



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

Brent E. Adams
Acting Secretary

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

Minutes
Illinois Center for Nursing
Advisory Board Meeting
10:00 A.M., Thursday, June 4, 2009
620 East Adams Street
Sixth Floor, DCEO Director's Conference Room
Springfield, Illinois
And
JR Thompson Center
100 W. Randolph Street
Third Floor, DCEO Conference Room
Chicago, Illinois

ATTENDANCE

Board Members Present:

Michele Bromberg, Chairperson
Kathryn E. Christiansen
*Susan Campbell**
*Donna L. Hartweg**
Mary Lebold
Donna Meyer
James Renneker
Maureen Shekleton
Deborah A. Terrell

Call-in:

Nancy Cutler

Guest

*Mitch Daniels, IDES**
*Karen Helland, IBHE**

Staff:

*Linda B. Roberts, ICN Manager**

Excused Absence:

Linda Fahey
Marcia Maurer

*Indicates individuals present in the Department of Commerce and Economic Opportunity (DCEO) Springfield conference room, all other individuals, except the person calling-in, were present in the DCEO Chicago conference room.

At 10:02 a.m. Chairperson Bromberg officially called the meeting to order. A quorum was present.

ANNOUNCEMENTS

1. Review of minutes from April 2, 2009: Annie Tillman, ISBE was not listed as a guest in the minutes from April, 2009 ICN Board meeting, this was noted in a picture taken at that meeting and recently received; her name was added to the list of guests in the minutes for the April 2, 2009 meeting.
 - Maureen Shekleton moved and Kathy Christiansen seconded the motion to approve the revised minutes as corrected. The motion carried.
2. Review and approval of minutes from May 7, 2009
 - Deborah Terrell moved and Jim Renneker seconded the motion to approve the minutes as read. The motion carried.

OLD BUSINESS

1. Data Update – Mitch Daniels, IDES:

The statewide nursing data analysis continues. There are fewer gaps in information since the April 2009 ICN BOD meeting. Some of the data initially received was incomplete, some missing data was only recently received, and currently all the years of data requested have now been obtained. The compilation and comparison of data continues.

 - Request for an additional year of data from the Illinois Shared Enrollment and Graduation (ISEG) Consortium has been received.
 - Standardization of critical elements of nursing demand data was completed with consultation from the Metropolitan Chicago Healthcare Council (MCHC) and Connect SI. Standardization of data elements and the source of these elements will allow for improved regional comparisons. This standardized data template also acknowledges the variation amongst healthcare institutions regarding where information is maintained. The standardization of critical variables includes:
 - Target a specific level of administration in a healthcare institution to request information regarding the demand element of the nursing workforce survey.
 - Provide specific variables to consider when answering the nursing workforce demand questions.
 - Timing of data collection: the nursing data group continues to work on improving coordination of information received from the various state systems. For example, year end data is collected at different times of the year in various state agencies, requiring standardization of a point for comparison prior to data analysis.
 - Areas of information: the data template created and used in the NE and southern Illinois will be expanded to additional areas in the future.
 - Supply/demand: APNs: how is data being segmented; where are the APNs, are they where they are needed, is there geomapping: are the APNs responding based on zip code – which is usually the residence, not necessarily where they are working. Care also needs to be given by where the paycheck originates as to many corporations have a central office, which is also not necessarily where the APN or nurse is working.

- Full time, part time: are re-running the data. With the data that we have at this time, PT is defined by salary and contractual employees are not included.
- Next step: includes assessment of doctoral prepared nurses, nursing faculty.

The agenda was reordered to New Business, item #1, IBHE Expansion and Improvement Grants, evaluation.

NEW BUSINESS

1. IBHE Nursing Expansion and Improvement Grants, status update, evaluations, Karen Helland, IBHE:
 - a. The three nursing expansion grants are in the second year of a three year cycle. The three participating institutions are Northern Illinois University, Loyola University of Chicago, Marcella Niehoff School of Nursing and CCC-Truman College. The grants are evaluated annually by an external evaluator: Millenium Consulting. Continued funding after the first year is determined on an annual basis. After the three year grant period is completed, each school that has received an expansion grant will be prohibited from immediately applying again for this grant, and will be available to mentor the next grant recipients.
 - b. Nursing improvement grants are one year grants approximate range: \$25,000-40,000. The primary focus is retention of students. There was a lively discussion regarding the evaluation of improvement at the end of the grant period. The discussion included questions regarding the process of measuring performance within the grant period as most nursing education programs are longer than one year. There were also questions regarding continuation of improvement measures after the one year grant period. For example, grant money was used to purchase simulation lab equipment, student remediation, or support services, etc. Has receipt of the grant money and completion of the grant project complemented the schools ongoing efforts to improve overall student performance? What were the outcome measures at 1one year, and at student completion of the nursing program?
Action: Review the past few years of IBHE nursing improvement grants, request information from the schools regarding the challenges, solutions and how these projects were internalized in the organization. Publicize best practices.

OLD BUSINESS

2. USDOL/RWJF/AARP/Team Illinois (or CCNA/Team Illinois) update:
 - a. Simulation Lab asset mapping: the 2 minute on-line survey was distributed by partners: MCHC, Illinois HomeCare Council and the Illinois Hospital Association on May 19, 2009 with a return date of June 1, 2009. The survey was redistributed once during this time period. Results pending.
 - b. Toolkit/Business Plan and the return on investment for expanding nursing school capacity: final draft not yet complete.
 - c. Communication:
 - i. Plans for NCLEX® regional test writing workshop scheduled for October 13, 2009 at Methodist College of Nursing in Peoria, IL continue to move forward. A “save the date” has been sent to all

Illinois Deans/Directors, additional information will be distributed prior to the end of June, 2009.

- ii. Previous Articulation Initiatives: many of the ICN BOD members have been involved in some or all of the following nursing articulation initiatives. Discussion followed re: past articulation initiatives:

IBHE Illinois Articulation Initiative (IAI): The primary focus of this initiative was to provide recommendations for transfer into particular baccalaureate majors. Primary focus was pre-nursing courses.

This initiative was approximately 10 years ago, was coordinated by IBHE: title: Illinois Articulation Initiative-Nursing (IAI). The primary focus: pre-nursing courses, primarily sciences, general education courses. Each course was assigned a number, so that when one was transferring from one school to another, one's transcripts would indicate that the course was IAI approved. This IAI code was in addition to the number code for the course, so that the receiving school would know that the course met certain predetermined criteria.

Action: Follow-up: with IBHE regarding details of this initiative, final report, possibly names of nursing leaders who participated in this initiative.

Nursing Schools, Colleges, Universities: this project was about 15-20 years ago, nursing programs from across the state, the focus was on nursing curriculum. Information was collected that examined and compared CNA, LPN & RN nursing courses across the state of Illinois. The focus was on nursing courses.

Other: within the last few years, a few meetings were held with nursing programs from across the state. Meeting discussion included visualizing possible futures of nursing education. Possible options discussed included levels of education and levels of specialty education. A portion of these meetings included discussion of various aspects of nursing curriculum and the potential for regionalization of nursing education.

Additional issues: within an ADN nursing program there is a limit to the number of hours that an individual student is allowed to take. This year the NLNAC removed this limit on the number of hours. The anticipation is that this will improve the ease of transition, articulation of students between ADN and BS nursing programs. An example is that a health assessment course can now be a 3 hour course, not a 2 hour course.

Summary: each of these initiatives has had a purpose; the outcome has been helpful to where we are today.

3. Home Health & Home/Community Based Services Initiative
 - a. Stakeholder meeting, June 29, 2009, Chicago, IL. Metropolitan Chicago Healthcare Council (MCHC) is hosting the afternoon meeting; the consultant hired by DCEO is PHInational; this consultant has worked with other states in defining the in-home care workforce, and determining policy initiatives.
 - b. Grid: a grid compiled by PHInational of healthcare/clinical services and non clinical/personal assistance services was distributed. The grid lists various tasks performed during in-home care ranging from companionship

to skilled nursing care, PT, OT, social services, etc. The ICN Board reviewed the grid and recommended the following:

- i. Medication management: this is different from medication administration: includes a complexity of teaching both the recipient of care, family members that are providing care, how to manage recipients over time, is also different from the coordination of care.
- ii. Family support and care coordination.
- iii. Promotion of self management for the individual and for the family. This goes beyond self care, includes education, support resources and coordination of services and resources needed in the home for continuous care.
- iv. Hospice services, palliative care and in-home care are three separate categories of care and should not all be part of the same document.
- v. Pediatric services, short-term as well as chronic care.
- vi. Telemedicine, point of care testing, APN care, example: APN as case manager in the provision of palliative care services are not noted on this grid.

There was discussion regarding elements, tasks noted in the grid and potential use of the grid at the upcoming meeting. The invitees to the meeting include policy, regulatory, government, employers and consumers of in home care. The intent of the stakeholder meeting is to ascertain the current in-home care environment.

Action: convey the above ICN BOD discussion with PHInational consultant prior to the stakeholder meeting June 29, 2009.

- c. Review of stakeholders: there are three types of organizations that are invited: government agencies, service providers, consumers & workers. Discussion regarding the list of stakeholders. The ICN BOD recommends the following be included in the discussion during the upcoming meeting:
 - i. If the intent is to project growth, plan for the future, there is a need to understand what the demand is – based on what the recipients of care need and want – in addition to technology, advances in technology, as well as acceptance of unchangeable limitations such as in rural areas, the distance between places, to adequately plan for the future.
 - ii. Workforce: the economic development of people for a purpose. Projection of supply/demand: begins with determination of current workforce prior to planning for the workforce of the future in this growing area of healthcare.

Break: 12:30pm – return 12:57pm

NEW BUSINESS

2. Strategic Planning

a. ICN Board Calendar

Discussion included the work of the board, known focus of certain meetings, attendance at meetings, use of the conference phone during meetings, and the amount of time dedicated to each meeting.

Action: Change the time of the meetings to begin at 10am, end at 3pm.

Dates and place of meetings for FY 2010:

September 3, 2009, Chicago

October 1, 2009, Chicago

December 3, 2009, Chicago

February 4, 2010, Chicago

April 1, 2010, Chicago

June 3, 2010, Springfield

This will be posted on the ICN website.

b. Repeat Nursing Workforce Survey in 2010

Plan: The RFP process will be reviewed prior the September 2009 ICN Board meeting. In light of the knowledge that we have gained both from the CCNA Nursing Minimum Data Set project and the work of IDFPR and IDES, some changes will be made. The sampling strategy used in the 2007 survey provided useful information.

c. Strategic Plan 2010:

i. focus nursing educators, home health, long term care, extended care

ii. For September 2009 meeting, review all projects initiated – status updates – close project or realign work.

ADJOURNMENT

K. Christiansen moved and J. Renneker seconded motion to adjourn. The meeting was adjourned at 1:40pm by M. Bromberg.