



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

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Division of Professional
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Minutes
Illinois Center for Nursing
Advisory Board Meeting
10:00 A.M., Thursday, September 1, 2011
JR Thompson Center
100 W. Randolph Street
9th Floor, Room 9-171B and C
Chicago, Illinois

ATTENDANCE

Board Members Present:

Michele Bromberg, Chairperson
Kathryn E. Christiansen
Nancy Cutler
Donna L. Hartweg
Mary Lebold
Marcia Maurer
Donna Meyer
Marsha P. Prater
James Renneker
Maureen Shekleton

Excused Absence:

Susan Campbell
Deborah A. Terrell

ICN Staff:

Linda B. Roberts

Guests:

Cathy Nelson, Life Services Network

At 10:15 a.m. Chairperson Bromberg officially called the meeting to order. A quorum was present.

Topic	Discussion
Welcome, Introductions	M. Bromberg IL Center for Nursing (ICN) Board of Directors (BOD) members and guests introduced themselves.
Announcements	M. Bromberg 1. Review and approval of minutes from June 2, 2011 i. <u>Motion</u> : J. Renneker moved and D. Meyer seconded the motion to approve the minutes as presented; minutes approved. 2. Review Open Meetings Act (5 ILCS 120) and Public Act 096-0543, Gubernatorial Boards and Commissions Act; it has been reaffirmed by M. Bromberg with legal counsel that ICN BOD meetings must be held in public buildings, that videoconference meetings is an acceptable format.

3. ICN Meeting Dates for FY2013 – review past practice:
 - a. Number of meetings per year: six: September, October, December, February, April and June; meetings not scheduled for July and August
 - b. Day of meeting: continue on first Thursday of the month meeting is held, decline switching to another day of the week
 - c. Place of meeting: two meetings in Chicago alternate with one meeting in Springfield, prefer videoconference between Springfield and Chicago
 - d. Videoconference – discussion – ICN BOD does not meet in closed session, compliance with public meetings act has been maintained for years
 - i) Options: IDFPF or IL Department of Insurance videoconference rooms, both are located in JRTC, Chicago, IL and 320 W. Washington Street, Springfield, IL. Will attempt room reservation for this fiscal year

Motion: N. Cutler moved and M. Lebold seconded the motion to approve meeting dates FY2013 as presented; motion approved.

4. The National Council State Boards of Nursing (NCSBN) and The Forum of State Nursing Workforce Centers (The Forum) - Data Collaboration

The NCSBN and The Forum have agreed to engage in a joint effort to collect nursing workforce supply data from states in 2012. The goal is to create a national picture of nursing workforce supply information for use in development of health care policy. (Appendix #A).

Information from the ICN Nursing Workforce Survey that was revised in 2009 to include all questions from the Nursing Minimum Data set has been shared with The Forum: <http://www.nursingworkforcecenters.org/>

5. Legislative Update

HB0150: Multistate Licensure Compact: would amend the Nurse Practice Act. Meetings have occurred over the summer, talks continue.

HB 1271: Public Safety (Public Act 097-0156): provides that the professional license of any health care worker who has been convicted of a sex offense or of a violent crime against their patients or any other forcible felony is permanently revoked without a hearing and further provides that sex offenders cannot be licensed as health care workers in Illinois.

HR 1933: this bill has been approved by the House of Representatives; it extends the entry of foreign nurses in areas with health professional shortages. This bill would reauthorize the H-1C temporary registered nurse visa program, allowing foreign nurses to work in U.S. hospitals for an additional three years, according to a Committee on the Judiciary press release.

While the former H-1C visa program made an annual 500 visas available, the new bill would only allow 300 foreign nurses to work in the United States per year. The new bill appears to apply to only 14 hospitals, many of which are in the home state of bill-sponsor Rep. Lamar Smith (R-Texas). The bill will move on to the Senate for a vote. President Obama is expected to sign the bill if the Senate approves it.

6. Communication
 - a. HRSA focus group: HRSA's Bureau of Clinical Recruitment & Services, Division of Nursing & Public Health (DNPH) will be hosting regional forums in Chicago, Seattle, District of Columbia & San Antonio, Texas. ICN contacted to recommend CNOs from specific types of non-profit facilities to participate. This focus group is limited to 15 participants who represent HRSA's current list of Critical Shortage Facilities (CSF). Our nurse leaders will be giving input on policy and programmatic changes with consideration to the evolving employment landscape and prospective career opportunities for HRSA supported registered nurses, while effectively and efficiently reducing health disparities and advancing health equity. Discussion of possible participants.

	<p>b. ICN Website – the tab “Team IL” will become hyphenated to include new information on the IL Healthcare Action Coalition.</p> <p>c. News release: S. Hassmiller, RWJF Senior Advisor, Strategic Planning meeting with IL nursing leaders, June 16, 2011, is on the ICN website: http://nursing.illinois.gov/news.asp</p>
Old Business	<p>M. Bromberg</p> <p>1. National Council of State Boards of Nursing Transition to Practice (T2P) Regulatory Model pilot research project: Phase II: 2012: Non-acute care settings (IL State Coordinator, D. Bacharz presents)</p> <p>Enrollment of sites: September 1, 2011 is the enrollment deadline. Information has been distributed to: IL Deans/Directors, IL HAC organizations, Regional Partners, IBHE fellows, with request to further distribute amongst membership. For all three participating states (IL, Ohio, N. Carolina), enrollment has been slow, thus far minimal sites amongst these three states.</p> <p>Economic concern: recent anecdotal information that CMS (Centers for Medicare and Medicaid Services) has indicated that as of October 1, 2011 there will be at last a 10% decrease in the reimbursement rate to nursing homes, also a decrease in reimbursement rate to home health care agencies.</p> <p>Discussion: enrollment criteria. Various non-acute facilities where LPNs work, potential additional sites reviewed including skilled bed units at a hospital. Cost is always a factor, including the length of a nursing residency program. Consider extending the enrollment deadline; if not enough sites sign up, would NCSBN consider re-opening enrollment to acute care sites?</p> <p>Alternative plan to consider: consider an academic model: “residency for students”, pay the instructor at the nursing education facility, perhaps a SNF (Skilled Nursing Facility) would contract with the nursing school to provide this module. The schools would provide the modules during students’ one-on-one (immersion) final clinical. NCSBN website: https://www.ncsbn.org/363.htm</p> <p>Plan: comments and recommendations will be forwarded to the project steering committee. D. Barcharz will follow-up.</p> <p>2. IL Nursing Workforce Data, annual supply-demand update, draft data will be available for the December 2011 ICN BOD meeting.</p> <p>Discussion: ICN Nursing Workforce Survey was last conducted in 2007, RFP’s have been submitted on an annual basis, state funding has not been available.</p> <p>3. Institute of Medicine (IOM) Future of Nursing: <i>Campaign for Action</i>, IL Healthcare Action Coalition (IL HAC) Status update</p> <p><u>Connect project</u>: Engaging Policymakers Training Project: is a part of, but a separate project of those states involved in Wave II State Action Coalitions.</p> <p>Connect, a project of RWJF, helps RWJF grantees build or enhance relationships with their members of Congress and other policy makers – relationships that will serve to further grantees work and position them as resources to members of Congress on the most pressing health and healthcare issues in America today. No lobbying takes place.</p> <p>M. Sutton and L. B. Roberts spent 3 days in Washington, DC meeting with the staff of three congressmen: Sen Kirk, Rep Schock and Rep Lipinski. This project remains in follow-up.</p>
Break	12:05pm – 12:35pm
Old Business continues	<p>Institute Of Medicine (IOM), Future of Nursing: <i>Campaign for Action</i>, State Action Coalition, IL Healthcare Action Coalition</p> <p><u>Review</u>: State Action Coalitions (SACs) are built to effect long-term sustainable change in moving the recommendations into action. The IL Center for Nursing Board of Directors is the leadership for this initiative while the asset mapping and coalition building is beginning. The coalition is comprised of diverse groups of stakeholders from a variety of sectors. SACs will further the overall initiative by</p>

capturing best practices, determining research needs, tracking lessons learned and identifying replicable models of successful projects.

State Action Coalitions will work at local, state, and regional levels to implement the recommendations of the IOM Report, *The Future of Nursing: Leading Change, Advancing Health*: <http://championnursing.org/>. With technical assistance from the Future of Nursing: Campaign for Action (CFA) staff, SACs will develop and implement a unique set of regional goals within the framework of the IOM recommendations.

Asset Mapping Project – Draft Organizational Structure

Background information and resource documents reviewed:

- 1) IL Economic Development Region map: 10 regions in the IL EDR map
- 2) Team IL/Center to Champion Nursing in America, Expanding Education Capacity initiative: this successful project was based on a model of regional organizations supporting local education initiatives.
- 3) Timeline: by late summer the intent was to have the initial asset mapping project completed and to begin regional meetings with local regional leaders
- 4) Regional leadership and structure, integration of business, education, foundations and community are necessary components
- 5) Draft organizational model – based on the above history as well as the intent that the model represent a circle of influence
- 6) The IL Workforce Investment Board (IWIB) functions as the State advisory board pertaining to workforce preparation policy. The IWIB ensures that Illinois' workforce preparation services and programs are coordinated and integrated; and measures and evaluates the overall performance and results of these programs. The Board is also charged with furthering cooperation between government and the private sector to meet the workforce preparation needs of Illinois' employers and workers.

Each Local Workforce Investment Area has a Local Workforce Investment Board (LWIB) composed of representatives of business who make up the majority of the Board, as well as representatives of local educational entities, labor organizations, community-based organizations, economic development and Illinois workNet® partners. The LWIB help to set policies that will help bring together the three key pieces to successful local communities. Those three pieces are: education, employment, and the economy.

Two tables were developed of specific activities that IL Center for Nursing collected from organizations that supported the original ICN/IL DCEO State Action Coalition application submitted in February, 2011. The list of Specific activities was collected from returned asset mapping documents and a limited amount of information was collected from organizational web sites. A few organizations that contacted ICN since the asset mapping project began were also included.

Table #1: was structured around the IOM four key messages:

- 1) Nurses should practice to the full extent of their education and training
- 2) Nurses should achieve higher levels of education and 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) Effect workforce planning and policy making require better data collection and an improved information infrastructure

This table listed the organizations and which of the eight IOM Recommendations they were involved in. The intent was to have this document as a resource when working with non-nursing partners.

Table #2: was structured around the IOM eight key recommendations:

- 1) Remove scope of practice barriers

	<ol style="list-style-type: none"> 2) Expand opportunities for nurses to lead an diffuse collaborative improvement efforts 3) Implement nurse residency programs 4) Increase the proportion of nurses with a baccalaureate degree to 80% by 2020 5) Double the number of nurses with a doctorate by 2020 6) Ensure that nurses engage in lifelong learning 7) Prepare and enable nurses to lead change to advance health 8) Build an infrastructure for the collection and analysis of inter-professional health care workforce data <p>This second table listed organizations and specific activities that each organization was leading that reflected the IOM recommendation. The intent was to have this document as a resource for nursing organizations to use as a resource template when initiating a project or when looking to broaden the scope of a project.</p> <p>Discussion: while the documents accurately reflect the information requested during the asset mapping collection period, will they be useful to the intended audience.</p> <p>How will this information be used to improve access to high-quality care by IL citizens? Is this model flexible enough for individual involvement? Involvement of nursing organizations? Involvement of members of the business community? Is there enough representation from non-acute care settings?</p> <p>Is this model inspiring, to be energizing? Is dividing leadership by region, as was successfully done with Team IL/CCNA/expanding education capacity, is this the most welcoming way to involve nursing and non-nursing organizations into both local/regional and state activities? Will this foster the free-flow of information and mentoring across geographic areas in IL? All nursing organizations are working on multiple IOM recommendations.</p> <p>Plan: 1) Maintain tables and organizational model in draft format until revised and approved at the October 2011 ICN BOD meeting</p> <ol style="list-style-type: none"> 2) Combine tables into one table based on the five activities from the S. Hassmiller power-point presented June 16, 2011 3) Campaign for Action is to provide a toolkit, letter of involvement in the near future to State Action Coalitions 4) Request other State Action Coalition leaders to call-in to the ICN BOD meeting to provide examples of leadership structure, role and function. Suggested states: New York, New Jersey, North Carolina, Louisiana, Texas, Florida, Virginia, Mississippi 5) IL DCEO – at next meeting invite specific discussion of outreach to non-nursing community, involvement in Learning Exchanges, STEM initiatives, local IL Workforce Investment Boards 6) Insurance community – outreach needs initiation 7) Branding and messaging 8) February 2012 – anniversary of application and beginning involvement – consider face-to-face, or videoconference meeting
Adjournment	Meeting adjourned at 1:45pm
	<p>The Illinois State Healthcare Action Coalition was convened to advance <i>The Future of Nursing: Campaign for Action™</i>, a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation http://championnursing.org/.</p>