pay \$600 per day for the instructor, divided by the number of students attending make-up clinical time.

Required Action: Provide a detailed written proposal, including timeline for implementation, that ensures the correlation between theory and clinical is maintained in the case of absences.

Due no later than October 30, 2015.

Please contact the Board should you have any questions.

Sincerely,

Donna G. Johnson
Donna G. Johnson, RNP, MS, MA
Nursing Education Consultant
donna.johnson@dca.ca.gov
916-263-7842



Agenda Item #16.A.1., Attachment H

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.



Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 Web www.bvnpt.ca.gov

CERTIFIED MAIL

November X, 2015

Rachelle Cagampan, Director
Vocational Nursing Program
Bay Area College of Nursing, Palo Alto
824 San Antonio Road
Palo Alto, CA 94303

Subject: Notice of Change in Approval Status

Dear Ms. Cagampan,

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on November 20, 2015, the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program's provisional approval has been extended for the three-month period from November 20, 2015 through February 29, 2016.

The purpose of this letter is to explain the areas of noncompliance identified and the corrections required of your program to avoid losing approval completely.

Once you have reviewed this letter, please sign and return the enclosed "Acknowledgement of Change in Approval Status" form by **Friday, December 18, 2015**.

AREAS OF NON-COMPLIANCE (VIOLATIONS(S))

In accordance with Section 2526.1(c) of title 16 of the California Code of Regulations,

"The Board may place any program on provisional approval when that program does not meet all requirements as set forth in this Chapter and in Section 2526..."

Section 2530(l) of title 16 of the California Code of Regulations states:

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved vocational nursing schools for the same period."

Bay Area College of Nursing, Palo Alto

Vocational Nursing Program

Notice of Change in Approval Status

November X, 2015

Page 2 of 6

Section 2526(a)(8) of title 16 of the California Code of Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (8) Evaluation methodology for curriculum.

Section 2526(a)(11) of title 16 of the California Code of Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (11) Evaluation methodology for clinical facilities.”

Section 2534(c) of title 16 of the California Code of Regulations states:

“Schools are responsible for the continuous review of clinical facilities to determine if the student’s clinical objectives for each facility are being met.”

Section 2526(a)(12) of title 16 of the California Code of Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (12) Admission criteria.

Section 2526(a)(13) of title 16 of the California Code of Regulations states:

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (13) Screening and selection criteria.

Section 2530(a) of title 16 of the California Code of Regulations states:

“The program shall have sufficient resources, faculty, clinical facilities, library, staff and support services, physical space, skills laboratory and equipment to achieve the program’s objectives.”

Section 2530(b) of title 16 of the California Code of Regulations states:

“Regular faculty meetings shall be held. Minutes shall be available to the Board’s representative.”

Section 2530(g) of title 16 of the California Code of Regulations states:

Bay Area College of Nursing, Palo Alto

Vocational Nursing Program

Notice of Change in Approval Status

November X, 2015

Page 3 of 6

“Each school shall have on file proof that each enrolled student has completed a general education course of study through the 12th grade or evidence of completion of the equivalent thereof. Equivalency is determined by the Department of Education in any of the United States or by a nationally-recognized regional accrediting body.”

Section 2530(i) of title 16 of the California Code of Regulations states:

“The school shall evaluate student performance to determine the need for remediation or removal from the program.”

Section 2533(a) of title 16 of the California Code of Regulations states:

“Vocational nursing programs shall include theory and correlated clinical experience.”

The program pass rates for the Bay Area College of Nursing, Palo Alto, Vocational Nursing Program for the past 23 quarters are set forth in the following table:

NCLEX-PN® Licensure Examination Pass Rates			
Quarter	State Annual Average Pass Rate	Program Annual Average Pass Rate	Variance from State Annual Average Pass Rate
Jan – Mar 2010	74%	64%	-10
Apr – Jun 2010	75%	59%	-16
Jul – Sep 2010	75%	45%	-30
Oct – Dec 2010	76%	37%	-39
Jan – Mar 2011	77%	41%	-36
Apr – Jun 2011	76%	37%	-39
Jul – Sep 2011	76%	39%	-37
Oct – Dec 2011	75%	50%	-25
Jan – Mar 2012	74%	47%	-27
Apr – Jun 2012	74%	51%	-23
Jul – Sep 2012	74%	56%	-18
Oct – Dec 2012	74%	51%	-23
Jan – Mar 2012	73%	48%	-25
Apr – Jun 2013	73%	37%	-36
Jul – Sep 2013	74%	42%	-32
Oct – Dec 2013	76%	52%	-24
Jan – Mar 2014	76%	67%	-9
Apr – Jun 2014	73%	75%	+2
Jul – Sep 2014	73%	75%	+2
Oct – Dec 2014	72%	75%	+3
Jan – Mar 2015	71%	57%	-14
Apr – Jun 2015	72%	44%	72%
Jul – Sep 2015			

REQUIRED CORRECTION(S)

1. Require the program to correct violations identified during the onsite inspection and submit a report identifying implemented interventions including, but not limited to, the following no later than **December 15, 2017**.
 - a. Timeline for implementation of the policies and documentation of evaluation of curriculum and clinical facilities, including program administration oversight;
 - b. Plan of correction that describes how the program will follow and/or improve the policies for admission, screening and selection of applicants;
 - c. Detailed plan and timeline for improving resources sufficient to achieve the program’s objectives;
 - d. Documentation of high school graduation or the equivalent for each student;
 - e. Revised policy, including timeline for implementation, for evaluation of student progress and remediation.

Bay Area College of Nursing, Palo Alto

Vocational Nursing Program

Notice of Change in Approval Status

November X, 2015

Page 5 of 6

- f. Plan of correction, including timeline for implementation, that ensures correlation between theory and clinical in the case of absences.
2. Continue to require the program to maintain its average annual pass rate at no more than ten percentage points below the state average annual pass rates.
3. Continue to require the program to admit no additional students unless approved by the full Board.
4. Require the program to provide no less than one (1) clinical instructor for every 10 (ten) students in all clinical experiences.
5. Require the program director to submit, under penalty of perjury, the names of all enrolled students, date of admission, placement in the curriculum, and expected date of graduation by **December 1, 2015**.
6. Continue to require the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.
7. Continue to require the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval.
8. Failure to take any of these corrective actions may cause the full Board to revoke the program's approval.

FUTURE BOARD ACTION

Your program will be placed on the **November 2017** Board Meeting agenda, at which point the Board may revoke or extend the program's approval. If you have additional information that you wish considered beyond the required corrections listed on pages 4 and 5, you must submit this documentation by the fifteenth day of the second month prior to the Board Meeting.

OTHER IMPORTANT INFORMATION

Please be advised that, pursuant to the Board's regulations, the program will not be authorized to admit new classes beyond the established pattern of admissions previously approved by the Board. The established pattern of admissions approved by the Board is as follows: **Approval by the full Board is required prior to the admission of additional students.**

Bay Area College of Nursing, Palo Alto
Vocational Nursing Program

Notice of Change in Approval Status

November X, 2015

Page 6 of 6

In the event your program is required to submit any report(s) as a corrective action pursuant to this notice, such reports are required in addition to any other reports required pursuant to section 2527 of the Board's regulations.

The program may not advertise that it has full approval, and should take steps to correct any ongoing advertisements or publications in that regard.

A copy of title 16, California Code of Regulations, section 2526.1, regarding provisional approval is attached for your reference. A complete copy of the Board's laws and regulations can be found on the Board's web site at www.bvnpt.ca.gov.

Should you have questions, please do not hesitate to contact the Board.

Sincerely,

JOHN BROOKS

Acting Executive Officer

Enclosures

cc: Board Members

JB: dgj

9.