Illinois Organization of Nurse Leaders
An affiliate of the American Organization of Nurse Executives

Annual Conference & Business Meeting
Thursday, September 15-16, 2011
Wyndham Lisle

THE FUTURE OF NURSING:
IONL’S CALL FOR
ACTION
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Chamberlain College of Nursing

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THE FUTURE OF NURSING: IONL’S CALL FOR ACTION

Program Overview: The recent publication from the Institute of Medicine (IOM) and Robert Wood Johnson Foundation (RWJF) “The Future of Nursing: Leading Change, Advancing Health” is a call to action for the nursing profession. IONL has convened national leaders to guide a dynamic forum regarding the changing role of nursing leaders in the new landscape of healthcare. This ‘Call to Action’ by IONL will focus on the recommendations of the IOM – RWJF report and discuss implementation strategies for a broad spectrum of organizations.

Intended Audience: Nurses at all levels of management, emerging leaders, human resource staff, nurse educators, community health care, nursing students, hospital executives and consultants.

Learning Objectives: Upon completion of this program, participants will be able to:
1. Describe the recent recommendations of the IOM – RWJF Report on the Future of Nursing
2. Identify the implications of nursing education and practice related to the IOM report
3. Explore the role of leadership to implement the IOM findings into practice
4. Discuss strategies to engage nurse managers in the work setting
5. Integrate best practices from Illinois staffing acuity councils into practice

THURSDAY, SEPTEMBER 15, 2011
Wyndham Lisle-Chicago Hotel (host hotel)

12:30-2:30pm   Board of Directors Meeting

3:30-3:35pm   Welcome and Opening Remarks
   Mary A. Petersen, MSN, RN – Chair, IONL Career Development & Support Committee

3:35-5:30pm   Opening Keynote Address
   Education and Leadership: Impact of the IOM Report on the Future of Nursing
   Brenda L. Cleary, PhD, RN, FAAN
   Director, Center to Champion Nursing in America
   Washington, D.C.

6:00-8:00pm   Cocktail Reception Networking with Speakers and Sponsors
   Reception sponsored by Weiss Memorial Hospital
   Special Raffle during event; please bring your business cards to exchange
FRIDAY, SEPTEMBER 16, 2011
Wyndham Lisle-Chicago Hotel (host hotel)

7:30-7:55 am  Registration and Continental Breakfast
Continental Breakfast Sponsored by Northwest Community Hospital

8:00-8:10 am  Welcome, Introductions, and Overview of the Program
Mary A. Petersen, MSN, RN – Chair, IONL Career Development & Support Committee
Director of Professional Nursing Practice, Trinity Regional Health System, Rock Island, IL

8:15-9:45 am  Opening Keynote Address
Leading Change: It's in Your Hands!
Linda Burnes Bolton, DrPH, RN, FAAN
Vice President & Chief Nursing Officer, Cedars-Sinai Health System and Research Institute
Los Angeles, CA

9:45-10:10 am  Coffee Break, Exhibit Booths & Poster Viewing
Coffee Break Sponsored by Herman Miller

10:15-11:15 am Nurse Management Engagement: From Theory to Practice
Barbara Mackoff, EdD
Consulting psychologist, leadership educator, author "Nurse Manager Engagement" Co-published by AONE -- New York, NY

11:15-12:00 pm Annual IONL Business Meeting
Dale Beatty, MSN, RN, NEA-BC -- President of IONL

12:00–1:00 pm  Lunch and Round Table Discussion – please indicate your table preference on the registration form
Lunch Sponsored by Resurrection Health Care & Resurrection University

1:05-2:00 pm Integrating the IOM recommendations into the IONL Strategic Plan:
Panel Moderated by: Dale Beatty, MSN, RN, NEA-BC – Executive Vice President, Hospital Operations & Chief Nursing Officer, Northwest Community Hospital, Arlington Heights, IL.

2:00 -2:20 pm  Break, Exhibit Booths & Poster Viewing
Coffee Break

2:25 – 3:20 pm Staffing Acuity Committees: The Illinois Experience
Trish Anen, MBA, RN, NEA-BC, Vice President Clinical Services, Metropolitan Chicago Health Care Council, Chicago, IL
Therese A. Fitzpatrick, PhD, RN, Assistant Clinical Professor, University of Illinois, Chicago.

3:20-3:30 pm  Closing Remarks and CE Evaluation

Accreditation Statement
This continuing nursing education activity was submitted for approval to the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
LINDA BURNS BOLTON, MSN, PHD
Dr. Burns Bolton is the Vice Chair of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. She concentrates on the significance of the Future of Nursing: Leading Change, Advancing Health. She is currently the Vice President, Nursing and Chief Nursing Officer at Cedars-Sinai Medical Center in Los Angeles, California. She has received both her Master’s and Doctorate degrees in Nursing.

BRENDA CLEARY, PHD, RN, FAAN
Dr. Cleary is currently consulting with Sigma Theta Tau International on ageing initiatives. From 2008-2011, she served as Inaugural Director of the Center to Champion Nursing in America (CCNA) at the AARP Public Policy Institute in Washington DC. A joint initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation, the Center is addressing the recommendations of the IOM Report on the Future of Nursing that seek to increase access to health care and quality of care across our nation. A consumer-driven, national force for change, the Center seeks to ensure that all Americans have access to a highly-skilled nurse when and where they need one.

Dr. Cleary is an expert in healthcare workforce research and policy and for fourteen years prior to joining AARP, she held the position of Executive Director of the North Carolina Center for Nursing, a state funded agency committed to assuring nursing resources to meet the healthcare needs of the citizens of North Carolina. Dr. Cleary also served as project director for a Robert Wood Johnson Foundation (Colleagues in Caring) funded initiative, the NC Nurse Workforce Planning Model, as a delegate to the American Nurses Association and an elected member of the ANA Nominating Committee as well as a Magnet appraiser for the American Nurses Credentialing Center.

BARBARA MACKOFF, PHD
Dr. Barbara Mackoff is a consulting psychologist and a leadership and nursing educator whose practice includes healthcare organizations across the country. She is the author of Nurse Manager Engagement: Strategies for Excellence and Commitment published by Jones and Bartlett and AONE.

She is the director of a leadership Laboratory for nurse managers at NYU Langone Medical Center, a visiting professor at the Molloy College of Nursing a core faculty member of The Nurse Management Fellowship program of The American Association of Nurse Executives.

Dr. Mackoff was the principal investigator of a national research study of Nurse Manager Engagement funded by the Robert Wood Johnson Foundation.
TRISH ANEN, RN, MBA, NEA-BC

Trish Anen has been a member of the Illinois nursing community for the last 30 years and member of IONL for the last 10. For the last 5 years, she has been a member of the IONL Board of Directors and, for the last 3, chaired the Policy and Advocacy Committee. Trish is currently the Vice President for Clinical Services for the Metropolitan Chicago Healthcare Council (MCHC). MCHC is a membership and service association comprising more than 140 hospitals and health care organizations working together to improve the delivery of health care services in the area since 1935. She has responsibility for all clinical, patient safety, and emergency preparedness services, as well as the Illinois Poison Center and the Midwest Alliance for Patient Safety (Patient Safety Organization (PSO), a joint venture with the Illinois Hospital Association.

Prior to joining MCHC, Trish spent 10 years as the Vice President of Operations and Chief Nursing Officer for Edward Hospital in Naperville, Illinois, during which time Edward received Magnet status, and five years as the Vice President, Clinical Operations and Human Resources, for Rush Copley Medical Center in Aurora, Illinois. She began her career at the University of Illinois Hospital and Clinics as a Staff Nurse and Nurse Recruiter. She has an MBA from Northwestern University, J. L. Kellogg Graduate School of Management, and a BSN from the University of Illinois College of Nursing. She is a fellow of the Wharton School of Business, Johnson & Johnson Nurse Executive Program, University of Pennsylvania, and is board certified as an Advanced Nurse Executive. She also serves on the Board of Directors of Rush-Copley Medical Center, Aurora, IL; and the Board of Directors of Westlake Hospital, Melrose Park, IL.

DALE E. BEATTY, RN, BSN, MSN, NEA-BC

Dale Beatty is the Executive Vice President; Hospital Operations and Chief Nursing Officer at Northwest community Hospital. In his career, Dale has been instrumental in the development of effective work team to produce organizational outcomes. Dale demonstrates a patient focused approach in healthcare redesign initiatives. NCH been designated for the 2nd time as an ANCC Magnet organization for its nursing excellence.

Dale started his career as critical care staff nurse at Riverside Methodist Hospital in Columbus, Ohio. A recipient of the Veteran’s Administration’s National Health Professional Scholarship, Dale relocated to Chicago, Illinois to work for the Chicago Lakeside Veteran’s Administration. In 1987, Dale was recruited to Northwestern Memorial Hospital, a national premier academic medical center. During his 14-year tenure, Dale worked as a manager in Cardiac Surgical Intensive Care, Neurosurgical Intensive Care, and the Cardiac Catheterization Laboratories.

In addition, Dale provided leadership as the Director for the Cardiac Services, Emergency / Trauma Services, Surgical Services and Medical / Oncology Services. In 2001, Dale was recruited to SSM Healthcare (20 Catholic Hospital HealthCare System)/ St. Francis Hospital and Health Center as the Vice President and CNE for the organization. During his tenure, SSM Healthcare was the 1st healthcare organization to be the recipient of the Malcolm Baldrige National Quality Award.
Dale has a Bachelor of Science in Nursing from Ohio Wesley University and a Master of Science with Distinction from DePaul University in Chicago, Illinois. He is a member of the American Organization for Nurse Executives, Illinois Organization of Nurse Leaders, and Sigma Theta Tau Honor Society for Nursing. He also serves on the Nursing Advisory Boards for McKesson and Gannet Healthcare Group Nursing Spectrum. Dale is on the Editorial Board for NRC Picker Patient-Centered Care Institute’s Editorial Board. He is also serves as the President for the Illinois Organization for Nursing Leaders and is on the Board of Directors for the Illinois Coalition for Nursing Resources and Hospice of Northeastern Illinois.

THERESE A. FITZPATRICK, PHD, RN
There is the Executive Vice President of Assay Healthcare Solutions, a New York based consulting firm focused on the use of mathematical optimization modeling in strategic clinical workforce planning and deployment. She is also an Assistant Clinical Professor at the University of Illinois-Chicago College of Nursing, Department of Health System Sciences where she teaches graduate Administrative Studies. In addition to her faculty role, she is the Director of Consulting for the College’s Institute for Health Care Innovation. She has served in the role of Chief Nursing Officer & Chief Operating Officer in both academic as well as community healthcare systems including a Top 100 hospital system.

She is a leading expert in the use of mathematical optimization modeling in strategic human capital planning and deployment and consults with healthcare organizations on the subject. A February 2010 article in the Journal of Nursing Administration entitled The Nurse Leader as Logistian describes this innovative approach to workforce management. Therese and a colleague at UIC have recently published a chapter in the 4th edition of Huber’s Leadership and Nursing Care Management focused on financial management and a 2009 article in the Journal of Nursing Administration describing research focused on the elimination of non-value added activities for staff nurses.

Therese recently presented the results of research on Optimizing Nursing Human Capital at the International Nursing Administration Research meeting, The Royal College of Surgeons Ireland, and the annual meeting of the American Organization of Nurse Executives. Her work on human capital optimization was awarded as the Greatest Potential Contribution to Nursing Practice by the Royal College.

Therese serves on several boards of directors, including the editorial board of the journal Nursing Economics; Good Samaritan Hospital Governance Council, Downers Grove, Illinois; Turning Point Community Mental Health Center, Skokie, Illinois; Rasmussen College, St. Paul, Minnesota; and as an advisor to the metro-Chicago Woman Health Executive Network.

Therese received her PhD in Urban Studies at the University of Wisconsin-Milwaukee. Her research interest is in the creation of community through community planning and architecture. She received her BSN from DePaul University in Chicago along with her MS in nursing administration with a particular focus in human resource management and labor relations. Therese is also a member of Amnesty International’s specialty group for healthcare professionals and has participated in international community needs assessments.
THE IOM REPORT ON THE FUTURE OF NURSING: IMPLICATIONS FOR LEADERSHIP ORGANIZATIONS (IONL)

Brenda Cleary, PhD, RN, FAAN
9/15/2011
Illinois Organization of Nurse Leaders Annual Conference

OBJECTIVES

1. Describe current perceptions of nursing influence among high level stakeholders in health care.
2. Identify strategies to increase nursing’s influence in expanding access and assuring high value health care.
5. Identify innovative models for advancing the education of nurses.
AMERICANS AGREE ...
NURSES CRITICAL TO SUCCESSFUL
HEALTH CARE REFORM

- Nearly nine out of 10 Americans (87%) say that when Congress and
the president write health reform laws, it is important for them to
address the current shortage of nurses and nursing faculty. Nearly
two-thirds (65%) say that it is extremely or very important.

- In the same vein, 88% agree – and 56% strongly agree – that making
sure there are enough nurses to monitor patient conditions,
coordinate care and educate patients should be a part of the effort to
improve the quality of health care. Agreement is strong regardless of
region, sex/age, party affiliation, voter type, income or race.

- Americans clearly perceive the value of nurses. In all, 87% agree –
55% strongly – that nurses can play an important role in reducing
health care costs in the areas of patient safety, preventing medical
errors, care coordination and providing primary and preventive care.

RECENT GALLUPS POLL

- Confirms that major healthcare stakeholders
believe that nursing leadership and influence
are important.

- But the prevailing view is that nurses
currently have limited influence.

- We have work to do in developing nursing
leadership so that the profession’s enduring
values influence the delivery of health care
in the 21st century, as described by Ed O’Neil.
WHO WILL INFLUENCE HEALTH REFORM IN THE UNITED STATES IN THE NEXT 5-10 YEARS

Question Wording: Thinking about the next five to ten years, how much influence do you think each of the following professions or groups of people will have in health reform in the United States?

NURSES SHOULD HAVE MORE INFLUENCE IN PLANNING, DEVELOPING POLICY, AND MANAGEMENT

Question Wording: Would you like nurses to have more influence, about the same influence, or less influence than they do now in planning, developing policy, and management of the following health systems and services?
BARRIERS PREVENTING NURSES FROM CONTRIBUTING TO LEADERSHIP

Question Wording: Please tell me if you think each of the following is a major barrier, a minor barrier, or not a barrier to nurses' ability to contribute to improvements in planning, policy development, and management of health systems and services?

HOW NURSES CAN TAKE ON MORE LEADERSHIP

Question Wording: What, if anything, do you think could be done to ensure that nurses take on more leadership in improving health status and delivering healthcare services in the United States today?

(Open-end question; Percent shown)
THE FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH

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THE RECOMMENDATIONS

1) Remove scope-of-practice barriers

2) Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

3) Implement nurse residency programs

4) Increase proportion of nurses with BSN degree to 80% by 2020
THE RECOMMENDATIONS

5) Double the number of nurses with a doctorate by 2020

6) Ensure that nurses engage in lifelong learning

7) Prepare and enable nurses to lead change to advance health

8) Build an infrastructure to collect and analyze health care workforce data

RECOMMENDATION #2

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

Nurses leading and diffusing collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems.
#2) Expand Opportunities for Nurses to Lead

## Center for Medicare and Medicaid Innovation:
- Support development and evaluation of payment and care delivery models that deploy nurses in an expanded leadership capacity to improve health outcomes and reduce costs.
- Performance measures should be developed and implemented that reflect nurses' contributions to best practices that ensure high value health care.

## Private and Public Funders:
- Develop public/private funding partnerships to advance inter-professional research on innovative solutions for improving health care, including technology.

## Health Care Organizations
- Support nurse leaders in developing and adopting innovative, patient-centered care models.
- Engage nurses and other front-line staff to work with developers and manufacturers in design, development, purchase, implementation and evaluation of medical devices and health IT products.

## Nursing Education Programs and Associations
- Provide business/entrepreneurial professional development that empowers nurses to initiate health care innovations.
RECOMMENDATION #7

Prepare and enable nurses to lead change to advance health

Nurses prepare to assume leadership positions across all levels of public, private, and governmental health care. High level decision makers ensure that leadership positions are available to and filled by nurses.

#7) PREPARE AND ENABLE NURSES TO LEAD CHANGE TO ADVANCE HEALTH

Nurses

- Take responsibility for personal and professional growth by continuing their education and seeking opportunities to develop and exercise leadership skills

Nursing Associations

- Provide leadership development, mentoring programs and explore leadership opportunities for members
#7) PREPARE AND ENABLE NURSES TO LEAD CHANGE TO ADVANCE HEALTH

Nursing Education Programs
- Integrate leadership theory and business practices across the curriculum, including clinical practice

Public, Private and Governmental Health Care Decision-makers
- Include nursing representation on boards, executive management teams and in other key leadership positions

POSSIBLE TACTICS FOR PROMOTING NURSING LEADERSHIP

- Redesigning nursing curricula to strengthen leadership content could be done more efficiently and effectively if core competencies for nursing leadership were established and implemented.
- A greater focus on leadership in nursing education accreditation requirements.
- Changes in licensure renewal requirements that include maintenance of leadership competencies.
TACTICS CONT’D

- Incentives from Joint Commission, CMS and other health care oversight and accrediting agencies to increase the numbers of nurses in leadership positions.
- Increasing awareness of mentoring resources/mentorship opportunities for nurses aspiring to pursue high level decision-making roles (e.g., multiple AONE programs, CCNA web-based repository, RWJ Executive Nurse Fellows and other leadership development programs, STTI leadership initiatives).
- Development of evidence-based succession planning strategies and tools for current and future nurse leaders in high-level decision-making roles.

FACILITATORS

- The Center for Medicare and Medicaid Innovation supports the development and evaluation of models of payment and care delivery that use nurses in an expanded way and leadership capacity to improve health outcomes and reduce costs.
- Private and public funders advance research on models of care and innovative solutions, including technology, that will enable nurses to contribute to improved health and health care.
- Health care organizations double their funding and other support (such as release time) for nurses who lead the development of patient centered care models.
- Nurse leaders promote leadership at all levels through leader development programs.
CRITICAL NURSING WORKFORCE ISSUES

EMERGING SHORTAGE DRIVEN BY LIMITATIONS IN EDUCATIONAL CAPACITY

DIVERSITY (INCLUDES MEN IN NURSING)

EDUCATIONAL MIX, INCLUDING APRNS

INITIAL AND SUSTAINED COMPETENCE

PRACTICE ISSUES, INCLUDING WORKPLACE ISSUES AND SCOPE OF PRACTICE

EXPANDED COMPETENCY DEVELOPMENT FOR THE 21ST CENTURY

- Leadership and Innovation
- Evidence Based Practice and Policy
- Community Health and Public Health
- Primary Care and Chronic Disease Management
- Care Coordination
- Transitional Care
- Long Term Care For Frail Elders/Dementia Care
- Support for family caregivers
- End of life care that is markedly different from the 20th century
RECOMMENDATION #4

Increase proportion of nurses with BSN degree to 80% by 2020

Create a workforce prepared to meet more complex demands of diverse populations across the lifespan

#4) INCREASE PROPORTION OF BSN AND HIGHER DEGREE DEGREE NURSES TO 80% BY 2020

Commission on Collegiate Nursing Education and National League for Nursing Accrediting Commission

- Require nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access to higher levels of education

Health Care Organizations

- Incentivize AD/diploma prepared RNs to enter BSN (or MSN) programs within 5 years of graduation through tuition reimbursement, promotion opportunities and salary differentials
#4) INCREASE PROPORTION OF BSN AND HIGHER DEGREE DEGREE NURSES TO 80% BY 2020

Private and Public Funders
- Private/public partnerships that provide funding to expand BSN and higher degree programs by offering scholarships and loan forgiveness, resources for hiring more faculty and expanding clinical instruction through new clinical partnerships and use of technology
- Further expand loans and grants for second-degree, accelerated nursing students

Schools of Nursing and other Health Professional Schools
- Design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities

Academic Nurse Leaders
- Partner with health care organizations, leaders from primary and secondary school systems and other community organizations to recruit and advance diverse nursing students
AN ARRAY OF TACTICS

- Partnerships between community colleges and universities for producing a more educated nursing workforce through increased and more immediate education progression.
- RN (AD, Diploma) to MSN programs with a clinical focus and functional areas such as education, administration, and informatics as well as advanced practice.
- Online competency based BSN programs, with local clinical placements and mentoring, such as the MAP-RN program.

FACILITATORS

- Public/private funding for generic and accelerated BSN and MSN program expansion is also a critical focus for meeting IOM education goals.
- Practice partners like AONE and large national nursing specialty organizations such as AACN and ONS need to be engaged in terms of raising a clear voice that a more educated nursing workforce is needed to address increasing complexities in health care and improve patient outcomes.
- Career mobility incentives for formal (academic) education by healthcare industry.
**CONSIDER...**

- Rapid cycle increases in the relatively small (and not geographically dispersed) number of community colleges offering baccalaureate degrees in nursing.
- BSN in TEN
- Your ideas?

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**RECOMMENDATION #5**

Double the number of nurses with doctorates by 2020

At least double number of nurses with doctorates will be needed by 2020 to add to cadre of faculty and nurse researchers and improve practice, with attention to increasing diversity.
#5) DOUBLE NUMBER OF NURSES WITH DOCTORATE BY 2020

Commission on Collegiate Nursing Education and National League for Nursing Accrediting Commission

- Monitor progress of each accredited nursing school to ensure at least 10 percent of BSN graduates matriculate into a master’s or doctoral program within 5 years of graduation

Private and Public Funders

- Expand public/private funding for nursing programs offering accelerated graduate degrees to increase production of master’s and doctoral nurse graduates and to increase diversity of nurse faculty, nurse scientists and APRNs

#5) DOUBLE NUMBER OF NURSES WITH DOCTORATE BY 2020

Academic Administrators and University Trustees

- Create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nursing faculty
TACTICS

- Progression to doctoral preparation likewise could be hastened by reducing the number of steps/degree attainment required as in the BSN to PhD or DNP option.
- The nursing profession (ANA, AACN, NLN, etc.) could make a concerted effort to address requirements that lack evidence, but have become sacred cows, e.g., a one size fits all approach to specific number of years in practice as a requirement for graduate study in nursing.
- Core competencies and essentials for various levels of preparation (developed through AACN and NLN) with more detailed work at the state level, could guide nursing programs in curricular development.
- Various incentives... faculty fellowships, joint appointments, etc.

RECOMMENDATION #3

Implement nurse residency programs

Support nurses’ completion of a residency following a pre-licensure or advanced practice degree program or when they’re transitioning into new clinical practice areas
#3) IMPLEMENT NURSE RESIDENCY PROGRAMS

**State Boards of Nursing and Accrediting Bodies**
- Strengthen incentives for completion of a formal transition to practice experience for new graduates completing pre-licensure or advanced practice degree programs or during transition to new clinical practice areas

**HHS Secretary**
- Redirect GME funding from diploma nursing programs to support implementation of nurse residency programs in rural and critical access areas

---

**Public and Private Funders**
- Public/Private Partnership funding for development and implementation of nurse residency programs across all practice settings

**Health Care Organizations**
- Evaluate and disseminate residency programs’ effectiveness in enhancing nurse retention, expanding competencies and improving patient outcomes
Evolving Residency Models

- Local or system level residencies for new graduates are growing in number, especially in Magnet hospitals.
- UHC residency models increase competency, confidence and retention.
- Mass General’s AgeWise showcases an exemplar model for transitioning and retooling nurses and also for model dissemination.
- To ponder and discuss: Should residencies need to be required for all new nursing graduates? Settings other than hospitals?

Important Messages from the February 2010 Forum on the Future of Nursing: Education

- The new basics in nursing education are collaboration and communication within the profession and across health professions, and systems thinking;
- Nurses, particularly nurse educators, need to keep up with a rapidly changing knowledge base and new technologies throughout their careers to ensure a well-educated workforce;
- Care for older adults, increasingly occurring outside of acute care settings, will be a large and growing component of nursing in the future (and a critical challenge in the 21st century)... and the nursing education system needs to prepare educators and practitioners for that reality;
The nation will face serious consequences if the number of nursing educators is not sufficient to develop a more diverse nursing workforce adequate in both number and competencies to meet the needs of diverse populations across the lifespan;
- Technology—such as is used in high-fidelity simulations—that fosters problem-solving and critical-thinking skills in nurses will be essential for nursing education to produce sufficient numbers of well-educated nurses;
- Resources and practice partnerships available in the community should be used to prepare nurses who can serve their communities;

Articulation agreements and education consortiums among different kinds of institutions can provide multiple entry points and continued opportunities for progression through an educational and career ladder; and
- In addition to necessary skill sets, nursing education needs to provide students with the ability to mature as professionals and to continue learning throughout their careers.
THE EDUCATION OF REGISTERED NURSES: WILL IT REMAIN THE ELEPHANT IN THE ROOM?

TO TURN IOM RECOMMENDATIONS INTO THE NEW REALITY, IT WILL TAKE NURSES IN PARTNERSHIP WITH...

Government  Business  Health Care Institutions
Academia  Other Health Professionals  Insurance Industry
Consumers
AND COLLABORATION IS THE KEY
Leading Change, It’s in Your Hands!

Illinois Organization of Nurse Leaders
Linda Burnes Bolton, DrPH, RN, FAAN
Vice President, Nursing and CNO
Cedars-Sinai Health System
September 16, 2011

Objectives

At the conclusion of the presentation participants will be able to
1. Describe the key messages from the IOM study on the future of nursing.
2. Identify the current national activities to implement the recommendations.
3. Delineate the opportunities for the IONE to stand up and lead the change in their state.
Campaign’s Origins: IOM Report

High-quality, patient-centered health care for all will require a transformation of the health care delivery system.

Committee’s Vision

The committee envisioned a future system that makes quality care accessible to the diverse populations of the United States, intentionally promotes wellness and disease prevention, reliably improves health outcomes, and provides compassionate care across the lifespan. In this envisioned future, primary care and prevention are central drivers of the health care system.
Nurses’ Role in This Vision

- Nurses are at the front lines in ensuring that care is delivered safely, effectively, and compassionately.

- Because of their regular, close proximity to patients and their scientific understanding of care processes, nurses have a considerable opportunity to act as full partners with other health professionals and to lead in the improvement and redesign of the health care system and its practice environment.

- Nurses across the continuum of care services have made significant contributions to improving the health of our nation. They can do more!

Recommendation #1
Remove Scope of Practice Barriers

Advanced practice registered nurses should be able to practice to the full extent of their education and training. To achieve this goal, the committee recommends actions for the following entities:

- Congress
- State Legislatures
- Centers for Medicare and Medicaid Services
- Office of Personnel Management
- Federal Trade Commission and Antitrust Division of the Department of Justice.
- IONE should encourage its chapters to actively engage in efforts at the state level to remove scope of practice barriers.
- IONL should encourage its members to actively engage in efforts at the state level to remove scope of practice barriers.
Recommendation # 2.
Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

- IONL should structure its leadership development programs to profile and diffuse innovative practices.
- IONL should develop operational tactics to increase the number of members engaged in practice change efforts across the continuum of care.
- Participate in AONE to spread innovation.

Recommendation # 3
Implement nurse residency programs

- Nurse leaders from academia and service should work to establish effective transition to practice programs as a public safety strategy. IONL and INA should promote transitional programs at all levels.
- Nurse executives should advocate for transitional programs in their institutions.
Recommendation # 4
Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020

- Leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.
- IONL must assume leadership roles in the implementation of this recommendation within the state.
- Limit hiring to BSN graduates or those without BSN that agree to enroll in a degree completion program within one year of hire.
- Provide pay differentials and promotion requirements.

Recommendation # 5
Double the number of nurses with a doctorate by 2020

- Double the number of nurses with a doctorate by 2020 to add to the cadre of faculty and nurse researchers, with attention to increasing diversity.
- IONL should engage in mentoring and support to engage and develop a diverse workforce of faculty, scholars, clinicians and leaders
Recommendation # 6
Ensure that nurses engage in lifelong learning

- Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.
- IONL must play an active role in support of lifelong learning as a key strategy in nursing’s commitment to excellence in human caring.
- Nurse executives must provide funding to support lifelong learning at all levels.

Recommendation # 7
Prepare and enable nurses to lead change to advance health

- IONL must promote leadership at all level and engage in efforts to engage emerging leaders. IONL and its chapters should assure participation in national leadership programs—AONE Nurse Manager, Aspiring Leader, RWJF and others.
Recommendation #8
Build an infrastructure for collection and analysis of health workforce data.

- The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements.
- IONL should participate in health services research on health workforce demands.
- IONL should support the efforts of their state boards of nursing to collect and disseminate data on the workforce.

Health Care System Challenges

- Fragmentation
- High costs
- Health care disparities
- Primary care shortage
- Aging and sicker population
Fragmentation

Lack of integration among providers

System rewards volume, not value

Result: lower-quality care and higher costs
RWJF’s Commitment to Improving Care

- RWJF mission: to improve health and health care for all Americans
- Need to address challenges facing nursing to address challenges facing our health system

Campaign for Action

- Education
- Practice
- Leadership
- Collaboration
Education

- Increase to 80 percent the proportion of nurses with BSN by 2020
- Double number of nurses with doctorate by 2020
- Implement nurse residency programs
- Promote lifelong learning

Education

- Evidence
  - Significant association between educational level and patient outcomes
  - 6 percent of AD grads get advanced degree, enabling them to teach and serve as PCPs, compared to 20 percent of BSN grads
Practice

- All practitioners should practice to full extent of their education and training
- Optimal care
  - Physicians, nurses and other health professionals work in team-based model of care delivery
  - Models of care maximize time that providers can spend on their respective roles and responsibilities to patients

Transition Programs

- Transitions into practice are essential to preparing a qualified nursing workforce to provide safe, quality patient care.
- Evidence from organizations participating in transitions into practice programs found reduction in new practitioner turnover, reduction in health system acquired adverse events and improve team functioning.
- Committee discovered barriers to transition programs at the organization and system level.
Collaboration

- Integrated, collaborative, patient-centered health care teams
- Foster interprofessional education, training, and practice

Data

- Improve health care workforce data collection to better assess and project workforce requirements
  - Research on health care workforce is fragmented
  - Need data on all health professions
  - Need data on transition into practice programs across the continuum of care.
Campaign Strategies

- Diverse Stakeholders
- Research, Monitoring, Evaluation
- Grammaking
- Communications
- Policy-makers
- Action Coalitions

RWJF-AARP Advisory Committee

Campaign for Action

RWJF/AARP seeking support from
- health professions
- payers
- consumers
- business
- policy-makers
- philanthropies
- educators
- hospitals and health systems
- public health agencies

Nursing must be considered societal issue!
Campaign for Action

Action Coalitions
- Long-term alliances
- Field strategy to move key nursing issues forward at local, state and national levels
- Expect to be in all states by end of 2012
- Capture best practices, networking

To become part of a coalition, go to: www.thefutureofnursing.org

Future of Nursing
Campaign for Action

Campaign for Action

Regional Action Coalitions
- Long-term
- Field strategy to move key nursing issues forward at local, state and national levels
- In 15 states before moving nationwide
- Capture best practices, track lessons learned and identify replicable models

Future of Nursing
Campaign for Action
National Activities

- National Webinar on each key message.
- Promoting national alliances
- Providing technical assistance to state Action Campaigns.
- Supporting advocacy efforts at the national level.
- Calling the Circle.

Campaign for Action State Involvement

Map Legend:
- Regional Action Coalition State
- State Involvement
## Examples

<table>
<thead>
<tr>
<th>Organization</th>
<th>Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Hispanic Medical</td>
<td>Working with members on initiative to improve interdisciplinary education</td>
</tr>
<tr>
<td>Association</td>
<td></td>
</tr>
<tr>
<td>Consumers Advancing Patient</td>
<td>Challenged nursing members to identify and place a nurse on their board</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>Convenient Care Association</td>
<td>Working with national members who have community partners to increase Coalition involvement</td>
</tr>
<tr>
<td>Leapfrog Group</td>
<td>Encouraging hospitals to achieve magnet status</td>
</tr>
<tr>
<td>Target</td>
<td>Promised to engage its clinical nurses in leadership positions and opportunities</td>
</tr>
</tbody>
</table>

*FUTURE OF NURSING™
Campaign for Action*

### RWJF Grantmaking Examples

- **Leadership**
  - Executive Nurse Fellows
  - Nurse Faculty Scholars

- **Education**
  - New Careers in Nursing
  - Evaluating Innovations in Nursing

- **Collaboration**
  - Alumni Network
  - Summer Medical, Dental Education Program

*FUTURE OF NURSING™
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Time to Lead: Be the Change you want to have others adopt

- What is your organization’s portfolio? Number of nurses in leadership roles?
- Number and types of interdisciplinary programs aimed at improving care processes and achieving clinical outcomes.
- Diversity of your workforce.
- Innovative programs at the institutional and community level.
- Partnership with academia, business, policy makers and consumers.
- Education preparation and certification levels of your staff.

Leadership

- A practiced art.
- A commitment to society of all professionals to improve the human condition.
- Leading self
- Leading others
- Leading organizations
- Leading society
- Be of use in your state. Lead the implementation of the FON recommendations!
Thank You!

Campaign Resources

Visit us on the Web at: www.thefutureofnursing.org
Follow us on twitter at: www.twitter.com/futureofnursing
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Why Do Nurse Managers Stay?
Building a Model of Engagement

Part 1, Dimensions of Engagement

Barbara L. Mackoff, EdD
Pamela Klauer Triolo, PhD, RN, FAAN

The short tenure of nurse managers suggests the urgent need for a new model to understand and build engagement that translates into longevity and excellence in nurse managers. The authors report data from a national qualitative study, funded by the Robert Wood Johnson Foundation, of 30 outstanding long-time nurse managers in 6 settings and offer patterns of individual and cultural elements linked to engagement. Part 1 describes the dimensions of individual engagement along with the implications for developing and sustaining nurse managers. In Part 2, which will be available in April 2008, the authors will give details on the organizational factors that contribute to engagement of nurse managers and the applications for building cultures of engagement.

For nurse executives, given the current and projected shortage of nurses, the short tenure of nurse managers is of prime concern. Just consider the relationship between 2 well-established research trends: the alarming forecasts of staff nurse shortages alongside the strong correlation between staff nurse retention and the positive relationship of staff nurses with their nurse manager. In addition, as the nursing workforce ages and the length of staff nurse employment shortens, so does the pool of potential leaders. As a result, nurse executives are challenged to join with nurse managers to create proactive succession plans to avert the projected leadership vacuum.

Examples of nurse manager dissatisfaction and attrition are becoming as familiar as the shortage statistics. Most existing studies often collected in exit interviews have reported job complexity and paperwork among reasons for dissatisfaction. Studies that have sought positive factors that support the retention of a nurse middle manager have used “years on the job” as the main criterion.

As the exodus of nurse managers becomes an increasingly urgent aspect of the current nursing shortage, we must broaden the question of why nurse managers leave—or even how to retain them as employees. To gain a fresh perspective about this problem, the researchers sought to build an actionable model of nurse manager engagement.

Research Methods and Sample

Supported by the Robert Wood Johnson Foundation, the study gathered data from in-depth face-to-face interviews through a convenience sampling with 30 long-term and high-performing nurse managers in 6 hospital settings including Cedars Sinai Medical Center in Los Angeles, Children’s Memorial Hospital in Chicago, New York University Medical Center, Seton Medical in Austin, University of Washington Medical Center in Seattle, and The University of Pittsburgh Medical Center–Shadyside. The study was approved by an institutional review board in each setting.

Each participant was nominated by the chief nursing officer or other senior leader based on 2 initial criteria for engagement: 5 or more years as nurse
Why Do Nurse Managers Stay? Building a Model of Engagement

Part 2, Cultures of Engagement

Barbara L. Mackoff, EdD
Pamela Klauer Triolo, PhD, RN, FAAN

The short tenure of nurse managers is an urgent aspect of the leadership vacuum within the nursing shortage. The authors, who sought to build a model of nurse manager engagement in contrast to a retention model, continue to report data from a national qualitative study funded by The Robert Wood Johnson Foundation of 30 outstanding and longtime nurse managers in 6 settings. Part 1 (March 2008) described the dimensions and applications of individual engagement. In this article (part 2), the authors describe the organizational factors that contribute to engagement for nurse managers and the applications for building cultures of engagement.

The vibrant individual signature behaviors of outstanding longtime nurse managers, as described in part 1 of this article, are crucial to the exploration of engagement. However, the perception of a strong organizational climate and the presence of structural empowerment are also considered to be important predictors of a nurse manager’s job satisfaction and strategic involvement. Linkage demands that a persuasive model of nurse engagement must also harvest data regarding each nurse manager’s descriptions about the “ethos” of his or her organization—the prevalent tone or spirit of the culture and its habitual patterns of commitment.

Ethos has been called the genius of an institution. Nurse executives who understand ethos in terms of the signature elements of their organizations that contribute to excellence and longevity of nurse managers can apply this information to establish and sustain a culture of engagement. The researchers sought to build a model of the cultural dimensions of nurse manager engagement through open-ended interview questions designed to discover how engaged nurse managers perceive and describe the support and sources of engagement within their organizations.

Research Methods and Sample

Supported by The Robert Wood Johnson Foundation, the researchers gathered data from in-depth face-to-face interviews with a convenience sampling of 30 long-term and high-performing nurse managers in 6 medical settings who were nominated by their chief nursing officer. Nurse managers were interviewed with the Nurse Manager Engagement Questionnaire, which they had received in advance. The Nurse Manager Engagement Questionnaire, shaped by the appreciative inquiry methodology, was designed to elicit both the positive individual signature factors and the enduring values and behaviors in organizational cultures that are linked to nurse manager engagement. Questions seeking the signature elements of organizational culture were targeted in the following areas: positive impressions or promising or satisfying
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cgrossi@ihastaff.org
1. My Role in the organization is:
   - Chief Nursing Officer
   - Dean
   - Assistant Administrator
   - Faculty
   - Director-Multiple focus Areas
   - Director-Single focus area
   - Manager of Nursing Department
   - Advance Practice Nurse
   - Consultant
   - Other (specify)

2. My Organization is described as:
   - Academia
   - Vendor
   - Acute Care Hospital
   - Critical Access
   - Long-term Care
   - Sub-acute care
   - Home Care
   - Office Practice
   - Part of multi-organizational system
   - Other (specify)

3. My organization location is:
   - Urban
   - Inner City
   - Suburban
   - Rural
   - Multi-Site
   - Other (specify)

4. In the past 12 months have you participated in an IONL Webinar?
   Yes, it was (circle one):
   - Extremely Valuable
   - Mostly Valuable
   - Valuable
   - Not Very Valuable
   - Valueless
   No, (circle all that apply):
   - Unaware of them
   - Not interested in topics
   - Scheduling conflicts
   - May register in the future
   Other:

5. In the past 12 months have you attended an IONL Mid Year Conference?
   Yes, it was (circle one):
   - Extremely Valuable
   - Mostly Valuable
   - Valuable
   - Not Very Valuable
   - Valueless
   No (circle all that apply):
   - Unaware of them
   - Not interested in topics
   - Scheduling conflicts
   - May register in the future
   Other:

6. In the past 12 months have you attended an IONL Annual Conference?
   Yes, it was (circle one):
   - Extremely Valuable
   - Mostly Valuable
   - Valuable
   - Not Very Valuable
   - Valueless
   No (circle all that apply):
   - Unaware of them
   - Not interested in topics
   - Scheduling conflicts
   - May register in the future
   Other:
Please rate the following five broad topics of interest for future programs from 1 - 5
(1= no interest   5= very interested)

______ Communication and relationship building
______ Knowledge of the health care environment
______ Leadership Skills
______ Professionalism
______ Business Skills

Check all components that interest you under each broad topic:

**Communication and relationship building**
- Effective communication
- Relationship management
- Influence of behaviors
- Ability to work with diversity
- Shared decision-making
- Community involvement
- Medical Staff relationships
- Academic relationships
- Other (specify)
- None

**Leadership Skills**
- Foundational thinking skills
- Personal journey disciplines
- The ability to use systems thinking
- Succession planning
- Change management
- Other (specify)
- None

**Professionalism**
- Personal and professional accountability
- Career planning
- Ethics
- Evidence-based clinical and management practice
- Advocacy for the clinical enterprise and for nursing practice
- Active membership in a professional organization
- Other (specify)
- None

**Business Skills**
- Understanding of health care financing
- Human resource management and development
- Strategic management
- Marketing
- Information Management & Technology
- Other (specify)
- None

*Please return this form in to the registration desk*
1. My Role in the organization is (58 Total Respondents)
   o (19) Chief Nursing Officer
   o (0) Dean
   o (1) Assistant Administrator
   o (4) Faculty
   o (17) Director-Multiple focus Areas
   o Other: Magnet Coordinator, Manager, Healthcare Quality, Clinical Specialist, CEO, Quality Improvement Specialist, Chief Quality and Risk Manager, Independent Healthcare Executive/Director/CNO, Manager of multiple focus areas, Manager Nursing Education, System Manager benefits/employee health/web based education

2. My Organization is described as (63 Total Respondents)
   o (15) Academia
   o (1) Vendor
   o (46) Acute Care Hospital
   o (6) Critical Access
   o (0) Long-term Care
   o Other: Federal Health Care Center, Senior Living, Integrated Care Team organization for the state of Illinois, Non-profit Membership Organization, Long-Term Acute Care

3. My organization location is (66 Total Respondents)
   o (14) Urban
   o (6) Inner City
   o (22) Suburban
   o (17) Rural
   o (7) Multi-Site
   o Other: National

4. In the past 12 months have you participated in an IONL Webinar? (68 Total Respondents)
   Yes it was: (48 Respondents)
   (12) Extremely Valuable
   (24) Mostly Valuable
   (12) Valuable
   (0) Not Very Valuable
   (0) Valueless

   No (22 Respondents)
   (1) Unaware of them
   (4) Not interested in topics
   (13) Scheduling conflicts
   - Other: (3) Location, Money to attend is not available, Limited travel

5. In the past 12 months have you attended an IONL Mid Year Conference? (68 Total Respondents)
   Yes it was: (30 Respondents)
   (11) Extremely Valuable
   (14) Mostly Valuable
   (5) Valuable
   (0) Not Very Valuable
   (0) Valueless

   No (37 Respondents)
   (1) Unaware of them
   (3) Not interested in topics
   (27) Scheduling conflicts
   - Other: Economic

6. In the past 12 months have you attended an IONL Annual Conference? (69 Total Respondents)
   Yes it was: (23 Respondents)
   (13) Extremely Valuable
   (6) Mostly Valuable
   (4) Valuable
   (0) Not Very Valuable
   (0) Valueless

   No (42 Respondents)
   (1) Unaware of them
   (4) Not interested in topics
   (30) Scheduling conflicts
   - Other: Lack of Money, New Member, Limited travel
Please rate the following five broad topics of interest for future programs from 1 - 5
(1= no interest   5= very interested)  (67 Total Respondents)

<table>
<thead>
<tr>
<th>Broad Topic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and relationship building</td>
<td>3.94</td>
</tr>
<tr>
<td>Knowledge of the health care environment</td>
<td>4.42</td>
</tr>
<tr>
<td>Leadership Skills</td>
<td>4.12</td>
</tr>
<tr>
<td>Professionalism</td>
<td>3.64</td>
</tr>
<tr>
<td>Business Skills</td>
<td>4.07</td>
</tr>
</tbody>
</table>

Check all components that interest you under each broad topic:

### Communication and relationship building
(67 Respondents)
- Effective communication
- Relationship management
- Influence of behaviors
- Ability to work with diversity
- Shared decision-making
- Community involvement
- Medical Staff relationships
- Academic relationships
- None
- Other: Topics more directed for outpatient clinics

### Knowledge of the health care environment
(66 Respondents)
- Clinical practice knowledge
- Patient care delivery models and work design knowledge
- Health care economics knowledge
- Health care policy knowledge
- Understanding of governance
- Understanding of evidence-based practice
- Outcome measurement
- Knowledge of, dedication to patient safety
- Understanding of utilization/case management
- Knowledge of quality improvement & metrics
- Knowledge of risk management
- None
- Other: Topics more directed for outpatient clinics

### Leadership Skills
(66 Respondents)
- Foundational thinking skills
- Personal journey disciplines
- The ability to use systems thinking
- Succession planning
- Change management
- None
- Other: Budgeting, positioning yourself for the next level of leadership

### Professionalism
(65 Respondents)
- Personal and professional accountability
- Career planning
- Ethics
- Evidence-based clinical and management practice
- Advocacy for the clinical enterprise and for nursing practice
- Active membership in a professional organization
- None

### Business Skills
(66 Respondents)
- Understanding of health care financing
- Human resource management and development
- Strategic management
- Marketing
- Information Management & Technology
- None
Following is a listing of resource categories and contents you can find on IONL.org in the member resources section. While online, most of these are active links to either the document or resource.

**AACN**
- CGEAN Definitions
- GCEAN Letter

**Advanced Practice Nurses**
- APN Addendum
- APN Charter

**Annual Business Meeting**
- 2009 Minutes

**Annual Conference**
- 2010 Fall Program Brochure

**Audit Committee**

**Board of Directors**
- BOD Report Template
- 2010 Role Discriptions

**BSN in 10**
- Tri-Council Statement
- INA BSN in 10 Summit – Susan Campbell
- IONL BSN in 10 Position Statement
- INA BSN in 10 Position Statement

**Bylaws and Bylaws Committee**
- 2010 Bylaws

**Career Development and Support Committee**
- Meeting Minutes 4/8/10

**Communities of Practice**
- Engagement, Identify and Innovate
- Communities of Practice, An Overview

**DNP**
- Making Room for ‘Dr. Nurse’ – WSJ

**Executive Committee**
- Executive Director Job Description
- Executive Direction Performance Management Form

**IHA Workforce Community**

**IONL Discussion Logs**

**IONL Forms/Templates**
- IONL Annual Board Report
- IONL Board Consent to Serve Form
- Board Report Template
- Meeting Minutes Template
- Agenda Template
- Save the Date Template
- Conflict of Interest Policy Acknowledgement Form
- Willingness to Serve Form
- Expense Report

**IONL Mid-Year Conference**
- Executive Summary – Nurse Staffing Survey
- Nurse Staffing by Patient Acuity Survey Results
- Mid-Year Brochure
- IONL Innovations
- Quality Improvement Implementation
- 12 Hr. Shifts – Is it time to change the paradigm?

**Magnet Recognition Exemplars**
- Letter from St. Francis Hospital
Member Engagement Committee
- Meeting Minutes 4/4/10
- IHA Region Map

Midwestern Institute for Nursing Leadership

NINR
- NINR News and Notes 2009

Nominating Committee
- Consent to Serve
- Nominations Grid

Policies and Procedures
- 2010 Policies and Procedures

Policy & Advocacy Committee
- Meeting Minutes 4/7/10
- AONE Summary of Nursing and Related Provisions
- Executive Summary – Nurse Staffing Survey
- Opposition to HB392
- SB224 Testimony
- MMC Opposition to Nurse-Patient Ratios
- Meeting Minutes 3/3/10

Public Relations
- IONL Media Prep and Key Messages

Region President Resources
- Check Request

Staffing Ratios
- The Financial Effects of Mandating Nurse Staffing
- Nurses’ Work Environment Perceptions
- Unit-Level Nurse Staffing & Patient Outcomes
- HSR – Implications of CA Nurse Staffing

Strategic Plan
- 2009-2011 Strategic Plan

Succession Best Practices

TCAB Information

Webinars
- Lunch ‘n’ Learn 8-25-10 Handouts
- Lunch ‘n’ Learn 8-25-10 Article
- Lunch ‘n’ Learn 7-28-10
- Lunch ‘n’ Learn 6-23-10
- Lunch ‘n’ Learn 5-13-10
- Lunch ‘n’ Learn 4-28-10 Handouts
- Lunch ‘n’ Learn 4-28-10 Article
- Encore Presentation 4-15-10
- AONE and Healthcare Reform 11/09

Work Environment Best Practices
- ICNR Retention Strategy
- Social Networking Policy Example
- Work in Progress Enterprise 2.
Get To Know Our
2011 Annual Conference
Supporters…

Friend Level Support

Agile Healthcare provides sophisticated Predictive Analytical tools and services to help hospital administrators and nurses more efficiently manage operations and resources including the scheduling of staff, equipment and supplies. Agile Healthcare does not require managers to change their processes or approach to managing their departments, but with better numbers to guide their decisions, each department will experience better availability of staff and significantly lower costs.

CareFusion is passionate about healthcare and helping those that deliver it – from the hospital pharmacy to the nursing floor, the operating room to the patient bedside. Our products and services help improve medication and supply management, lower costs in procedural areas, help clinicians reduce the risk of infections, advance care of ventilated patients and turn the endless amount of data generated in healthcare into actionable information.

Chinook Acoustics/HUSH™ Privacy Panels – The New Standard of Care. A cost-effective solution to reduce workplace noise and increased patient satisfaction. Lower noise levels facilitate increased speech communication, increased patient privacy, lowers staff stress and increases patient healing. HUSH Privacy panels install easily on existing curtain tracks and launder easily. Contact: Sandy Zumwalt, National Sales Manager (309) 696-8248.

DaVita Inc., a FORTUNE 500® company, is a leading provider of kidney care in the United States, delivering dialysis services and education to patients with chronic kidney failure and end stage renal disease. As of March 31, 2011, DaVita operated or provided administrative services at 1,642 dialysis facilities, serving approximately 128,000 patients. DaVita develops, participates in and donates to numerous programs dedicated to transforming communities and creating positive, sustainable change for children, families and our environment. The company's leadership development initiatives and corporate social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek, and WorldBlu, among others. DaVita — which is Italian for “giving life” — has more than 34,000 teammates (employees) around the nation working to provide superior patient care and exemplify the company's core values.

Elsevier helps hospitals improve patient safety and quality measures while boosting interdisciplinary collaboration, staff and patient satisfaction. From evidence-based clinical practice guidelines and documentation to practice transformation services that support healthy work cultures. Learn more about our clinical practical expertise and proven results at CPMRC.com.

Grand Canyon University's College of Nursing has a 25-year history of providing outstanding education. One of the main reasons physicians’ offices and hospitals value GCU’s nursing program is the direct and immediate applicability of the course curriculum. As a GCU nursing student, you are continually asked to make a connection between what is learned, its relevance and its application to your job as a nurse. You can apply the knowledge and skills you're learning directly to your nursing job, so your employer can reap the benefits of your degree sooner. Employers regard our pre-medical and nursing programs as among the very best. Many of our graduates are accepted into graduate medical and research programs at some of the most prestigious universities in the nation.
Annual Business Meeting Agenda
September 16, 2011
Wyndham Lisle-Chicago Hotel
3000 Warrenville Road
Lisle, Illinois  60532
11:15AM-12:00 PM

1. Call to order  Dale E. Beatty
2. Approval of agenda  Dale E. Beatty
3. Approval of minutes  Dale E. Beatty
4. President’s Report  Dale E. Beatty
5. President-elect’s Report  Cathy Smithson
6. Secretary’s Report  Deb O’Donnell
7. Treasurer’s Report  Angela Charlet
8. Past-president’s Report  Marjorie A. Maurer

9. Region Reports
   1A  Nancy Cutler
   1B  Denise Jackson
   2A  Deb Davison
   2B  Pamela Eulberg
   2C  Amy LaFine
   3A  Julie Smith
   3B  Robin Gordon
   4 & 5  Debbie Birk

10. Committee Reports
    A. Member Engagement  Connie Yuska
    B. Policy & Advocacy  Trish Anen
    C. Career Development & Support  Mary A. Peterson
    D. Bylaws  Kim Landers
Illinois Organization of Nurse Leaders  
**Annual Business Meeting Meetings**  
**September 17, 2010**  
Holiday Inn Select, Naperville, IL 11:15am-12:00pm

**Members present:** 120

<table>
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<tr>
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<th>Recommendations/Actions</th>
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<tbody>
<tr>
<td>Call to order</td>
<td></td>
<td>by President Marj Maurer at 11:15 am.</td>
<td>None</td>
</tr>
<tr>
<td>Business Session Rules of Conduct</td>
<td>Reviewed.</td>
<td>Accepted.</td>
<td>None</td>
</tr>
<tr>
<td>Approval of agenda.</td>
<td>Reviewed meeting agenda.</td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

**President’s Report: Marj Maurer**

Marj introduced Nancy Sylvester parliamentarian.

**Strategic Relationships**

Two new members appointed to the Board as Advisory Board members:
- Cathy Grossi, IHA, Vice President, Health Policy & Regulations
- Laura Ferrio, Illinois Board of Nursing, Vice President, Patient Care Services and CNO at Rehabilitation Institute of Chicago

- IHA: Met with Maryjane Wurth, the new President of IHA.
- ICNR: Susan Campbell, as past President of IONL, serves as liaison.
- INA: Met with the Deputy Executive Director, Sharon Canariato to explore the potential of a deeper relationship between our two organizations particularly on those issues where we are aligned.
- NNOC: Kept a pulse check on their activities; two of our Board members attended a town hall meeting in winter to hear their plans on mandated ratios.
- AONE: Beth Brooks, Executive Director of and myself attended the AONE Chapter Leaders meetings in December ‘09 and April. Participated in quarterly Region 5 conference calls.

Quorum of 10% of the members was present. None.
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<tr>
<td>Biggest issues other states are facing is anticipating the impact of healthcare reform, the budget, several states fighting mandated ratios, and looking at transition into practice.</td>
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<tr>
<td>Illinois first state to pass legislation requiring nursing care committees. IONL is taking the lead in developing strategies to respond to this new legislation.</td>
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<td>Approached by IACN to participate in a project looking at Transition into Practice.</td>
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<td>IONL stepped forward to proactively respond to the emerging healthcare issues in the state, further verifying the value of membership in IONL.</td>
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<tr>
<td>Publications: Chicago Hospital News requested article for their May issue for Nurses Week.</td>
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<tr>
<td>Operational improvements with the organization:</td>
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<tr>
<td>• Created a board orientation for new members to the board.</td>
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<td>• Created a quarterly meeting with the Regional Presidents facilitated by the President-elect.</td>
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<td>• Created an Audit Committee with annual review.</td>
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<tr>
<td>• Created a new JD for the Executive Director role/appointed Dr. Beth Brooks as E.D.</td>
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<tr>
<td>• Updated policies, procedures of the</td>
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</tbody>
</table>
Illinois Organization of Nurse Leaders
Annual Business Meeting Meetings
September 17, 2010
Holiday Inn Select, Naperville, IL 11:15am-12:00pm

Members present: 120

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<tr>
<td></td>
<td>board as well as revisions to the bylaws.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Re-launched a new and improved IONL website; the resource section is filled with numerous references.</td>
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<tr>
<td></td>
<td>• Financially, IONL is solvent – more information from our treasurer.</td>
<td></td>
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<tr>
<td>Actions taken by the Board:</td>
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<tr>
<td></td>
<td>• IONL Position Statement on BSN in 10 approved by the Board of Directors at our March meeting. We are in alignment with our parent organization AONE – realizing the ramping up that will need to be made in order to achieve this.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Membership</td>
<td></td>
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<tr>
<td></td>
<td>— Made revisions to membership categories.</td>
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<tr>
<td></td>
<td>— Added graduate student membership.</td>
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<tr>
<td></td>
<td>— Made changes to the honorary category to more accurately reflect the bylaws.</td>
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</tr>
<tr>
<td>Strategic Plan:</td>
<td>Completed evaluation of last year’s plan. Conducted a new planning session in July 2010. Established new Vision--Influencing health care through the advancement of nursing leadership and Mission--Engaging and Advancing Illinois Nurse Leaders</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Reorganized IONL’s strategic goals and objectives to more closely align with those of AONE.</td>
<td></td>
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</tr>
</tbody>
</table>
## Agenda Item / Issue

### Findings/Conclusions

- Showed the Year-in-Review video.
- Dale Beatty acknowledged Marj Maurer’s tenure as president with a recognition plaque.

### Recommendations/Actions

<table>
<thead>
<tr>
<th>Agenda Item / Issue</th>
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</thead>
<tbody>
<tr>
<td>Past-President’s Report: Dale Beatty for Susan Campbell</td>
<td>The IONL Past President has the responsibility of being a liaison for IONL at the ICNR meetings. To follow is an update on ICNR: ICNR has defined their vision statement as “To be the organization of choice to promote nurses’ proactive, informal and engaged decision-making to meet the health-care needs of the people of Illinois. The values are as follows: Diversity, Respect and Collaboration. ICNR has dedicated time to define the “nurse competencies” as they relate to Healthcare Reform. ICNR has defined the competencies as they relate to both practices and education. Trish Anen presented the statewide Nursing Care Committees associated with the Nurse staffing and Patient Acuity. This is activity has been co-sponsored by IONL, MCHC and UIC. MCHC also presented on the APN Forum that has been working to standardize and identify best practices associated with APNs in the acute care hospital setting. Trish Anen reviewed the accomplishments to date. ICNR has also been working to more fully</td>
<td>None</td>
<td></td>
</tr>
</tbody>
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| President-elect's Report| Dale Beatty reinforced to the IONL membership that the external financial review demonstrated that IONL’s financial practices were acceptable and within generally accepted accounting principles. IONL will conduct an additional accounting review following the close of the calendar year.  
The President-Elect and the Regional Presidents have been meeting via teleconference on a quarterly basis. We have standardized the election of the Regional Officers to be consistent with the IONL officer elections. In addition, the staff is providing support to all Regional Presidents and Committees in communicating meeting dates and times via IONL Eblast. We are also working to share best practices and presentations from region to region. The Regional Presidents have communicated that this support is valuable and helpful. | Dale Beatty               | None                    |
| Secretary’s Report       | Minutes from the 2009 Annual Business Meeting were approved by the Board on September 16, 2010.  
Election results for 2011 Board members:  
Cathy Smithson-President-elect  
Region 1A Nancy Cutler  
1B Denise Jackson   | Minutes accepted as filed.                                                                                                                                  |                         | None                    |
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<tbody>
<tr>
<td>2A Deb Davison</td>
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<td>2B Pam Eulberg</td>
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<td>2C Amy LaFine</td>
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<td>3A Julie Smith</td>
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<td>3B Robin Gordon</td>
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<tr>
<td>4/5 Debbie Birk</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Treasurer's Report:</td>
<td>Angie Charlet</td>
<td>Assets: $242,283.75</td>
<td>Angie acknowledge the hard work of Beth Brooks executive director to move IONL back into the black after a loss last year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liabilities: $5,753.90</td>
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<td></td>
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<td>Membership revenue is behind budget, but sponsorship revenue is significantly ahead of budget. Net income: $46,281.26.</td>
<td>None</td>
</tr>
</tbody>
</table>

Committee Reports

Policy & Advocacy:  
Trish Anen  
See reports in Annual Business Meeting packets.  
Jill Roemer suggested that IONL make an appointment to visit Representative (D) Jan Schakowsky to discuss the federal nurse to patient ratio bill. Accepted.  
None.

Career Development & Support  
Mary Petersen  
See reports in Annual Business Meeting packets.  
Attendance Midwest Institute Kellogg: 29  
Attendance Mid-year: 100  
Attendance Annual: 120  
Aspiring Nurse Leader Workshop already has 8 nurse leaders registered.  
Accepted.  
None.

Member Engagement:  
Connie Yuska  
See reports in Annual Business Meeting packets. Find value add opportunities for the members such as the weekly eNews, lunch 'n' learn webinars. Membership 368. Call for each participant to recruit 1 new member. Reminded the members that there is a 10% discount for annual dues and for conferences for 3 or more from the same organization. Announced that it will be very easy to join the organization at the Aspiring Nurse Leader w/s.  
Accepted.  
None.

Bylaws:  
Kim Landers  
See reports in Annual Business Meeting packets  
Accepted.  
None.
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<tr>
<td><strong>Region Reports</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1A</td>
<td>No report.</td>
<td></td>
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<tr>
<td>1B</td>
<td>Reported on the region’s meeting schedule and the speakers/topics. 1B enjoys good attendance.</td>
<td>Accepted.</td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>See reports in Annual Business Meeting packets</td>
<td>Accepted.</td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>See reports in Annual Business Meeting packets</td>
<td>Accepted.</td>
<td></td>
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<tr>
<td>3A</td>
<td>See reports in Annual Business Meeting packets</td>
<td>Accepted.</td>
<td></td>
</tr>
<tr>
<td>3B</td>
<td>See reports in Annual Business Meeting packets</td>
<td>Accepted.</td>
<td></td>
</tr>
<tr>
<td>4/5</td>
<td>See reports in Annual Business Meeting packets</td>
<td>Accepted.</td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted,

Beth A. Brooks, PhD, RN, FACHE  
Executive Director
Date: 8/23/11

Committee/Region: Region 1A

Goals and Accomplishments: 1) Increase Region 1A membership and participation in IONL activities. 2) Plan and present one CEU event which is well attended by Region 1A members and guests.

Summary: Region 1A membership has grown from 11 members in 2010 to 27 members in 2011. Two invitations were sent to area Nurses to attend the educational luncheon sessions IONL sponsors. In response to these offerings new members have joined. In addition, a fall event is planned for the end of October or early November of this year. The CE topic is Appreciative Inquiry. Details of the event will be posted on the IONL website when confirmed.

It is a great pleasure to announce Ann Gantzer, VP of Patient Services & CNO at Swedish American Hospital, Rockford, has voiced interest in becoming the Region’s President for the 2012 calendar year. I will be transitioning the role and will continue to work closely with Ann as our Region continues to grow and develop.

Signed:
Nancy Cutler
Region 1A President
VP Patient Services & CNO
FHN Memorial Hospital
Freeport, Illinois
Date: August 19, 2011

Committee/Region: 1B

Committee Members: Denise Jackson RN, BSN Region President, Trina Hamrick RN, BSN President Elect, Julie Worden Secretary

Goals and Accomplishments:

1. Develop Leadership succession plan – Goal accomplished. Members present at the Region meeting agreed to select a President Elect. The role of Secretary was also decided. Trina Hamrick accepted the President Elect position and Julie Worden accepted the Secretary position.

2. Conduct meetings quarterly and rotate sites. Goal Accomplished. Meetings have been hosted by St. Margaret’s Health in Spring Valley, Perry Memorial Hospital in Princeton and OSF St. Mary’s in Galesburg.

3. Provide education at all region meetings. Goal met. Some of the educational programs presented included tips to take care of yourself and electronic medical record systems (EMR).

4. Increase regional member participation in quarterly meetings – In progress. Discussions held at regional meeting regarding ideas and methods to increase participation in quarterly meetings. Options discussed included utilizing webcasts; Go to Meeting functions or other electronic resources.

Summary: Region 1B continues to hold quarterly meetings. These meeting contain education, information related to happenings within IONL, Issues impacting Nursing, round table discussions and networking. The Region continues to explore methods to increase participation at regional meetings.

Signed: Denise Jackson RN, BSN
President Region 1B
Date: August 24, 2011
Committee/Region: 2A

Committee Members: Deb Davisson, President, Melinda Noonan, President – Elect, Kathy Hanson, Past President, JoAnne Carlin, Treasurer, and Carla Campbell, Secretary

Goals and Accomplishments: Provide networking and education for the nurse leaders in Region 2A.

Summary: On May 16th we hosted a dinner and educational event. The speaker, Terri Jacobsen, RN, MS, FHIMSS, presented the Metropolitan Chicago Health Information Exchange and how sharing information across hospitals will improve the quality of care patients receive. 31 members attended. Our next dinner and education event is planned for November 8th.

Signed:
Deborah S Davisson
President, Region 2A
Date: 8/9/11

Committee/Region: 3A

Committee Members: 43!

Goals and Accomplishments: All members, who were not regular meeting attendees, were contacted in January to see what they expect of the meetings. One goal is redesigning meetings so that we add value to those who do attend. We did get the meetings in Web-ex/phone in format.

Summary: Region 3A meets in the Passavant Hospital in Jacksonville, Il on the second Wednesday in Feb, April June, Sept and November. We usually have 7-10 people joining us. We do have the opportunity for people to join us by Web-ex. Programs this year have been on the Clinical Ladder New and Improved, By Donna Redding, IOM report review, and the review of our membership plan for recruitment. We did cancel one meeting this year due to weather.

Signed: Julie Smith RN MSN  IONL Region 3A President
Date: August 19, 2011

Committee/Region: Region 3B

Committee Members: Robin Gordon, President

Goals and Accomplishments:
1. Increase membership
2. Utilize telephone conferencing to increase member participation
3. Nursing Leaders will be kept informed of current events and studies focused on Nursing Leaders.
4. Nursing Leaders will be kept informed of current State of Illinois legislative issues.

Summary:
IONL Region 3B three (3) times during this past year. The Region has basically maintained its membership.

Meetings were held via telephone conference call or in person. Members were informed of IONL Board meeting information and actions. Discussion focused on information relating to the current State of Illinois legislation involving nursing, committee reports, and AONE/IONL annual events.

Members were encouraged to log onto the IONL website frequently as reminders, meetings, conference, and registration information will be on this site.

Round table discussions focused on current events happening at Region 3B hospitals.

Signed: Robin Gordon, President
Date: August 5, 2011

Committee/Region: Region 4/5

Goals and Accomplishments: Region 4/5 focused on increasing regional membership in 2011. Members decided to rotate location, day of week and time of Region 4/5 membership meetings to increase participation. Discussion at each meeting focused on current events happening at both Region 4/5 hospitals and Schools of Nursing, since both are represented. Deans and Directors, along with faculty from local nursing programs were invited to attend meetings to discuss transition of new graduate nurses. Discussion related to updates of curriculum and newly developed programs were provided, as well as transition to practice.

Signed:

Deborah Birk, PhD, RNC
President Region 4/5
Date: August 17, 2011

IONL Bylaws committee

Committee Members: Kimberly Landers
Beth Brooks

Summary: We are very pleased with the current state of our bylaws and believe they reflect the mission and functions of our organization. There have not been any changes to these bylaws in 2011.

As always, we are open to reviewing any Bylaw content that needs editing or definition.

Respectfully submitted,

Kimberly Landers, MS, RN, NEA-BC
Date: 8/24/2011

Committee/Region: Member Engagement

Committee Members:
Pamela Bigler, Beth Brooks, Carla Campbell, Pamela Eulberg, Ann Gantzer, Kathi Gehrke, Robin Gordon, Amy LaFine, Kathy Majetich, Debi Savage, Franklin Shaffer, Connie Yuska

Goals and Accomplishments:
1. Develop a resource packet for Chief Nursing Officers and other nurse leaders that include an introduction to IONL and information related to nursing laws and requirements in Illinois.
2. Institute a plan to encourage ICNR members to join and become assimilated into the membership of IONL.

Summary:
1. An orientation packet for new Chief Nursing Officers has been developed and will be given at the Annual Meeting in September. The format for the first orientation will be a discussion and presentation format in a small group setting.
2. ICNR members are encouraged to join IONL with Board approved dues in line with ICNR dues for the first year of membership only.

Signed: Connie Yuska
Date: August 26, 2011

Committee/Region: Policy & Advocacy

Committee Members: 46 Members

Goals and Accomplishments:

A. Prevent Nurse Patient Ratio Legislation

Accomplishments: No nurse patient ratio legislation was passed in Illinois in 2011, though it was proposed.

1. Support IHA legislative strategies and requests

Accomplishments: Cathy Grossi, V.P., Quality/Health Policy & Regulation, IHA, updated Policy & Advocacy Committee monthly on all legislative issues relative to all nursing policy and legislative issues. Committee members and their staff were prepared, upon request, to participate in hearings in Springfield as necessary.

2. Conduct Nursing Care Committee staff nurse survey; analyze results; develop statewide action plan

Accomplishments: IONL, in conjunction with Therese Fitzpatrick, nurse researcher from the University of Illinois at Chicago and an IONL member, conducted a survey of staff nurses on Nursing Care Committees throughout Illinois. Over 180 nurses participated in the survey. Results and recommendations will be presented at the IONL annual meeting in September.

3. Develop Nursing Care Committee staff nurse support network to share ideas, best practices, policies, etc.

Accomplishments: Nursing Care Committee support network to be developed following discussion at the annual meeting.

B. Work with IDPH and the Illinois Hospital Association (IHA) to roll out new definitions for HRCA Nurse Staffing Measures
Accomplishments: IONL members continued to work with IDPH and the Metropolitan Chicago Healthcare Council (MCHC) and IHA to revise HRCA nurse staffing definitions.

- Submission of perioperative data suspended. Revised draft definitions for Med Surg, ICU and Maternal Child currently under review by IDPH legal counsel.

C. Support statewide Transition Into Practice Task Force – Continue to assess survey results and develop plan to address

Accomplishments: IONL and MCHC Transition into Practice survey conducted in 2010 and 2011. 100 organizations participated. Provided foundation for Illinois to become one of three NCSBN sites to pilot test new NCSBN Transition model. Currently 17 hospitals in Illinois are involved in the project.

D. Keep IONL membership alerted to any legislative issues related to nursing at the federal, state and local level

Accomplishments: IONL Policy & Advocacy Committee met eight times since last annual meeting. The committee has 46 members. Typically 15-20 participate in the conference calls. The Policy & Advocacy Committee provides feedback and support to IONL Board and IHA on nursing legislative issues.

Summary: I would like to thank all members of the Policy & Advocacy Committee for their active participation on our conference calls and support of committee initiatives. Committee members promoted participation in the Staff Nurse Survey; provided feedback and recommendations based upon survey results; and assisted in revising HRCA nurse staffing definitions. Members also regularly reported about visits to and by legislators. It is a very active and successful committee.

Signed: ____________________________
Trish Anen, RN, MBA, NEA-BC
Chairperson
Get To Know Our 2011 Annual Conference Supporters…

Friend Level Support

Loyola University Chicago School of Nursing is now Accepting Applications for Two New Doctor of Nursing Practice (DNP) Program Tracks. The changing demands of the nation’s complex healthcare environment require that nurses apply the highest level of scientific knowledge to assure effective, efficient, safe, and high-quality patient outcomes. Loyola has expanded its practice-focused doctoral program to include two new tracks, funded by the Health Resources and Services Administration (HRSA). The first, which prepares nurse leaders in the specialty area of quality and safety or healthcare informatics (H-QUEST) is a post-masters DNP, and the second is in the specialty area of infection prevention (PIPES) and is a BSN to DNP but also accepts nurses who are masters prepared as infection preventionists or in another field of nursing. DNP graduates are well positioned for professional advancement as expert practitioners, clinical faculty and system-wide leaders. The DNP is designed as a two-year, post-masters program for advanced practice nurses and is offered primarily online with biannual intensive campus-based seminars. For more information, contact our Enrollment Advisor, Amy Weatherford at aweatherford@luc.edu or 708/216-3751.

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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 four (4) classifications of membership; full, honorary, affiliate and graduate student.

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. 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.
3. Dues for affiliate members will be established as a portion of full member dues at the lower rate.

D. Graduate Student Membership.

1. Full- or part-time master’s degree students in nursing administration, nursing/health systems management, health administration, public health, business administration, or health policy.
2. Full-time student in a doctoral program. A letter from the dean of the applicant’s school or college confirming full-time [a minimum of 12 credits] student status is required.
3. IONL recognizes a graduate student as someone from an accredited college/university/institution.

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 regions 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. REGIONS

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 regions or the consolidation of existing regions 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 Region Presidents;
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.
4. Chair the Audit 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 and the four (4) members’ terms are staggered so each year two (2) members are elected. 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 organization 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, officer, staff member or contractor competes or appears to compete with the interests of the Corporation. If any such conflict of interest 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, employee 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 by-laws and any special rules of order IONL may adopt.

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

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 March 25, 2010
Revised and Approved August 12, 2009
Revised September 29, 2006
Approved October 27, 1995
These Administrative Policies are Established
Pursuant, and are Subordinate to the
Bylaws of the Illinois Organization of Nurse Leaders

I. MEMBERSHIP.
   A. 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. Unrenewed former members may re-apply for membership at any time.

II. DUES.
   A. Payment of annual dues is made with a credit card or check or addressed to “Illinois Organization of Nurse Leaders” accompanying the IONL Membership Application 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.
   A. 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 sixty (60) days prior to the Annual Business Session.
   B. Elections. Election of officers shall be conducted by mail. A ballot listing the names of candidates, 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 envelope 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. Procedures for email ballots may be established by the Board of Directors.

C. Elections. Procedure for email voting. Election of officers may be conducted via email. The name of the candidates, together with a professional biographical sketch and personal statement from each candidate, shall be emailed by the headquarters office to each voting member. The email message will contain an area for the member to cast their vote. The return deadline will be posted on the bottom of the email as having sent date no less than twenty (20) days after the emailing date. Return ballots with later dates 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 or email to the Board of Directors and the membership within 2 weeks.

D. Tabulation of Results. The vote shall be tabulated and a written report shall be given to the IONL membership 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 expenses 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) working 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 registration 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 approved 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 coach, 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 Conference Expenses.

E. 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. FEE FOR BUSINESS SESSIONS.

A. The registration fee for the Annual Business meeting is 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 headquarters.

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 by the Board of Directors at any regular or special meeting of the Board.

X VOTING ON ISSUES

A. Voting on Issues. Full members are entitled to vote for the officers, directors and nominating committee members as provided in the organization’s bylaws. In addition, the Board of Directors may bring other matters before the Full Members for vote at regularly scheduled business meetings, or in writing between meetings. When bringing matters before the Full Members between meetings, 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, however, procedures for email ballots may be established by the Board. 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.
B. Procedure for email voting. Voting on issues may be conducted via email. The proposal with background information shall be emailed by the headquarters office to each voting member. The email message will contain an area for the member to cast their vote. The return deadline will be posted on the bottom of the email as having sent date no less than twenty (20) days after the emailing date. Return ballots with later dates 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 or email to the Board of Directors and the membership within two weeks.

XI. FINANCIAL ADMINISTRATION

A. Audit Committee. The Audit Committee of the Board of Directors shall be comprised of four (4) full members, two (2) of whom must be members of the Board of Directors and two (2) of whom must be a full member currently not serving on the Board of Directors.

1. Role. TheAudit Committee is responsible for appointing and supervising external auditors, serving as a liaison between management, the Board and the independent auditor and supervising the internal financial controls.

2. Appointment. The Board of Directors shall appoint two (2) full members to the Audit Committee each year.

3. Term Limits. Members of the Audit Committee can serve for two (2) consecutive years at which time the term ends. A full member can be reappointed to the Audit Committee after a three (3) year absence from the Audit Committee.

4. Meetings. The Audit Committee shall meet no fewer than two (2) times per year. One meeting per year must be face-to-face.

5. Reporting. Annually the Audit Committee must present the independent audit to the full Board of Directors.

B. Un-budgeted Expenditures. The Executive Director may approve un-budgeted expenditures of $500 or less. For un-budgeted expenditures over $500 the Executive Director must seek and obtain the approval of two (2) other Officers. Un-budgeted expenditures of $5,000 or more require full Board approval.

XII. RECORD RETENTION

Whether in electronic or paper form the following describes IONL’s record retention schedule.

A. Corporate/Organizational Records including articles of incorporation, bylaws and policies and procedures will be stored in a corporate record book and remain on file permanently.

1. Tax-exemption documents including application for tax exemption (IRS Form 1023), IRS determination letter and related documents will be stored in a corporate record book and remain on file permanently in IONL’s headquarters. Said documents will be made available for public inspection upon request.

2. Board meeting minutes, agendas and related documents will be stored in a corporate record book on a yearly basis and remain on file permanently.

B. Financial Records including the Treasurer’s yearend financial report will be stored in a corporate record book and remain on file permanently.

1. Periodic Treasurer Reports will be compiled on a yearly basis, stored with other financial records and retained for a period of three (3) years. After three (3) years the records should be destroyed.
2. Bank statements, cancelled checks, check registers, investment statements and related documents will be compiled on a yearly basis, stored with other financial records and retained for a period of seven (7) years. After seven (7) years the records should be destroyed.

3. Pursuant to Federal law, annual information returns (IRS 990) will be retained in IONL’s headquarters, stored with financial records, and be made available for public inspection upon request for a period of three (3) years. After seven (7) years the records should be destroyed.

C. Human Resource Records including employee files will be retained for three (3) years after termination.

XIII. REGIONS

Each region of IONL is organized and operated to (1) recommend policies within the area of its interest to the Board of Directors of the Illinois Organization of Nurse Leaders; and (2) develop and conduct programs and activities relevant to its interests and resources.

Regions are encouraged to bring recommendations to the Board of Directors of the Illinois Organization of Nurse Leaders for review and action.

A. Membership

1. Region Membership. Membership in the state organization, IONL, includes membership in the Region in which the member lives or is employed.

B. Dues

1. Region allocations. IONL allocates funds to each region for the conduct of Region activities.

C. Meetings

1. Regular Meetings. Each Region shall hold regularly scheduled meetings for the transaction of affairs of the Region. The time and place of the meetings shall be designated by the Region President.

2. Special Meetings. Special meetings may be called by the Region President.

D. Officers

1. Each Region shall determine the officer(s) it shall elect, provided, however, that each Region shall elect at a minimum a President to preside over the activities of the Region and serve as the Region’s representative on the IONL Board of Directors. It is recommended that Regions have a President and President-Elect.

2. Term of Office. Each Region may determine the term of office for its officers. Generally terms of office shall be for one or two years.

3. Election Process. Each Region may determine specific procedures for electing its officers. Following IONL election procedures can be a guideline.

E. Vacancies. The president-elect assumes responsibility if the presidency is vacant.
F. Duties. Each Region may determine the specific duties of its officers. Common duties for each office include:

1. President. The president shall appoint committee chairpersons that reflect the broad interest groups and geographic distribution of the Region and the president shall call special meetings when appropriate.

2. President-Elect. The president-elect shall, in the absence or incapacity of the president, perform all duties and assume all responsibilities of the president. Collaborate with IONL’s treasurer to determine the region’s budget.

G. Committees

1 – Standing Committees
The president shall annually, at its first meeting of the year, designate Committees as deemed necessary for the business and activities of the Region, and shall define the functions of such Committees. The president shall annually appoint the Committee chairpersons. All Committees shall submit annual reports and such interim reports as may be requested by the president.

2 – Special Committees
Special Committees may be appointed by the president for special projects. Special Committees shall submit interim written reports of their activities to the president, if requested, and upon completion of the project shall present a final written report with conclusions and recommendations.

XIV. Conflict of Interest

A. Existence of Conflict, Disclosure
Directors, officers, employees and contractors of Illinois Organization of Nurse Leaders (IONL) 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 IONL. A conflict of interest may exist when the direct, personal, financial or other interest(s) of any director, officer, staff member or contractor competes or appears to compete with the interests of the IONL. If any such conflict of interest 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.

B. 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.

C. 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.

D. Annual Review
A copy of this conflict of interest statement shall be furnished to each director or officer, employee and/or contractor who is presently serving the IONL, or who hereafter becomes associated
with the IONL. 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.

E. Periodic Reviews
To ensure the IONL operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm’s length bargaining. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization’s written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

F. Use of Outside Experts
When conducting the periodic reviews as provided for above, the IONL may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Revised and Adopted March 25, 2010
Revised and Adopted September 17, 2009
Revised and Adopted August 12, 2009
Revised October 28, 2004
Revised October 23, 2003
Revised October 24, 2002
Adopted October 24, 1996
APPLICATION FOR NURSING LEADERSHIP PROJECT/RESEARCH GRANT

The Illinois Organization of Nurse Leaders awards funding to IONL members and graduate student (master’s and doctoral) members who are conducting graduate or doctoral projects or research in an area of interest important to nurse leaders, as well as other investigators supporting the research needs of IONL. Accepted proposals will be awarded up to a maximum of $1,500 per year. Grant applications seeking support from IONL will be received on a rolling basis until the annual funding has been depleted.

CRITERIA FOR SELECTION OF AWARD RECIPIENTS

1. The project/research must be relevant to nursing leadership or IONL’s program of research.
2. The principal investigator must be a member in good standing of IONL, hold an Illinois nursing or advanced practice nursing license and be a resident of or employed in Illinois.

PROCEDURE

1. Include a brief description of the proposed project/research (5 pages maximum - proposals of more than 5 pages will not be reviewed). A required format is included.
2. If the applicant is a graduate or doctoral student, a letter of support from the project/research advisor should be sent directly to the Executive Director of IONL.
3. Attach current curriculum vitae or resume.
4. Attach all data collection tools.
5. Applications may be emailed to IONL at any time during the funding year. However, applications will not be considered once the annual fund of $1500 has been depleted.
6. Submit completed applications to: execdir@ionl.org

INSTRUCTIONS FOR AWARD APPLICANTS AND RECIPIENTS

1. IONL only supports direct cost e.g., postage, data entry, statistical analysis, photocopying costs, etc. Indirect costs such as mileage are not supported.
2. IONL prefers to fund new research or original projects that have not been implemented and has not been previously funded.
3. The monetary award will be made to the applicant.
4. Funds awarded must be spent within 12 months of notification. A final abstract and financial reports are due within 60 days of the completion of the project/research or 12 month period (whichever occurs first). Funds not spent must be returned to IONL.
5. For research involving human subjects, verification of approval by an Institutional Review Board (IRB) for the Protection of Human Subjects must accompany the application.
6. Grant recipients may be asked to provide a poster, webinar or lecture presentation to the members of IONL.
7. Any publications or presentations resulting from the research must acknowledge IONL with the disclosure: “Funded in part by the Illinois Organization of Nurse Leaders.”

**EIGHT REQUIRED COMPONENTS FOR PROJECT/RESEARCH PROPOSALS**

(Proposals that do not address all 8 components below will be returned)

1. **Statement of Problem:** State the purpose of the project and the (research) question(s). Be concise. Include assumptions underlying the project/study and the significance to nursing leadership.
2. **Background, Purpose, and Significance of the Study:** Give a brief overview indicating the nature of the issue/problem and why you chose to investigate it.
3. **Review of the Literature:** Include a brief overview of the literature, indicating the present status of knowledge and research in the area to be investigated. If appropriate, provide the theoretical/conceptual framework from which the study is organized. Include hypotheses to be tested, if appropriate.
4. **Method:** Include subjects, setting, data collection and analysis plan. Projects proposals should adapt these methodology components to describe the project methods.
5. **Protection of Human Subjects:** Describe precautions to be taken to safeguard the rights and welfare of human subjects who may be involved.
6. **Budget:** Submit a proposed budget and specify the amount being requested.
7. **Timetable:** For completion of the project.
8. **References.**

**APPLICANT CHECK LIST**

Please include all components with your project/research proposal

- Description of Project/Research Proposal (5 pages maximum – please refer to the Eight Required Components for Project/Research Proposal)
- Statement of Problem
- Background, Purpose and Significance of the Study
- Review of the Literature
- Method
- Protection of Human Subjects (if applicable)
- Budget
- Timetable
- References
- Letter of support from the research advisor if currently a student
- Copy of IRB approval (if applicable)
- Current CV or resume
- All data collection tools
- Signed contact form (see below)
CONTACT FORM

Print Name: __________________________________________

Home Address: ________________________________________

Day Phone: _____________________________________________

Evening Phone: _________________________________________

Email Address: _________________________________________

Name of Current Employer: ________________________________

Current Position: _________________________________________

Name of College: _________________________________________

Current Degrees (earned): _________________________________

Are you a current IONL member? ____ NO _____ YES
(If “yes” how long have you been a member? _____ (in years)

List other funding sources for this research and amount granted:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If awarded research grant funds from IONL, I agree to submit a final abstract and financial report within 60 days of the project/research completion or within 12 months of original award notification (whichever occurs first) to IONL. I understand I may be invited to share my project/research with the members of IONL through a webinar, poster or podium presentation. I agree that any publications or presentations resulting from the research must acknowledge IONL. “Funded in part by the Illinois Organization of Nurse Leaders.”

Signed: ___________________________________________________________________

Dated: __________________________________
IONL 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.
2012 WILLINGNESS-TO-SERVE FORM

IONL activities are supported through the voluntary efforts of our membership. The broader the base of member involvement, the more representative IONL can be. The purpose of this form is to provide IONL members with an opportunity to volunteer their time and talent to serve the organization on a committee or task force. IONL provides administrative support to each volunteer group as well as reimbursement for any travel-related expenses. All conference calls are conducted via a toll-free call-in service at no expense to committee members. This form may be downloaded as an MS Word document from the IONL web site at www.ionl.org

Name _____________________________________________Title __________________________
Organization ______________________________________________________________________
Preferred Address _________________________________________________________________

Is this address at home or the office?   ___home   ____office

Preferred Phone _____________________________   ___home   ___ office

Preferred E-Mail Address _____________________________   ___home   ___ office

Note: Most correspondence with committees is via email, so the email address is very important.

Member of AONE  ☐ Yes  ☐ No

Please indicate your first (1), second (2) and third (3) choices for volunteer assignments. We will make every effort to assign you to your first choice.

☐ Bylaws Committee    ☐ Career Development & Support Committee
☐ Policy & Advocacy    ☐ Member Engagement
☐ Audit Committee      ☐ Nominating Committee

Please describe your past volunteer involvement in IONL (e.g., past committee assignments, elected positions, affiliated local group involvement).

Please describe your past volunteer involvement in other state or national nursing or health care organizations.

Please tell us about any additional experience you have that would assist us in matching you to an activity. (This may include publications, research activities, or specific skills or achievements.)

If selected, I agree to honor all responsibilities and attend all scheduled meetings to the best of my ability.

__________________________________________________  __________________________
Signature                                               Date

Please send your completed form to the IONL office. Fax: 630-563-9181 or email info@ionl.org
Regions of the Illinois Hospital Association and cities with members

Illinois Hospital Association
1151 East Warrenville Road
P.O. Box 3015
Naperville, Illinois 60566
630.276.5400

Springfield Office
700 South Second Street
Springfield, Illinois 62704
217.541.1150
Region 1A
FHN
Freeport Healthcare Network
Katherine Shaw Bethea Hospital
Kish Health System
Morrison Community Hospital
OSF St. Anthony Medical Center
Rochelle Community Hospital
Swedish American Health System

Region 1B
Alere, Inc
Genesis Medical center – Illini Campus
Graham Hospital
Hammond-Henry Hospital
ICAHN
Illinois Valley Community Hospital
Kewanee Hospital
McDonough District Hospital
Mendota Community Hospital
Methodist Medical Center of Illinois
OSF Holy Family Medical Center
OSF St. Mary Medical Center
Ottawa Regional Hospital & Healthcare Center
Pekin Hospital
Perry Memorial Hospital
St. Margaret’s Hospital
St. Mary’s Hospital
Trinity Medical Center
Trinity Regional Health System

Region 2A
Adventist Hinsdale Hospital
Advocate Christ Medical Center
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
API Healthcare
B.E. Smith
Bright Star Care
Cannon Design
Center for Nursing
Chamberlain College of Nursing
Children’s Memorial Hospital
Classic Residence by Hyatt
Edward Hospital
Gallup Consulting
Gottlieb Memorial Hospital
Healthcare Personnel, Inc.
Herman Miller Healthcare
Holy Cross Hospital
Illinois Nurses Association
John H. Stroger, Jr. Hospital
Joint Commission Resources, Inc.
Kindred Healthcare
Little Company of Mary Hospital
Loyola University Medical Center
MacNeal Hospital
Maryville Academy’s Scott Nolan Hospital
Medline Industries
Mercy Hospital & Medical Center
Metropolitan Chicago Healthcare Council
Mount Sinai Hospital
NCSBN
NorthShore University HealthSystem
Northwestern Memorial Hospital
University of Chicago Medical Center
Region 2B
Adventist Midwest Health
Advocate Good Samaritan Hospital
Applied Leadership Concepts, Inc.
Aurora University
Centegra Health System
Central DuPage Hospital
Delnor Community Hospital
Elmhurst Memorial Hospital
Genesis Medical Center
Good Shepherd Hospital
Halligan-Lynch Healthcare Consulting
Illinois Hospital Association
Joint Commission
Krier Co., Inc.
Loyola University Health System
Mercy Harvard Hospital
Midwest Medical Group
Morris Hospital
North Chicago VA Medical Center
Northwest Community Hospital
Northwest Community Hospital Home Care
Northwestern Lake Forest Hospital
Provena St. Joseph Hospital
Residential Home Health Illinois
Sg2
Sherman Hospital
St. Alexis Medical Center
U of I College of Nursing Institute for Health Care Innovation

Region 2C
Access Community Health Network
Association of Psychiatric Nurses
Echo Consulting Group
Lewis University
Morris Hospital
Provena St. Mary’s Hospital
Riverside HealthCare
Riverside Medical Center
Silver Cross Hospital
St. James Hospital & Health Centers
The Nash Group

Region 3A
Blessing Hospital
Blessing-Riemon College of Nursing
Greenville Regional Hospital
Illini Community Hospital
Jersey Community Hospital
MacMurray College
Mason District Hospital
McDonough District Hospital
Memorial Health System
Memorial Medical Center
Passavant Area Hospital
St. John’s Hospital
Taylorville Memorial Hospital

Region 3B
Advocate BroMenn Medical Center
Carle Foundation Hospital
Decatur Memorial Hospital
Elsevier
Heartland Community College
IL State University – College of Nursing
Iroquois Memorial Hospital
OSF St. James John W. Albrect Medical Center
OSF St. Joseph Medical Center
Paris Community Hospital
Sarah Bush Lincoln Health Center
University of Illinois
VA Illiana Healthcare System

Regions 4&5
Alton Memorial Hospital
Anderson Hospital
Belleville Memorial Hospital
Community Memorial Hospital
Fayette County Hospital
Gateway Regional Medical Center
Kenneth Hall Regional Hospital
McKendree University
Memorial Hospital
Richland Memorial Hospital
Salem Township Hospital
Regions 4&5 Cont’d.
Southern Illinois University School of Nursing
Southern Illinois Healthcare
Southwestern Illinois College
St. Elizabeth’s Hospital
St. Anthony’s Heath center
St. Joseph’s Hospital
St. Margaret’s Hospital
Touchette Regional Hospital
Wabash General Hospital
Washington County Hospital

Out of State
Center for Nursing
CGFNS International
Noyes & Associates, Ttd.
Sigma Theta Tau International
The Methodist Hospitals
Illinois Organization of Nurse Leaders
Annual Membership Form
Through December 31, 2012

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       ☐ Graduate Student
AONE Member? ☐ Yes       ☐ No

Advanced Education:
☐ MS/MSN       ☐ MBA/MHA       ☐ MA       ☐ Doctorate
☐ Other____________________

Basic Nursing Education:
☐ Diploma       ☐ Associate Degree       ☐ Baccalaureate

Certification:
☐ CENP (AONE)       ☐ CNML (AONE)       ☐ NE-BC (ANCC)
☐ NEA-BC (ANCC)       ☐ Other____________________

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

Member Dues:       Dues are $100 if your salary is up to $80,000/year
Dues for Graduate Students are $50/year
Dues are $200 if your salary is over $80,000/year
First year dues for ICNR Members are $80/year

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 111, Elmhurst, IL 60126
IONL Thanks the Following Organizations for Supporting the 2011 Annual Conference

Gold Level Support:
Chamberlain College of Nursing

Silver Level Support:
Resurrection Health Care & Resurrection University

Bronze Level Support:
Herman Miller
Northwest Community Hospital
Weiss Memorial Hospital

Friend Level Support:
Agile Healthcare
CareFusion
Chinook Acoustics, Inc.
DaVita Hospital Services
Elsevier
Grand Canyon University
Loyola University Chicago School of Nursing
Mindray
ScanAm
Sigma Theta Tau International
St. Francis University
Wieland
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: Tuesday, November 1, 2011 to Thursday, November 3, 2011 in Chicago, 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.

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Aspiring Nurse Leader Workshop

Tuesday, November 8, 2011 • 9:30 am - 2:15 pm
Elmhurst Memorial Healthcare, Elmhurst

Thursday, November 10, 2011 • 9:30 am - 2:15 pm
Carle Foundation Hospital, Urbana

Illinois Organization of Nurse Leaders
An affiliate of the American Organization of Nurse Executives

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