



# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

PAT QUINN  
Governor

BRENT E. ADAMS  
Secretary

DONALD W. SEASOCK  
Acting Director  
Division of Professional  
Regulation

### Minutes

Illinois Center for Nursing  
Advisory Board Meeting  
10:00 A.M., Thursday, April 1, 2010  
JR Thompson Center  
100 W. Randolph Street  
9<sup>th</sup> Floor, Room 9-171B and C  
Chicago, Illinois

#### ATTENDANCE

##### Board Members Present:

*Michele Bromberg, Chairperson*  
*Kathryn E. Christiansen*  
*Nancy Cutler*  
*Mary Lebold*  
*Marcia Maurer*  
*Donna Meyer*  
*James Renneker*  
*Maureen Shekleton*

##### Excused Absence:

*Susan Campbell*  
*Donna L. Hartweg*  
*Deborah A. Terrell*

##### ICN Staff:

*Linda B. Roberts*

At 10:09 a.m. Chairperson Bromberg officially called the meeting to order. A quorum was present.

## ANNOUNCEMENTS

1. Review and approval of minutes from February 4, 2010. Page #7, section New Business: “As the regional partnerships, *C/NI*, CIRCLE and the Quad Cities are initiated into the workforce projects, ICN will orient them to the role of ICN in nursing workforce development and other initiatives.”  
*C/NI* (Central Illinois Nursing Initiative): a Robert Wood Johnson Foundation Partners In Nursing (RWJF PIN) recipient in Springfield, IL was deleted from the minutes as this group is not a regional partner, though it is a stakeholder.  
Motion: M. Lebold moved and M. Shekleton seconded the motion to approve the minutes as amended, minutes approved.
2. Statement of Economic Interest (SOEI) – all completed, original, signed SOEI from Illinois Center for Nursing (ICN) Advisory Board members have been returned.
3. Legislative Update
  - a) Continuing Education information is now on IDFPR website: “Professional Nursing Professions Licensed by DPR: **IMPORTANT NOTICE Regarding Continuing Education and Registered Nurses**”, which links to the ICN Website tab labeled: “Continuing Education: Illinois Registered Professional Nurse CE Option Availability” (see attachment A resource document).
  - b) RN Licensure renewal process reviewed in brief. Options include: renewing by mail, credit card, also how to make address/name change, how to request inactive licensure status.
  - c) HB6065/SB 3822 Care of Students with Diabetes Act: this legislation has passed out of the House of Representatives and is now in the Senate. At this time the Legislature is in recess for spring break. Discussion focused on maintaining a safe treatment regime, and the need for a licensed nurse in every school. New legislation filed or passed:  
Staffing by Patient Acuity Law: (law 2007), Rules final March 12, 2010. Every hospital will implement a staffing plan recommended by a committee of nurses, comprised of at least 50% direct care staff nurses. This committee must take into consideration various assessments, referral needs, evaluation of goals and equipment/technology. The rules were written jointly by the IL Hospital Association and the IL Nurses Association.  
Hospital Report Card Act: (law 2007), Reports began 2009: requires Illinois hospitals to share current unit schedules, nurse patient assignment rosters, and methodologies used to adjust staffing upon request. In addition, hospitals are required to report to the IL Department of Public Health extensive nurse staffing information and infection measures: <http://www.healthcarereportcard.illinois.gov/>  
Discussion: Illinois Organization of Nurse Leaders (IONL) recently met with the Illinois Department of Public Health (IDPH): review of additional measures to collect and report data for better standardization of comparisons. IONL will host a webinar in April to repeat a recent presentation regarding this new initiative  
  
Nurse staffing by ratios: legislation is proposed, is currently in committee.  
Multi-state licensure compact: legislation is proposed, is currently in committee.  
Nurse educator loan forgiveness: legislation is proposed

## OLD BUSINESS :

1. Review of ICN Mission, Vision, Goals and Mandates statement: the goals were revised at the last ICN BOD meeting. Review and discussion focused on the Vision statement. Discussion included what are we able to provide, to assure, that we don't actually provide excellence in nursing service and education.

The ICN Vision statement was amended based on this discussion as follows:

assure/to provide for (and delete the comma) after "resources"

Quick review, this is in their packets, goals were changed last time.

In the IL Center for Nursing Vision statement, the following changes were made:

a) strike the word "provide" and insert the word "assure";

b) delete the comma after the word "education" and the ICN Vision statement will now read:

"The Illinois Center for Nursing will be a state of the art workforce center that will provide necessary and informative resources, long range planning and policy development, excellence in nursing service and education and serve as a best practice model."

2. Health Care Reform.

Review resource document created by ICN Advisory Board at the February 2010 meeting. This new three page document has additions since President Obama signed legislation a few weeks ago. This document includes what is in state statute as to IL Center for Nursing mission, purpose, and will continue to be updated and reviewed at ICN BOD meetings, the focus on the potential impact on IL citizens. For example, Illinois already has legislation that closes the "Medicare doughnut hole" – a coverage gap – with prescription medication.

Discussion included there is a lot of pressure as well as room for nursing to be involved in health care reform implementation. In the community there is significant concern regarding the potential for more regulations on acute care facilities, and therefore the potential for more limits on nursing, and trickle down on impacting nursing education. There will be many changes in future, nursing needs to continue to be proactive.

Discussion: potential models of health care. For example, Louisiana after hurricane Katrina, the care is now more community based; this model is also similar to the American Nurses Association's Agenda for Health Care Reform that was drafted in the 1990's.

Preventive care: a significant focus. For example, in Chicago Public Schools many nurses spend a significant portion of time doing data collection, not hands on care with children. The question is, is this, or should this be another place for healthcare for children? Some school based clinics do serve community. Some school districts have had a more community based clinic, but many of these were funded by grants. Additional models include lay health worker utilization, there are risks and benefits. In the St. Louis area, the CHIPS program educates people in community to do case finding, encourages them to get help, similar to the old Mile Square program; there needs to be a nurse to educate and monitor the lay-workers. School Nurses and school based clinics are an example of quality care and patient safety.

Plan: to keep updating this document based on health care reform legislation and information regarding implementation, include a focus on the impact on nursing and the citizens of Illinois.

3. US Department Of Labor/Robert Wood Johnson Foundation/AARP Center to Champion Nursing in America/ Team Illinois

a) Team IL update: through the end of FY2010 we will continue to have quarterly face-to-face meetings. The next meeting is scheduled for May 24 in Chicago.

New Regional Partners-review:

- CIRCLE (Central Illinois Regional Collaborative Effort): includes 22 counties in the central and north central economic development regions. Funding is from the Department of Commerce and Economic Opportunity, Grand Victoria Foundation and RWJF PIN grant extension. Springfield, a current RWJF PIN grant recipient is also a part of this regional collaborative.
- IL/IOWA, the Quad Cities region: this is a RWJF PIN grant recipient, the staff person, Nicole Dorr, is in Iowa. This PIN grant lasts until 2011; they are partnering with Team IL on various projects.

Meeting February 8, 2009, Springfield, IL, Springfield Chamber of Commerce hosted the meeting. Discussion included: finding RNs with MSNs who might want to teach: CIRCLE is planning a survey soon to try to obtain this information, the ILIOWA PIN project may also do a local survey to obtain this information. iCRSP (on-line Illinois Clinical Rotation Scheduling Program): CIRCLE area is enrolling both clinical sites along with schools into this program; this is funded in part as an extension of the RWJF PIN grant. MCHC (Metropolitan Chicago Healthcare Corporation) is also separately enrolling clinical sites and nursing schools in iCRSP in the NE region. Connect SI: this regional partner represents the 22 southern most counties in IL. The primary nursing focus in this area is the six ADN nursing schools that recently initiated an on-line RN program with a common curriculum in addition to their generic nursing programs. This new initiative is moving along well.

b) Project updates

I. Communication: Data review.

IDFPR/Board of Nursing Annual Schools of Nursing Evaluation Report.

Data for this report is collected annually by the IDFPR Board on Nursing (BON), there is 100% compliance from the schools.

This report/survey contains information regarding curriculum, faculty and students and other information as deemed appropriate by the Division of Professional Regulation

This report/survey collects information on only pre-licensure nursing programs. Results FY2009:

7,000+ students enrolled in pre-licensure ADN & BSN nursing programs

-ADN (47 programs): 56% of enrolled students

-BSN (28 programs): 44% of enrolled students

Since FY 2006 there has been a 25% overall increase in enrollment

There has also been no change in NCLEX pass rates for first time test takers, IL average pass rate is still above national average.

As per Board of Nursing (BON) standard, if a school of nursing has first time NCLEX pass rates that are less than standard, the nursing program is placed on the BON watch list: 1<sup>st</sup> year a warning letter is sent; 2<sup>nd</sup> year: the program is placed on probation: must go before BON, show an action plan and the BON does a site visit; 3<sup>rd</sup> year: again the nursing program goes before the BON.

National Council of State Boards of Nursing (NCSBN) NCLEX (National Council Licensure Examination) examination: per standard, every three years the examination is changed. Beginning May 2010, there will be questions requiring more critical thinking, and more multiple-multiple choice/alternative questions.

#### 4. Strategic Planning

- a) Communication – M. Bromberg has been invited to present at the April 20, 2010 *Educational Advancement of Registered Nurses in Illinois Summit* sponsored by the Illinois Nurses Association, to be held at Heartland Community College, Normal, IL. Keynote speakers: Claire Murray: Nursing: A Model for New York State and N. Spector, Transforming Nursing Education. M. Bromberg will present on the Board of Nursing Report/Survey results discussed above.
- b) Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute On Medicine – the IL Center for Nursing presented written testimony at the February 2010 forum: the focus: the Future of Nursing Education

#### 5. Data update

- a) RN Workforce supply/demand, draft data initially reviewed in fall, 2009

#### Data Sources: Based upon input from ICN BOD, FINAL November 2009 and the following resources:

- Illinois Department of Employment Security
- Illinois Department of Financial and Professional Regulation (e.g., 2007 Nursing Workforce Survey Report)
- U.S. Department of Labor, Bureau of Labor Statistics
- Illinois State Board of Education
- Illinois Community College Board
- Illinois Board of Higher Education and Illinois Shared Enrollment and Graduation Data Files
- Illinois Department of Commerce and Economic Opportunity (e.g., Critical Skills Shortage Database)
- Other (e.g., Department of Defense data on military separatees to IL; ISBE summary data on private business and vocational schools)

#### Present Supply and Demand of the RN Workforce

- Estimated job growth: acute care, long term care, community based care
- Estimated annual Shortage of RNs = (through 2016)  
Demand (less) Supply = Annual Shortage  
6,325 - 4,410 = 2,215

Regional data: ICN has been working with IDES and regional partners MCHC and Connect SI to finalize the process of determining the demand information that accurately reflects each region. Once this process is in place, the plan is to use this same template in other regions of the state.

- b) LPN workforce supply-demand – process similar to what was done with the RNs, the template for participating agencies to use was in place which facilitated the process for review of the LPNs.  
Estimated Annual Supply-Demand Balance of LPNs = (through 2016)  
Demand = 1,240 v. Supply = 2,000 >> possible surplus

Post-licensure survey preliminary results: in March 2010 only BSNC schools were targeted for either clarification of or request for additional information.

- Both the survey and the definitions were revised prior to distribution based on recommendations from the ICN BOD.
- The request was in various forms:
  - Some schools were only asked to verify for example enrollment
  - Some schools the curriculum review required extensive revision prior to review by the nursing program
  - Some schools needed to only return the survey
  - Request to each school was individualized based on information that either was or was not received in November 2009.
- ICN website review of schools: consider highlighting accelerated BSN programs; the baccalaureate or higher degree in a field other than nursing, definition of program & how to highlight within ICN website;
- Pathways to nursing: consider highlighting accelerated and masters to the list of schools as well as the RN to masters degree programs.
- Graduate Nursing Education: request for information on hold at this time.

12:10-12:40 PM

Lunch

## NEW BUSINESS

Nursing Workforce supply survey: review and compare potential questions for the 2010 IDFPR/ICN Nursing Workforce Supply Survey that will target a percentage of Illinois LPNs, RNs and all APNs.

For discussion purposes, a grid containing the following comparisons was used: the 2007 IDFPR/ICN Nursing Workforce Supply Survey (3 separate surveys were used, one for APNs, RNs and LPNs).

- MDS: Minimum Data Set: the questions that resulted from a multi-year project coordinated by the Florida Center for Nursing on behalf of the Forum of State Nursing Workforce Centers, funded in part by the RWJF Center to Champion Nursing in America. The goal of this group is to standardize questions that are essential to a national nursing minimum dataset that is to be collected by each individual state. The intent is to facilitate comparison of data amongst states. Questions in this dataset were agreed upon by a majority of members from state workforce centers at the annual meeting, 2009. Approximately 30 state nursing workforce centers are members of this forum.
- NCSBN: National Council of State Boards of Nursing (NCSBN): the questions used to collect nursing supply data in some states; they also participated in the discussion during the development of questions for the minimum data set.
- State Consultants: various consultants that IDFPR/ICN works with received the MDS questions from the Forum of State Nursing Workforce Centers in addition to the IDFPR 2007 nursing workforce survey; this column contains their recommendations.

Summary: each question was reviewed individually, discussed in detail and consensus reached regarding changes. Final questions to be utilized in the FY2010 IDFPR/ICN Nursing Workforce Supply Survey all reviewed; continue to send three separate surveys to APNs, RNs and LPNs.

2:11 pm      ADJOURNMENT: Motion/seconded: adjournment (M. Lebold/N. Cutler). Motion carried.

Next meeting is scheduled for June 3, 2010, 10am-2pm in Springfield, IL.

Please see page 8 of this document for Attachment A

## Attachment A Illinois Registered Professional Nurse Continuing Nursing Education Option Availability

The Nurse Practice Act requirement for registered nurses to achieve 20 hours of Continuing Education (CE) per two year renewal cycle will begin with the 2010-2012 RN licensure renewal cycle. This table is not meant to be an inclusive list of all CE opportunities, nor an endorsement of any of the options listed below. The Proposed NPA Rules, Section 1300.130, contains the specific language regarding Continuing Education. Up to three examples are listed in each section below. **Attachment A for the April 1, 2010 ICN Board Meeting**



Registered Professional Nurse Continuing Nursing Education (CNE)* or Continuing Education (CE) Option Availability in Illinois – Based on Proposed NPA Rules		
<b>Accessibility</b> What access will RNs have to Continuing Education (CE) courses?	<b>Affordability</b> What is the cost range for obtaining CE credit hours?	<b>Accumulation</b> Will the RN be able to accumulate enough CE hours in each 2 year period?
<p><b>Magazine:</b> publication: distribution</p> <ol style="list-style-type: none"> <li>1) Illinois Nurse: quarterly:-mailed to all RNs, LPNs, APNs in IL</li> <li>2) Nursing Spectrum: bi-weekly: Greater Chicagoland &amp; Heartland RNs</li> <li>3) Advance for Nurses: bi-weekly: Greater Chicago &amp; Southern IL RNs</li> </ol> <p>All also offer CE in other formats: on-line, web-based, live webinar, audio courses and podcasts</p>	<p>CE Cost per: hour, member/nonmember, annual fee</p> <ol style="list-style-type: none"> <li>1) IL. Nurse: free, \$7.50/hr member, \$15.00/hr non-member, no current annual rate</li> <li>2) Spectrum: free, \$10.00/hr, \$34.99/year, &gt;500 offerings available on-line</li> <li>3) Advance: free, \$8.00/hr, \$15.00/2hrs, \$26.99/year; &gt;90 offerings available on-line</li> </ol>	<p>CEs, especially those that are web-based, will provide immediate verification of completion (often referred to as a CE Certificate).</p> <p>It is required that individual RNs keep records of CE credit hours accrued during each licensure renewal period should IDFPR do an audit during the license renewal period beginning in 2012.</p>
<p><b>Direct Mail-</b> many options available</p> <ol style="list-style-type: none"> <li>1) Courses ordered through catalog, or on-line; audio tapes also available</li> <li>2) Schools: courses ordered through catalog, or on-line; audio tapes also available</li> </ol>	<p>CE Cost per course</p> <p>Average cost 30 hour course: \$30.00-\$70.00/course;</p> <p>Deals include: 1 course, 2 exams (share cost of course with a friend); second course ½ price; not all courses eligible for reduced price deal. If exam is failed, may retake once for no additional cost.</p>	<p>Course: completed exams mailed or on-line return</p> <p>Complete courses (books, audio-tapes) mailed directly to a nurses house; upon successful passing of exam, verification is obtained; must finish within 12-24 month period</p>
<p><b>Specialty Professional Associations**:</b> (*see clarification footnote-next page) in their member communications CE opportunity is offered</p> <ol style="list-style-type: none"> <li>1) AACN: American Association Critical Care Nurses: weekly e-newsletter, magazines: multiple versions publish monthly, bi-monthly, and on-line</li> <li>2) American Academy of Ambulatory Care Nursing: bi-monthly magazine, monthly e-newsletter, also on-line</li> <li>3) Academy of Med-Surg Nurses: bi-monthly magazines, weekly e-newsletter, also on-line</li> </ol>	<p>Membership cost/year; Cost of CE</p> <ol style="list-style-type: none"> <li>1) AACN: \$78.00/yr, if certified \$179.00/3 yr; CE free to members, &gt;300 offerings</li> <li>2) AAACN: \$130.00/yr; average CE = free, \$15.00-\$20.00/hr, some cost more</li> <li>3) Academy M-SN: \$84.00/yr; average CE= free, 2.9hrs or less is \$15.00, member discount rate is \$10.00/hr</li> </ol>	<p>CEs, especially those that are web-based, will provide immediate verification of completion (often referred to as a CE Certificate).</p> <p>Specialty Nurse Certification: this is recognition and validation of a nurse's skills, knowledge and abilities in a specific area of expertise.</p> <p>Nurses typically need continuing education to maintain specialty certification after the initial certification exam; these nurses are familiar with collecting CE hours &amp; supporting documents</p> <p>Many employers pay an increased wage based on continued certification through a specialty nurses association, &amp; provide a place for nurses to store written CE completion documentation</p>



<b>Accessibility</b> What access will RNs have to Continuing Education (CE) courses?	<b>Affordability</b> What is the cost range for obtaining Continuing Education (CE) credit hours?	<b>Accumulation</b> Will the RN be able to accumulate enough CE hours in each 2 year period?
<p><b>Presentations:</b> attend in person/direct meetings</p> <ol style="list-style-type: none"> <li>1) National: AACN:NTI/National Teaching Institute: world's largest conference for critical care nurses, 6 day event; 6-8 hours CE offerings/day, average 30 CE/6 days, maximum 80 CE.</li> <li>2) State: Illinois Nurses Association: biennial meeting, 1-3 days, 6-8 hrs CE/day</li> <li>3) Local Chapters: Academy of Medical-Surgical Nurses; 4 local chapters episodic meetings  AACN: 8 local chapters</li> <li>4) Employer educational sessions</li> </ol>	<ol style="list-style-type: none"> <li>1) AACN: approx \$500.00/6 days, not including hotels, meals, transportation</li> <li>2) Illinois Nurses Association: biennial meeting: \$175.00/2 days. Association also has local/district meetings with varying provision of CE at meetings</li> <li>3) Academy M-S Nurses: four local chapters: Chicago, Quincy, Rockford-Freeport and St. John, IL; meeting schedules vary, as does provision of CE @ meetings  AACN: (American Association of Critical Care Nurses) eight local chapters: Arlington Heights, Belleville, Champaign, Chicago, Hanna City, Plainfield, Rockford, Springfield, IL; meeting schedules vary, as does provision of CE at meetings</li> <li>4) provided on-site, the first time of traditional annual required classes awarding CE is allowed. Many employers are beginning to have specific classes that also offer CE; topics such as: disease status updates, new procedures, etc.</li> </ol>	<p>Employer reimbursement: the cost of continuing education continues to be reimbursed, more in the urban areas than the rural areas.</p> <p>Attending local chapter or district meetings within a nearby geographic area, facilitates accumulation of CE hours.</p> <p>State or National meetings offer accumulation of CE hours or credits compacted into a day, or a few days.</p> <p>Employers: ambulatory care/community based clinics and office practices not attached to a hospital, nurses have access to magazine and on-line courses; local communities have places that offer classes with CE credit, many will be increasing their offerings, not wanting to take a chance that nurses will be ineligible to work.</p> <p>Many employers are becoming approved as providers of CE, so that some classes, such as nursing grand rounds which are routinely practice topic specific can offer CE credit. Some in-house annual classes such as fire drills, IV care, do not meet CE pre-determined criteria.</p>
<p><b>Presenter/lecturer presentations</b> made to other health professionals.</p>	<p>Presentations can potentially occur on the job site, in the community, etc.</p>	<p>Each individual, non-repetitive 60 minute lecture may be used for 5 CE hours. FT educators may not use presentations that are part of their job expectations, but may use guest lectures.</p>
<p><b>College and Other Credit:</b> community college and university courses may be used for continuing education credit. Other courses such as Continuing Medical Education courses are also appropriate.</p>	<p>Cost is based on credit hour: the cost of college credit education continues to be reimbursed, more in the urban areas than the rural areas</p>	<p>1 academic semester hour = 15 contact hours  1 academic quarter = 12.5 contact hours  1 CME=1 contact hour (CME=Continuing Medical Education)  1 CNE=1 contact hour (CNE=Continuing Nursing Education)</p>
<p><b>Authoring</b> papers, publications, articles, dissertations, book chapters or research projects.</p>	<p>Use of laptop computers and the internet facilitates the writing process.</p>	<p>The research project must be applicable to the practice area and must be completed during the pre-renewal period. A paper or an article may be used for 10 CE hours. A book chapter, dissertation or research project may be used for 20 CE hours.</p>

**\*\* Specialty Professional Association: there are at least 64 organizations that limit membership to nurses who provide a specific type of care, example: critical care, rehabilitation, medical-surgical, ambulatory care. Almost all of these nursing associations/organizations, through member communication, offer CE opportunity to members and nonmembers, lower fee/ members. The vast majority of these CE opportunities are ANCC (American Nurses Credentialing Center) approved. Continuing Education (CE) programs approved by the ANCC are accepted by most states for RN license renewal process. \*American Nurses Credentialing Center refers to Continuing Education as Continuing Nursing Education; here both terms are used interchangeably.**