



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

JAY STEWART
Director
Division of Professional
Regulation

Minutes
Illinois Center for Nursing
Advisory Board Meeting
10:00 A.M., Thursday, December 1, 2011

Locations:

JR Thompson Center
100 W. Randolph Street
9th Floor, Room 9-375A
Chicago, Illinois

320 W. Washington Street
Second Floor, Room #258
Springfield, IL

ATTENDANCE

Board Members Present:

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

Excused Absence:

Donna L. Hartweg

ICN Staff:

Linda B. Roberts

Guests:

Mitch Daniels, IDES
Ron Payne, IDES

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 members and guests introduced themselves.
Announcements	M. Bromberg 1) Review and approval of minutes from September 1, 2011: <u>Motion:</u> M. Maurer moved, M. Lebold seconded the motion to approve the minutes as presented; motion carried. 2) Review of notes from October 6, 2011: Clarification, this was a meeting of the IL

Healthcare Action Coalition Leadership, not the IL Center for Nursing Board of Directors; notes from this meeting were accepted.

3) Legislative Update; nursing compact; no additional information at this time.

4) State Health Improvement Plan Implementation Coordination Council (SHIP): Background information: (Public Act 096-1153): (<http://www.idph.state.il.us/ship/>). The Council shall serve as a forum for collaborative action, coordinate existing and new initiatives, develop detailed implementation steps with mechanisms for action, identify public and private funding sources at the local, State and federal level, develop an annual report to the Governor, General Assembly and public regarding the status of implementation of the SHIP. The Council shall include the directors of State agencies (or their designees) with public health system responsibilities. The Governor appoints.

Co-chairs: Michael Gelder, Gov's office & Pat Schou, IL Critical Access Hospital Network Executive Director.

L. B. Roberts and M. Bromberg have been appointed to represent IDFPR on this council. There have been two meetings thus far: 9/22/2011 and 11/17/2011.

New Information: CTG: IL received funding from the Affordable Care Act (ACA) for the Community Transformation Grant (CTG), \$4.8 million/year x 5 years, targeting counties with less than 500,000 people. This includes 97 of 102 IL counties.

At the November 17, 2011 SHIP ICC meeting, M. Bromberg and L.B. Roberts participated in the workforce subcommittee focusing on the strategic issue: how can the IL public health system assure it has an optimal, diverse and competent workforce supported by infrastructure to effectively protect and promote the health of the public? Discussion included Community Health Workers (CHW) – information from Health and Medicine Policy Research Group.

Discussion: in Texas there is a curriculum, some specific guidelines; Mile Square Health Center employs CHW. Department of Labor Standard Occupational Classification [21-1094]; Iris Shannon, Sue Sweiter/Rush are possible resources.

5) Communication:

- a. ICN website. www.nursing.illinois.gov will be adding data tab
- b. Nursing scholarship opportunities: once collected consider adding to website

Old Business

1. National Council of State Boards of Nursing (NCSBN)

- a. NCLEX® Faculty Education Program for IL:
April 24, 2012, Tuesday, 830am-230pm
Location: Southern IL University Carbondale, Carbondale, IL 62901
Registration information pending.

NCLEX® Regional Workshop For Faculty of Licensure-Preparing Nursing Programs. Presented by the Illinois State Board of Nursing in conjunction with the National Council of State Boards of Nursing

Objectives:

- Identify the NCSBN practice analysis process & explain how the results are used to update NCLEX® test plans
- Illustrate basic principles of computer adaptive testing & describe standard setting
- Explain the steps in the NCLEX® item development process
- Identify NCLEX® alternate item formats
- Demonstrate & apply principles of examination item writing
- Identify the use and application of NCLEX® Program Reports & Candidate Performance Reports by nursing education programs

- b. National Council of State Boards of Nursing Transition to Practice (T2P) Regulatory Model pilot research project: Phase II: 2012: Non-acute care settings

Update report: IL State Coordinator, Debra Bacharz, PhD, RN:

Background: Enrollment of sites: As of September 30, 2011, each of the three participating states has eight applications for a total of 24 sites thus far. Sites include ambulatory care centers, long-term care facilities, still working toward recruiting home health agencies. The NCSBN project advisory panel recently met and enrollment will continue through early 2012. The Phase II kick-off meeting will be in Chicago, February 2012.

- 1) Review of participating sites (IL has 9 primary sites thus far):
 - a) Illinois has at least two LTC groups with multiple sites, plus four others
 - b) Two ambulatory care clinics
 - c) We have confirmed one home health study site but we need to confirm whether the other two sites report their outcomes together or separately.
 - d) North Carolina has 9 sites and Ohio has 10 sites thus far.
- 2) There have not been any changes in the types of facilities that are being recruited.
- 3) NCSBN Advisory Panel has discussed the Phase 2 statistical analysis in detail and they believe we currently have enough sites to perform descriptive analysis.

2. Nursing Workforce Supply-Demand 2011 (M. Daniels, Ron Payne, IDES)
2011 draft RN information reviewed at the meeting – plan to finalize in early 2012.
Discussion: This is the third year that we have worked on RN supply-demand data, five year focus on direct-care RNs. The demand remains more than the supply, the nursing shortage continues in IL.

Below is the preliminary/draft background information for the RN Supply-Demand data. Final results are anticipated in Spring 2012. Also new for 2011 we will have RN supply-demand data available for 10 economic development regions in addition to statewide data. We anticipate statewide data for LPNs. We also anticipate, for the first time, APN statewide data.

Demand

Determine current/base year occupational employment and projected growth rate.

The IL Department of Employment Security (IDES) and the IL Department of Financial and Professional Regulation (IDFPR) licensure data is very close. The focus remains the number of direct care/patient-care RNs.

Over the past 5 years healthcare has grown. There is a range of growth rates for this industry, nationally the U.S. Department of Labor, Bureau of Labor Statistics has a projected annual growth rate for this industry of 2.2%. IDES data indicates that within healthcare jobs, the projected annual growth rate has ranged from 1.4% to 2.4%. Within ambulatory health care the rate is: 3.0% to 3.9%; within hospitals: -0.9% to 1.4%; and within nursing and residential facilities: 1.1 to 2.6%. This is higher than the annual growth rate for all jobs in the State of Illinois.

The IDES replacement rate is 2.9%; this includes separations from the occupation due to retirement, death, occupational transfer and for family or health reasons. Data on planned years until retirement from the IDFPR 2007 Nursing Workforce Survey Report indicate an annualized retirement rate that ranges from 2.3% in the first year to 3.6% in 6 to 10 years. Metropolitan Chicago Healthcare Council (MCHC) Vacancy Surveys from 2008 to 2011 (conducted each January and July) indicate vacancy rates for RNs ranging from 2.5% to 5.2%. (The MCHC response to survey is 90+%, vacancy rate includes separations, retirement, turnover and job growth).

The statewide demand for RNs is based on current employment multiplied by an/a consensus growth rate, plus the job replacement openings, this will be the demand rate for Illinois

Supply

Supply adjustments need to account for all sources of education and training. This includes the accelerated BSN programs, the on-line programs, including the growing number of BSN-completion programs, the number of nurses continuing on after completing a BSN program, the entry-level masters program, as well as those

	<p>going to school full-time or part-time. This also includes adjustments to account of “leakage”, for example, those leaving the state for employment, leaving the industry – RNs employed in a non-healthcare occupation, and those no longer in the labor force.</p> <p>Discussion: The current preliminary RN data is more robust than what has been previously reviewed. Over the past five years, the number of graduates from Illinois nursing programs has been steadily increasing. Of those that completed an Illinois nursing education program approximately 88% passed the nursing licensure exam.</p> <p>Some facilities do not hire non RN-BSN graduates; residency rates vary amongst acute-care facilities; many nurses still leave after the first year of employment, variety of reasons.</p> <p>Next year in addition to the RN supply-demand state, RN supply-demand in each of the ten IL Economic Development Regions (EDR), anticipate LPN supply-demand state and LPN supply-demand in three regions.</p> <p>Data to be posted on the ICN website by end of the year.</p> <p>3. IL Board of Higher Education Nurse Educator Fellowship: review application: <u>110 ILCS 205/9.32 Nurse Educator Fellowship Program, IBHE</u>: the purpose of this program is to reward outstanding nursing faculty and provide an incentive to retain qualified faculty at IL institutions of higher learning (Rules Section 1105.100).</p> <p>In the application, Section 1, Eligibility: there are eight criteria, criteria #1: the pre-licensure nursing program must be approved by IDFPR.</p> <p>Discussion: one ICN goal is to increase the number of qualified nursing faculty, consider broader award criteria to include graduate nursing faculty. Review of the Statute - is broad and does not stipulate limiting fellowship award to faculty teaching in pre-licensure nursing programs. Some current IL nursing education programs do not have pre-licensure programs.</p> <p>Plan: recommendation to IBHE to amend this eligibility criteria requiring current employment in only a pre-licensure program, so that nursing faculty teaching at the graduate level would also be eligible to participate; refer to statute about support of faculty.</p> <p>Question: Would retired nursing faculty, consultants, emeritus faculty be eligible? Answer: No, Section 1105.300 Fellow Eligibility: c) employed in a full-time nursing faculty position at an eligible institution.</p>
Break	12:00pm – 12:30pm
Old Business continues	<p>4. Institute of Medicine (IOM) Future of Nursing: Campaign for Action IL Healthcare Action Coalition (IL HCAC) Strategic Planning</p> <p><u>Review:</u> 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. 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.</p> <p><u>Asset Mapping Project – Draft Organizational Structure</u></p> <p>Asset mapping table, which was reviewed during the October 2011 ICN BOD meeting, combined information from the two previous tables which were based on the IOM four key message and eight recommendations. These two documents were combined into a grid based on the five actions or aims from the S. Hassmiller power-point presented June 16, 2011, Chicago, IL</p> <p>The resulting document is: State Action Coalition Campaign Actions:</p> <ol style="list-style-type: none"> 1) Strengthen nursing education and training 2) Enable nurses to practice to the full level of their education and training 3) Advance inter-professional collaboration across the health spectrum 4) Expand leadership ranks to ensure that nurses have a voice on management teams, in boardrooms and during policy debates 5) Improve health care workforce data

	<p>Under each action this table/grid lists the organization and specific activities in support of the action. The intent is to have this document as a resource when working with nursing and non-nursing partners.</p> <p><u>Revise infrastructure</u> Titles of structures within an organization, review options: From Joan Bundley: Titles reviewed are terms not used in any parliamentary authority, such as Roberts or Sturgis. The terms, including the composition and duties should be defined in an organization bylaws or any governing documents. However, in her experience with organizations, a Steering Committee is akin to an executive committee and a Leadership Council is akin to a delegate assembly or house of delegates. Use the terms but define them and then place them in the organizational chart.</p> <p><u>Title:</u> discuss having “nursing” in the title, similar to Texas (Advancing Health Through Nursing, Initiative on the Future of Nursing). Does “nursing” in the title limit the focus of this organization that is being developed; the IOM Report: Future of Nursing has a broader focus. Outcome goal is to transform the healthcare system, vision of structure is to be inclusive to nursing and other disciplines. Vision is to include communication amongst various levels and committees. Recommendation: Name: IL Action Coalition</p> <p><u>Review draft organizational structure from Nov 14, 2011 workgroup meeting:</u> Match the Action Coalition Aims to the titles of the committees in the organizational structure, so that the statement matches the structure</p> <p>Identifying characteristics: Future of Nursing: <i>Campaign for Action</i> is at the top; The Executive Council will include the IL Center for Nursing Board of Directors as leadership. This top group do: give direction, write functions for all committees; additional stakeholders can be added. Coordinating Committees: chairs and co-chairs of the four aims: Education, Collaboration, Practice, and Leadership. Coordinating committees will include experts, consultants. Move Data committee to be separate from the coordinating committees. Strategic Communication Committee: media, public, website; building messages, branding, because each committee going public, make sure messages are integrated, so build on messages and work, accomplishments. Policy Committee: bridge between legislators, tap into colleges & universities, a lot of interest in participation. Foundations: put community of foundations out from communication and policy and arrows between. Plan to start to put together foundations and target based on initiatives.</p> <p>Plan: 1) Strategic Planning meeting of the IL Healthcare Action Coalition leadership, include review of other state action coalition organizational models 2) Action Campaign Objectives and time lines a. Evaluate five actions/aims b. Next Steps/Outcome measures, collaboration 3) Discuss 2012 meeting of leadership, stakeholders, and interested organizations</p>
Adjournment	Meeting adjourned at 2:05 pm
	<p>The Illinois State Healthcare Action Coalition was convened to advance The Future of Nursing: <i>Campaign for Action</i>[™], a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation http://championnursing.org/. The Illinois Center for Nursing (ICN) was established in 2006 to advocate and ensure 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.</p>