



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

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Division of Professional Regulation

Illinois Center for Nursing
Advisory Board Meeting
10:00 A.M., Thursday, February 4, 2010
JR Thompson Center
100 W. Randolph Street
9th Floor, Room 9-171B and C
Chicago, Illinois

ATTENDANCE

Board Members Present:

Michele Bromberg, Chairperson
Nancy Cutler
Donna L. Hartweg
Mary Lebold
Marcia Maurer
Donna Meyer
James Renneker
Maureen Shekleton
Deborah A. Terrell

Excused Absence:

Susan Campbell
Kathryn E. Christiansen

ICN Staff:

Linda B. Roberts
Catherine Clarke

At 10:12 a.m. Chairperson Bromberg officially called the meeting to order. A quorum was present.

ANNOUNCEMENTS

Reorder agenda

2. Review of ICN Mission, Vision, Goals:

Discussion: review wording changes to improve specificity of goals to maintain focus of initiatives and to continue funding. Retain focus on nursing workforce, potential changes with health care reform. Focus is on more than nursing shortage, includes barriers/opportunities in increasing the nursing workforce.

Goals and mandates: reviewed ad seriatim:

Goal #1: "create public awareness of the nursing shortage in Illinois": no change
Goal #2: add "of diverse qualified applicants" between "attraction" and "to", so it now reads:
"Develop recruitment strategies to stimulate continued attraction of diverse qualified applicants to the nursing profession".
Goal #9: move this goal: "Establish the Center as a sustainable resource for the public and health care communities", to the end, to be the final goal, like a capstone.
Add an additional goal: "Assist schools of nursing with the recruitment of qualified nursing faculty".
Add: "Serve as a liaison to interpret the impact of health care trends and professional nursing issues on the citizens of Illinois" as a first goal, and all following goals to follow sequentially.

Mission: delete "for the" from between "ensure" and "appropriate", so the ICN mission statement will now read: "The mission of the Illinois Center for Nursing is to advocate and ensure appropriate nursing resources necessary to meet the health care needs of the citizens of Illinois."

Motion: made/seconded: (M. Shekleton/M. Maurer): To accept the proposed amended mission, along with goals and mandates as revised. Motion carried.

1. Review and approval of minutes from December 3, 2009:

The section: New Business: Strategic Planning: discussion was regarding capturing the breadth of the discussion from that meeting. Discussion included role of ICN, other state agencies, regional partners, etc. A suggestion was made to amend the minutes by addition; approval of minutes deferred until after lunch break, with the plan to use the lunch break to prepare an addition to the minutes.

3. Set ICN BOD meeting dates and places for FY 2011

Discussion: review of history, past practices, including: target date for meeting is first Thursday of the month; two out of three meetings in Chicago; cities, start with Chicago in September, meet September and October, then every other month.

Motion: made/seconded: (N. Cutler/J. Renneker): to maintain six ICN BOD meetings per fiscal year, two meetings to be held in Chicago, followed by one in Springfield beginning in September 2010, dates and places as follows:

FY 2011 ICN BOD meeting dates: September 2, 2010/Chicago
October 7, 2010/Chicago
December 2, 2010/Springfield
February 3, 2011/Chicago
April 7, 2011/Chicago and
June 2, 2011/Springfield.

Motion carried.

4. NCLEX® Regional workshop, October 2010

A formal request has been made to the National Council of State Boards of Nursing by M. Bromberg, IDFPN Nursing Coordinator, requesting NCSBN provide a NCLEX® workshop in the fall, 2010. South Metropolitan Higher Education Consortium (www.SouthMetroEd.org) has requested to host this one day educational session. Final approval, along with a definite date are still pending from NCSBN. For 2011: recommend this NCLEX® test writing seminar be held in Springfield, IL.

5. Legislative Update

Proposed Rules for the Nurse Practice Act: review continuing education (CE) resource document (see attachment #A).

Discussion: RNs will be notified within the next few months with licensure renewal notification, that beginning June 1, 2010 through May 31, 2012, they will need to accumulate 20 hours of CE. RNs will be required to keep copies of courses that they have completed, the CE certificates, etc. It is our understanding that IDFPR will spot audit RNs, same as for other professions regarding compliance with CE accrual.

Wording changes: on the CE resource grid, far right: change from it is “recommended” that individual RNs... to “require”, that individual RNs are required to keep records of classes they have completed, CEs they have accrued within the licensure cycle.

Recommendation: give CE its own icon/tab on left side of the ICN webpage; on IDFPR home page, create an easily identifiable link to the ICN CE resource document.

Action: on the IDFPR website home page, create a link to the ICN home page and the CE resource document contained therein.

Once changes in the IDFPR and ICN website home pages regarding Illinois RN CE requirements have been finalized, distribute this information to nursing magazines such as: *Nursing Spectrum*, *ADVANCE for Nurses*, *Nurses Lounge*, *NurseWeek*, *Illinois Nurse* & other nursing magazines with local distribution.

Proposed Rules for the Nurse Practice Act, the first comment period has been completed.

Illinois Board of Higher Education-Nursing Expansion and Improvement Grants

Public Act 94-1020: since 2006 IBHE has funded new nursing initiatives to recruit, train and retain nurses in Illinois. The purpose is to increase the number of nurses graduating from Illinois institutions of higher learning prepared for careers as registered nurses. There are competitive grants in two categories: Expansion grants and Improvement grants: FY2010 total: \$843,984

IBHE Expansion grants: support expansion of high-performing nursing schools for the purpose of expanding nursing program capacity.

Benedictine University, Lisle, \$239,817. The goal is to increase the RN to BSN completion graduates from 44 to 75 per year by adding three cohorts (one in Lisle and two in Springfield). Strategic partnerships are in place in both regions to make the most of increased capacity for a diverse population of graduates. Grant funds will be used to hire additional full-time and part-time faculty, purchase health assessment lab kits, and obtain evaluation materials and services.

Blessing-Rieman College of Nursing, Quincy, \$263,060. The goal is to expand the Nursing Skills Laboratory into a high-fidelity clinical laboratory. Blessing-Rieman is positioned in a rural area of Illinois with a limited pediatric, obstetric, and high-acuity population.

St. Francis Medical Center College of Nursing, Peoria, \$257,327. The goal is to develop coordinated academic services, increase the number of simulated learning laboratories, and pilot the use of simulated learning as a potential solution for the shortage of clinical sites. Grant funds will be used to furnish an Academic Development Center, purchase services from an ESL (English as a second language) consultant, purchase simulation equipment for two additional labs, and hire one faculty member.

Improvement Grant Projects

Support nursing schools in need of program improvements aimed at increasing institutional pass rates on the National Council Licensure Examination® (NCLEX).

Lake Land College, Mattoon, \$39,780. The primary goal is to address the high program attrition rate by incorporating interactive technology-based instruction through the purchase of a human patient simulator and an audience response system.

University of Illinois at Chicago, Urbana/Champaign site, \$44,000. The College of Nursing is in need of additional nursing skills laboratory capacity after recently increasing their enrollment by 34 percent at the Urbana/Champaign site.

Discussion: Review status of long-term follow-up survey of sites that have received IBHE Nursing Improvement and Expansion grant funds in previous years, what is the continued impact. There have been discussions with IBHE to distribute a brief request for information to previous grant recipients this spring. Distribution would be at approximately the same time as the annual grant evaluation is due, May/June.

OLD BUSINESS

1. US DOL, RWJF, AARP, Center to Champion Nursing in America/ Team Illinois: we continue to add new members, embrace regional initiatives designed to ease the nursing shortage as well as expand nursing education capacity, explore various ways of accomplishing all of our deliverables.

a. National: CCNA – primary focus these past few months has been health care reform
TA calls continue on a monthly to every other month basis

b. Illinois Team update:

- Leadership calls continue on a monthly basis, regional leader participation
- Quarterly face-to-face meetings continue, February 8, 2010, Springfield, IL
Host: Springfield Chamber of Commerce
- Goals of the Group:
 - Define economic impact of nursing in IL
 - Develop interdisciplinary simulation laboratory collaboration
 - Data and mapping project(s)

c. Regional Partners review:

- MCHC=Metropolitan Chicago Healthcare Corporation
- Connect SI/Man-tra-con Corporation=southern 20 counties
- CIRCLE= Central IL Regional Collaborative Effort, Bloomington-Normal EDC and Chamber of Commerce coordinating effort, cities include (Jacksonville, Springfield, Bloomington-Normal, potentially Peoria).

The following are IL RWJF PIN recipients, that are working in conjunction on nursing workforce initiatives with their regional partners:

- Iowa/Illinois PIN = Quad Cities RWJF PIN grant recipient, the coordinator is located in Bettendorf, Iowa; PIN grant was received in part because efforts will be in two states
- CINI=Central IL Nursing Initiative= Springfield RWJF PIN grant recipient, grant coordinated by the Springfield Chamber of Commerce

d. Project updates

Action Plan Communication

Information distributed: an overview of the December 2009 publication: *Educating Nurses: A Call for Radical Transformation*, by Pat Benner, Molly Sutphen, Victoria Leonard and Lisa Day, supported by The Carnegie Foundation for the Advancement of Teaching. This national nursing education report explores the strengths and weaknesses in nursing education and the external challenges the profession faces. An overview of the study including highlights and key observations was distributed.

This Team IL project, in part coordinated by MCHC, data collection facilitated by the IDFPR Board of Nursing Annual Nursing Education survey, continues.

Action Plan Communication: preliminary results of the post-licensure nursing education curriculum review and survey.

- IBHE: the list of Baccalaureate Completion (BSNC) and graduate level nursing education programs obtained from IBHE was reconciled with nursing education programs listed on the ICN website. ICN website links were updated to link immediately the individual to the nursing program within a school.

- Survey definitions and questions adjusted based on post-licensure education as the target area; adjustments included using the IBHE definitions for full-time (FT) and part-time (PT) students, deleting reference to first clinical experience, etc.

- Curriculum: curriculum individualized for each nursing program to review, only public nursing post-licensure education program curriculum available for distribution by October 2009. MCHC consultant, as was done with the pre-licensure nursing curriculum, compiled the post-licensure nursing curriculum for review and distribution.

- Results thus far: approximately 31 nursing schools were contacted, approximately ½ responded to the survey, 1/3 returned the BSNC curriculum review. Less than half the graduate nursing education programs responded.

- Next steps: Obtain the remainder of graduate nursing education curriculum for distribution to individual schools for review.

- Discussion included: clarification of survey questions, sharing of faculty amongst BSN and BSNC programs, number of seats available per program area, recommendations for when to again distribute survey.

Action Plan Communication: preliminary results of the pre-licensure nursing education curriculum review and survey.

- ICN website: tab: education opportunities: NCLEX pass rates, retention rates available for each school for the past five years.

- BON annual survey: in the process of compiling results, preliminary results soon available.

- LPN question: working with IDES, preliminary data show that at this time there is a state surplus of LPNs. Preliminary data also indicate that the Chicagoland area 50 LPNs/year are needed; included in the growth rate are non-acute care settings, such as LTC, in-home care.

Pathways to Results (PTR) project update presented by ICN BOD member D. Terrell. The executive summary (Attachment #B) from the December 17, 2009 meeting distributed.

This is an initiative of the State of Illinois focused on improving student transition results for critical career pathways. It will do so by developing metrics, methods and tools that can be used to continuously improve the results obtained by students in these career pathways. MCHC hosted the initial exploratory meeting in August, 2009. Initial meeting was a think tank, various options as to how we are able to address

problems including social issues that may not be the same as those found in four year schools.

Office of Community College Research and Leadership (OCCRL) is managing PTR under a grant from the Illinois Community College Board (ICCB) and the Illinois Department of Commerce and Economic Opportunity (DCEO), with support from the Illinois State Board of Education (ISBE). This is part of a statewide initiative to retain students once they are admitted to critical career pathways including the Associate Degree nursing education programs. PTR has emerged as a key element in Illinois' strategy to address critical skill shortages and improve student outcomes.

2. Home Health, Home and Community Based Services Initiative

Summary: ICN has coordinated two statewide meetings at DCEO's request. This project began last fiscal year. This was accomplished with limited funding, and within very short periods of time. Since this initiative began state government has additional travel restrictions, as do other employers and participants. The question remains as to how to grow the in-home and community based care workforce, create a career lattice while maintaining and/or improving the bottom line.

Next steps: Discussion: need all stakeholders participating, including government agencies, employers, advocacy groups, professionals, unions. This is not practicable in the near future, to maintain contact and interest, consider a survey.

Action: distribute a survey that would ask if you had a pilot program to grow the in-home care workforce, what would the components of that program be.

School Health Advisory Board: M. Bromberg was requested to be a member.

Their Mission is to advise the Illinois Department of Human Services, Office of Family Health, School Health Program in the delivery of timely and appropriate programs and services.

The Goal of the School Health Program: to provide resources and technical assistance to enable schools to facilitate the delivery of comprehensive, cost effective health services designed to optimally meet the physical and mental health needs of the students.

3. Strategic Planning

a. Communication: positive marketing of ICN and initiatives:

-Efforts are ongoing from ICN, working with IDFP public relations and other government agencies, sending news releases, information to various local and regional nursing magazines. Will continue outreach with distribution of CE resource document.

-Team IL: sharing efforts and sharing credit, all stakeholders are vested in sustaining progress, viability of individual regional partners, and usefulness of the state team.

-Regional partners: all regional partners are now active participants in Team IL and monthly leadership conference calls.

-Information email document: information has been distributed to the deans/directors nursing education programs on a routine basis. The plan is for an email newsletter template as well as wider distribution beyond the education community.

-National:

CCNA – abstract was submitted for potential articles in three different national nursing magazines, no further information has been requested thus far.

b. RWJF Institute of Medicine (IOM) Initiative on the Future of Nursing:

December 3, 2009: forum on community health, public health, primary care, and long-term care; innovations/models and barriers/opportunities. ICN submitted written testimony based on current in-home care initiative: improving job conditions while maintaining high care giving standards, utilization of licensed and unlicensed care givers, exploration of pilot projects.

February 22, 2010 (abstract due 2/10/10): Education: innovations/models and barriers/opportunities relevant to the overlapping areas of what we should teach, how we should teach (methodology) and where we should teach. All submitters will also be asked to provide their vision of the future of nursing as part of their testimony.

Plan: submit 250 word abstract on what ICN has been doing re: nursing education in Illinois. Additional information will also be accepted, but the request to present oral testimony is based only on the first 250 words submitted. If ICN is contacted to present oral testimony D. Meyers and D. Terrell will be attending the meeting and have agreed to present oral testimony.

Next steps: RWJF Institute of Medicine (IOM) Initiative on the Future of Nursing: prepare a consensus report, and at the end of the two year project sponsor a national conference to discuss these issues.

12:05 – 12:35pm Lunch-on your own

Reorder agenda, return:

Announcements

1. Review and approval of minutes from December 3, 2009 ICN Advisory Board Meeting:

Motion: amendment to minutes, add the following to the section: New Business:

“A question was raised to clarify the relationship between MCHC and the IL Center for Nursing. M. Bromberg clarified the role of the initial regional partners, MCHC and Connect SI, as they initiate projects based on deliverables as outlined by IL DCEO (Department of Commerce and Economic Opportunity). The IL Department and Economic Opportunity is the partial funding source of many workforce initiatives that are implemented with the advice from the IL Center for Nursing Advisory Board input. As the regional partnerships, 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.”

Motion: made/seconded: (D. Hartweg/ M. Lebold), motion carried.

Motion: Approve December 3, 2009 ICN Advisory Board Meeting Minutes as amended:

made/seconded: (D. Terrell/D. Hartweg), motion carried.

Reorder agenda, return to New Business:

NEW BUSINESS

1. Health Care Reform: discussion exploring health care reform, preparing the nursing workforce for changes in population, reimbursement, places where care will be provided as well as reviewing essential components of care.

Resource documents:

1. Kaiser Family Foundation, Principles for Health Reform, side by side comparison
2. AARP bulletin, Critical Maneuvers in Rebuild the Health Care System and other documents

3. American Nurses Association: 1991 Nursing's Agenda for Health Care Reform
4. American Nurses Association, Top Ten Reasons to Support Health Care Reform, and other documents
5. Affordable Healthcare for America Act, various documents (House Committee on Ways and Means, Energy and Commerce, Education and Labor)
6. Institute on Medicine, Insuring America's Health, Principles & Recommendations, and other documents
7. The Commonwealth Fund, December 2009, Why Health Care Reform Will Bend the Cost Curve
8. The Commonwealth Fund, January, 2010, The health insurance provisions of the 2009 Congressional health reform bills: implications for coverage, affordability, and costs
9. NCSBN Health Care Reform conference call notes, 1-27-10

Health Care Reform: how to prepare people to work in a system that has not yet been designed. Putting education/health care reform all together; develop a report talking about recommendations, vision.

Health Care Reform			
Funding	Essential Components	Education/Workforce Changes	Models
Millionaire tax	Preventive Care	Culture & linguistics differences	Nurse managed center
Doughnut hole/Medicare Part #D: help from pharmaceutical companies to reduce costs for this group	Patient safety	All providers practice to full scope of practice, no barriers	Community based care, non acute based care
Exchanges/insurance clubs	Role consumer – active participant	Increase technology use	Community management = more than case management
Pay for performance	Access to care, quality care	Role of consumer in own care-increase	Lay health worker utilization
Bundling of services	Guarantee choice of health care provider and health plan	Quality safety education for nurses	School based clinics in addition to school nurse
	Eliminate denial of insurance based on pre-existing conditions,	Curriculum based on previous acute ill patient population ?integration of preventive, primary care	Medical Home Concept
	Eliminate denial of insurance based on rescissions	More primary care providers	
	Reduce out-of-pocket expenses	Changing demos, aging patient pop, returning soldiers: higher stress, neuro sequela	
		Mental health	
		Young unemployed	

		(age 21-25 yo) Increasing poverty Return to 1960's Mile Square Health Center model	
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ADJOURNMENT

1:58 pm Motion/seconded: adjournment (M. Shekleton/D. Terrell). Motion carried.

Next meeting date: Thursday, April 1, 2010, Chicago, IL