Disruptive Innovations for Health Care
DISRUPTIVE INNOVATIONS FOR HEALTH CARE

PROGRAM OVERVIEW: Some maintain that only disruptive innovations can save out health care system from collapse. Disruptive business models improve quality, accessibility, and affordability by changing the way hospitals work. Patient networks enable better treatment of diseases; insurance and regulatory reforms stimulate disruption in health care and employers can change the roles they play in health care to compete effectively in the era of globalization. Learn more about a groundbreaking prescription for health care reform – from leaders in innovation.

INTENDED AUDIENCE: Nurses at all levels of management, emerging leaders, risk managers, human resource staff, nurse educators, hospital executives and consultants.

LEARNING OBJECTIVES: Upon completion of this program, participants will be able to:
- Define disruption
- Describe four features of disruptive business models.
- Differentiate between solution shops, value-adding process (VAP) businesses and facilitated networks.
- Identify features of complex adaptive systems.
- Describe Web 2.0 innovations that connect patients and employees in networks. Understand the regulatory changes needed to support innovations.

SCHEDULE OF EVENTS AND PROGRAM FACULTY

THURSDAY SEPTEMBER 17, 2009

12:30pm - 2:30pm Board Meeting
3:00pm – 4:00pm Regional Meetings
4:00pm – 5:30pm Policy and Advocacy Tool Kit
   Trish Anen, Chair, IONL Policy and Advocacy Committee
6:00pm – 8:00pm Cocktail Reception Networking with Speakers and Sponsors
   Sponsored by Northwest Community Hospital

FRIDAY SEPTEMBER 18, 2009

7:30-7:55 am Registration and Continental Breakfast
   Breakfast Sponsored by Weiss Memorial Hospital
8:00-8:15 am Welcome, Introductions, and Overview of the Program
   Mary A. Petersen, MS, RN, OCN
   Chair, IONL Leadership & Professional Development Committee
8:15- 9:45 am The Innovator’s Prescription: A Disruptive Solution for Health Care
   Jason Hwang, MD, MBA – Harvard Business School, Co-author of The Innovator’s Prescription
   Executive Director of Healthcare at Innosight Institute
   San Francisco, California.
9:45-10:15 am Panel Discussion
DISRUPTIVE INNOVATIONS FOR HEALTH CARE

10:15-10:45 am  Coffee Break, Book Signing, Exhibit Booths & Poster Viewing*  
*Poster Presentations: Illinois Magnet Facilities will Showcase Best Practices

Coffee Break Sponsored by Systems, Inc.

10:45-12:00pm  Optimizing Nursing Performance through Innovative Modeling  
Tom Clancy, PhD, MBA, RN—Clinical Professor, University of Minnesota, School of Nursing  
Therese Fitzpatrick, PhD, RN—Assistant Clinical Professor, University of Illinois at Chicago College of Nursing

12:00-12:45 pm  Lunch – Sponsored by Resurrection Health Care  
IONL Annual Business Meeting  
Susan Campbell, MSN, RN, CNAA – President IONL  
Exhibit Booths & Poster Viewing*

2:00 -2:15 pm  Break, Exhibit Booths & Poster Viewing*  
*Poster Presentations: Illinois Magnet Facilities will Showcase Best Practices

2:15-3:15 pm  Policy Innovations are they Disrupting Healthcare Reform in Illinois?  
Nichole Magilis, Sr. Director, Government Affairs, Illinois Hospital Association  
Springfield, IL

3:15-3:30 pm  Closing Remarks, Evaluation and CE Distribution  
*Poster Presentations: Illinois Magnet Facilities will Showcase Best Practices

SPECIAL THANKS TO OUR CONFERENCE SPONSORS:

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The Nash Group  
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Weiss Memorial Hospital

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McKesson  
Optimal Care Software  
sanofi-aventis, U.S.  
Sigma Theta Tau International

IN-KIND SPONSORS  
Gannett Healthcare Group - for printing these conference proceedings  
The McKinley Group - for facilitating the 2009 strategic planning session  
College of Nursing at the University of Illinois Chicago - for utilizing their online registration systems
Annual Business Meeting
September 18th, 2009
Holiday Inn Select
Naperville, Illinois
12:00-12:45 PM

I. Call to order                          Susan Campbell
II. Approval of agenda                   Susan Campbell
III. Approval of minutes                Susan Campbell
IV. President’s Report                  Susan Campbell
V. Secretary’s Report                   Dale Beatty
VI. Treasurer’s Report                  Cathy Smithson
VII. Regional Chapter Reports
    1A                                   Nancy Cutler
    1B                                   Angela Cook
    2A                                   Kathy Hanson
    2B                                   Pam Eulberg
    3A                                   Leanna Wynn
    3B                                   Robin Gordon
    4 and 5                              Nancy Weston

VIII. Committee Reports
      A. Image and Role, Kathy Reno
      B. Policy and Advocacy, Trish Anen
      C. Leadership and Prof Development, Mary Petersen
      D. Strategic Planning/Relationships, Beth Brooks
      E. Work Environment, Connie Yuska

IX. Executive Director’s Report, Beth Brooks

X. Adjournment
ILLINOIS ORGANIZATION OF NURSE LEADERS
Minutes

Meeting: IONL Annual Business Meeting
Date: October 10, 2008

Members Present: 120
Time Called to Order: 1125

Excused/Absent:
Time Adjourned: 1245

Guests:
Location: Holiday Inn Select, Naperville IL

Presiding Officer: Connie Scott
Recording Secretary: Marjorie Maurer, MSN, RN, CNAA, BC

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Findings, Analysis, Conclusions</th>
<th>Recommendations, Actions</th>
<th>Follow-Up, Responsible Party</th>
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<tbody>
<tr>
<td>Call to Order</td>
<td>Connie Scott opened the meeting and welcomed all members.</td>
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<tr>
<td>Consent Agenda Items</td>
<td>Connie asked for approval of Rules of Conduct. Approved.</td>
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<tr>
<td>President's Report</td>
<td>Connie welcomed new members. Current Board members were thanked and recognized.</td>
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<tr>
<td>Connie Scott</td>
<td>Election Results for 2009 Officers: Susan Campbell, President Marjorie Maurer, President-Elect Dale Beatty, Secretary</td>
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<td></td>
<td>Activities in IONL: - Membership: 345 - Kellogg Program: 48 attendees - Save the Date: Feb. 1-5, 2009 - Mid-Year meeting attendance: 121</td>
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<tr>
<td>Secretary's Report</td>
<td>Minutes from the 2007 Annual Business Meeting were approved as written and filed.</td>
<td>Minutes accepted and filed.</td>
<td>Individuals to approve annual minutes: - Rose Mary Carrico - Emmy Moore</td>
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<tr>
<td>Marjorie Maurer</td>
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COMMITTEE REPORTS

Policy & Advocacy: Susan Ehlers Campbell
IONL cosponsored with IHA the Advocacy Value and Empower Your Professional Nurse Voice – October 8, 2008.

Image & Role: Kathy Reno
- Continue to make IONL Connect available to members.
- The Community of Practice with Magnet piloted. Not enough interest, so discontinued.
<table>
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<tr>
<td><strong>Image &amp; Role</strong></td>
<td>- The IONL Board voted yesterday to continue with IONL Connect because they have upgraded the</td>
<td></td>
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<tr>
<td>(continued)</td>
<td>capabilities of the site to allow web conferencing. This could be very beneficial for those</td>
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<td>chapters where face-to-face meetings are not possible all the time. The meeting place needs</td>
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<td>internet access and all members can join via their computer with audio abilities.</td>
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<td></td>
<td>- On IONL Connect, The McKinley Group, who did our skills lecture yesterday, will establish a</td>
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<td></td>
<td>special community group.</td>
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<td></td>
<td>- IONL is using Constant Contact as our communication tool for announcements, newsletters, etc.</td>
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<td>This is our initiative at IONL to go green.</td>
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<tr>
<td><strong>Leadership &amp;</strong></td>
<td>IONL also prepared a draft to adopt in January on research grants that IONL will provide for</td>
<td></td>
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<tr>
<td><strong>Professional</strong></td>
<td>research projects focused on nursing leadership and issues nurses face.</td>
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<tr>
<td><strong>Development:</strong></td>
<td></td>
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<tr>
<td>Mary Petersen</td>
<td></td>
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<tr>
<td><strong>Strategic Planning/</strong></td>
<td>IONL will be contracting with two freelance PR professionals to meet with</td>
<td></td>
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<tr>
<td><strong>Relationships:</strong></td>
<td>Board members and do an analysis to understand our organization, issues, challenges and</td>
<td></td>
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<tr>
<td>Beth Brooks</td>
<td>stakeholders to help us build publicity and recognition to serve as a strong foundation for</td>
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<td></td>
<td>future communication efforts. Long term goal: IONL to be the voice for nursing in Illinois.</td>
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<tr>
<td><strong>Work Environment:</strong></td>
<td>IONL has adopted the <em>Principles and Elements of a Healthful Practice/Work Environment</em> from</td>
<td></td>
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<tr>
<td>Connie Yuska</td>
<td>AONE (printed in the program). IONL adopted AONE position statement on Foreign Nurse Recruitment.</td>
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<td></td>
<td>Carol Beyer will be representing IONL on task force to create transition plan into practice.</td>
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<tr>
<td>Agenda</td>
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| **AONE** | - Election of officers ended September 30. Connie Scott and Mary Sheahan have participated in AONE meetings and Chapter Leader Calls.  
  - AONE has begun offering self-developed exams:  
    o Nurse Executive  
    o Nurse Managers and Leaders  
    Pilot testing October – Evaluation  
    Reopen January 2009  
  - AONE Institute changed name from *AONE Institute for Patient Care Research & Education* to *AONE Institute for Nursing Leadership Research & Education*.  
  - AONE membership: 6,336  
  - Next Annual Meeting April 15 – 19, 2009, in San Antonio TX  
  - New Programs:  
    o Membership Ambassador Program  
    o New Member Orientation – web based  
    o On-Line Communities  
    o Research on Nurse Intensity on Patient Care  
    o Partnering with Daisy Foundation on the Daisy Award for Nursing – some ICNL hospitals use.  
  - Encourage AONE Website  
  - AONE Technology Tool Kit | | |
  - Be on the alert for the new rules to the Nurse Practice Act. | | |

**Regional Chapter Reports**

- **Region 1A**
  Sally Craig  
  See report in Annual Business Meeting packets.  
  Accepted.

- **Region 1B**
  Cathy Smithson  
  See report in Annual Business Meeting packets.  
  Accepted.

- **Region 2A**
  Jill Stemmerman  
  See report in Annual Business Meeting packets.  
  Accepted.

- **Region 2B**
  Mary Murphy  
  See report in Annual Business Meeting packets.  
  Accepted.
<table>
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</thead>
<tbody>
<tr>
<td>Region 3A</td>
<td>See report in Annual Business Meeting packets.</td>
<td>Accepted.</td>
<td></td>
</tr>
<tr>
<td>Lori Moon</td>
<td></td>
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<tr>
<td>Region 3B</td>
<td>See report in Annual Business Meeting packets.</td>
<td>Accepted.</td>
<td></td>
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<tr>
<td>Robin Gordon</td>
<td></td>
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<tr>
<td>Region 4 &amp; 5</td>
<td>See report in Annual Business Meeting packets.</td>
<td>Accepted.</td>
<td></td>
</tr>
<tr>
<td>Sally Riley</td>
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2009 Board of Directors
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Angelique Richard
Kathy Mikos
Jane Read

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Asst. Tel.: 312/238-1188

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The Innovator’s Prescription: How Disruptive Innovation Can Fix Health Care

Jason Hwang, M.D., M.B.A.
Executive Director, Healthcare
jhwang@innosightinstitute.org

The Disruptive Innovation Model

- Incumbents nearly always win
- Entrants nearly always win

Disruption is driven by an asymmetry of motivation
The growth of angioplasty

Estimated Inpatient Cardiovascular Procedures, 1979-2002

- Balloon Angioplasty/Stenting
- Bypass

CAGR 1995-2002
- Balloon Angioplasty/Stenting: -1.51%
- Bypass: 15.69%

Source: United States Centers for Disease Control and Prevention National Hospital Discharge Survey; Innosight analysis.

Asymmetries of motivation in angioplasty

“When angioplasty was introduced, it captured the imagination of cardiologists and surgeons differently. Surgeons were skeptical about this new procedure. They were used to seeing small arteries in the operating room and questioned how one would be able to introduce a small catheter into the femoral artery, negotiate it via the left main coronary artery into a distal vessel, and dilate it. Cardiologists saw this as an incredible opportunity to treat patients with ischemic heart disease.”

—Chief, Division of Cardiothoracic Surgery, Miami, Florida

Centralization followed by decentralization: Computing
Centralization followed by decentralization is common

Decentralization is disruptive and is hard to catch

The decentralization that follows centralization is only beginning in healthcare

Long-distance telecommunication
Higher education
Music recording & distribution
Movies / Video
Retailing

Performance
Time
Sustaining innovations

Disruptive Innovations

Non-consumers: Targets for New Market Growth

Surgical suites
Laboratory services
Clinical research and training
Data collection and warehousing

Non-consumers: Targets for New Market Growth in Health Care
The pursuit of profit and differentiation in head-on competition among similar business models adds functionality and cost. Disruptive decentralization is the mechanism that reduces cost and spurs widespread adoption.

Disruption in business models has been the dominant historical mechanism for making things more affordable and accessible, and for generating corporate and economic growth. The Three Enablers of Disruption:

**Yesterday**
- Ford
- Dept. Stores
- Digital Eqpt.
- Delta
- JP Morgan
- Xerox
- IBM
- Cullinet
- AT&T
- Sony DiskMan
- Japan

**Today**
- Toyota
- Wal-Mart
- Dell
- Southwest, RyanAir
- Fidelity
- Canon
- Microsoft
- Oracle
- Cingular
- Apple iPod
- Korea, Taiwan, HK

**Tomorrow:**
- Chery
- Internet retail
- RIM Blackberry
- SkyWest, Air taxis
- ETFs
- Zink
- Linux
- Salesforce.com
- Skype
- Cell Phones
- China, India
Disruption is facilitated when historically valuable (and expensive) expertise becomes commoditized

The Three Enablers of Disruption

It is often futile to cram new technologies into old business models
What is a business model, and how is it built?

THE VALUE PROPOSITION:
A product that helps customers do more effectively, conveniently & affordably a job they've been trying to do.

PROFIT FORMULA:
Assets & fixed cost structure, and the margins & velocity required to cover them.

RESOURCES:
People, technology, products, facilities, equipment, brands, and cash that are required to deliver this value proposition to the targeted customers.

PROCESSES:
Ways of working together to address recurrent tasks in a consistent way: training, development, manufacturing, budgeting, planning, etc.

The Traditional General Hospital Is Not a Viable Business Model

Value Proposition: Don't know what's wrong? We can address any problem you bring.

Resources

Profit formula

Processes
Economies of scale and countervailing costs of product-line complexity

Sources & magnitude of cost differences: Specialty vs. General Hospitals

<table>
<thead>
<tr>
<th></th>
<th>Shouldice Hospital (hernia repair)</th>
<th>General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of materials &amp; supplies</td>
<td>$100</td>
<td>$300</td>
</tr>
<tr>
<td>Cost of direct labor</td>
<td>$600</td>
<td>$670</td>
</tr>
<tr>
<td>Overhead burden</td>
<td>$1600</td>
<td>$6030</td>
</tr>
<tr>
<td>Total cost for equivalent length of stay</td>
<td>$2,300</td>
<td>$7,000</td>
</tr>
<tr>
<td># service families offered</td>
<td>1</td>
<td>75</td>
</tr>
<tr>
<td>Overhead burden rate</td>
<td>2.7</td>
<td>9.0</td>
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Hospitals are expensive conflations of three types of business models

- Consulting firms
- High-end law firms
- R&D organizations
- Diagnostic & intuitive activities of hospitals
- Fee for service

- Manufacturing
- Education
- Food services
- Medical procedures following diagnosis
- Fee for outcome

- Telecommunications
- Insurance
- eBay
- Provider and patient communities
- Fee for Membership

Solution Shops
Value-adding process businesses
Facilitated Networks
Future Disruption of Health Care Delivery

Solution Shops
Value-adding process businesses
Facilitated Networks
Primary care providers disrupt specialists
Non-physicians disrupt physicians
Patients disrupt health care providers

Disruptive business model innovation in physicians’ practices

The Three Enablers of Disruption

Non-consumption
Different measure
Of Performance
Time
New propositions often require new value networks to gain traction

Discount retailers
Sony, Panasonic
Component suppliers

Appliance Stores
RCA, Zenith
Component suppliers

Non-consumption
Different measure
Of Performance
Time

New propositions often require new value networks to gain traction

Direct employer contracting
Financial incentives via health scoring systems
Integration via value networks
Value-adding process hospitals
Solution shops
Personal health records
Retail clinics
Value & high-deductible insurance

Information technology
Physicians’ practices
General hospitals
Fee-for-service reimbursement
Blanket contracting
Licensing regulations

The Innovator’s Prescription:
How Disruptive Innovation Can Fix Health Care

Jason Hwang, M.D., M.B.A.
Executive Director, Healthcare

jhwang@innosightinstitute.org
Optimizing Nursing Performance through Innovative Modeling
Part 2
A Case Study: Mathematical Optimization Modeling
Therese Fitzpatrick, PhD, RN
Assistant Clinical Professor
Health Systems Sciences
September 18, 2009

“The US Healthcare Industry has neglected engineering strategies and technologies that have revolutionized quality, productivity, and performance in many other industries. Systems engineering tools developed for the design, analysis and control of complex systems have been used in many industries to improve the safety and quality of products and to lower production costs.”

The Institute of Medicine, July 2005

Optimizing Human Capital
### Staffing is a Logistics Function

- Like enterprises think about their key resources, hospitals need to think about demand, supply, movement, and deployment of staff.
- Tools and techniques are not unlike what airlines, package delivery (FedEx, UPS), military, and enterprises (Dell, Intel, US Steel) use to manage their demand & supply chains.

### The Need for a Deployment Strategy

- Strategy is based on understanding demand, supply, labor cost structures, work rules, union contracts, governmental regulations, market dynamics, overall economic conditions - all examined through a comprehensive analytical framework.
- No amount of tactical maneuvers can overcome deficiencies in strategy.

### A Budget is not a Strategy

- Budget is a financial measure of what your strategy will cost. You need flexible budgeting methodology to handle evolving demand and supply scenarios.
- Strategy includes having
  - the right structure (how many full time, part time, travel, per diem nurses, etc.),
  - the right deployment (how many in core units, how many in float pools, where to 'house' travelers and per-diem, etc.) and
  - the right timing (when to get travelers, for what duration).
- A good strategy will enable you to deploy staff effectively - no matter how demand and supply situations are evolving.
What is Mathematical Optimization

Mathematical Optimization Solutions
Demand Planning - Optimization - Advanced Analytics

Optimization Engine → Best Solution

- Multiple Objectives: Minimize Costs, Maximize Preferences, Perfect Coverage
- Millions of Variables: Skill & Staff Mix, Demand Fluctuation, Cost Differentials
- Lots of Constraints: Staff Availability, Union Rules

Optimization is applied across numerous industries and problem areas:
- Airlines (scheduling & staffing, route planning)
- Logistics (inventory, distribution planning)
- Manufacturing (customer and product rationalization, production planning)

Optimizing Human Capital

Data
- People
- Processes

Staffing Office
- Strategy
- Technology

Execute
Optimize

Analyze

- Demand
- Supply
- Cost
Analyze >> Data >> Demand

Seasonality & Variability by Season
- Both average demand and variation change by time of year

Analyze >> Data >> Demand

Demand and Variation by Day of Week
- Demand (and staffing requirements) change by day of week

Analyze >> Data >> Demand >> Variation

The two days below have the same average demand, but Tuesday’s fluctuates between 18 and 32 whereas Thursday only fluctuates between 22 and 28.
Analyze >> Data >> Supply

Filled versus Vacant Positions  
Position Configuration  
Non – Productive Time  
Agency Usage

Analyze >> Data >> Supply >> Non-Productive Seasonality

Non – Productive time generally shows seasonality as well  
- Vacation  
- FMLA  
- Sick Time  
- Orientation

Optimize >> Strategy

Sidebar: Mathematical Optimization
Optimize >> Strategy >> Optimal Strategy

Run mathematical optimization models to figure out the optimal number of staff, their configuration, and where to position them.

Strategy includes having:
- the right structure (how many full time, part time, travel, per diem nurses, etc.),
- the right deployment (how many in core units, how many in float pools, where to ‘house’ travelers and per-diems, etc.) and
- the right timing (when to get travelers, for what duration).

Optimize >> Strategy >> Scenario Management

Scenario Management –
- Changes in demand
- Changes in supply
- Changes in cost structures
- Changes in work rules

<table>
<thead>
<tr>
<th>Position</th>
<th>0% Change</th>
<th>-5%</th>
<th>-15%</th>
<th>-25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>21.00</td>
<td>20.2</td>
<td>17.68</td>
<td>17.14</td>
</tr>
<tr>
<td>CNA</td>
<td>5.54</td>
<td>5.3</td>
<td>4.64</td>
<td>4.51</td>
</tr>
<tr>
<td>Total</td>
<td>26.54</td>
<td>25.5</td>
<td>22.32</td>
<td>21.68</td>
</tr>
</tbody>
</table>
Optimize >> Schedules

Optimizing Human Capital

Background

- 190 beds acute care hospital in northern CA
- Staff nurses represented by the CNA; history of contentious labor relations
- Excessive labor cost due to ratios, agency spend, vacancies
- Chaotic staffing & scheduling processes
- No human capital strategy; budget based on ADC
Project Objectives: Optimize Staffing & Scheduling through the:

- Utilization of advanced mathematical modeling
- Application of Toyota Lean process improvement methodologies
- Utilization of a systems approach based on demand & recognition of complexity
- Development of an evidence based staffing methodology

Results >> Compliance

- 99% compliance with staffing ratios
- 0 staffing related grievances in 4 years
- Improved coverage 4.2%

Results >> Financial

- Nursing salary costs reduced by 3.2% ($800K/yr)
- Average unit of service cost reduced by 3.1%
- Agency use decreased by 15% ($550K)
- Decreased patient turn aways by 27%
For Questions

Therese Fitzpatrick
UIC College of Nursing
Therese@uic.edu
312.401.2738
therese@uic.edu

therese@uic.edu
Staffing Matters  
A Legislative Perspective

Nichole Magalis  
Senior Director, Government Relations  
Illinois Hospital Association  
September 18, 2009

About “Land of Lincoln” & IHA

Illinois Facts:
- 5th most populous state (12.5 M)
- 25th largest (57,918 sq. miles)
- Agriculture
- Springfield / Chicago
- 200+ Hospitals
  - Academic Centers (19)
  - S & R (90)
  - CAH (51)
  - Top 3 employer in 48 / 102 counties
- 1.6 Million inpatients
- 4.9 Million ED visits
- Medicare (40%) / Medicaid (13%)
- Uncompensated care – $1.2B

Public Policy Debate

Workforce Conditions  
or  
Workforce Shortage
Context: Cost/Quality/Access

Integrated Components

- Policy
- Practice
- Politics

Illinois General Assembly

House of Representatives
118 members

Senate Committees and Staff

Senate
59 members

House Committees and Staff
General Assembly Make-up

House (118)
- 70 Democrats to 48 Republicans
- 5 switches
- 4 Democrat to Republican
- 1 Republican to Democrat
- 14 new members elected
- Speaker Madigan and Leader Cross

Senate (59)
- 37 Democrats to 22 Republicans
- Supermajority status intact
- 3 new members elected
- New Senate Leadership from both parties
- President and Minority Leader
Competing Issues

- No money in the State coffers
- Need/discussion of tax hikes
- Strong desire for a Capital (building & jobs) Program
- Medicaid Reform-Managed Care Reform
- Sagging Economy
- School funding
- Redistricting
- Other

How a bill becomes a law

Schoolhouse Rock
How A Bill Becomes Law

- Passes, bill sent to the second chamber (House or Senate)
- Process is repeated as above...OR
  - Remains in Rules/Assignments. If passes both chambers in the same form, then sent to the Governor
- Governor signs into law; Vetoes; Amendatorily Vetoes
- Both chambers must take same action to concur or override AV or Veto before it becomes law

Bill retains same number and chamber notation (HB# and SB#) throughout the process.

Rules/Assignment Committee

Gatekeeper:

- Assign bills to Committee
- Assign Amendments to Committee
- Kill Bills/Amendments by not Assigning to Committee or facilitate passage by assigning to favorable committee
- Majority Control
- Speaker/President has ultimate say of their respective Rules Committee
Power of Committee Chairs

Determine:
- Order of bills heard
- Whether or not a bill gets heard
- If a record vote is taken
- Preserve decorum

Legislative Proposals

Intent is to equate
Patient Safety = Nurse Staffing

Springfield Focus: Work Environment

- Workload
- Transparency
- Fatigue
- Direct nurse “voice”
- Scope of Practice
- Employee safeguards
Nurse – Patient Ratios (HB485/SB224)

Annual Effort by Proponents

- Multiple bills introduced for past 8 years
- 2006, 2007, 2008 and 2009 Adverse Committee Action
  - Passed w/“HOLD” from Committees to Floor or gutted/shelled

What are state mandated ratios?

- Prescribes fixed number for nurse to patient assignment
- Reduces staffing function to only one dimension
- Presumes:
  - all nurses are equal
  - all patients have same need
  - all patient care units are alike

Mandated Nurse-Patient Ratios

Ignores:

- Nurse education & experience
- Variances in patient acuity
- Additional nursing resources – e.g., unit clerks, patient care techs, patient transport
- Evidence-based practice correlated to patient outcomes
California Experience

1999 Staff Ratio Law (unfunded mandate):

- 4 years to implement
- Staff nurses unhappy over lack of autonomy and breaks
- Unit support services reduced, less assistive nursing personnel, ancillary services
- Increased use of travelers, 11 hospital closings, and ER diversions

Impact Study Data (2005/09)
No significant difference in falls reduction or pressure ulcer incidence (CalNoc & Ca HC Foun)

“At All Times” Ratios

<table>
<thead>
<tr>
<th>Clinical Areas</th>
<th>Proposed</th>
<th>California</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR/Trauma</td>
<td>1:1</td>
<td>1:2</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>1:2</td>
<td>1:2</td>
<td></td>
</tr>
<tr>
<td><em>Emerg. Critical Care</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Intensive Care</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>L &amp; D</em></td>
<td>1:2</td>
<td>1:2</td>
<td></td>
</tr>
<tr>
<td><em>Pain Service</em></td>
<td>1:2</td>
<td>1:2</td>
<td></td>
</tr>
<tr>
<td><em>Step-down</em></td>
<td>1:2</td>
<td>1:4</td>
<td>(2008 - 1:3)</td>
</tr>
<tr>
<td><em>Telemetry</em></td>
<td>1:3</td>
<td>1:4</td>
<td>(2008 - 1:4)</td>
</tr>
<tr>
<td><em>Intermediate</em></td>
<td>1:4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Acute Care Psych</em></td>
<td>1:4</td>
<td>1:6</td>
<td></td>
</tr>
</tbody>
</table>

Ratio Compliance Costs

More than $55:

- 67Beds, 22 FTE, $1M
- 123 Beds, 13.3 FTE, $785,000
- 148 Beds, 60.0 FTE = 100 RNs, $4.2M
- 264 Beds, 80-100 RNs, $5-6M
- 400 Beds, 100 – 125 more, $7-8 M
Illinois Nursing Legislation

Extensive:

- Prohibit Mandated Nurse OT (2005)
- Adverse Health Care Reporting (2005)
- Center for Nursing (2006)
- Nurse Staffing by Patient Acuity (2007)

HRCA - Landmark Legislation

Public Access to Staffing Information (since 1/1/2004)
- Nurse staff schedules
- Nurse - patient assignment rosters
- Training info – for hire and retention

Hospital-specific Report to Public (starting 2007)
- Nursing coverage
- Report in standardized units to reflect RN, LPN, assistive nursing personnel hours/pt day, avg daily census, avg daily hours
- Vacancy & turnover rates
- Patient-related infection measures
- Surgical site infection
- Ventilator-associated pneumonia
- Central-line related bloodstream
- Mortality rates

Nurse Staffing by Patient Acuity Act

Public Act 95-0401

- Passed unanimously from both chambers
- Applies only to hospitals
- Signed by the Governor on 8/24/07
- Effective 1/1/08
Nurse Staffing by Patient Acuity
Act = Combines Plan & Process:

- First law of its kind
- Intentionally broad
- Balancing static plan w/dynamic process
- Not a hospital policy
- Does NOT mandate purchase of acuity tool
- Comply in good faith
- Rules in process

Nurse Staffing by Patient Acuity
Objective:
Promote quality patient care consistent with professional nursing standards supported by evidence-based studies

- Requires written staffing plan
- Balanced both nurse and patient considerations to yield appropriate resources for quality care
- Allows hospital to select preferred acuity model
- Public posting

- 50% RN direct care nurse input
- Hospital-appointed committees “to part or as a whole”
- Advisory role that hospitals will give “significant regard & wt”
- Voice on staffing levels, acuity model & tools, written staffing plan
- Subject to current Hospital Licensing Act sanctions

Acuity Implementation Activity
Unique staff asks:

- Admission/discharge nurse
- Rapid Response Team
- Hourly Rounding
- Increase unlicensed support
- Wound care nurse
What are the Main Differences?

<table>
<thead>
<tr>
<th>HRCA/Acuity:</th>
<th>Mandated Ratios:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accommodates variances in skill mix, patients and units/hospitals</td>
<td>• Uniform-size fits all</td>
</tr>
<tr>
<td>• Dynamic process - direct nurse input &amp; evaluation</td>
<td>• Static fix - Addresses only one dimension of nurse staffing</td>
</tr>
<tr>
<td>• Incorporates nurse sensitive &amp; patient outcome data to nurse staffing plans</td>
<td>• Does not correlate nurse staffing to patient outcomes</td>
</tr>
<tr>
<td>• Promotes transparency</td>
<td>• Fails to reflect Illinois HRCA/Acuity law and pitfalls of California experience</td>
</tr>
</tbody>
</table>

If the legislative process is:

• Unpredictable  
  *What value do I bring to the process?*

• Leadership driven  
  *Why would any legislator listen to me?*

Effective advocacy begins at home
The first rule of politics:

- Don’t forget who elected you!
- Lobbyists and Associations play an important role, but they don’t elect officials.
- Constituents elect officials.

Critical: Nurse Voices

- Get to know your legislators
- Now is always the PERFECT time
- Don’t wait until a hostile bill is before them to provide information on the issue
- You are the expert
- Become a resource for timely information
- Say “Thank you”
Grassroots Lobbying
Identify your legislator

- “Contact your legislator tool” (www.ihatoday.org)
- Illinois General Assembly (www.ilga.gov)
- Back of your voter’s card
- www.illinois.gov/government
  - click on Legislature - “find districts/officials”

Communication to Legislators

- Personal visits
- Letters
- Telephone Calls
- Email

For All Communication
Suggest:

- Identify yourself – state your nursing credentials
- Establish your connection w/the legislator’s district - constituent (hospital and/or residence)
- Reference your nursing connections, e.g. IONL, ICNR, professional specialty
- Speak directly as to what prompted your outreach, e.g. I support, I oppose HB or SB xxxx
- Leave/send the fact sheet and/or position statements
- Request follow-up/response
Personal Visit Tips:

- Make an appointment ahead of time
- Develop key message & ask
- Be on time
- Reference personal connection
- Share your story - legislation’s impact on your work environment or life
- Message & Ask - be concise, stick to the basics and stay focused (know and reference bill number)

Personal Visit Tips

- Be a good listener for legislator’s advice/opinion
- Don’t get mad or confrontational
- If you don’t know the answer to a question, tell them you will find out and get back to them
- Be specific: ask the legislator to support/oppose the legislation
- Say “Thank You”

Telephone Tips

- Identify the legislation/issue you favor or oppose
- State reasons, but be brief!
- If needed, leave the message with the assistant
- Leave your contact information
Letter Writing/Email Tips

- One page/one topic
- Start & end with the reason you are writing
- State what you want the legislator to do
- Include bill number
- Tell your own personal story
- State the rationale for your position
- Samples but personalize - use your own words & experiences

Illinois’ Nursing Assets

- Illinois Organization of Nurse Leaders
- Illinois Coalition for Nursing Resources
- Center for Nursing
- National Council of the State Boards of Nursing
- IDFPR Board of Nursing
- Numerous professional nursing associations and schools – over 100 nursing programs....

Questions
Thank you!
Certificates/Courses:
• Administrative Nursing Leadership
• Teaching
• School Nursing
• Palliative Care
• Care (Case) Management

Workshops/Events:
• Healthcare Entrepreneurship
• Evidence-Based Practice
• APN Grand Rounds
• Writing for Publication

Building new capabilities for Nurses to Lead Healthcare Transformation

Multiple approaches:
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• Face-to-face
• Blended

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http://www.uic.edu/nursing/ihci
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To Chicago, Photo by Matt Austin

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- Saints Mary and Elizabeth Medical Center
- Westlake Hospital
- West Suburban Medical Center

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Kevin Reynolds  Healthcare Territory Manager  314-704-9440
Stephen Musich  Healthcare Market Manager  630-335-7411

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Presenter: Jo Ann Webb, Sr. Director of Federal Relations and Policy for AONE

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March 26, 2010
IONL Mid-year Conference
Bloomington, Illinois

Scheduled Speaker: Jeffrey Alexander, Innovation Implementation Failure
# 2010 Calendar of Events

## January
15  Board of Directors Orientation, 12-4p, Bloomington

## February
7-11  17th Midwestern Institute for Nursing Leadership, Evanston
10  Executive Committee, 10a-11a conference call  
11  Board of Directors meeting, 10a-11a conference call

## March
17  Executive Committee, 10a-11a conference call  
25  Board of Directors Meeting, 3p-5p, Dinner 6:30p, Bloomington
26  Mid-year Conference—Bloomington  
   Scheduled Speaker: Jeffrey Alexander, *Innovation Implementation Failure*

## April
9-13  AONE Annual Meeting, Indianapolis

## May
5  Executive Committee, 10-11a, conference call  
6  Board of Directors Meeting, 10a-11a conference call
13  Webinar 12p-1p Speaker: Joan M. Stanley, PhD, RN, CRNP, FAAN  
   Senior Director of Education Policy, American Association of Colleges of Nursing

## June
9  Executive Committee, 10a-11a conference call

## July
15-16  Board of Directors Retreat, Advocate Good Samaritan Hospital, Downers Grove

## August
11  Executive Committee, 10a-11a

## September
16-17  Annual Conference and Business Meeting, location Chicago-land area

## October
13  Executive Committee, 10-11a, conference call
14  Board of Directors Meeting, 10a-11a, conference call
26  Webinar 12p-1p, Topic and speaker TBD
Historic changes are coming to healthcare.

It’s no secret. The business of healthcare is poised to become an even more complex business. Profound changes are being implemented by the Federal government and regardless of your opinion politically, these changes will impact your career. By sponsoring the Midwestern Institute for Nursing Leadership, the IONL is ready to help you enhance the skills you will need to embrace change and make it work for you and your patients.

This program was developed — and is presented — by one of the premier business schools in the nation — The Kellogg School of Management at Northwestern University. You simply will not find a program of this caliber anywhere in the country. For five days you will be immersed into a world of new possibilities led by distinguished Kellogg faculty. You and your colleagues will expand your knowledge, share ideas and gain new perspectives on the business of healthcare.

Change is coming: Sunday, February 7, 2010 to Thursday, February 11, 2010 in Evanston, IL. Enroll in The Midwestern Institute for Nursing Leadership and be prepared for any challenge the future may bring.

For more information and to register, visit www.ionl.org

Over 500 nurse leaders from across the country have attended the program over the last 16 years.

Join the leaders to success on FaceBook – 17th Midwestern Institute for Nursing Leadership
Get connected on LinkedIn – 17th Midwestern Institute for Nursing Leadership
2010 Scholarship Application

The Illinois Organization of Nurse Leaders, Inc. makes scholarship awards that support Illinois nurses to attend the Midwest Institute for Nursing Leadership. Two scholarships are awarded each year to cover half of the registration fee for active IONL members.

CRITERIA FOR SELECTION OF SCHOLARSHIP RECIPIENTS

1. The applicant must be a full member of IONL.
2. The applicant must hold an Illinois license and be a resident of the State, or employed in Illinois.
3. The applicant will not receive financial support from their employer.

PROCEDURE

1. Complete the attached application.
2. Include a brief description of your role at work. Do not exceed 200 words.
3. Explain how attendance at the Midwest Institute will enhance achievement of your career goals. Do not exceed 200 words.
4. Attach current Curriculum vitae or resume.
5. A short letter of support from your immediate supervisor.
6. Applications must be postmarked by October 17, 2009. Funding will be made available to recipients by February 8, 2010.
7. Submit completed applications via email to:

Mary Petersen, MS, RN
Chair, Leadership and Professional Development Committee
PetersenMary@ihs.org
Full Name: ________________________________________________________________

Title: ___________________________________________________________________

Employer: ________________________________________________________________

Work Address: ____________________________________________________________

City/State/Zip: _____________________________________________________________

Work Phone: ______________________________________________________________

Email: __________________________________________________________________

Home Address: ____________________________________________________________

City/State/Zip: _____________________________________________________________

Home Phone: ______________________________________________________________

Please check: ☐ Chief Nurse Executive      ☐ Director      ☐ Nurse Manager

Member Type: ☐ Full      ☐ Associate      ☐ Honorary

AONE Member: ☐ Yes      ☐ No

Work County: ________________          Home County:__________________________

Basic Nursing Education: ☐ Diploma   ☐ Associate Degree   ☐ Baccalaureate

Advanced Education: _____________________________________________________

Include a brief description of your role at work. Do not exceed 200 words.

Describe how attendance at the Midwest Institute will enhance achievement of your career goals. Do not exceed 200 words.
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Committee Descriptions

Audit Committee:
The Audit Committee is responsible for appointing and supervising external auditors, serving as a liaison between management, the board of directors and the independent auditor and supervising the internal financial controls. Findings should be reported to the executive committee, board of directors and chapter, and be made a part of the permanent IONL record.

Bylaws Committee:
Reports to the Secretary. Reviews Bylaws and receives proposals for any needed changes; doing the research and drafting so that their proposals will be available well in advance of the annual members’ business meeting.

Career Development & Support Committee:
Reports to the President. Organizes and publicizes the education programs (Midwest Institute [Kellogg program], Mid-year and Annual Conferences, Webinars) for the year. Awards scholarships and offers programs for career development using IONL.connect as one approach for career support and mentoring.

Member Engagement Committee:
Reports to the President. Organizes the campaign to attract new members and retain those we have. Therefore, it is necessary to put in place a twelve-month program of membership development and to place similar importance on retaining the maximum number of existing members.

Nominations Committee:
Chaired by Past-president and reports to Secretary. During the summer begins the work of identifying future region presidents, officers and determines level of interest and availability. Consults with IONL’s Board of Directors, Bylaws and Policy and Procedures to conduct the annual nomination and elections. Four (4) full members are elected to serve 2-year terms.

Policy & Advocacy Committee:
Identifies major policy issues to monitor and what steps can be taken to alert and advise members. Oversees IONL’s legislative activities and develops resources for members (e.g. tool kits) to help members lobby successfully.

For every major chair, there should be at least one vice-chair to understudy and possibly to succeed.
September, 2009

Reviewed and Approved August 2009
Vision
The preferred professional organization for nurses seeking development through mentoring, education, professional development and networking.

Mission
Dedicated to the advancement of excellence in nursing leadership.

“Add Value to the Membership”
### Career Development and Support

<table>
<thead>
<tr>
<th>Goal</th>
<th>Tactic</th>
<th>Accountability</th>
<th>New Capital and/or Operating Expense</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enhance members’ career development.</td>
<td>A. Conduct learning/career development needs assessment.</td>
<td>Petersen</td>
<td></td>
<td>October 2009</td>
</tr>
<tr>
<td></td>
<td>B. Develop 3 curricula (executive, director, manager) based learning needs data.</td>
<td>Petersen, Board</td>
<td></td>
<td>March 2010</td>
</tr>
<tr>
<td></td>
<td>C. Determine mix of offline and online learning programs, location</td>
<td>Petersen</td>
<td></td>
<td>March 2010</td>
</tr>
<tr>
<td></td>
<td>D. Create career “tool kits”</td>
<td>Exec Dir, Board</td>
<td></td>
<td>February 2010</td>
</tr>
<tr>
<td></td>
<td>E. Offer 1 online learning opportunity per quarter.</td>
<td>Petersen</td>
<td></td>
<td>April 2010</td>
</tr>
<tr>
<td></td>
<td>F. Reevaluate partnership with Kellogg School of Management.</td>
<td>Exec Dir/Board</td>
<td></td>
<td>January 2009</td>
</tr>
<tr>
<td></td>
<td>G. Online job board</td>
<td>Exec Dir</td>
<td></td>
<td>June 2009</td>
</tr>
<tr>
<td></td>
<td>H. Research Seed Grants</td>
<td>Petersen</td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>I. Scholarship Program</td>
<td>Petersen</td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td><strong>Petersen</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Enhance Board’s professional development.</td>
<td>A. Offer 1 (online/offline) learning program specific to Board role.</td>
<td>Exec. Committee</td>
<td></td>
<td>July 2010</td>
</tr>
<tr>
<td>3. Enhance Executive Director’s career development.</td>
<td>A. Membership in American Society of Association Executives.</td>
<td>Exec Dir</td>
<td>$295</td>
<td>January 2010</td>
</tr>
<tr>
<td>4. Provide orientation for Board members and ED.</td>
<td>A. Create ED orientation checklist.</td>
<td>Exec Dir</td>
<td></td>
<td>November 2009</td>
</tr>
<tr>
<td></td>
<td>B. Create Board orientation checklist.</td>
<td>Board</td>
<td></td>
<td>November 2009</td>
</tr>
<tr>
<td></td>
<td>C. Create Regional president checklist.</td>
<td>Region Pres</td>
<td></td>
<td>November 2009</td>
</tr>
<tr>
<td></td>
<td>D. Create Committee chair checklist.</td>
<td>Comm Chair</td>
<td></td>
<td>November 2009</td>
</tr>
</tbody>
</table>
## Member Engagement

### “Add Value to the Membership”

<table>
<thead>
<tr>
<th>Goal</th>
<th>Tactic</th>
<th>Accountability</th>
<th>New Capital and/or Operating Expense</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Membership Growth</strong></td>
<td>A. Membership database</td>
<td>Exec. Dir</td>
<td>$2500</td>
<td>December 2009</td>
</tr>
<tr>
<td></td>
<td>B. Develop recruitment strategy to attract more CNOs and their leadership teams</td>
<td>Dale Beatty</td>
<td></td>
<td>September 17&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Recruit 50% more hospital-based CNOs by</td>
<td>Member/Exec Dir</td>
<td></td>
<td>1/2010</td>
</tr>
<tr>
<td></td>
<td>• Recruit 75% more hospital-based CNOs by</td>
<td>Member/Exec Dir</td>
<td></td>
<td>6/2010</td>
</tr>
<tr>
<td></td>
<td>C. Create “welcome” packet for new CNOs</td>
<td>Member/Exec Dir</td>
<td></td>
<td>December 2009</td>
</tr>
<tr>
<td></td>
<td>D. Develop recruitment strategy to attract more Directors of nursing</td>
<td>Member/Exec Dir</td>
<td></td>
<td>March 2010</td>
</tr>
<tr>
<td></td>
<td>• Recruit 50% more DONs by</td>
<td>Member/Exec Dir</td>
<td></td>
<td>6/2010</td>
</tr>
<tr>
<td></td>
<td>• Recruit 75% more DONs by</td>
<td>Member/Exec Dir</td>
<td></td>
<td>12/2011</td>
</tr>
<tr>
<td></td>
<td>F. Create “welcome” packet for new members.</td>
<td>Member/Exec Dir</td>
<td></td>
<td>December 2010</td>
</tr>
<tr>
<td></td>
<td>E. Develop recruitment strategy to attract more nurse managers</td>
<td>Member/Exec Dir</td>
<td></td>
<td>January 2011</td>
</tr>
<tr>
<td></td>
<td>• Recruit 50% more nurse managers by</td>
<td>Member/Exec Dir</td>
<td></td>
<td>6/2011</td>
</tr>
<tr>
<td></td>
<td>• Recruit 75% more nurse managers by</td>
<td>Member/Exec Dir</td>
<td></td>
<td>12/2011</td>
</tr>
<tr>
<td></td>
<td>F. Create “welcome” packet for new members.</td>
<td>Member/Exec Dir</td>
<td></td>
<td>December 2010</td>
</tr>
<tr>
<td></td>
<td>G. Develop strategy to recruit nurse leaders from across the continuum of care.</td>
<td>Member/Exec Dir</td>
<td></td>
<td>December 2011</td>
</tr>
<tr>
<td><strong>2. Membership Retention</strong></td>
<td>A. Establish annual master calendar (Board, EC, Region, Committee, Conference, Webinars meetings)</td>
<td>Exec Dir</td>
<td></td>
<td>November 2009</td>
</tr>
<tr>
<td></td>
<td>B. Communicate with members via email once/month</td>
<td>Exec Dir/Board</td>
<td></td>
<td>Every month</td>
</tr>
<tr>
<td></td>
<td>C. Create way to acknowledge members accomplishments via the Web site and PR.</td>
<td>Memb Comm</td>
<td></td>
<td>January 2010</td>
</tr>
<tr>
<td></td>
<td>D. Create criteria for an honorary member program</td>
<td>Exec Dir/Board</td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>E. Determine if enewsletter is needed.</td>
<td>Exec Dir/Board</td>
<td></td>
<td>January 2010</td>
</tr>
<tr>
<td></td>
<td>F. Encourage members to nominate self or colleague for elections</td>
<td>Memb Comm</td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>G. Creating a Mentor program</td>
<td>Memb Comm</td>
<td></td>
<td>July 2010</td>
</tr>
</tbody>
</table>

---

Reviewed and Approved August 2009
| 3. Regional engagement. | A. Provide regional presidents with resources and information to disseminate/communicate with regional members.  
B. Provide simultaneous webinar followed by regional meeting. | Region President | January 2010 |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Region President</td>
<td></td>
<td>June 2010</td>
</tr>
</tbody>
</table>
| 4. Web site and IONL.connect. | A. Revise Web site (content management system)  
B. Add Web site functionality (online registration, membership renewal, ecommerce, membership directory, podcasts)  
C. Increase participation in IONL.connect  
D. Create IONL.connect communities to support Board and Committees  
E. Communities of practice | Exec Dir  
Exec Dir | $10-15k  
As above | March 2010  
March 2010 |
|                         | Memb/Exec Dir  
Memb/Exec Dir  
Memb/Exec Dir | | Sept 2010  
Sept 2010  
Sept 2010 |
<table>
<thead>
<tr>
<th>Goal</th>
<th>Tactic</th>
<th>Accountability</th>
<th>New Capital and/or Operating Expense</th>
<th>Deadline</th>
</tr>
</thead>
</table>
| 1. Devise government relations strategy. | A Develop policy and advocacy plan.  
B Determine if lobbyist in needed.  
B. Template for financial analysis of various policy proposals.  
C. Investigate creating a PAC. | Board/PA  
Anen/PA  
Anen/PA  
Exec Dir/Board | | January 2010  
December 2010  
December 2010  
December 2011 |
| 2. Implement grassroots advocacy programs. | A. Devise supporting materials for members on “how-to” adhere to new regulations:  
• Staffing committees  
• Patient acuity  
B. Devise “tool kit” to help members “fight regulations”  
• Ratio legislation  
C. Partner with like-minded organizations for the purpose of grassroots lobbying. | PA/Anen  
PA/Anen  
PA/Anen | | December 2009  
March 2010  
June 2010 |
<table>
<thead>
<tr>
<th>Goal</th>
<th>Tactic</th>
<th>Accountability</th>
<th>New Capital and/or Operating Expense</th>
<th>Deadline</th>
</tr>
</thead>
</table>
| 1. Implement financial controls. | A. Consolidate regional checking accounts.  
| | B. Create Audit Committee of Board.  
| | C. Evaluate investment strategy  
| | D. Revise financial report format  
| | E. Develop P/L for major events  
| | F. Develop policies for unbudgeted expenditures  
| | G. Budget assumption calculator  
| | H. Establish each region’s budget. | Smithson/Exec Dir  
| | | Board/Beatty  
| | | Treasurer/Exec Dir  
| | | Smithson/Exec Dir  
| | | Smithson/Exec Dir  
| | | Exec Dir/Smithson  
| | | Exec Dir/Smithson  
| | | Exec Dir/Smithson/Region President | September 2009  
| | | December 2009  
| | | December 2010  
| | | October 2009  
| | | December 2009  
| | | Sept 2009 (done)  
| | | October 2009  
| | | November 2009 |
| | B. Evaluates current contracts for cancellation or renewal | Eulberg/Exec Dir  
| | | Exec Dir | October 2009  
| | | February 2009 |
Reaching more RNs, more ways, more often.

Nursing Spectrum is proud to support the Illinois Organization of Nurse Leaders.

Nursing Spectrum, NurseWeek and Nurse.com, published by Gannett Healthcare Group, are the leading sources of local and national nursing news, continuing education, and career opportunities. Our magazines, website and other innovative products reach more nurses, more ways, more often. As an RN-focused communications company, Gannett Healthcare Group is an influential voice within the nursing community.
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<thead>
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<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
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</tr>
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</tr>
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<tr>
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<td>St. Mary's -Streator</td>
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Judy  
University of Illinois at Chicago, College of Nursing
What is the current situation?

During a shift, a nurse may have to leave a patient’s room to find a washcloth, walk to another unit to “borrow” supplies or make repeated phone calls to replenish out-of-stock medications. Making sure everything is there for patients may mean taking a wheelchair and hiding it in an out-of-the-way place or filling pockets with medicines at the beginning of a shift. Nurses get the job done. For too many years nurses have compensated for these system failures.

Support services employees also get caught in the finger pointing and blame and have to respond to a crisis when the structure is not in place for them to succeed.

A nurse on an average shift deals with 8.4 system failures according to Tucker and Spears. One Chicago research team (Storfjell, et al) calculated that $780,000 per year per nursing unit was wasted by nurses doing non-value-added activities. Another study (Hendrich et al) documented that over six percent of a nurse’s time was spent in hunting and gathering activities unrelated to direct patient care.

In the 90's, the answer to solving these systems failures was to have a “quality” team or a training session. These frequently solved only one problem in a support area, but frequently had little overall impact.

Cost Reductions are essential for your future

With continuing pressure to reduce health care costs, you and other members of the executive team will ultimately search for ways to take money out of operations. The mantra is usually, “make cuts but don’t touch patient care.”

However, traditional cost reductions in support services does affect patient care and can have a significant impact on systems failures. Reductions often mean passing tasks on to nurses and other clinicians, particularly during evenings, weekends and holidays. In general, without fundamental changes in structure and function in the support services, resources cannot be reduced without significant impact on frontline care givers and their patients and add pressure to support staff.

What’s The Solution?

To minimize systems failures, the future demands creating an overarching framework that develops a structure for both support services and nursing.

If you are interested in stable, comprehensive solutions that protect nurses, helps supports services clearly define standard works and control the hidden burden of system failures, call us. Systems, Inc. 312.371.4349
Illinois Organization of Nurse Leaders
Annual Membership Form
Through December 31, 2010

Full Name: ________________________________________________________________

Title: _____________________________________________________________________

Company: __________________________________________________________________

Email Address: __________________________________________________________________

Work Address: __________________________________________________________________

City/State/Zip: __________________________________________________________________

Work Phone: ___________________________________________________________________

Home Address: __________________________________________________________________

City/State/Zip: __________________________________________________________________

Home Phone: ___________________________________________________________________

Preferred Mailing Address:  ☐ Work  ☐ Home

Please indicate your work setting:
☐ Hospital / Health System  ☐ Nursing Home, Extended Care  ☐ Home Health
☐ Nursing Education / Faculty  ☐ Public/Private School K-12  ☐ Occupational Health Clinic
☐ Community / Public Health  ☐ Managed Care / Insurance  ☐ Nursing Pool
☐ Self Employed in Nursing  ☐ Private / Group Medical Practice  ☐ Other____________________

Your employer is located in which IHA Region?
☐ 1A  ☐ 1B  ☐ 2A  ☐ 2B  ☐ 2C  ☐ 3A  ☐ 3B  ☐ 4&5

IONL Member type:  ☐ Full  ☐ Associate  ☐ Honorary  ☐ AONE Member?  ☐ Yes  ☐ No

Advanced Education: Basic Nursing Education: Certification:
☐ MS/MSN  ☐ Diploma  ☐ CENP (AONE)
☐ MBA/MHA  ☐ Associate Degree  ☐ CNML (AONE)
☐ MA  ☐ Baccalaureate  ☐ NE-BC (ANCC)
☐ Doctorate  ☐ Other____________________
☐ Other____________________

I would like to become a member of the following committee(s):
☐ Member Engagement  ☐ Career Development  ☐ Policy & Advocacy  ☐ Bylaws

Member Dues:  Up to $80,000 per year = IONL Dues of $100;  $80,000 and over per year = IONL Dues of $200

Please Charge my Credit Card $________

Card Number: ___________________________ Exp. Date: _____________________________

Name on Card: ___________________________ Signature: ____________________________

You can also mail this completed form with your dues payment to IONL, at 310 W. Lake Street, Ste 219, Elmhurst, IL 60126
Region / Committee: Region 1B

Introduction of Officers for 2009
President: Angie Cook
Treasurer: Rose Mary Carrico

Meetings:
February 5th: St. Margaret's Hospital, Spring Valley
May 7th: Perry Memorial Hospital
September 3rd: Ill. Valley Community Hospital
November: TBD

Treasurer’s Report:
Remains at $2602. Will utilize some monies to sponsor new membership for 2010 initiative.

Committee Reports:
Leadership & Professional Development: (Mary Petersen chair): Discussion of Kellogg program, spring/fall seminars.
Policy & Advocacy: (Angie Cook recently appointed to this committee): No news at this time.
Image & Role: No members at this time.

Miscellaneous:
Continue to have membership decline with meeting attendance dropping due to decrease in travel of facilities. Will continue to push membership.

Denise Jackson will assume Presidency for 2010-2012

Submitted by: Angela Cook, Region 1B President
Region / Committee: Region 2A

Committee Members: 84

2009 Goals and Accomplishments:
Provide networking forum for region members
Continue to increase membership
Continue to increase attendance at region meetings
Reach out to nurse leaders across spectrum especially educators and nonhospital based leaders.

Summary:
Board meeting for Region 2A is August 24th. An overview and minutes from our IONL strategic planning and board meeting will be reviewed.

We will discuss our goals and accomplishments and plan our fall program which will probably be after the annual meeting. We have not yet chosen the topic for our program so we will need to do that.

Signed: Kathy Hanson
President of Region 2A
Region / Committee: Region 2B

Committee Members:
Pam Eulberg President, Nancy Sulzberger Treasurer.

2009 Goals and Accomplishments:
Membership: 96 members '07; 72 members '08; 68 members '09
Savings account: $7385
Checking account: $1499
Dues stipend $976
Total cash on hand: $9860

Summary:
Scheduling regional meeting in fall with Trish Anen tentatively scheduled to speak.
1 regional member responded to query about meeting topics.

Signed:
Pam Eulberg
Region / Committee: Region 3A

Committee Members: Region 3A – We have 39 members.
President - Leanna Wynn,
Vice President - Gerri Buss,
Secretary - Tracy Mills,
Treasurer - Karen Daum

2009 Goals and Accomplishments:
1) To provide educational programs for the membership,
2) To provide networking opportunities for the membership,
3) To increase membership,
4) To implement conference call process for membership to use for remote attendance.

Summary:
We averaged 15 members at our meeting. Educational programs have included: Case Management: Model to Improve Outcomes, Medicare Recovery Audit Contracts, and Moral Distress. We always have time for sharing at each meeting and the regional members will network throughout the year. We have instituted the conference calling process but to this date for the three meetings we have held only 1 person has participated in the meeting this way. We have not had any luck increasing membership. Several of the members have not renewed over the past few years because of retirement from their positions.

Signed: Leanna Wynn RN MBA MSN
Region / Committee: Region 3B

Committee Members:
- President: Carol Beyer
- President-Elect: Robin Gordon
- Treasurer: Michelle Spainhour
- Secretary: Cindy Munch

2009 Goals and Accomplishments:

Leadership & Professional Development (Edith Matesic, Continuing Chair):
Working in concert with Image & Role Committee Chair to plan programs with objective of recruitment & retention of membership. Ideas for future program in September included an outside speaker, topic TBD.

At June phone conference meeting, Diane Cousert presented New Manager Orientation & Education she developed & implemented.

Policy & Advocacy (Diane Cousert, Continuing Chair):
No news reported at meetings; Region President has forwarded emails from state to membership as indicated to date.

Image & Role (Theresa Quinn, New Chair):
Membership roster far exceeds attendance & participation at meetings. Discussion at both March & June meetings focused on how to recruit members and increase participation. Surveys sent to facilities in the region, including LTC & assisted living facilities, to solicit suggestions for meeting times, locations, programs, etc of interest to potential members. Results pending. Program for September meeting will be decided based on survey results.

Summary:
Region 3B members continue to hold at least two conference call meetings through the winter months. This has resulted in improved attendance for this region. Region 3b President moving to another region; VP Robin Gordon assuming presidency effective July 1, 2009.
Region / Committee: Region 4-5

President:
Nancy Weston RN, MSN, MBA, CNAA-BC
Vice President of Nursing
Memorial Hospital
nweston@memhosp.com

Treasurer:
Virginia Telford, RN, MS
Vice President Patient Care
St. Mary’s Good Samaritan, Inc.
Centralia, Illinois

2009 Goals and Accomplishments:
Pending first meeting of 2009

Summary:
Last year’s meetings included a presentation on the journey to Magnet status and agreement to support standardization of arm band colors for patient armbands. In December, we invited the deans of our nursing schools to attend and present an update on their programs and curriculums in our region. The next scheduled meeting of 2009 is pending.

Signed:
Janice L. Becherer, RN, BSN, MSN
Vice President of Patient Care Services
St. Mary’s Good Samaritan, Inc.
605 North 12th Street
Mt. Vernon, Illinois 62864
Past Experiences:

- IONL received the AONE Chapter Achievement Award in April, 2009 for our early adoption and implementation of an organizational social networking site. IONL.connect was initiated in October 2006.
- Several pilot programs were attempted for member benefit.
  - The first was providing an online discussion format with a nationally renowned Magnet Consultant, Peggy Jones. This was achieved at no cost to the organization through mutual agreement to provide free ad space on IONL.connect in trade for free facilitation of the online discussion. This had been identified as a high priority by members. No reciprocal discussion or questions were generated by her facilitated comments. The pilot was ended after two months.
  - A second pilot was initiated after 2008’s IONL annual meeting. This pilot was launched after a face-to-face presentation on leadership styles with Professional coach Doug McKinley. Again, no reciprocal discussions ensued and this pilot was terminated after two months.
- A statistical review shows that the primary member use is to retrieve documents from the resource center. Of most interest were board minutes and Joint Commission information.
- The second most popular use of IONL.connect was for member information gathering. Discussions revolving around member request for information engaged approximately 5% of the membership.

Barriers to Use:

- The biggest issue with use of IONL.connect is having the correct e-mail address for members. Frequently we find that e-mail addresses are not current and members do not update during dues renewal time.
- A second issue is organizational firewalls that do not allow a broadcast type message through to employees. This could easily be overcome by members alerting their IT departments to accept IONL.connect messages.
- Due to the infrequency of use by many members, ID’s and passwords are forgotten for the system. We have suggested maintaining the ID entered into the system (member’s e-mail address) as well as an easy password since there is no confidential information on the site.
- The last and most formidable barrier is member time for another website interaction. We have attempted to make IONL.connect uses relevant to day-to-day practice but to date have not found a successful topic.

Opportunities:

- IONL.connect is now able to be accessed with one click from the IONL website. This allows members to have one-stop shopping on the IONL website for any of their needs. Once members enter IONL.connect from the site and enter their ID and password, they can choose for the site to remember them by checking a box on the log-in page. This avoids having to remember the ID or password in the future.
- Icohere, the vendor for IONL.connect, continues to make impressive upgrades to the site especially for associations. They work closely with the American Society for Association Executives (ASAE) for input on revisions and new programs. This year they launched their collaboration room capability that allows IONL members, regions, etc., to use the site for web conferencing. This would allow members to meet-in-place versus driving to meetings. This program enhancement recognizes the time issues of members and allows attendance at meetings virtually, avoiding travel time.
- IONL.connect has a dynamic search engine and is able to search all areas of the site similar to other searches such as Microsoft word search function. This area could be expanded for members given the high number of members using this feature of the system.
- By eliminating the challenges to access the site, there could be increased use of IONL.connect for member practice questions that supports the day-to-day networking for members which is the hallmark for association membership.
Region / Committee: Policy and Advocacy
Committee Members: Trish Anen Chair


I. Proposal for Advocacy Agenda 2009-2010
   A. Prevention of Nurse Patient Ratio Legislation
   B. Support for Staffing Acuity Committee
   C. Support for the CNO as Hospital Report Card Act information goes public
   D. Collaboration with Deans to develop position on new graduate internship/residencies (currently being legislated in other states)
   E. Engaging staff nurses in all the above issues
   F. Developing relationships with legislators to discuss all the above issues

II. Proposal for September 17th Policy & Advocacy Session at Annual Meeting
   A. Use the session as a structured focus group to determine needs – break attendees into groups to determine needs and gather ideas.
      1. Legislative visits - what do you need to know? What would help you feel more comfortable conducting these?
      2. Staffing Acuity Committee - What's working? What's not? What difference/impact has the committee made in your organization? What information would you like to know from others? Staffing Acuity Committee practices survey (gather reaction)
      3. Nursing Internship/Residency - Are you aware of what is going on in other states? What position should we develop in Illinois? What are you doing in your organization? Gather information about current internship/residency practices and future position survey (continuation of previous survey)
      4. Hospital Report Card Act Data - Have you looked at your data? How will you use it with your Staffing Acuity Committee? How will you use it with your legislators? What concerns do you have as this becomes public? How can we help?

III. Proposal for September 18 – Last 15 minutes of IHA Presentation
   A. Share proposed policy/advocacy agenda with all attendees
   B. Share some results from previous day’s focus group
   C. Propose policy/advocacy update meeting in January/February
      1. Share survey results
      2. Share case studies/best practices in Staffing Acuity Committee, legislative visits, etc.
      3. Further discussion of use of HRCA data
      4. Further development of internship/residency position
      5. Possibly begin development of a Shared Governance Leaders Council or a Staffing Acuity Committee Leaders Council

IV. Proposal for Ongoing Infrastructure to Support Policy/Advocacy Agenda
   A. At every regional meeting, regional presidents would ensure a standing Policy & Advocacy agenda item
      1. Share highlights from AONE & IONL Board policy/advocacy discussions
      2. Share highlights from recent Center for Nursing, Board of Nursing, and ICNR meetings
      3. Provide updates on national and state proposed legislation
      4. Ask regional members to report on any legislative visits, collaboration with schools, workforce issues, etc.
      5. Provide one policy/advocacy tool per meeting - gather feedback as to the usefulness of the tool

V. Summary: Immediate Next Steps
   A. Identify regional representatives to attend September 11 & 12 Dean’s meeting
   B. Identify regional representatives to staff Policy & Advocacy Committee
   C. Develop Staffing Acuity Committee and Internship/Residency survey of CNOs

Signed: Trish Anen
Region / Committee: Leadership and Professional Development

Committee Members:
Angela Skalla, Angelique Richard, Ann O'Sullivan, Beth A. Brooks, Carol Gouty, Julie Smith, Kathy Ferket, Mark Dabbs, Peggi Winter, Rosemary Homer, Debbie Dyrek, Diana Halfer, Fran Vlasses, Joyce Maly, Julie Schaffener, Sue Herrmann, Mary A. Petersen.

2009 Goals and Accomplishments:
Goals:
• Provide educational opportunities that address current issues and trends
• Incorporate technology into communication venues to reach the membership throughout the state of Illinois
• Annual meeting attendance will consistently be 100 participants or greater
• Provide a leadership networking forum during the annual meeting

Accomplishments:
• Total number of attendees at the 2008 Annual Meeting Pre-Session = 80
• Total number of attendees at the 2008 Annual Meeting Conference = 120

Summary:
The Leadership and Professional Development committee has supported the overall membership by providing educational opportunities to address current topics and issues such as;
• Leadership Lecture: Team Members Who Lead & How Effective Leaders Behave
• Creative Healthy Work Environments: Lessons Learned at the Uneven Table
• Global Nursing Trends and Challenges
• Essentials in a Nursing Leader’s Informatics Toolkit
• Keeping Patients Safe: Negotiating to Improve Care

Signed:
Mary A. Petersen – Chair, Leadership and Professional Development Committee
Region / Committee: Strategic Planning and Relationships Committee

Committee Members:
Beth Brooks
Jennifer Junis

2009 Goals and Accomplishments:
The Board of Directors met in July at Starved Rock Lodge to update IONL's strategic plan. The session was facilitated by Doug McKinley of the McKinley Group. While there is still work to be done, in particular time for the Board to come together to describe what IONL should “look” like in the future, a great deal was accomplished at the strategic planning session. We discussed new ways to ensure we are bringing value to the membership of IONL. The strategic planning theme was to “reboot” IONL by focusing on evaluating our current infrastructure, operations, finance, legal status and committee structure to ensure we are poised to fulfill our mission into the future. The strategic plan is included in this packet. And, we are most pleased by the development of a Balanced Score Card for IONL (also included here) so that we can more closely monitor achievement of the goals described in the strategic plan.

Summary:
Continue to revise the plan yearly, measure and monitor outcomes against IONL’s new Balanced Score Card and convene strategic planning retreats at least every 3 years.

Signed:
Region / Committee: Patient Quality, Safety and Work Environment

Committee Members:
Julie Smith, Sue Lambert, Emmy Moore, Julie Schaffner, Jane Stenske, Carla Campbell, Kathy Majetich, Dale Beatty, Karen Barnes, Lisa Klaustermeier, Kim Perry

2009 Goals and Accomplishments:
Sent letter to committee members soliciting their participation in a strategic planning retreat with the Illinois Association of Colleges of Nursing (IACN). The topic that the IACN would like our input on is nursing residency programs. The retreat is Sept. 11-12 in Champaign, IL. Committee members were asked to volunteer to attend and to communicate that interest no later than August 1. I would also like to solicit participation from the Board and the general membership. The IACN would like 5-6 IONL members to participate in the discussion.

Summary:
The work of the committee has in the past focused primarily on providing resources related to improving the work environment for nurses and to meet that goal, the committee has posted several resources on IONL.connect for members to access. However, the Board agreed that numerous resources on the topic of work environment currently exist. Therefore, at the Strategic Planning Retreat held in July, 2009, it was agreed that the role of this committee will change to one focusing on increasing our membership roster. Efforts this year will be directed toward increasing the membership numbers of Chief Nursing Officers with a specific focus on assisting CNO’s to role model and encourage participation of their leadership staff in IONL.

Signed: Connie Yuska, Chair
### 1977-87
**Illinois Society for Nurse Administrators**

<table>
<thead>
<tr>
<th>Presidents</th>
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<tbody>
<tr>
<td>1977-78 Margaret Low</td>
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<td>1979 Josephine (Saure) Chan</td>
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<td>1980 Marcia McCaughey, Skokie Valley Hospital, Skokie</td>
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<td>1981 Kathryn E. Williams, Franciscan Medical Center, Rock Island</td>
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<td>1982 Shirley Green, Jackson Park Hospital, Chicago</td>
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<td>1983 Anna Henningen, Elmhurst Memorial Hospital, Elmhurst</td>
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<td>1984 Jane Dailey, West Suburban Hospital, Oak Park</td>
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<td>1985 Leah Nordmark, Lake Forest Hospital, Lake Forest</td>
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<td>1986 Marianne Araujo, Mercy Hospital and Medical Center, Chicago</td>
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<td>1987 Sylvia Kallal, Jersey Community Hospital, Jerseyville</td>
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### 1988-95
**Illinois Organization of Nurse Executives**

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<tr>
<th>Presidents</th>
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<tr>
<td>1988 Janet Moore, Rush-Presby-St.Luke's Medical Center, Chicago</td>
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<td>1989 Ann Kols, Rochelle Community Hospital, Rochelle</td>
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<td>1990 Sue Durburg, Evanston Hospital, Evanston</td>
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<td>1991 Kathy Wagner, Kishwaukee Community Hospital</td>
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<td>1992 Patricia Peverly, Anderson Hospital, Maryville</td>
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<td>1993 Jamie O'Malley, Children's Memorial, Chicago</td>
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<tr>
<td>1994 Sue Wozniak, St. Francis Medical Center, Peoria</td>
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<td>1995 Kathy Reno, Northwest Community Hospital, Arlington Heights</td>
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### 1996-Present
**Illinois Organization of Nurse Leaders**

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<th>Presidents</th>
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<tr>
<td>1996 Patricia Murphy, Little Company of Mary, Evergreen Park</td>
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<tr>
<td>1997 Jill Roemer, St. Mary's Hospital, Kankakee</td>
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<tr>
<td>1998 Peg Sebastian, Illinois Valley Community Hospital, Peru</td>
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<td>1999 Jill Mason, Blessing Hospital, Quincy</td>
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<tr>
<td>2000 Shawn Tyrrell, Rush Copley Medical Center, Aurora</td>
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<td>2001 Deborah Smith, OSF St. Joseph Medical Center, Bloomington</td>
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<tr>
<td>2002 Robert Fruth, St. Joseph's Hospital, Chicago</td>
</tr>
<tr>
<td>2003 Laura Ferris, Rehabilitation Institute of Chicago, Chicago</td>
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<tr>
<td>2004 Nancy Newby, Washington County Hospital, Nashville</td>
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<tr>
<td>2005 Pam Urbanski, Gottlieb Memorial Hospital, Melrose Park</td>
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<tr>
<td>2006 Jane Read, St. Elizabeth's Hospital, Belleville</td>
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<td>2007 Duscie Israel, Advocate Christ Medical Center, Oak Lawn</td>
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<tr>
<td>2008 Connie Scott, Blessing Hospital, Quincy</td>
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<tr>
<td>2009 Susan Campbell, OSF Healthcare St. Francis, Peoria</td>
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<tr>
<td>2010 Marj Maurer, Advocate Good Samaritan Hospital, Downers Grove</td>
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IONL Bylaws

ARTICLE I. NAME.

This Organization shall be known as the Illinois Organization of Nurse Leaders (IONL), Incorporated.

ARTICLE II. PURPOSE.

Section 1. The Illinois Organization of Nurse Leaders provides direction for the achievement of excellence in nursing leadership; promotes professional development, networking, research and innovation for the advancement of nursing practice and care delivery systems; and develops strategies to influence and shape health care policy in Illinois.

Section 2. The Organization's activities for professional nurses shall include programs and projects that will promote executive management expertise in the health care system. Consistent with this purpose, the Illinois Organization of Nurse Leaders and its regional affiliates will be governed by these Bylaws.

ARTICLE III. MEMBERSHIP.

Section 1. Membership Classification. There shall be three (3) classifications of membership; full, honorary, and affiliate.

A. Full Membership. Full Members of the IONL shall consist of Registered Nurse (RN) leaders or aspiring leaders. This includes those RNs who hold an organizational role of administration/management who are accountable for strategic, operational and/or performance outcomes in sites where health care is delivered; faculty in graduate and undergraduate nursing programs, including deans and directors, executive directors of AONE Chapters; consultants in nursing administration/management practice; persons working in professional associations, regulatory agencies and/or accrediting health care organizations; retired full members and editors of professional nursing journals.

1. has responsibility for management and/or leadership of the patient care process, or
2. manages financial resources in healthcare, or
3. manages and directs appropriate allocation and utilization of human resources in healthcare, or
4. provides education and/or consultation to healthcare providers or consumers of healthcare or nursing students, or
5. provides healthcare in an advanced and/or independent practice role, or
6. designs, conducts, or evaluates research in healthcare, or
7. conducts accreditation/licensing surveys of healthcare institutions, or
8. publishes, edits, or authors for a healthcare publication, or
9. provides leadership in regulatory and other nursing and healthcare organizations, or
10. is past president of IONL, IONE*, ICNM*, or AONE regardless of current work position.

B. Honorary Membership

1. Honorary membership is reserved for distinguished members of the nursing profession who have made significant contribution to the IONL.
2. The person shall be nominated by a full member. This nomination shall consist of a resolution to the Board for review and recommendation.
3. A candidate shall be approved by a majority vote of membership present and voting.
4. There will be no dues, no voting privileges nor the right to hold office.

C. Affiliate Membership.

1. Former IONL, IONE* and ICNM* members who have retired. (* These organizations were intact prior to 1996)
2. Nurses who are students in educational programs related to a leadership role in nursing.
3. Affiliate members may attend business and educational meetings but will not be permitted to vote in the annual business meeting session of IONL, to hold office, or serve on a committee.
4. Dues for affiliate members will be established as a portion of full member dues at the lower rate.

Section 2. Dues, Fiscal Year, and Other Monies.

A. Dues. Annual dues cover a period of twelve months, January 1 through December 31. There shall be separate dues structure for the state and region organizations although all dues are paid to the state organization. New members pay a half year fee if joining after June 30. No portion of the dues shall be refundable for any reason.

B. The amount of annual dues will be recommended by the Board of Directors. Notification of any proposed increase initiated by the Board of Directors will be given to the IONL membership thirty (30) days prior to any business session and must be approved by the membership present and voting.

C. Monies will be distributed by the state IONL to the regions as a rebate once before the end of the fiscal year. The region dues rebate amount will be determined by each region organization.

D. Other Monies. Fees may be assessed for services, programs or products sponsored by the IONL. The IONL may raise funds and accept contributions by all lawful means consistent with the purpose of the organization.
Section 3. Good Standing. A member in good standing is one whose current dues are paid and who complies with provisions of the Articles of Incorporation, Bylaws, and Policies and Procedures adopted by the organization.

Section 4. Resignation. A member from any category may resign at any time by filing a written resignation with the secretary.

Section 5. Transfer of Membership. Membership in this organization is not transferable or assignable.

Section 6. Members in Job Transition. Members in job transition and potential members eligible by prior career experience who are currently unemployed may apply for full or affiliate membership.

Section 7. Voting rights. Only Full members shall have voting rights, consisting of the right to vote on officers, directors and other positions, and on other matters brought before the membership by the Board of Directors.

ARTICLE IV. REGION AFFILIATES.

Section 1. There shall be eight (8) representative regions.

Section 2. The regions serve to assure statewide participation and input to the IONL Board of Directors and Committees.

Section 3. Affiliate organizations within the regions must register with formal application to the IONL Board.

Section 4. The formation of additional affiliates or the consolidation of existing affiliates shall be approved by the Board of Directors.

ARTICLE V. OFFICERS.

Section 1. Enumeration. The officers of this organization shall be: President, President-Elect, Secretary and Treasurer who shall be elected by the full members in a manner outlined in Article VI. All IONL Officers shall be members of AONE.

Section 2. Eligibility. Each elected officer shall be a full member of the IONL and employed in Illinois.

Section 3. Terms. Terms of office shall commence on January 1 of each year. The President and President-Elect shall each serve for a term of one (1) year or until a successor is elected. The Secretary and Treasurer shall each serve for a term of two (2) years or until a successor is elected. No officer can be re-elected to a successive term. No member may serve as an officer for more than five (5) consecutive years. Eligibility is regained in such cases after a two (2) year period. Eligibility for election to office shall not be affected by serving a partial term in the same office. Terms of office shall not be interrupted by change in employment.

Section 4. Vacancies. If the office of the President becomes vacant, the President-Elect shall succeed to the office of the President. He/she shall continue to serve as President for the subsequent term. In this event, the office of President-Elect shall remain vacant until the next election. If the office of President-Elect becomes vacant either because of succession of the President-Elect to the office of President or for other reasons and the Annual Business Meeting cannot be scheduled within three (3) months of the date of such vacancy, a special election shall be conducted by mail for the purpose of election of a President-Elect. If the Annual Business Meeting can be held within three (3) months, the office of President-Elect shall remain vacant until filled at such meeting. If the office of President and President-Elect both become vacant, the Board of Directors shall elect, by ballot vote, a chair pro-tempore until the next election. A vacancy in another office shall be filled by the Board of Directors until the next election.
Section 5. Duties.

A. The President shall:
   1. Serve as presiding officer of all sessions of the Organization, its Board of Directors, the Executive Committee;
   2. Appoint with the approval of the Board of Directors, chairs and members of all committees, study groups, commissions and advisory groups, except as otherwise provided in these bylaws;
   3. Appoint, with the approval of the Board of Directors, an Archivist whose duties shall be to organize and update the historical records and provide a comprehensive annual summary of the IONL activities accomplishments, and programs from the available meeting minutes;
   4. Represent IONL to the AONE and all other organizations requesting IONL representation unless he/she appoints another representative;
   5. Prepare and present a full and detailed annual report of the Organization to the membership and other interested bodies;
   6. Assist, encourage and supervise the work of all committees, study groups, commissions and advisory groups, except the Committee on Nominations.

B. The President-Elect shall:
   1. Discharge the duties of the President in the event of the latter’s absence or disability for any cause whatever;
   2. Serve as liaison to the Regional Chapters;
   3. Perform such other duties as may be assigned from time to time by the President, the Board of Directors and/or the Executive Committee;
   4. Become the President at the close of the term of the President.

C. The Secretary shall:
   1. Record the minutes of the sessions of the members, the Board of Directors and the Executive Committee;
   2. See that all notices are duly given in accordance with the provisions of these bylaws or as required by law;
   3. Perform such other duties as may be assigned from time to time by the President, the Board of Directors and/or the Executive Committee.

D. The Treasurer shall:
   1. Be responsible for the development and review of the Organization’s annual budget;
   2. Make financial reports at the sessions of the Executive Committee, Board of Directors and the membership;
   3. Perform all the duties incident to the office of Treasurer and such other duties as may be assigned from time to time by the President, the Board of Directors and/or the Executive Committee.

E. The Executive Director shall:
   1. Maintain membership, financial and document records of the Organization;
   2. Attend all sessions of the Executive Committee, Board of Directors and membership in a non-voting advisory capacity;
   3. Perform such other duties as may be necessary to coordinate and advance the IONL objectives as directed by the Executive Committee.
   4. Serve as the Archivist.

Section 6. Compensation. Officers shall not receive any compensation for their services as Officers. Officers may be reimbursed for expenses in accordance with the organization’s reimbursement policies.

ARTICLE VI. NOMINATIONS AND ELECTIONS.

Section 1. Committee on Nominations and Elections.
A. Composition. The Committee on Nominations and Elections shall consist of four (4) full members elected by the members in accordance with the organization’s nominations and elections policies and procedures, and the Past-President, who shall be the chair. Elected members shall serve for a two (2) year term. In the event of a vacancy on the committee including that of the Past-President, the Executive Committee shall fill such vacancy to complete the expired term by appointment.

B. Eligibility. Each elected member shall be a full member in good standing of the IONL and shall be employed in Illinois. Members of this committee shall not be eligible to run for office. Committee members who wish to be placed on the ballot shall resign from the committee.

C. Duties. The Committee on Nominations and Elections shall prepare a slate of candidates, all full members, for the offices to be filled, and two (2) members of the Committee on Nominations in accordance with the IONL nominations and election policies and procedures.

ARTICLE VII. SESSION

Section 1. Annual Business Meeting. There shall be an annual business meeting for the transaction of the affairs of the IONL. The time and place of the annual business meeting shall be designated by the Board of Directors.

Section 2. Call for Annual Business Meeting. The Call for the annual business meeting shall be sent to each member not less than forty-five (45) days before the session.

Section 3. Special Sessions. Special sessions may be called by the Board of Directors or 50 full members of the IONL. The call to a special session shall be mailed to the membership 15 days prior to the session and contain the purpose of the session.

Section 4. Quorum. A quorum for the transaction of business at any session of the Organization shall be no less than ten percent (10%) of the voting membership.

ARTICLE VIII. BOARD OF DIRECTORS.

Section 1. Composition. The Board of Directors shall consist of the elected officers, the most recent Past-President, the designated representative of each of the eight (8) Regions, and the chairs of board standing committees. The Executive Director shall be an advisory (non-voting) member of the Board. Board members can only hold one seat at a time.

Section 2. Eligibility. Each voting member of the Board of Directors shall be a full member in good standing of the IONL.

Section 3. Meetings. The Board of Directors shall meet at the Call of the President or of seven (7) members of the Board. Any full member may attend a board meeting as an observer upon notifying the Executive Director of his/her intention to attend. Any member of the Board of Directors may invite the attendance of observers for educational/collaborative purposes upon notification of the President or Executive Director.

Section 4. Quorum. For voting purposes, a majority of the directors then in office shall constitute a quorum. In the event a quorum is not represented to conduct business, the Directors may adjourn the meeting or conduct business that does not require a vote.

Section 5. Duties. The Board of Directors shall:
A. Meet as needed to carry out the provisions of the Bylaws and Policies and Procedures adopted by the Organization;
B. Review and take action on the recommendations of the Executive Committee;

C. Review and take action on appointments made by the President;

D. Establish policies and procedures for the Board of Directors and the IONL;

E. Establish the annual budget;

F. Establish study groups, commissions, and/or advisory groups necessary to carry out the purposes and programs of the Organization;

G. Determine the amount of insurance coverage appropriate for the organization and its personnel and volunteers.

Section 6. Business by Email, Mail, FAX, or Conference Call.
The Board of Directors may conduct business by email, mail, FAX, or conference call, when necessary. A report of any action taken by email, mail, FAX, or conference call shall be verified and made a part of the minutes of the next meeting of the Board of Directors.

A. Telephonic/electronic meetings. Members of the Board may participate in a meeting through the use of conference telephone or similar communications equipment in which all members may hear one another.

B. Action Without a Meeting. Any action required or permitted to be taken at a meeting of the Board of Directors (including amendment of these Bylaws) may be taken without a meeting if all the members of the Board consent in writing to taking the action without a meeting and to taking the specific action. Such consents shall have the same force and effect as a unanimous vote of the Board.

Section 7. Directors shall not receive any compensation for their services as Directors. Directors may be reimbursed for expenses incurred in the course of the duties in accordance with the organization’s expenses reimbursement policies and procedures.

ARTICLE IX. COMMITTEES.

Section 1. Executive Committee.

A. Composition. The Executive Committee shall consist of the elected officers, the most recent Past-President. In addition, the Executive Director shall serve as an advisory, non-voting member of the committee.

B. Meetings. The Executive Committee shall meet at the Call of the President or at the request of three (3) members.

C. Quorum. Three members shall constitute a quorum.

D. Duties. The Executive Committee shall:

1. Function on behalf of the IONL Board of Directors between Board meetings as necessary to expedite business;

2. Plan and formulate financial policies;

3. Review the fiscal condition and performance of the IONL and make recommendations to the Board of Directors;
4. Review and recommend the annual budget to the Board of Directors.

5. The Executive Committee shall make recommendations to the Board of Directors regarding the employment and duties of the Executive Director and provide oversight and evaluation of the Executive Director position.

Section 2. Study Groups, Committees, and Advisory Groups. Study Groups, Commissions, and Advisory Groups may be established by the membership or the Board of Directors. The duties shall be communicated to such a group by the Board of Directors at the time of its appointment. These bodies shall be appointed to carry out the purposes and programs of the organization and report their findings to the Board of Directors for consideration.

Section 3. Audit Committee. The Board shall establish an Audit Committee consisting of at least two board members. Audit Committee members must not have had any direct financial transaction responsibilities on behalf of the organization (i.e., account signature authority, account reconciliation) during the period to be audited. At least one member of the committee should have appropriate financial expertise. The Audit Committee shall be responsible for hiring and supervising the external auditor, or otherwise ensuring that the organization performs appropriate annual financial reviews based on the organization’s budget size.

Section 4. Powers. All actions taken and recommendations made by a committee, study group, commission, or advisory group formulated under this section shall be advisory and shall have no effect as an action the organization, unless they are formally approved and adopted by the Board of Directors or the membership.

ARTICLE X: FINANCIAL ADMINISTRATION

Section 1. Annual Budget. An annual budget shall be developed by the Executive Director for the review and adoption, amended as necessary, by the Board of Directors.

Section 2. Fiscal Year. The fiscal year of Organization shall begin January 1 and ends December 31.

Section 3. Bank Account. The Executive Director and the Treasurer shall be authorized to open and maintain a bank account for Organization with a federal depository bank. Transactions shall be made in conformance with the budget approved by the Board of Directors or as otherwise authorized by the Board.

Section 4. Contracts. The Executive Director is authorized to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Organization, provided that the Board of Directors has authorized the contract.

Section 5. Financial Controls. The Organization is committed to maintaining best practices in its financial controls, reporting and recordkeeping. To that end, proper separation of financial controls shall be maintained (including requiring transactions to be authorized by a person(s) other than the person(s) signing or executing the transaction with a third person(s) reviewing financial transactions, including bank statements). In addition, an independent audit committee shall be established and shall be responsible for appointing and supervising external auditors, receiving and handling concerns and complaints regarding the corporation's financial controls.

Section 6. Accountability. The financial records of the Organization shall be maintained by the Treasurer and shall be subject to review and audit as determined by the Board of Directors. The organization shall adopt, and financial records shall be maintained, in accordance with an approved record retention policy.

Section 7. Indemnification. Every member of the Board of Directors, officer or employee of the Organization may be indemnified by the corporation against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon such members of the Board, officer or employee in connection with any threatened, pending, or completed action, suit or
proceeding to which she/he may become involved by reason of her/his being or having been a member of the Board, officer,
or employee of the corporation, or any settlement thereof, unless adjudged therein to be liable for negligence or misconduct
in the performance of her/his duties. Provided, however, that in the event of a settlement the indemnification herein shall apply
only when the Board approves such settlement and reimbursement as being in the best interest of the corporation. The
foregoing right of indemnification shall be in addition and not exclusive of all other rights which such member of the Board,
officer or employee is entitled.

ARTICLE XI. DISSOLUTION.

Upon the dissolution of the Organization, the Board of Directors shall, after paying or making provision for the payment of all
of the liabilities and obligations of the Organization, pay over and transfer all of the assets of the Organization to an organiza-
tion or organizations organized and operated exclusively for charitable, scientific, or educational purposes and described
in Section 501(c)(3) of the Internal Revenue Code, in such manner as the Board of Directors of the Organization shall
determine. No portion of the assets shall inure to the benefit of any member, director, or officer of the Organization or any
enterprise organized for profit.

ARTICLE XII. CONFLICTS

Section 1. Existence of Conflict, Disclosure. Directors, officers, employees and contractors of Corporation should refrain
from any actions or activities that impair, or appear to impair, their objectivity in the performance of their duties on behalf of
the Corporation. A conflict of interest may exist when the direct, personal, financial or other interest(s) of any director, office-
staff member or contractor competes or appears to compete with the interests of the Corporation. If any such conflict of in-
terest arises the interested person shall call it to the attention of the Board of Directors for resolution. If the conflict relates to
a matter requiring board action, such person shall not vote on the matter. When there is a doubt as to whether any conflict
of interest exists, the matter shall be resolved by a vote of the Board of Directors, excluding the person who is the subject of
the possible conflict.

Section 2. Nonparticipation in Vote. The person having a conflict shall not participate in the final deliberation or decision
regarding the matter under consideration and shall retire from the room in which the Board is meeting. However, the person
may be permitted to provide the Board with any and all relevant information.

Section 3. Minutes of Meeting. The minutes of the meeting of the Board shall reflect that the conflict was disclosed and the
interested person was not present during the final discussion or vote and did not vote on the matter.

Section 4. Annual Review. A copy of this conflict of interest statement shall be furnished to each director or officer, employ-
eer and/or contractor who is presently serving the corporation, or who hereafter becomes associated with the corporation.
This policy shall be reviewed annually for information and guidance of directors and officers, staff members and contractors,
and new officers and directors, staff members and contractors shall be advised of the policy upon undertaking the duties of
their offices.

ARTICLE XIII. PARLIAMENTARY AUTHORITY.

Section 1. Conduct of Meetings. At all meetings, the meeting chair shall conduct the meeting pursuant to general rules
of parliamentary procedure, provided such rules of conduct are not inconsistent with these bylaws and any special rules of
order IONL may adopt.

Section 2. The Parliamentary authority of IONL shall be adopted by each IONL regional affiliate.

ARTICLE XIV. AMENDMENT.
These Bylaws may be amended at any regular or special session of the Organization by a two-thirds (2/3) majority vote of the Board, either in person or by teleconference at a meeting or may be amended by the unanimous written consent of all Board members pursuant to Article VIII, Section 6(B) of these Bylaws, provided that the proposed amendment: (a) shall have been submitted by the Committee on Bylaws, Board of Directors, Executive Committee, or two or more full members; (b) if originated by a party other than the Committee on Bylaws, shall have been submitted to that committee at least ninety (90) days prior to the session at which adoption is to be taken; (c) shall have been mailed to each voting member of the Organization at least thirty (30) days prior to the session at which action is to be taken.

ARTICLE XV. INDEMNIFICATION.

The directors, officers, employees, and agents of the IONL shall be indemnified for any costs, expenses, or liabilities incurred as a result of the performance of their duties as provided in the General Not For Profit Corporation Act of 1986 or amendments thereto.

ARTICLE XVI. MISCELLANEOUS PROVISIONS.

Section 1. Other Affiliations: IONL may enter into a written agreement with local, state, or regional Organizations whose mission, vision, values and programs are consistent with those of IONL.

Section 2. IONL is an affiliate member of AONE, and all elected officers of IONL shall be members in good standing of AONE.

Revised and Approved August 12, 2009
Revised September 29, 2006
Approved October 27, 1995
Policies and Procedures

These Administrative Policies are Established Pursuant to Authority Granted in the Bylaws of the Illinois Organization of Nurse Leaders

I. MEMBERSHIP.

A. Change of Membership Status with the IONL. Change of status in IONL membership category will take place upon written notification to or by the affected individual.

B. Any member who because of change of position no longer meets eligibility requirements for membership can continue membership to the end of the membership year.

C. Re-application for Membership. Unrenewed former members may re-apply for membership at any time.

II. DUES.

A. Payment of annual dues is made with a check or credit card addressed to Illinois Organization of Nurse Leaders accompanying the IONL Membership Application & Renewal Form sent to IONL headquarters address.

B. Renewal of Membership Notifications. Renewal notices are sent to all members of the IONL at the beginning of each January. Renewal dues must be received by March 1st.

C. Service Fee for Insufficient Funds. Payment for service fees charged to the IONL for insufficient funds checks is the responsibility of the member involved. Repayment of the original payment amount and the service charge must be made to IONL within thirty days of notice.

III. OFFICERS.

Eligibility. Should any officer become ineligible for membership due to a change in employment status, said officer may remain in office until the end of the term of office.

IV. NOMINATIONS AND ELECTIONS.

A. Nominations. All full and individual affiliate members will receive a call for nominations no later than ninety (90) days prior to the Annual Business Session. Full members may nominate themselves or an eligible colleague for the ballot. Individual affiliate members may nominate full member colleagues for the ballot. A short professional biographical sketch and personal statement must be submitted to the Executive Director no later than 75 days prior to the Annual Business Session.

B. Elections. Election of officers shall be conducted by mail or email. A ballot listing the names of candidates,
together with a professional biographical sketch and personal statement from each candidate, shall be
together with a professional biographical sketch and personal statement from each candidate, shall be
mailed by the headquarters office to each voting member of the IONL not less than thirty (30) days prior to
the Annual Business Session. The election mailing will include a self-addressed return envelope for return
of the completed ballot to the IONL headquarters. Completed ballots must be returned in the return enve-
lope to the IONL headquarters address with the postmark being no later than twenty (20) days prior to the
Annual Business Session. Returned ballots with postmarks after the deadline will not be counted. Faxed
returns of ballots will not be permitted.

C. Tabulation of Results. The vote shall be tabulated and a written report shall be given to the IONL member-
ship at the Annual Business Session. Should no candidate receive a majority vote for any office, election
for that office shall be completed at the Annual Business Session. The officers-elect shall be notified of the
results before the report is given to the membership at the Annual Business Session.

V. TRAVEL REIMBURSEMENT.

A. President's Expense Reimbursement. The IONL President shall be reimbursed for registration and ex-
penses incurred as representative of the IONL to the AONE Chapter Leaders Meeting and AONE Annual
Meeting. Requests for reimbursement shall be submitted on the IONL Expense Form within ten (10) work-
ing days of the event. All original receipts are to accompany the request.

B. Executive Director’s Expense Reimbursement. The IONL Executive Director shall be reimbursed for reg-
istration and expenses incurred as representative of the IONL at the AONE Chapter Leaders Meeting and
AONE Annual Meeting. Requests for reimbursement shall be submitted within ten (10) working days of the
event with all original receipts accompanying the request.

C. Committees and Other Groups Reimbursement. Committee and other group member expenses incurred
in the service to or travel for meetings will be reimbursed consistent with the IONL Travel Reimbursement
Policy. These expenditures will be paid by the Executive Director as allocated in the budget and approved
by the Board of Directors.

D. Other Travel Reimbursement. Members and staff of the IONL will be reimbursed for travel expenses
incurred while on IONL business. Reimbursement shall be based on the following in concert with an ap-
proved budget which authorizes the specific activity:

1. Travel will be reimbursed at a rate per mile consistent with Federal guidelines or at the cost of a round trip
couch, air, bus, or train fare.

2. Taxi or other appropriate means to and from an airport, bus station, or train station will be reimbursed at
cost.

3. Parking fees and tolls will be reimbursed at cost.

4. Hotel/motel expense will be reimbursed at the normal and customary rate or at the negotiated rate for the
function.

5. Only when necessary will meals be reimbursed at per diem cost not to exceed $35.00.

6. Reimbursement does not include Mid-year or Annual Meeting Expenses.
7. Requests for reimbursement shall be submitted to the IONL headquarters office within ten (10) working days of the event on the IONL Expense Report. All original receipts are to accompany the request.

VI. FEES FOR BUSINESS SESSIONS.

The registration fees for the Annual Business meeting are included in the Annual Conference registration fee.

VII. RELEASE OF MEMBERSHIP MAILING LABELS.

A. Requests. All requests for mailing labels not in conflict with the IONL mission must be made in writing to the Executive Director. The request must include the name of the requesting individual and/or organization represented along with the purpose of the request and the time frame during which the labels will be used. A copy of the material to be mailed with the IONL labels must accompany this request.

B. Utilization. IONL mailing labels are made available for single use only. Copying is not permitted and labels not used should be destroyed or returned to the IONL office.

C. Fees. The fee structure will be determined by the Executive Director in consultation with the Executive Committee. Fees may be discounted to nursing and nursing-affiliated organizations and individuals.

VIII. NEWSLETTER.

The Illinois Organization of Nurse Leaders will publish a newsletter. Advertisements may be included in the newsletter. The Executive Committee will determine the appropriateness of the advertisements. Advertisement fees are determined by the Board of Directors and are published in the newsletter. Ad fees may be waived at the discretion of the Executive Committee.

IX. AMENDMENT OR REVISION OF POLICIES AND PROCEDURES.

These Policies and Procedures may be amended or revised at any Business Meeting. If notice is given with the Call to meeting, a majority vote of those voting members present and voting will decide, or if no advance notice is given, a two-thirds vote of those voting members present and voting at the business sessions of the IONL will prevail.

X VOTING ON ISSUES

Between scheduled meetings, the Board of Directors may refer to the membership any issue of importance to the purpose and objectives of the Organization. The proposal with background information and a ballot shall be mailed by the headquarters office to each voting member. The mailing will include a self-addressed return envelope for the return of the ballot to the IONL headquarters. The ballot return deadline will be posted on the ballot as having postmark no less than twenty (20) days after the mailing date. Return ballots with later postmarks will not be counted. Faxed return of ballots shall not be permitted. The ballots shall be tabulated by the headquarters staff. The results shall be reported in writing to the Board of Directors and the membership at the next opportunity.

Revised July 9 2009
Revised October 28, 2004
Revised October 23, 2003
Revised October 24, 2002
Adopted October 24, 1996