

HEALTHCARE ADVISORY AGENDA: ADN

Zoom

February 26, 2024

4pm-6pm



INLAND EMPIRE/DESERT
REGIONAL CONSORTIUM
STRONG WORKFORCE

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- 4:00 pm Welcome & Introductions: Wendy Deras, Industry Sector Manager, Health, Inland Empire,
- 4:10 pm “Inland Empire /Desert Registered Nursing LMI Update” presented by Juan Madrigal
- 4:20pm “Lessons on Starting a Rural ADN program in the IE”, Theresa Becker, Associate Dean, Health Sciences, Palo Verde
- 4:40 pm Curriculum Approval/Discussion
- “Pre-Allied Health Certificate of Achievement”, Kurt Spurgin, College of the Desert
- Community Colleges report out and review of any changes needing approval
- Moderated Industry Skills Panel*
- Barbara Barney-Knox, MBA, MA, BSN, RN
Deputy Director Nursing, Statewide Chief Nurse Executive
CDCR
- Ann Mendoza, MSN, RN, NPD-BC, NE-BC
Director, Clinical Education
Pomona Valley Hospital Medical Center
- April Keller, BSN, RN
Nursing Education Instructor
Clinical Placement Coordinator
Education Services
- Carol Wagner, Director of Clinical Initiatives
Providence Healthcare Group
- Moderator: Wendy Deras*
- 5:00pm Breakout Rooms per college

Location: Zoom

Monday, February 26, 2024, 4pm-6pm



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5:00 pm

Welcome & Introductions: Wendy Deras, RDEE Health, Inland Empire

- Brief overview of meeting and Wendy asked the attendees to introduce themselves in the chat. She also explained that you can save and download the chat at any time during the meeting.
- This is the fifth year that we have gathered for this advisory meeting. The goal is to come together every year, so that we have the best information possible to have the best curriculum possible to get you the best employees possible. Also, so that you all have the information you can take back to your schools and to connect the schools to industry and let them share their needs and that you have an idea of what's happening in the community.

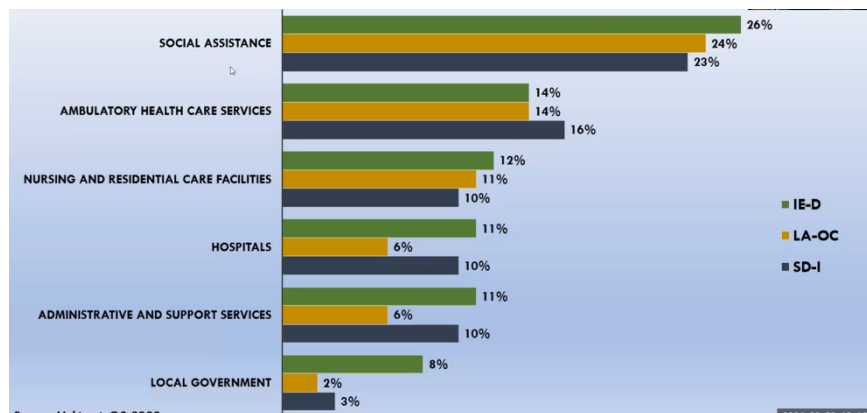
“Inland Empire Health Registered Nursing (ADN) LMI Update” Juan Madrigal, Consultant with Center of Excellence

- Reviewed the work of the Centers of Excellence (COE).
 - The purpose is to provide quality labor market data and information to all the community colleges in the region as well as K-12 partners.
 - They assist stakeholders with program development, modifying existing programs, and pursuing new grants and meetings like this.
 - We will review Industry Data, Occupational Demand and Educational Supply on both the community college and non-community college side.

- Job Projections in our region

1,870,378 <i>2022 Jobs</i>	Industry (NAICS)	2022 Jobs
↓	Government (90)	279,886
202,213 <i>5-Year Change</i>	Health Care and Social Assistance (62)	248,722
↓	Transportation and Warehousing (48-49)	221,839
2,072,591 <i>2027 Jobs</i>	Retail Trade (44-45)	192,915
	Accommodation and Food Services (72)	164,819

- Inland Empire desert region is at the top is leading the numbers. It's leading the growth. Juan shared that he will add a slide to his powerpoint that explains all of the definitions.



- What is a Registered Nurse?



- It is not listed in the above, but there is a demand for travel registered nurses.

- Occupational Demand

- The table just shows the number of jobs back in 2022 and the projected number for these occupations through 2027.

Occupation (SOC)	2022 Jobs	2027 Jobs	5-Year Change	5-Year % Change	Annual Openings*
Registered Nurses (29-1141)	32,212	36,110	3,898	12%	2,616
Total	32,212	36,110	3,898	12%	2,616

*Annual openings = new jobs + replacements (retirements)

- The table just shows average wage of the registered nurse in our region.



- What are employers posting in the region?

Registered Nurses— 23,400 Job Postings
Top Employers & Skills (January – December 2023)

- 23% of job postings did not list experience requirement
- 33% of employers desired entry-level workers (0 to 1 year of experience) / 33% desired 2 to 3 years of experience

Employers	Specialized Skills	Common Skills
Kaiser Permanente	Nursing	Communication
Loma Linda University Health	Medication Administration	Management
HCA Healthcare	Intensive Care Unit	Planning
Universal Health Services	Discharge Planning	Leadership
Aya Healthcare	Acute Care	Problem Solving
Providence Health	Clinical Practices	Accountability
Desert Regional Medical Center	Emergency Departments	Operations
Eisenhower Health	Care Coordination	Critical Thinking

- Educational Supply
 - The table shows the award conferred by the community colleges in the region.
 - The 3-year average for this program at all these colleges was 532 (3-year average).
- Wendy shared the lens through which we're looking through labor market data. It was geared towards how many awards are the private and public schools at each of the levels producing. The data shows how many completers go into the workforce. The information based on the community college system and how they gather the data and what their codes are.

CC Program (TOP Code)	2019-20 Awards	2020-21 Awards	2021-22 Awards	3-Yr Award Average
Registered Nursing (1230.10)	542	496	557	532
Chaffey	70	36	57	54
Copper Mountain	29	22	21	24
Desert	63	40	64	56
Mt. San Jacinto	35	56	21	37
Riverside	177	166	153	165
San Bernardino	81	99	86	89
Victor Valley	87	77	155	106

Associate Degrees for non-community colleges (last 2 years).

Non-CC Program (CIP Code)	2019-20 Awards	2020-21 Awards	2-Yr Award Average
Registered Nursing/Registered Nurse (51.3801)	36	27	32
San Joaquin Valley College – Ontario	36	27	32

Additional Programs:
 San Joaquin – Rancho Mirage
 American Career College (Ontario)

Bachelor's Degrees awarded in the last 2 years.

Non-CC Program (CIP Code)	2019-20 Awards	2020-21 Awards	2-Yr Award Average
Registered Nursing/Registered Nurse (51.3801)	1,210	1,328	1,269
California Baptist University	159	156	158
California State University – San Bernardino	107	159	133
Loma Linda University	207	197	202
University of Phoenix-California *CLOSED July 2021*	203	118	161
West Coast University-Ontario	534	698	616

Master's Degrees awarded in the last two years.

Non-CC Program (CIP Code)	2019-20 Awards	2020-21 Awards	2-Yr Award Average
Registered Nursing/Registered Nurse (51.3801)	82	85	84
California Baptist University	53	80	67
California State University – San Bernardino	12	4	8
Loma Linda University	17	1	9

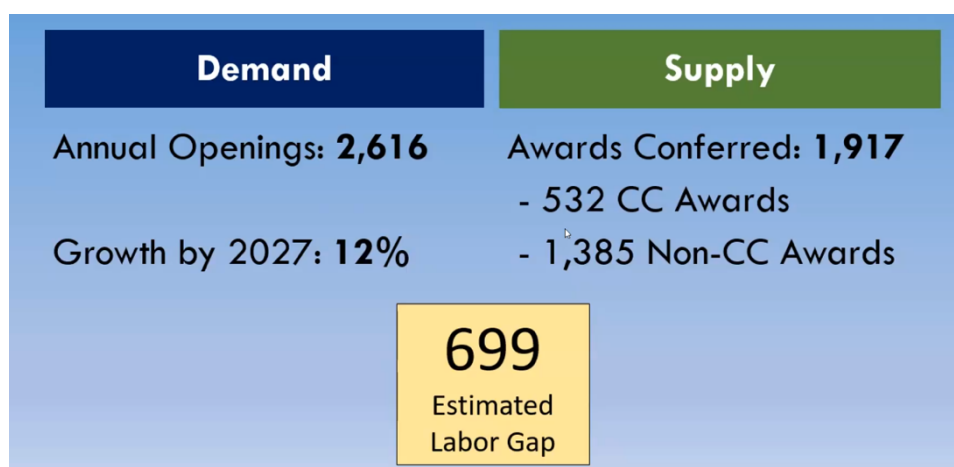
Additional Programs:
 Azusa (San Bernardino)
 Western University (Pomona)

Student Outcomes

After a student completes the program there is to survey (self-reported data) .

Strong Workforce Program Metrics: 1230.10 – Registered Nursing	Inland Empire/ Desert Region	California
Unduplicated count of enrolled students	1,540	18,373
Completed 9+ career education units in one year	70%	57%
Students who attained a noncredit workforce milestone in a year	95%	39%
Students who earned a degree, certificate, or attained apprenticeship	481	4,421
Job closely related to the field of study	96%	95%
Median annual earnings (all exiters)	\$72,972	\$63,028
Median change in earnings (all exiters)	54%	69%
Attained a living wage (completers and skills-builders)	85%	72%

Estimated Labor Gap



The data is projected and an average over three years. The Center of Excellence, leaning towards being more conservative. The data is for San Bernardino and Riverside County,

- Shared the IE/Desert Regional Career Education Map (<https://bit.ly/IECareerMap>). Juan shared how the map works and that you can view information on the region's community colleges, high schools, and pathways.
- It gives you the option to drill down and find out more about industries that you're specifically interested in.
- Juan will collect the data from the BRN website on pass rates for each school individually and year and compare it to the labor market data you already have.
 - Wendy shared eight colleges of the seven of which have data on that BRN website.
- If you have questions or need more information reach out to juan@coecc.net

"Lessons on Starting a Rural ADN Program in the Inland Empire"

Palo Verde College: Theresa Becker, Interim Associate Dean of Nursing and Allied Health

- One of the first colleges in the region to have a brand-new ADN program in the state.
 - Rural location. Located on the Colorado River. The closest hospital is 35 bed hospital and clinicals are not always available at this location.
- Theresa shared the process to get an ADN program started:

- Need LMI data to prove there is a need for the program in your area, hold your Advisory Board meeting, write your letter of intent, your feasibility study, self-study, develop your student applications and the last step, of course, is enrolling students into the program. Theresa provides detailed slides in her PowerPoint presentation.
- Overview of Timeline: Minimum of three years to get an ADN program approved and started and students enrolled.
- Theresa shared tips and her challenges in the process.
 - Th LVN-30 Option, because you must have exactly 30 credits for somebody that's coming in as an LVN.
 - Needs to be part of the self-study.
 - The student will not receive an associate degree. But that's a part of the self-study that must be completed, regardless of whether you're ever going to offer that as an option. But whether you're going to encourage students, because within LVN 30 option, they can only work as an RN in California.
 - Faculty Challenges
 - Lack of formal orientation
 - Lack of qualified candidates
 - All colleges struggling with faculty shortages.
 - Need for additional faculty due to clinical site restrictions.
 - Inability of faculty to meet the required load as faculty when preparing courses.
 - Times for faculty to develop course materials.
 - Solutions
 - Develop a formal orientation process prior to hiring your faculty.
 - Have faculty remediate in specialty areas.
 - Professional Development
 - Train Faculty in simulation to offset clinical hours.
 - Create files with all teaching materials (available to all instructors)
 - Use consistent syllabi for every course.
 - Keeping Recruiting!

Kurt Spurgin, College of the Desert, Concept for Pre-Allied Health Certificate of Achievement

- Nursing students would earn a certificate of achievement for completing the prerequisites for the nursing program, they would earn an award, a certificate of achievement. There is flexibility for other allied health students.
- The benefit to the student is that once they've completed their prerequisites for nursing. They'll get a certificate of achievement that honors their work and their effort, and then, presumably that certificate treatment might provide them with opportunities to get into entry level healthcare positions to get more experience in the field. entry level employment while they are earning their nursing degree.
- The committee suggested adding what position that level of education could support.
- The certificate is a halfway point for the student. It is a way of recognizing the work that they have done. It is like halfway to their degree. It is a stackable certificate.
- If you do have feedback, or if you'd like to see the narrative behind the certificate of achievement, please reach out to me.
- Wendy explained the committee voting process. The committee voted on the certificate.
- 25 Yes votes, 0 no votes, 0 abstained votes

Community College Report Out

- **College of the Desert:** 'll I'll speak more in detail at the breakout, but just so that the region is aware, we will be increasing our enrollment, starting in fall up to our max. That's already approved by the BRN for a hundred per semester into our RN Program. And then, additionally, we were just awarded a 1-million-dollar grant with the K-16 collaborative. It is with all 3 of the high school districts in the Coachella Valley, and Cal State (San Bernardino) and COD and will be offering dual enrollment to 210 Health Academy students so they will be finishing the prerequisites for the LVN program prior to graduating high school.

Industry Skills Panel

There is a good representation on the panel. We have the CDCR State prison system. We have an acute care hospital, and we have SNFs being represented.

- Barbara Barney Knox. She is from the Deputy Director of Nursing a Statewide Chief Nursing Executive CDCR.
- April Keller. Clinical Placement Coordinator for RUHS.
- Carol Wagner, Director of Clinical Initiatives, State for Providence Healthcare Group.

Question: Is there a difference between your hiring practices with Associate Degree in Nursing versus bachelor's degree in nursing, is one preferred over the other?

- April Keller. Clinical Placement Coordinator for RUHS: We love ADN nurses. There's no preference.
- Barbara Barney Knox, CDCR: We hire all levels. If you plan to move into leadership then we request a BSN and preferably a master's to be Chief Nurse.
- Carol Wagner, Providence Healthcare Group. Having a BSN gives them more opportunities for career growth and advancement, but ADNs are hired at all our facilities.
- Chris from San Antonio Hospital. I would have to agree with the panel that we do see our ADNs coming directly out of school with an associate to be more engaged in skill sets, you know we do see the advantage sometimes of your BSN with a little more of the critical thinking skills. But it really starts with those basics, coming in and gaining those skills.
- Sarah with Eisenhower. Our ADNs do a wonderful job. They come in and are well prepared. We do require enrollment and a BSN within your first year and completion within 5 years. So, but we've seen great success with them.
- Karl Van Allen – SARH: We started a new program, basically a residency program we have an onboarding coordinator now. And we started 20 new nurses today. And we have everything from bachelor's to associates. And we've worked with them. Last year when we started this program, we ended up with a total of just under 80 that completed the program.
- Wendy shared there are several colleges in our region doing apprenticeship CNA to LVN. Contact Wendy if you are interested and for more information.
- Rachel Martinez wants to remind schools to tell those students to put their non nursing job in their resumes and on their applications, because life experience makes a difference and work history makes a difference.

Question: The next question is about soft skills. Are there still soft skills that we need to work on in our colleges as they come into your jobs?

- April Keller. Clinical Placement Coordinator for RUHS: We're still seeing a lack of communication skills and critical thinking skills. It's increased since our Covid graduates, which can be expected since we had them mostly doing

telehealth and labs. From what I've heard from the directors, they are seeing improvement in those areas. The communication part like improvement in just the normal how to speak to people. We were talking about another consortium. It's possibly due to the generation we're all used to texting and emailing. People don't know how to have conversations anymore. And just the lack of showing compassion. They're not compassionate. But a lot of the students still don't know how to just hold someone's hand and sit with them and take a moment because we're in such a fast-paced world. So maybe focusing on some of that when you're speaking to some of the new nursing students and then the ones getting ready to graduate. Focusing on how important it is to have like empathy and compassion.

- Wendy shared she has been off the floor about 3 years since the pandemic since I've been working in the hospital, and when I worked in the hospital 3 years ago, I could shake all my patients' hands and not put on gloves, because you only need gloves. If you are in an isolation room or blood or body fluids. But my understanding now people are telling me, is that students are being taught, and employees are being taught to wear gloves 24/7. If you're delivering a tray, if you're dressing someone, no blood, body, fluid gloves, gloves, gloves, gloves, is that the new best practice, or is something changed that I'm not aware of?
- April Keller: For us nothing has changed. We'll even see some of our travelers or new hires come in and they want to put gloves on just to do like return skills, mannequins and infection control has done some teaching that you don't need that for non-bodily fluids, you know. We just teach them to use good hand hygiene sanitize hand wash in between. We run hundreds of people through in our orientations every week. But we do see that everyone's afraid to touch anything without gloves, and I think it also comes from Covid and everything we went through where you suited up in full armor for everything. But it is not common practice in our hospital. We still believe in hand washing is the best thing, and you don't have to wear gloves to touch patients.
- Karl Van Allen – SARH: The first thing I teach in our customer service class for newbies or just new hires, is that when you introduce yourself to your patient, shake hands with them, and you don't have to put on gloves to shake hands with your patient. We have plenty of hand sanitizer. It's in your job description to touch patients. You're allowed to do that. And I think when one of the things that always gets to me is that we get to a point where you want to. The new nurse withdraws to the computer because it's safe. And it's and it's easy. And it's convenient. But you know we've I've really don't II know what documentation is important. I've been doing this forever but taking care of your patients is more important. And so, when you talk about the soft skills, just being willing to sit in the room with someone and listen to what they must say and have that as part of your as part of our training in the schools. I teach clinical occasionally for some of the schools. And you know I'm never going to fault someone for taking an extra few minutes in the room.
- Carol Wagner, No, we're the same. Good hand washing good hand, hygiene, and gloves in areas bodily fluid. But we still do have Covid areas in our buildings. So, you know, more precautions in those areas. But other than that just good hand hygiene. Regarding soft skills, you can't document if you don't know what your patient's baseline is, if you're not in the room looking at them. If you don't listen to a patient. You're not going to get a sense of what's going on, how to help them, how to move them forward. how to resolve an issue. So just kind of that integration of their didactic portion into how to actualize it in practice.
- Barbara Barney Knox, I think from our pre from our perspective, we are a prison setting. And so, people show up with these preconceived notions about how we treat our patients. We are currently embarking on a huge overhaul of our system called the California Model, where we are much more empathetic, much more personal, with the personable, with our incarcerated individuals. As far as we're going as far as to change the name of what we call them. We're engaging their inmate councils on how we make decisions. We're treating them as equal partners in their healthcare. The same way that we would do outside. We're trying to normalize the work that we do with them from a healthcare standpoint and a custody standpoint. And so, you know my advice to students, especially those that show up, and they don't understand that our goal is really to function as a regular healthcare organization, the same as on the outside is, it may show up thinking I'm not supposed to be nice to the inmate. I'm not supposed to show empathy. I'm not supposed to be personable.

Question: Is there new technology that is recently come out since last year's advisory?

- Carol Wagner, we have new respiratory programs going. We're working on instituting bedside dialysis. The new system is convenient and easy to use.
- Barbara Barney Knox, cannot think of anything offhand. I would say that more and more is being pushed to the registered nurse and the LVN. Example you may be a clinic nurse, but you also must respond to all the emergency medical responses that happen anywhere in the institution. And so, in that sense, we are asking that all our nurses have training and emergency medical response. We have a full on 2-week program that we put all our nurses through for that and you know, putting in IO and drop in you know the right oral airways. So, in that sense, we require a little bit more than your basic bedside, nurse, but I can't think of anything that we're doing.
- Karl Van Allen – SARH. And we initiated the caraware phone system in our in our clinical areas, which is kind of nice so that they, the staff, gets notifications of what's going on with their patients? We if they're on a critical or monitored unit. If their monitor goes off, they get an alert to their phones stuff like that which is cool. The other side is that they can text one another when they need help or get information from nurses, the nursing admin area and stuff. And we just recently started using capacity management, which is another part of Cerner that now.
- DeeDee Stark - SARH, our IT department, and they had given us this feedback, and they suggested that not to forget the importance of TIGER competencies, (technology informatics guiding education reform) that increasingly, nurses are dealing with data and information from multiple sources. And most now have the basic computer competencies. But they still need to be aware of the data and information literacy and have the skills to process that information that they have.

The advisory committee went to breakout rooms.

Chaffey, RCC, SBVC, VVC Breakout Notes

- SARH started a new grad class of 19 this week
- They will be starting a smaller new grad class of 10 in April and will start taking applications in a couple weeks
- The next larger new grad group will start at the end of July
- Need RN license to apply
- Suggestions for applying/interviewing: fill out applications properly, bring resume copies, research the hospital beforehand, arrive on time
- It is highly suggested that new grads start in med surg or tele instead of applying to specialty areas. There is also a pipeline program available, where the new grad can transition from med surg or tele into a specialty unit after gaining experience

COD/Palo Verde Breakout Session

- 1) College of the Desert – Sarah Fry, Director, Nursing and Allied Health, College of the Desert
 - a. Introductions of new staff
 - b. Program outcomes for AND/RN and LVN to RN cohorts
 - c. Upcoming plans for enrollment growth and department goals
- 2) Palo Verde presentation - Theresa Becker, Assistant Dean, Health Sciences, Palo Verde
 - a. Please refer to prior presentation “Lessons on Starting a Rural ADN program in the IE”
 - b. Excited to graduate first ADN class in December 2024. The class grew from 12-19 students with advanced placement students.
- 3) Feedback from community partners echoed prior comments for the large group session: need for soft skills, professional tone, human connections; no major concerns, just fine tuning.
- 4) Barbara Barney-Knox spoke about correctional nursing as a potential first line job for new AND graduates and invited us all to tour their facility.

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Employers	17	COD	12
Colleges	32	RCC	1
K12	1	NSJC	4
Stakeholders	4	VVC	2
		Chaffey	3
		SBVC	8
		PV	2