



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

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 Governor

MANUEL FLORES  
 Acting Secretary

JAY STEWART  
 Director  
 Division of Professional Regulation

**MINUTES**  
**ADVISORY BOARD FOR THE ILLINOIS CENTER FOR NURSING MEETING**

09:00 AM, Thursday, February 6, 2014

Location:

JR Thompson Center  
 Division of Professional Regulation  
 100 W. Randolph Street  
 9<sup>th</sup> Floor, Room #9-140b & c  
 Chicago, Illinois

ATTENDANCE

ICN Board Members:

Excused Absence: Marsha Prater (phone participate)

Present : Chicago:

- Donna Hartweg, Chairperson
- Maureen Shekleton, Vice-Chairperson
- Julie Bracken
- Kathleen Delaney
- Corinne Haviley
- Carmen Hovanec
- Janet Krejci
- Mary Lebold
- Donna Meyer
- Deborah Terrell

Guests: Michele Bromberg, IDFPR Nursing Coordinator  
 ICN Staff: Chicago: LBRoberts

D. Hartweg called meeting called to order at 09:10am

Topic	Discussion	Action
Announcements: Welcome, introductions	Welcome new Illinois Center for Nursing (ICN) Advisory Board member Corinne Haviley; introductions of ICN Board members and guest	
	Approval of December 5, 2013 ICN Board meeting minutes: J. Krejci, move, C.Hovanec second, minutes approved.	Approved
	Chair offers, if there is no objection, to move to Old Business- Strategic Planning, and defer all other agenda items to the April 2014 ICN Board meeting.	No objections
Old Business Strategic Planning	Chair Hartweg provides overview of plan for the day	
	Reaffirm ICN Mission Statement and revised ICN vision statement: <u>ICN Mission Statement:</u> the mission of the Illinois Center for Nursing is to	

	<p>advocate for appropriate nursing resources necessary to meet the healthcare needs of the citizens of Illinois.</p> <p><u>ICN Revised Vision Statement:</u> Revised ICN Vision: The Illinois Center for Nursing will be a state of the art workforce center that will provide necessary and informative resources, long range strategic planning and policy development, in order to promote excellence in nursing practice and education and provide a successful roadmap for ensuring the optimal nursing workforce in Illinois.</p> <p>Reaffirm mission and approve changes in vision statement: M. Shekleton moved, C. Hovanec second, approval unanimous</p>		Approved
Review	<p>M. Shekleton "review the landscape"</p> <p>Review documents distributed prior to the meeting (Appendix #A)</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Common threads include: data, shift to community based care, shift away from acute care, changes in reimbursement, increase use of health care teams including new roles and new members as part of this team and communication</li> <li>• Additional considerations: National Council State Boards of Nursing (NCSBN) nursing compact – consider super compact; military – transitioning military personnel with medical background to LPN education programs with option to bridge to RN; immigrant health professionals transitioning into community and workforce, most recent information focus physicians (IMPRINT); diversity of workforce.</li> </ul>		
SWOT	SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis led by M. Shekleton		
Future	<p>"Good Enough" strategic planning discussion led by J. Krejci. What do we need to do now for the ICN for the next 12 months, sustainability of the ICN. The model is a building with pillars, the central challenge is the roof, the pillars are essential to meet the challenge and intertwined amongst the pillars are themes or concepts, for example, quality.</p> <p>Discussion: create a central challenge: begin with listing challenges Step #2: come up with one sentence that reflects a central challenge, which is different from the mission and vision statement, is what drives us right now. Challenge: Optimize ICN's influence as the leader for nursing workforce development that impacts quality healthcare policy, practice and education in an era of change</p>		Approve by consensus
Lunch	12:00 - 1245		
Strategic Priorities	<p>List items to implement immediately, adjust continuously, to keep on the table at every meeting, something to keep us moving</p> <p>Next step: reach consensus on four or five priorities/pillars, break into small groups to capture the substance of what we are going to do to make this work happen. Create ownership of the priority, create a structure for work in these areas, including metrics to move the agenda forward. Focus on whether this priority is necessary and is it sufficient?</p> <p><u>Data:</u> Utilize current data to plan and project workforce needs (C. Haviley, D. Terrell, J. Bracken)</p> <p><u>Partnerships:</u> Build key strategic partnerships (M. Shekleton, K. Delaney, D. Meyer)</p> <p><u>Resources:</u> Clarify budgetary relationships in ICN, then develop a</p>		

	<p>budgetary process to guide the strategic plan (M. Lebold, LBRoberts, M. Bromberg)</p> <p><u>Public Relations/Marketing</u>: Increase visibility and communicate the value of ICN, or strengthen the brand, then increase the visibility and then communicate the value of the ICN (D. Hartweg, C. Hovanec, M. Prater)</p>		
Summary	<p>The ICN mission and revised vision statements were reaffirmed</p> <p>The state of the state was clarified through a review of the landscape</p> <p>A central challenge was created and approved</p> <p>Four strategic priorities were created for a good enough strategic plan</p>		
Follow-up	<p>ICN Chair Hartweg will send out an email within the next 10 days to ask each ICN Board member which area they are interested in, to create four task forces (data, partnerships, resources, PR/marketing), ask one member to convene the task force, each group to elect own chair, meet by conference call prior to the next ICN Board meeting 4/3/14.</p>		
Discussion	<p>For the next few meetings will plan to have face-to-face meetings, not videoconference board meetings; there is a different level of productivity with face-to-face meetings.</p>		
Thank you	<p>Thank you to everyone for their dedication and focus. To meeting facilitators M. Shekleton and J. Krejci, to LBRoberts for preparations, to D. Hartweg for the vision to begin this strategic planning process and for organizing and chairing the proceedings.</p>		
Adjournment	<p>Motion to adjourn: D. Terrell moved, M. Shekleton seconded, meeting adjourned at 3:13pm</p>		
Next meeting	<p>Thursday, April 3, 2014</p>		

Appendix #A  
 Illinois Center for Nursing  
 Summary of Strategic Planning Resources  
 February 4, 2014

The following is an outline of key documents and resources you have received from Linda. Each includes elements for consideration as we plan for the future. I had selectively highlighted a few points.

Title	Date	Source	Key elements	Other comments
<b>ILLINOIS CENTER FOR NURSING</b>				
1. Nurse Practice Act, Article 75	2013	General Assembly	All	Mandates guide/limit strategic plan
2. ICN Mission, Vision, Goals and Mandates	2010	ICN	Linda sent you proposed change in vision today. See email.	The ICN SP subcommittee will propose: no change in mission language; slight change to vision for clarification; suggest goals be used as guides as we will create new strategic objectives.
3. ICN Advisory Board review FY2006-2013	2013	ICN; Linda Roberts summary from all ICN minutes	All ICN activities including those in partnership and collaboration with others.	This summarizes accomplishments from beginning of ICN: <i>These programs/activities have been conducted since 2006.</i>
<b>NATIONAL EXTERNAL DOCUMENTS:</b>				
<i>Future of Nursing Recommendations</i>	2010	Institute of Medicine	Nurses should - practice within full extent of law; Seamless educational	

	<p>progression to increase education levels; nurses as full partners in health care; require better data collection and dissemination</p>			
<p><b>STATE RESOURCES:</b> <i>Budgeting for Results</i></p>	<p>2013</p>	<p>Governor Quinn's Annual Report</p>	<p>Key for ICN: Emphasizes need for performance and program indicators in place to communicate successful outcomes. (e.g. with Fellowships, etc).</p> <p>Emphasizes collaboration, need for data,</p>	
<p><b>Five year Strategic Plan</b></p>	<p>2013</p>	<p>Illinois Department of Public Health</p>	<p>Document can be used as guide when ICN seeks new or selects methods to sustain appropriations.</p> <p><b>5 year objectives focus on:</b></p> <ol style="list-style-type: none"> <li><b>1. developing and expanding partnerships</b></li> <li><b>2. improving data utilization</b></li> <li><b>3. reducing health disparities</b></li> <li><b>4. improving regulatory compliance</b></li> <li><b>5. brand, marketing, and communication</b></li> </ol>	<p><b>Note their SWOT analysis and strategic objectives: Some are similar to our discussions.</b></p>
<p>Illinois Health Care Action Coalition Documents</p>		<p>Illinois: Future of Nursing State</p>		<p>See newly distributed document below.</p>

<p>IL Healthcare Action Coalition Operations/Communication</p>	<p>2014</p>	<p>Implementation Projects (RWJ &amp; AARP)</p>	<p>Outlines communication among three co-leads.</p>	<p>See IHAC for implementation plan through co-leads of ANA-Illinois, IONL, and ICN.  ICN receives communication through Linda Roberts.  ICN had input into recommendations in 2013. See below.</p>
<p><i>Illinois Health Care Workforce Report and Recommendations</i> (IHCW)</p>	<p>2014</p>	<p>Illinois HealthCare Reform Implementation Council Workgroup on Workforce IDPH</p>	<p>State initiative to address needs created by ACA and others:  READ Executive Summary, pp. 3-5. NOTE select recommendations to</p> <ol style="list-style-type: none"> <li>1. Adopt Nurse Licensure Compact</li> <li>2. Streamline process of Veterans into healthcare</li> <li>3. Create Community Health Worker role</li> <li>4. Adopt instate tele-health</li> <li>5. Increase funding for health professionals including APNs in underserved areas.</li> <li>6. Explore scope of practice – including certified medication technicians</li> <li>7. Enhance career ladder from CAN to BSN</li> </ol>	

<p>ICN Comments to the IHCW</p>	<p>2013 June</p>	<p>Illinois Center for Nursing</p>	<p>8. Curriculum development across all ed levels. Input to the Illinois Healthcare workforce document.</p>	<p>Note several attachments to this handout: Illinois Career Cluster Framework and Model; NLN Ed Competencies Model; Nursing Career Ladder (note they only list APN and DNP for graduate level)</p>
<p>OTHER: 1. Nursing Role Exploration Project</p>	<p>2013</p>	<p>California Institute for Nursing and Healthcare</p>	<p>Note: Creation of 5 new RN roles. Example of CA Center for Nursing's workforce effort</p>	<p>Addressed gaps in care projected with ACA by identifying new RN roles in California.</p>
<p>Chicago Area Health Education Center (AHEC)</p>	<p>2013</p>	<p>Health and Medicine Policy Research Group, Chicago</p>	<p>Goal is to meet primary care and public health workforce needs in Chicago area</p>	
<p>DATA sources: Enrollment in US nursing schools, 2012-1013</p>	<p>2014</p>	<p>American Association of Colleges of Nursing</p>	<ol style="list-style-type: none"> <li>1. Entry level BSN programs increased by 2.6% (lowest in 5 years).</li> <li>2. RN to BSN increased by 12.4%.</li> <li>3. Masters enrollment increased by 4.4%</li> <li>4. DNP enrollment</li> </ol>	<p>Major issues: Shortage of faculty Shortage of clinical sites Funding issues</p>

				increased by 21.6%	
				5. PhD or research based enrollment increased by 1.7%	