



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

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Secretary

DONALD W. SEASOCK
Acting Director
Division of Professional
Regulation

Illinois Center for Nursing
Advisory Board Meeting Minutes
Thursday, December 2, 2010
320 W. Washington Street
Second Floor Conference Room, #258
Springfield, Illinois

ATTENDANCE

Board Members Present:

Michele Bromberg, Chairperson
Kathryn E. Christiansen
Marcia Maurer
Donna Meyer
Marsha A. Prater
James Renneker
Susan Campbell
Maureen Shekleton

Phone-in conference

Nancy Cutler
Donna L. Hartweg
Mary Lebold

Excused Absence:

Deborah A. Terrell

Guest

Elizabeth Abraham, SIUE Health Policy Student

Staff:

Linda B. Roberts, ICN Manager

At 10:14 a.m. Chairperson Bromberg officially called the meeting to order. A quorum was present.

ANNOUNCEMENTS

1. Review and approval of minutes from October 7, 2010
 - a. Motion: M. Prater moved and S. Campbell seconded the motion to approve the minutes as presented; minutes approved.
2. Legislative Update

- a. Procurement Communications Reporting Requirement – BOD appraised. The Procurement Code was amended, effective January 1, 2011, to require that all State employees must report specific procurement communication to the Procurement Policy Board (20ILCS 500/Sec.5039). The IL Center for Nursing (ICN) Board of Directors was apprised of the changes in the Procurement Code; questions asked and answered.

OLD BUSINESS

1. Communication

- a. Illinois Department of Financial and Professional Regulation (IDFPR)/
IL Center for Nursing Website

- There is a new tab entitled “Team IL”; documents from this state and regional effort have been posted, additional documents will be posted in the near future.
- The tab: “Nursing Initiatives”, there is a new initiative describing the ICN testimony to the IL Health Reform Implementation Council on October 5, 2010. This initiative includes a link to the document on the ICN website in addition to a link to the IL Health Reform Implementation website.
- IL Health Reform Implementation Council website, the top far right tab “Reform Council/Related Materials” – the ICN testimony is also posted there.

- b. Written communication:

On October 12, 2010, the “Friend of ICN” email contained concise information in the body of the email, and linked the recipient to the ICN and other partner or government websites. The email included a request for redistribution amongst the membership of each organization.

Distribution included: Deans Directors IL Schools of Nursing, IL Coalition of Nursing Resources (ICNR), IL Nurses Association (INA), IL Hospital Association (IHA), IDFPR Board of Nursing, IL Center for Nursing Board of Directors, IL Critical Access Hospital Association, Center to Champion Nursing in America (CCNA), and CCNA/Team IL Regional Partners: Metropolitan Chicago Healthcare Council (MCHC), Central IL Nursing Initiative (CINI), Man-tra-con/Connect-SI.

2. CCNA/ Team Illinois

- a. Regional Updates

Brief status update of regional partner projects was given. Progress continues in pipeline initiatives such as iCRSP (IL Clinical Rotation Scheduling Program)-more hospitals in the NE region are participating and are pleased with the additional information iCRSP provides about the number of hours spent in support of nursing students; this information facilitates the calculation of community service hours. Clinical Faculty Academy – six two-day educational programs in support of first time nurse educators were held this past year. Areas include central IL, southern IL, the city of Chicago, and near-south and western Chicago suburbs.

The Robert Wood Johnson Foundation Annual PIN meeting is being held in Washington DC; for the first time the meeting includes multiple foundations that support health education initiatives and representatives of state Nursing Workforce Centers.

- b. Simulation Labs for health care education

Planning for a state regional meeting with multiple sites continues. MCHC will host a conference call in January 2011 of regional leaders identified by ICN BOD, Team IL Regional partners, to plan the agenda and potential sites of this multidisciplinary educational seminar. The goal remains a fall 2011 videoconference in 2-3 spots

across the state with one site hosting the keynote speaker. The intent is to integrate education and service, collaborative interdisciplinary simulation experiences.

3. National Council State Boards of Nursing Update:

- a. NCLEX® Regional Workshop For Faculty of Licensure-Preparing Nursing Programs. This one day educational seminar has been presented by NCSBN in conjunction with the IL State Board of Nursing in 2009 and in 2010. Each year approximately 90 nursing faculty have participated. NCSBN does not track which schools attend this seminar nor does NCSBN have an evaluative process for determining whether or not NCLEX® pass rates improve after faculty have completed this program.

Action: ICN initiative would be to include an evaluation of the effectiveness of this program. Items to include are:

- did NCLEX® scores go up.
 - did students know how to participate in the test, to “run” the test.
 - how are you utilizing standardized testing.
 - i. for example: if a student fails two science courses 99% fail NCLEX – these need to be included in consideration.
 - ii. what other benchmarks did you use to increase your NCLEX scores when data is completed/or and partially done.
 - iii. what other changes have been instituted over this year.
 - iv. a full picture – is very additive.
 - include how many students graduated.
 - Retention rates – schools that have increased enrollment rates dramatically there is a trend that does happen.
 - students at high school level not adequately prepared.
 - English as a Second Language (ESL) students – for example in Chicago City Colleges, there are ESL classes for health care professionals – special class, health care English.
 - Number of ESL students, basic demographics – how much do we know
- b. NCSBN Transition to Practice (TTP) regulatory model. This is a longitudinal, multi-institutional, randomized study to evaluate the effect of the NCSBN's TTP model on patient safety and quality outcomes to provide Boards of Nursing with evidence on whether a standardized model for transitioning new nurses to practice will improve patient safety. Three states will be chosen to participate in this project, each state needs 25 hospitals, 10 randomized to NCSBN experimental program & 15 would be controls. 18 month study; all hospitals would have access to NCSBN program for at least 12 months after study is complete.

Background:

October 7, 2010: Information was distributed to State Executive Directors by NCSBN with a return date of November 30, 2010. This letter recommended “...discuss with nurse leaders in your state/jurisdiction and collaborate with them in identifying 25 hospitals that are willing to be study sites for Phase I of the study.”

November 17, 2010: IDFPR/IL Center Nursing sent letter to all 135 IL Hospital CNO's by US mail apprising them of the study and requesting participation.

Discussion:

Review potential participation in this research project. At the time of this meeting a limited number of hospitals had signed letters of intent to participate. Concerns were

raised will be compiled to be discussed with NCSBN after the states participating in this pilot project are finalized.

4. Health Care Reform update
 - a. Testimony from October 5, 2010, follow-up
 - i. Information is on Health Reform Implementation Council Website <http://www2.illinois.gov/healthcarereform/Pages/HealthReformImplementationCouncil.aspx> in addition to ICN website

NEW BUSINESS

1. IL Board of Higher Education
 - a. IBHE Nurse Educator Fellowship Long Term follow-up

Ninety-seven percent of the Illinois Nurse Educator Fellows continue to be actively involved in nursing education in Illinois as an educator or, in a few cases, as an educator/administrator. This statistic indicates that this five-year-old program is meeting its intended purpose, i.e., to help ensure the retention of well-qualified nursing faculty at Illinois institutions of higher education.

This fellowship program is also tied to Goal 3 of the *Illinois Public Agenda for College and Career Success*, increase the number of high-quality postsecondary credentials to meet the demands of the economy. Nursing continues to be a high-demand field that requires the retention of well-qualified faculty to train nursing students. The high-demand for this occupation has also increased the frequency of outside offers enticing nurse educators to leave teaching and go into clinical practice. This fellowship helps institutions recognize their well-qualified nurse educators and counter those outside job offers so that Illinois can continue to address the high-demand for well-trained nurses

This is the fifth year of the Illinois Nurse Educator Fellowship program. The Illinois Board of Higher Education has awarded 63 fellowships to 28 IL Schools of Nursing over the past four years. The state investment of \$630,000 over the past four years has helped Illinois institutions of higher education to retain 61 nurse educators (or 96.8 percent of the fellows). The results of the survey also shows that the majority of fellows have remained at their nominating institution (55 of the 61 or 87.3 percent).

This information was gathered through an October 2010 survey conducted by the Illinois Center for Nursing as requested by the IBHE. All 63 fellows were located and surveyed about their current job and location.

- b. IBHE Nursing Education Improvement Grants long-term follow-up
ICN is currently working with IBHE to conduct a survey of the nursing education programs that received improvement grants since the program began in FY2007. Most nursing education programs last longer than the one year grant period, which is also when the evaluation is completed.

The purpose of these grants is to support lower-performing nursing schools – to assist to make improvements to increase NCLEX pass rates. The grants may be used to develop or expand instructional programs, develop or expand academic support services, improve existing classroom space, purchase equipment and instructional materials or to conduct program audits and evaluations.

Follow-up questions will be based on the specifics of the initial grant proposal. Results will be presented to the February 2011 IBHE Board of Directors meeting.

Additional discussion: what special programs do the schools have in place to assist qualified students who have deficits to help them through to graduation; schools are doing a lot that is not recognized. Reflect the population so that the number of diverse students continues to grow. In some areas of the state the population is not diverse and/or are not admitted, who applies, who is qualified, who enrolls and who graduates. Need to be sensitive how ask question: so data not skewed; ask for voluntary self reporting of best practices related to support for on-boarding of students, to put together a compendium of information. So have resources available, what support needed, how achieve this information. What kind of support systems are utilized, use the phrase “underrepresented”. Need a good definition – be broad & purpose statement why want information. Even if there is no local diverse population – most programs have retention support for students – retention programs can work for all different kinds of populations – what is being done to retain students that need assistance.

2. Institute of Medicine of the National Academies (IOM)

Future of Nursing: *Leading Change, Advancing Health Initiative* this was started in 2008 with support from the Robert Wood Johnson Foundation, which is also one of the sponsors of CCNA (the national entity that supports Team IL). Over the past 2 years national meetings have been held 3 times, reports and recommendations have been received, and on October 5, 2010 the Future of Nursing Report was made public.

Regional Awareness Meetings were held November 30 and December 1, 2010. On November 30, there was a *National Summit on Advancing Health Care Through Nursing* meeting held in Washington, D.C. Over 500 people attended, and many thousands more attended by regional or individual webinars. One of the first speakers was Donna Shalala, former Secretary of the U.S. Department of Health & Human Services, and current President of the University of Miami, who served as the Chair of the IOM 18-member committee. This committee was charged with developing a transformational report on the future of nursing, with solutions to improve the quality of patient care while controlling costs.

The testimony that ICN presented to the Governor’s Health Reform Implementation Council in Peoria, IL, on October 5, 2010 strategies for implementation within IL consistent with the IOM key messages:

- #1: Nurses should practice to the full extent of their education & training.
- #2: Nurses should achieve higher levels of education & training through an improved education system that promotes seamless academic progression.
- #3: Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- #4: Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Discussion included the following documents as resources:

American Nurses Association (ANA): *ANA and CMA (Constituent Member Association) Activities Reflected in the IOM Recommendations October 6, 2010.*

Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing Campaign for Action: *Future of Nursing: Campaign for Action, Campaign Overview and FAQ’s, November 2010.*

Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing Campaign for Action Awareness Event/Toolkit, November 30, 2010.

The Oregon Health and Science University PowerPoint presentation: *The Future of Nursing: Implications for the Academy, The John P. McGovern Lecture, Michael R. Bleich, PhD, RN, FAAN, October 31, 2010.*

Background: (RWJF) What is the Future of Nursing: *Campaign for Action*?

As the American population continues to grow and become older and sicker, the demands for care will be enormous. The Future of Nursing: *Campaign for Action* marks an unprecedented initiative to address the increased demands for care by utilizing all the skills, talents, knowledge and experience of nurses.

The sole purpose of the *Campaign for Action* is to guide implementation of the recommendations of the IOM's landmark report *Future of Nursing: Leading Change, Advancing Health*.

RWJF is seeking to engage national stakeholder organizations to commit to playing key roles and to have state based Regional Action Coalitions (RAC's) to move the IOM recommendations forward at the community and state levels. RWJF identified five states as pilot states to take leadership roles grassroots level; these states are: California, New Jersey, New York, Michigan and Mississippi. Other states are independently creating RAC's to engage a wide range of health care stakeholders.

APN focus: Many of the recommendations from this report are directed towards APN's (CNP's, CNS's, CRNA's, CNM's), in part because there is data supporting initiatives for this scope of nursing practice. The IOM is an independent entity that provides objective, evidence-based advice to policy makers, health professionals, the private sector and the public; the IOM has rigid/rigorous requirements prior to any data being published in one of their reports. This reflects the limited amount of recommendations for the staff nurse/bedside nurse, even though they are the majority of nurses currently practicing in the US. IOM key message #4: Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Plan: to review ICN strategic initiatives based on the IOM recommendations, to provide updates on the ICN website based on IL RAC initiatives.

Summary plan: Next steps: is imperative that we determine what is going on in state of IL so that we can determine priorities. ICN to take lead:

- 0) Resource IOM report, encourage dialog within regions, affiliates, then develop relationship with everyone working on this initiative prior to coalition building
- 1) Asset mapping project
 1. what groups currently working on all or parts of initiatives
 2. what groups had groups attend IOM webinar
- 2) New tab on ICN Website for IOM report and local initiatives
- 3) Need to track what effort was made to achieve these elements, how are partners to get information to us
- 4) Utilize the IOM recommendations in discussion groups that met with the IOM webinar regarding each initiative to see accomplishments
- 5) Survey education programs, these are the IOM initiatives, include the ICN local recommendations, how are you working to meet these goals? Who are your local partners? Have the survey be a check off – easy to complete.
- 6) Are there any imperatives that you would like to accomplish, but were not able to do so, what are the barriers?
- 7) Survey education, service, professional organizations: LPNAI, INA, ISAPN, CCNBNA, other stakeholders, other professions, patient rights coalitions, consumer groups.
- 8) Also concern about evaluative process.

The IDFP/IL Center for Nursing is in agreement with the four recommendations contained in the Institute of Medicine (IOM) Report: *The Future of Nursing, Leading Change, Advancing Health (10-5-2010)*. The ICN offers strategies for implementation within Illinois.

Revised IOM initiatives: - maybe this should be on a separate page like the 10/5/10 testimony and because this will be posted separately in the IOM tab on the ICN website

IOM #1: Nurses should practice to the full extent of their education and training

- 1-1) Promote innovation that increases workforce retention and professional satisfaction
- 1-2) Enhance and promote recognition, reward, and renewal activities for nurses
- 1-3) Remove barriers that prevent APN's from practicing to the full extent of their education and training
- 1-4) Promote the development of, and identify funding for, transition to practice residency programs for new graduate nurses to further develop the skills needed to deliver safe, quality care in acute care and community settings
 - a. Funding at the federal level to begin with CMS – nurse residency programs to be funded as physician, pharmacy, pastoral care residency programs are supported
 - b. Funding at the state level through the Governor's office
- 1-5) Foster and replicate best practices collaboration between academia and practice
 - a. Residency transition to practice programs
 - b. Residency leadership in practice programs
 - c. Support of nurses engaging in lifelong learning, ..."continued commitment to the nursing profession (which) requires a nurse to remain involved in continuous learning and strengthening individual practice within varied practice settings." (*ANA Nursing: Scope and Standards of Practice, p.26*)
- 1-6) ICN provide leadership in systematic assessment and projection of workforce requirements by role, skill mix, region and demographics to meet changes in the health care delivery systems

IOM#2: Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression

- 2-1) Fund nursing education programs for expansion and improvement utilizing the current IBHE template
- 2-2) Fund the IBHE Nurse Educator Fellowship Awards annually
- 2-3) Fund nursing initiatives that expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team
- 2-4) Develop statewide access to capacity-building, life-long learning opportunities for nursing personnel including interdisciplinary education
- 2-5) Align the criteria to provide for seamless transition for secondary and postsecondary education and training into higher degree programs for all levels of licensed nurses from LPN, to associate's (ADN) and bachelor's (BSN) degrees, to master's, PhD and doctor of nursing practice (DNP) with various workforce opportunities.
 - a. Articulation agreements between levels of education
 - b. Fund schools of nursing to provide partnerships and transitions programs
 - c. Encourage and fund doctoral degree education programs

IOM#3: Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States

- 3-1) Appoint nursing leaders to key policy making bodies that focus on health care
- 3-2) Provide leadership to advance best practices that will assure high quality care and to achieve best practice outcomes
- 3-3) Appoint nurses to advisory boards on which policy decisions are made to advance health systems and improve patient care
- 3-4) Promote collaboration between practice and education, so that each understands what potential there is

- 3-5) Foster the role of nurses in care coordination to advance health systems and improve patient care and coordination of care
- 3-6) Identify and replicate nursing leadership and mentoring programs in nursing education and service settings to cultivate leaders to work collaboratively with leaders from other health professions
- 3-7) Advance interprofessional education into the health sciences
- 3-8) Identify & dissemination best practices that promotes collaborate education through interdisciplinary education between and among health care professionals

IOM#4: Effective workforce planning and policy making require better data collection and an improved information infrastructure

- 4-1) Fund the IL nursing workforce survey every three years
- 4-2) The IL Center for Nursing will be the hub of data collection and data analysis for nursing and provide leadership for data collection and analysis for other health science/allied health professions
- 4-3) To conduct research to redesign and improve practice environments and health systems
- 4-4) Maintain a database on nursing supply and demand within the state
 - b. Collect data
 - c. Analyze the data both state and regional labor market information to identify current and projected demand for nursing services;
 - d. Develop an provide recommendations based on the findings
- 4-4) Attract a diverse qualified applicant pool into nursing education programs to ensure that the workforce reflects the demographics of the state

The Illinois Center for Nursing (ICN) was established in 2006 to advocate for appropriate nursing resources necessary to meet the healthcare needs of the citizens of Illinois. ICN is working with industry professionals and educational institutions to ensure that Illinois has a nursing workforce necessary to meet the demands of a growing and aging population. For more information, visit the ICN website, www.nursing.illinois.gov.

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Adjournment: