IONL Annual Conference
September 25-26, 2014
Hilton Lisle-Naperville Hotel
3003 Corporate West Drive
Lisle, Illinois 60532
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IONL 2014 Annual Conference
“The Broadening Boundaries of Healthcare Delivery”

Program Overview:
Health care delivery has begun to change significantly. Traditional ways of doing business are quickly going out the window. New and innovative programs abound. As the environment changes, nurse leaders are highly involved and serve as visionaries in the process.

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

Learning Objectives:
Upon completion of this program, participants will be able to:
1. Employ the principles of persuasion
2. List the nurse leaders role in substance abuse reporting to recovery
3. Discuss the changing healthcare concepts from volume to value
4. Outline the experience of nurses serving in the boardroom
5. Contrast the role of the nurse leader along the continuum of care
6. Recognize how the nurses role in ambulatory care is expanding
7. Translate the responsibility of the nurse leader from CNO to CEO
8. Describe telepsychiatry and access to behavioral health care

CE Credit Information:
To obtain Nursing CE credit (contact hours), please follow the steps below:
1. Sign in at the registration desk
2. Attend CE sessions
3. After the conference, a link will be available to you to evaluate the conference
4. Complete the survey and a certificate will be emailed to you within 2-3 weeks
5. Note” The survey will close on October 10th.

Conference Agenda
Thursday, September 25th

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| 11:30am – 1:30pm | **Special Pre-Conference Seminar!**  
                      “Essential Resources for the Illinois Nurse Leader”  
                      Provides resources for nurse leaders to learn about the requirements for nursing practice and care delivery in Illinois. Provides IONL resources.  
                      Intended Audience: Nurse executives new to Illinois (CNO, VP, director, manager, faculty) or newly appointed nurse leaders. IONL members and non-members are welcome. |
| 1:30pm – 2:00pm  | Conference Registration |
2:00pm – 2:30pm  Welcome and Opening Remarks

2:30pm – 4:00pm  Opening Keynote Address
“The Principles of Persuasion”
Scott Palmer- Artistic Director, Bag & Baggage Productions
In today’s health care environment, it is crucial that nurses and nurse leaders gain a greater degree of influence on health systems, administrators and policy makers. In this workshop, participants will learn both basic and advanced strategies of persuasion, including the key process of defining the value and importance of nurses and nursing in the broader health care system.

4:00pm – 6:00pm  “Reporting to Recovery: Healthcare’s Obligation”
Laura Ferriro- Vice President of Patient Care Services and Chief Nurse Executive for RIC
Kathy Angus- APN specializing in the treatment of healthcare professionals
Lois Halstead- Member of the Board of Nursing for the State of Illinois
Janet Pickett- Case Manager, Illinois Professionals Health Program
Julio Santiago- Chairperson, Illinois Board of Nursing

Learn your responsibilities as a nurse leader from reporting to recovery.

6:00pm – 7:00pm  Cocktail Reception Networking & Exhibit Hall

Friday, September 26th

7:00am – 7:30am  Registration Open

7:30am – 7:45am  Welcome

7:45am – 8:45am  “The Volume to Value Journey”
Barbara Caspers, MS, BSN, RN- Healthcare Management Consultant
This presentation describes three waves on the volume to value journey and discusses the necessary competencies to redefine healthcare value and to support strategic decision making and agility.

8:45am – 9:45am  “Nursing Leadership in the Boardroom”
Margaret Henbest MSN, RN, CPNP- Executive Director, Nurse Leaders of Idaho
Identify core responsibilities and competencies for an effective board member. Hear first-hand stories of board service.

9:45am – 10:15am  Networking Coffee Break & Exhibit Hall
<table>
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<th>Time</th>
<th>Event Description</th>
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<tr>
<td>10:15am – 11:15am</td>
<td>“To be Continued: Looking at the Evolving Roles of Nursing Leadership along the Continuum”</td>
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<td>Pam Eulberg, Moderator- VP Compliance &amp; Quality, Residential Home Health &amp; ery Hospice</td>
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<td>Joanne Carlin- VP of Clinical Risk Services, Willis of Illinois</td>
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<td>Cheri McEssy- Owner &amp;CNO, BrightStar Care</td>
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<td>Carolyn Peterson- Director of Hospice Services, Residential Hospice</td>
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<td>Jill Rogers- Vice President, Resident Care, Vi Living, Chicago, IL</td>
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<td>Hear the methods these nurse leaders used to transition from leading in an acute care setting to a non-acute care setting.</td>
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<td>11:15am – 12:15pm</td>
<td>“The Rapidly Shifting Paradigm: The Emergence of Ambulatory Nursing”</td>
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<td>Rachel Start MSN, RN- Magnet Program Director, Rush Oak Park Hospital</td>
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<td>Sheila Haas PhD, RN, FAAN- Professor, Niehoff School of Nursing, Loyola University Chicago</td>
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<td>Learn initiatives aimed at equipping and advancing the role of the nurse in the ambulatory setting and meet key necessary gaps in healthcare system.</td>
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<td>12:15pm – 1:00pm</td>
<td>Lunch: Regional Seating</td>
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<td>1:00pm – 1:30pm</td>
<td>Annual Business Meeting</td>
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<td>1:30pm – 2:30pm</td>
<td>&quot;From CNO to CEO: A Change in Perspective&quot;</td>
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<td>Trish Aten, Moderator- VP, Clinical Services, Metropolitan Chicago Healthcare Council</td>
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<td>Mike Brown- Regional President and CEO of Presence Health Fox River Valley Region</td>
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<td>Paula Carynski- President OSF St. Anthony Hospital</td>
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<td>Lori Pacura- Holy Cross Hospital President, Sinai Health System</td>
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<td>Richelle Rennegarbe- CEO of Salem Township Hospital in Salem, IL from 2003-2009.</td>
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<td>The career path from CNO to CEO will be discussed. Also hear what these top leaders want you to know about healthcare from their perspective.</td>
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<td>2:30pm – 2:45pm</td>
<td>Break</td>
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<tr>
<td>2:45pm – 3:45pm</td>
<td>“Telepsychiatry: Transforming Access to Behavioral Health Care”</td>
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<td>James R. Varrell, M.D., &amp; Scott Baker- InSight Telepsychiatry</td>
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<td>Telepsychiatry is being increasingly utilized as part of the solution to the management of behavioral health patients both in the ED and across the continuum of care</td>
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<tr>
<td>3:45pm – 4:00pm</td>
<td>Closing Remarks</td>
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**9.5 to 11.5 Contact Hours will be awarded for this event**

Criteria for successful completion include:

- Attendance of the entire event and submission of a completed evaluation form.
- The planning committee members and presenter have declared no conflict of interest.
- The presenter has agreed to present information fairly and without bias.
- This program has not received commercial support.

Illinois Organization of Nurse Leaders (OH-365, 4/4/2015) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
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Olivet Nazarene University is a Christian liberal arts university located in the village of Bourbonnais, Illinois, United States. Named for Olivet, Illinois, ONU was originally established as a grammar school in east-central Illinois in 1907.

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TRISH ANEN, RN, MBA, NEA-BC
Vice President, Clinical Services
Metropolitan Chicago Healthcare Council

Trish currently is Vice President for Clinical Services for the Metropolitan Chicago Healthcare Council (MCHC). MCHC is a membership and service association comprising more than 170 hospitals and health care organizations working together to improve the delivery of health care services in the area since 1935. Trish is responsible for executive oversight of all Clinical and Emergency Preparedness services; the Illinois Poison Center; Patient Financial Services; and the Center for Advancing Provider Practices (CAP2), a national collaborative developed by MCHC and the University HealthSystem Consortium (UHC) to help enhance provider teams’ performance through effective integration of advanced practice registered nurses (APRNs) and physician assistants (PAs).

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 Hospital received Magnet status, and five years as the Vice President, Clinical Operations and Human Resources, for Rush Copley Medical Center in Aurora, Illinois.

Trish 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 also a fellow of the Wharton School of Business, Johnson & Johnson Nurse Executive Program, University of Pennsylvania, and is board certified as a Nurse Executive Advanced. She currently serves on the Board of Directors of Rush-Copley Medical Center, Aurora, IL; Westlake Hospital, Melrose Park, IL; and West Suburban Medical Center, Oak Park, IL; the Advisory Boards for Loyola College of Nursing, St. Xavier’s College of Nursing, and Gannett Healthcare Group; and the Rush University Medical Center Physician Assistant Program Advisory Committee. She is a fellow of the Institute of Medicine of Chicago. Trish is currently the President for the Illinois Organization of Nurse Leaders.

Scott Baker
New Markets Developer
InSight Telepsychiatry

Scott Baker is InSight’s new markets developer. Baker works to advocate for the appropriate use of telepsychiatry in new settings throughout the country. Baker is committed to increasing access to behavioral health care through technology and works to develop new telepsychiatry programs in areas with the greatest needs. Baker is an active participant in telemedicine advocacy, education and reform initiatives. He regularly interacts with state and local healthcare leaders and to discuss the potential of telemedicine and share best practices for establishing new programs.
Kathy Bettinardi-Angres APN, MS, RN, CADC
Psychiatric Nurse Practitioner and MAP Coordinator
Positive Sobriety Institute at Northwestern Memorial Hospital in Chicago

Kathy Angres received a BSN from Loyola University in Chicago in 1978, and began her career in Pediatric and Surgical ICU at Rush, then Trauma at Grady Hospital in Atlanta, until she entered graduate school in Psychiatric Nursing at Rush University in 1985. From this point, she has been working in the field of Psychiatry and Addiction Medicine as Director of Family Services and Assessment Coordinator with one professional’s program founded by Dr. Daniel Angres. This program has been housed at different institutions in Chicago, including Parkside, Rush and Presence over these last 30 years.

Dr. Angres and Kathy Angres recently left the program at Presence and are opening Positive Sobriety Institute on the campus of Northwestern Memorial Hospital, an exciting new program in Chicago. Kathy is coordinating the multidisciplinary assessments (MAP’s) of all healthcare professionals for the program, and continuing her work in family therapy to maintain their legacy of treating nurses and other healthcare professionals who suffer from substance use disorder and other impairments.

Michael L. Brown, BSN, MBA
Regional President & CEO
Presence Health Fox River Valley Region Hospitals

In February, 2014, Mike Brown was appointed Regional President and CEO of Presence Health Fox River Valley Region hospitals - Presence Mercy Medical Center, Aurora and Presence Saint Joseph Hospital, Elgin. He brings nearly 30 years’ experience in health care leadership, most recently serving as Regional President and CEO for Presence Health Central Illinois hospitals which include Presence United Samaritans Medical Center (Danville) and Presence Covenant Medical Center (Urbana). He joined Presence United Samaritans Medical Center in 2005 as the Chief Operating Officer/Chief Nurse Executive. In 2013, he added the oversight of Iroquois Memorial Hospital to his responsibilities in that region. He began his career as a clinician, trained as a paramedic and a registered nurse, and has held a variety of staff and management positions on both the clinical and operational sides of health care. His experiences include both domestic and international work having completed an assignment in the Middle East as part of a military medical health care project in Abu Dhabi. Recognized for his span of clinical and operational expertise and collaborative leadership style, he holds a bachelor’s degree in Nursing and earned his MBA in Organizational Leadership and Management from Franklin University in Columbus, OH.

Paula A. Carynski
President
OSF Saint Anthony Medical Center

Paula Carynski joined OSF Saint Anthony Medical Center in 1985 and became its president in July 2013 after serving as vice president of Patient Care Services and chief nursing officer since 1999. Previously, Ms. Carynski
served in many capacities at OSF Saint Anthony including director of Nursing Operations, director of Regional Heart Institute, director of Neuroscience Institute and director of Cardiovascular Services. A graduate of Saint Anthony College of Nursing and Rockford College, Ms. Carynski earned a Master’s of Science in Nursing Administration from the University of Illinois at Chicago. Her professional development includes participating in the OSF Leadership Academy where Ms. Carynski was selected as one of 10 executives within the OSF system demonstrating superior leadership characteristics and a capacity for growth. A member of the American Organization of Nurse Executives and American College of Healthcare Executives, Ms. Carynski is board certified in Nursing Administration by the American Nurses Credentialing Center and has been honored with the Distinguished Nurse Advocate Award by the Illinois Nurses Association District 3. She is actively involved in Rockford community activities, serving such organizations as Rosecrance, the Rockford Health Council and American Heart Association. In 2014 Ms. Carynski received the Business Leadership Award from the YWCA of Rockford.

Barbara Caspers, MS, BSN, RN
Healthcare Management Consultant

Barbara Caspers is an independent healthcare executive and management consultant with over 35 years of experience. Her practice is focused on healthcare strategy and operations leadership, executive nursing practice, health information technology implementation and process improvement. She has held senior positions with provider organizations across the care continuum, payers and corporate purchasers. From 2003 to January 2014 she served in a national leadership role with Denver-based Catholic Health Initiatives (CHI), a large, integrated health system, as a Senior Clinical Consultant, Performance Management, CHI’s first National Director for Nursing Research and Practice and, Vice President for Nursing Operations. In her tenure with CHI, she established the vision and led development of CHI’s nursing business intelligence database, System nursing dashboard and System research agenda. She oversaw the design and implementation of Care Value System, CHI’s point of care technology, across 14 hospitals exceeding planned savings by $2.0M at ten months post implementation resulting in savings of $4.5M from improved LOS and overtime management. These savings were realized while patient satisfaction with information at discharge (HCAHPS) increased by 1.5% to 5.3% in best practice hospital settings. Over $9.0M of total savings in OT and LOS management was validated by these hospitals through FY12. She earned a Master of Science degree in Nursing and Health Care Administration from the University of Colorado and is the recipient of the AONE 2013 Innovation in Technology Award.

Joanne Cralin, BSN, MS, RN
Vice President, Clinical Risk Services – Specialty Group
Willis of Illinois

JoAnne is the Vice President, Clinical Risk Services for Willis’ Senior Living Specialty Group. Ms. Carlin has held executive roles in Chicago based healthcare organizations for over 25 years. Prior to joining Willis she held the position of corporate nurse leader for resident care in a national senior living company for over a decade. She has extensive operations experience for oversight of nursing care and clinical services including setting standards
for delivery of care in the wellness/health service centers in Independent Living, Skilled Nursing, Assisted Living and Memory Support (dementia care) units.

JoAnne’s background includes working as a vice president in a large healthcare system in the Chicago area. Her experience in acute care included leadership responsibilities for all aspects of hospital operations, ambulatory care centers, and skilled nursing.

She has led initiatives for Medicare Certification in skilled nursing and home health and was an early adopter of electronic nursing documentation in both acute care and skilled nursing. JoAnne has significant experience in establishing Quality Assessment and Performance Improvement plans and methodology including outcome reporting. In addition to establishing policies and protocols for care venues, she has promoted innovation in organizational structures, and position descriptions. She has developed acuity systems in Assisted Living and related staffing standards.

She served on the Board of Directors for a Hospice company as the member representative for six years and on the Professional Advisory Council for Long Term Care for The Joint Commission on Accreditation of Health Systems for two terms. This council was focused on developing standards for Assisted Living and helped to differentiate between nursing home standards and expectations and Assisted Living. She is an active member of Illinois Organization of Nurse Leaders and held an officer position for one of the local chapters.

JoAnne received her initial nursing education from Truman College in Chicago, IL; she earned a Bachelor of Science degree in Nursing, with High Honors, from St. Francis College in Fort Wayne, IN, and a Master of Science degree in Nursing Administration, with Distinction, from DePaul University in Chicago, IL. She is a registered nurse and nursing home administrator in Illinois and is a Certified Professional in Healthcare Risk Management.

Pam Eulberg
Vice President of Quality and Compliance
Residential Home Health & Hospice

Pamela Eulberg is currently the Vice President of Quality and Compliance for Residential Home Health & Hospice, a regional home health and hospice company. She is responsible for the regional compliance program, and the quality and education departments. Pam has both acute care and non-acute care leadership experience. Prior to joining Residential Home Health, she was an Administrative Director at a community hospital and had a variety of departments reporting to her. In addition she was the co-director of the hospital’s Magnet program and assisted in helping the hospital obtain its initial Magnet designation and first re-designation. Pam is certified by the American Organization of Nurse Executives as a Nurse Manager and Leader as well as certification by the Health Care Compliance Association for Certification in Healthcare Compliance.
Laura Ferrio  
Vice President, Patient Care Services and Chief Nurse Executive  
Rehabilitation Institute of Chicago

Laura Leigh Ferrio began her career as a summer nurse intern at the Rehabilitation Institute of Chicago (RIC), hoping to gain practical experience and hone her clinical skills. More than twenty-nine years later, Laura is Vice President of Patient Care Services and Chief Nurse Executive for RIC, with a broad range of responsibilities that reflect the depth and breadth of her clinical, managerial and executive experience. From ensuring the quality of patient care and directing all aspects of nursing, allied health and ancillary services, Laura’s passion for her profession is evident. Through philanthropic seed funding, Laura co-founded the LIFE Center, which now houses the largest collection of patient education and consumer health resources for people with disabilities. Laura led the efforts in achieving nursing excellence as recognized by RIC being named the first Magnet rehabilitation hospital in the country. Laura has served as the clinical project executive overseeing the implementation of RIC’s new hospital information system ensuring clinical documentation is seamlessly performed at point-of-care. Most recently, Laura has been on the senior leadership team planning for the Ability Institute of RIC, a brand new rehabilitation research hospital. She has influenced decision-making in every clinical area including patient care units, therapy and research ability laboratories, and ancillary departments.

Laura takes great pride as a champion for the profession by providing an environment that supports nurses in decision making, empowers autonomous clinical practice, and mentoring colleagues with the hope they may also have long, rewarding careers. Her belief in excellence through education is demonstrated by her academic credentials, including a Bachelor of Science in Nursing degree from Northern Illinois University, certification in the specialty field of rehabilitation nursing, board certification as an advanced nurse executive, the first dual-degree graduate from Loyola University of Chicago MBA-MSN program, and completion of the Johnson & Johnson Wharton Fellowship for Nurse Executives. She has been a champion of nurses everywhere as the past president of the Illinois Organization of Nurse Executives and past president of the Illinois Coalition for Nursing Resources. Laura was also selected as the Illinois Nurse Leader of the Year by the University of Illinois College of Nursing Institute of Healthcare Innovation in 2004. Laura received a governor appointment and served 10 years on the Illinois State Board of Nursing. In addition, Laura has received the 2009 Outstanding Alumni Award for the College of Health & Human Sciences, at Northern Illinois University.

Sheila A. Haas, PhD, RN, FAAN  
Professor  
Marcella Niehoff School of Nursing at Loyola University Chicago

Sheila A. Haas, PhD, RN, FAAN, is a Professor and former Dean of the Marcella Niehoff School of Nursing at Loyola University Chicago. Dr. Haas holds a MSN from Loyola University Chicago and a doctorate from the University of Illinois at Chicago where the focus of her research was productivity, clinical ladder systems, and patient acuity systems. She is a Fellow in the American Academy of Nursing Dr. Haas developed the Nursing Administration major and the dual degree MSN/MBA at Loyola University as well as the undergraduate non-nursing Health Care Administration major. She also
holds a joint appointment to the Loyola University Chicago Graduate School of Business.

She currently teaches in the graduate program in nursing (MSN, DNP and PhD), as well as, the MBA program. She does research, publication and consulting in the areas of translational research and evidence-based practice, care coordination and transition management, clinical ladders, work redesign and evaluation, differentiated practice, and nursing intensity systems. She has facilitated development of prototypical intensity systems in several healthcare organizations. Dr. Haas’ research, done with Loyola colleagues, on the role of the nurse professional in ambulatory care has been used to delineate competencies and to help conceptualize the American Academy of Ambulatory Care Nursing (AAACN) conceptual framework and core curriculum. She is currently working on development of care coordination and transition management dimensions and competencies for ambulatory care nurses and editing the AAACN Core Curriculum for Care Coordination and Transition Management with co- editors Dr. Beth Ann Swan and Traci Haynes.

Dr. Haas has served on the Research Committees of American Academy of Ambulatory Care Nursing (AAACN) and the American Organization of Nurse Executives (AONE). She also served as an AAACN Board member and President and she is past President of the National Federation of Specialty Nursing Organizations where she collaborated with the Board of the Nursing Organization Liaison Forum of ANA to design an innovative organization to represent the common goals and needs of specialty nursing. In 2009, Dr. Haas was recognized as the Illinois Outstanding Nurse Leader. Currently, Dr. Haas writes a Health Care Reform column for AAACN’s Viewpoint, is an appointed member of the ANA Care Coordination Quality Measures Steering Committee and serves on the American Nurses Credentialing Center (ANCC) Board of Directors and Treasurer, the Nursing Spectrum Regional Board, and the Nursing Economics Editorial Board.

Lois Halstead, PhD, RN  
Vice Provost and Vice President, University Affairs  
Rush University Medical Center  

Lois Halstead PhD, RN has been involved in health professions education and practice for more 35 years. She has been at Rush University Medical Center in Chicago since 1984 in a variety of positions, including Associate Dean and Acting Dean, College of Nursing. During her time at Rush, she has facilitated the development and implementation of two online doctoral programs, a new Doctor of Nursing Practice curriculum, an accelerated baccalaureate program and one of the first interdisciplinary training programs at Rush. She is presently the Vice Provost and Vice President, University Affairs. In this capacity she serves as chief operating officer for the University with overall accountability for the operations of Rush University, which includes the four colleges of the University, university services and facilities. She has reorganized student recruitment processes; emergency preparedness processes for the University and oversees accreditation procedures, strategic planning, faculty development and university diversity efforts. In addition, she has facilitated the implementation of the student information system and the student learning system. She is a member of the Board of Nursing for the State of Illinois and serves as a peer reviewer for the Higher Learning Commission.
Margaret Henbest, MSN, RN, CPNP
Executive Director
Nurse Leaders of Idaho

Margaret is the Executive Director of the Nurse Leaders of Idaho, and the co-lead of the Idaho Nursing Action Coalition. In addition to her work as a Pediatric Nurse Practitioner, has been involved both professionally and as an elected official in advocating for the health care needs of Idahoans. Margaret was first elected to the Idaho House of Representatives in 1996, and until she did not seek re-election in 2008, she worked to address the needs of the uninsured and the underinsured, and to improve the safety, quality and affordability of the care citizens receive. She serves on a variety of local and regional boards, and recently has been appointed by the Governor to a four year term on the Idaho Health Insurance Exchange Board. Margaret earned her bachelor’s degree in nursing from Oregon Health Sciences University and her master’s degree from California State University, Long Beach.

Cheri McEssy
Owner and Chief Nursing Officer
BrightStar Care

Cheri McEssy is the Owner and Chief Nursing Officer of BrightStar Care® of Chicago and Berwyn. She obtained her BSN from Marquette University and has spent her clinical career in Critical Care medicine, focusing on Evidence Based Practice and chairing the Protocol and Procedure Committee which defined those clinical best practices. McEssy is from the Chicago area and is actively involved in the community, most notably having participated in numerous medical mission trips with local organizations to the Andes Mountains in Bolivia, South America. McEssy joined the BrightStar Care family in 2007, opening her first office in Oak Brook, IL. She is currently the elected Chair of the Franchise Advisory Council (FAC) at BrightStar Care. McEssy is an active member of many professional groups including Illinois Organization of Nursing Leaders (IONL), Athena International, Women Presidents’ Organization (WPO), National Private Duty Association (NPDA), Case Management Society of America (CMSA) and Chicago Health Executives Forum (CHEF). McEssy also has been credentialed as a Certified Senior Advisor (CSA).

Lori Pacura, BSN, MSN, NEA-BC
President
Holy Cross Hospital

Lori has over 35 years of nursing leadership experience with a growing span of control, in acute care teaching hospitals. After 20 years in psychiatry at Christ Hospital, her leadership expanded to a more global operations perspective including education, case management, HIM, home care, quality, risk, regulatory, medical staff management and pastoral care before moving into the CNE position. She attained valuable experience leading the nursing defense against a large nursing union campaign for Sinai Health System,
culminating in a role as CNO for Sinai Health System. For the last 15 months she has been hospital president at Holy Cross Hospital in Chicago, drawing upon her diverse operations experience to lead with confidence; while using personal strengths in active listening, collaboration, caregiver development and mentoring to be successful in a changing healthcare environment.

Lori has a Diploma degree in Nursing from Evangelical School of Nursing, a Bachelor’s degree in Nursing and Psychology from Elmhurst College and a Master’s degree in Nursing from Saint Xavier University. Additionally she attained NEA-BC certification from ANCC.

Scott Palmer  
Artistic Director  
Bag & Baggage Productions

Scott Palmer has been involved in strategic communications work for the past 25 years, including work as the Communications Director for the Oregon Nurses Association, Communications Director for the National Federation of Nurses and as a presenter for the Northwest Organization of Nurse Executives. Scott has a BS from the University of Oregon in Speech Communication, an MAIS from Oregon State University in Speech Communication and Political Science and studied for his PhD in the Theatre, Film and Television program at the University of Glasgow, Scotland. In addition to his work advising non-profit and political organizations in communication strategy, crisis communications, public relations, advertising and marketing, Scott is also the Artistic Director of his own theatre company. Scott’s public speaking and presentation skills have been recognized with national and international honors, including the Karl T Batten Excellence in Public Address award. His knowledge of communications theatre and practice, combined with a naturally theatrical style, makes Scott both an effective and engaging presenter.

Carolyn Peterson, RN, CHPN  
Residential Hospice Director  
Hospice Services Illinois

Carolyn has over 25 years of progressive executive nursing management experience in diverse areas of healthcare including hospice, homecare, marketing and nursing education. Experienced in all areas of budget development, preparation and implementation.
Janet Pickett, RN, CARN, CADC
Case Manager
Illinois Professionals Health Program

Janet Pickett, RN, CARN, CADC is a Certified Addictions Registered Nurse and a Certified Alcohol and Other Drug Abuse Counselor. She has spent most of her nursing career in behavioral health. While working in a locked psychiatric unit in the 1970s and seeing patients with substance use disorder come and go with seemingly little improvement, Janet became interested in more effective addiction treatment. She completed an addiction counseling program at Parkside Medical Services in 1989. She worked in residential and outpatient treatment programs for substance use disorders and eating disorders. Since 1997, Janet has worked with nurses and other health care professionals with substance use disorders throughout Illinois, as a case manager with the Illinois Professionals Health Program. Janet has a strong belief in human resilience; her mission is to partner with recovering nurses to discover and build on their innate strengths.

Janet has provided educational presentations about nursing and substance use disorder to healthcare institutions, employee assistance programs, and other groups interested in helping recovering nurses. She is a member and past officer of the National Organization of Alternative Programs, an association of state programs offering non-disciplinary assistance and monitoring for nurses. Janet and her husband live with a Labrador retriever named Victor who, according to extensive nursing research, is the Best Dog in the World.

Dr. Richelle Rennegarbe
CEO/ Nursing Division Chair
Salem Township Hospital / McKendree University

Dr. Richelle Rennegarbe is the Nursing Division Chair and Associate Professor of Nursing at McKendree University. Dr. Rennegarbe taught at McKendree University from 1996-2003 and returned as the Nursing Division Chair in July 2009. Dr. Rennegarbe also is the Director of the Graduate Program and is the primary faculty member for the manager track and dual MSN/MBA program at McKendree University. She graduated from the McKendree BSN program in 1993. Dr. Rennegarbe has a MSN with a focus in community health. Her doctorate is in health education from Southern Illinois University in Carbondale, IL. Dr. Rennegarbe served at the Chief Nurse Executive from 2002-2004, and then as the CEO of Salem Township Hospital in Salem IL from 2004-2009. Dr. Rennegarbe serves as the Region IV/V Board of Director for IONL.
Jill K. Rogers, PhD, RN, NEA-BC  
Vice President Resident Care  
Vi Living

Jill Rogers is currently the Vice President of Resident Care at Vi Living, a company that builds, owns and operates continuing care retirement communities across the United States. She is responsible for overseeing all aspects of nursing care and health related services for residents of Vi communities. Prior to joining Vi, Dr. Rogers served as the Director of Professional Practice and Development and Magnet Program Director at Northwestern Memorial Hospital for 6½ years. In addition, she has served as the Associate Chief Nurse of the Loyola University Health System and the Assistant Vice President for Patient Care Services at Rush North Shore Medical Center. She also practiced for many years as a Geriatric Nurse Practitioner and taught on both the undergraduate and graduate levels at Rush University College of Nursing and Azusa Pacific University in California. Dr. Rogers holds a PhD in Nursing from the University of Illinois at Chicago and a master’s degree in gerontological nursing from Michigan State University. She also has a Bachelor of Music degree in vocal performance from Wheaton College, and a Master of Arts degree in vocal pedagogy from The Ohio State University.

She is board certified in nursing administration and regularly serves as a preceptor for master’s and doctor of nursing practice students. In addition, she has presented at the National Magnet Conference and the Midwest Nursing Research Society Annual Conference as well as numerous local conferences and events. Dr. Rogers is a member of Sigma Theta Tau, Phi Kappa Phi, the National Scholastic Honor Society, the American Organization of Nurse Executives and the Illinois Organization of Nurse Leaders. She also serves on UIC College of Nursing External Advisory Board.

Julio Santiago  
Chairperson  
Illinois Board of Nursing

Julio Santiago has been a professor at Joliet Junior College for the past four years and is Co-owner and Chief Operating Office of Priority PICC Solutions, LLC. Vascular Access Company servicing Hospitals, Nursing Homes and Doctor Offices in the Greater Chicagoland area. Julio has twenty four years of varied experience in nursing in behavioral health, critical care and nursing leadership/management positions. He has been a Member of the Illinois board of Nursing since 2005 and a Chairperson from 2008-2014. Additionally, he was a NCSBN Board of Director from September 2009 – 2012, setting policy to help to establish guidelines for practice, licensure, discipline and nursing education. Julio’s educational background includes a Master’s degree in nursing education and CCRN certification.
Rachel E. Start, RN, MSN, NE-BC
Magnet Program Director
Rush Oak Park Hospital

Rachel Start is Magnet Program Director at Rush Oak Park Hospital, a community hospital in the Rush System for Health in Chicago Illinois and adjunct faculty at the Rush University College of Nursing. She has done extensive work within ambulatory practices of Rush System for Health. She developed and is implementing a clinical ladder, has connected and taught nurses in clinic settings about shared governance and structural empowerment and is working on a number of advocacy initiatives within the interdisciplinary team to enhance models of care, patient experience and care coordination within both outpatient and inpatient settings. Last year she pulled together a group of CNOs, Deans, Magnet Program Directors and Ambulatory RNs to address potential piloting of a nurse sensitive indicator in their cohort of statewide hospitals. This group has become to be the Illinois Ambulatory Nurse Practice Consortium and is now officially an American Academy of Ambulatory Care Nursing Local Networking Group. She is co-chair of the NSI Taskforce of AAACN and is active in that group due to her passion for advancing the profession of nursing and advocating for the impact that they have in the clinic setting on enhanced patient outcomes throughout the care continuum. She has recently participated in an American Nurses Association summit to develop nurse sensitive indicators in the ambulatory setting as well as an American Nurses Association Nursing Alliance for Quality Care meeting to support initiatives aimed at patient engagement.

James R. Varrell, MD
Founder and Medical Director
CFG Health Network and InSight Telepsychiatry

James R. Varrell, M.D. is the founder and Medical Director of the CFG Health Network and InSight Telepsychiatry. Dr. Varrell is Illinois-Licensed, American Board Certified in Psychiatry and Neurology, and certified by the American Academy of Child and Adolescent Psychiatry with a specialty in autism. Fifteen years ago, Dr. Varrell provided the nation’s first commitment via telepsychiatry. He has since been one of the nation’s top advocates for the appropriate use of telepsychiatry. Dr. Varrell regularly educates policy makers and the medical community on telepsychiatry best practices. Today, Dr. Varrell still serves consumers via telepsychiatry and oversees 170+ telepsychiatrists who treat consumers in sixteen states.
Reporting to Recovery – Health Care’s Obligation
IONL Annual Conference
“The Broadening Boundaries of Healthcare Delivery”

Kathy Angres, APN-BC, MS, RN, CADC
Laura Ferrio, MBA, MSN, RN, CRRN, NEA-BC
Lois Kazmier Halstead, PhD, RN
Janet Pickett, RN, CARN, CADC
Julio Santiago, MSN, RN, CCRN

September 25, 2014

NCSBN Video

https://www.ncsbn.org/4659.htm
Illinois Department of Financial and Professional Regulation

Discipline Statistics

In 2009, ~12,060 employed nurses were newly enrolled in either disciplinary or alternative-to-discipline monitoring programs in 59 nursing board jurisdictions across the US and its territories.

Facts about Substance Use Disorder (SUD)

• A pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, legal drugs or illegal drugs.
• Addiction is a chronic and relapsing brain disease.
• It can affect anyone.
• Alcohol is the drug of choice for the general public.
• Nurses have increased access to controlled substances, contributing to a higher incidence of dependence on them.
• Early detection shows better chances of the nurse returning to work.
Facts about Substance Use Disorder

Â Many nurses with SUD are unidentified, unreported, and untreated.
Â The nurse’s SUD can lead to cognitive impairment; they may even continue to practice where their impairment may endanger the lives of their patients.

Nurse Leader’s Role

Â When nurses think their supervisor knows how to detect SUD and is willing to do something about it, the SUD on the job decreases.
Â When suspected, removing the nurse from practice is essential!
Signs of Impairment

Behavioral changes:
- Changes or shifts in job performance;
- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early;
- Personality changes such as becoming withdrawn or conversely becoming unusually gregarious;
- Appearing on the unit on days off
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses;
- Diminished alertness, confusion or memory lapses; and
- Making an excessive number of mistakes, including medication errors.

Signs of Impairment

Physical changes:
- Subtle changes in appearance that may escalate over time;
- Bruising or other signs of falls or injuries;
- Wearing long sleeves;
- Weight loss; and
- Frequent gastrointestinal complaints.
Signs of Diversion

Diversion causing narcotics discrepancies:
- Incorrect narcotic counts;
- Large amounts of narcotic wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers’ patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.

Nurse Leader’s Role

- Educate staff;
- Dispel myths and misconceptions surrounding SUD;
- Emphasize the SUD is an occupational hazard among nurses that you are working to prevent;
- Review narcotic access policies and reinforce the importance of frequent password changes, etc;
- Ensure that staff knows how to recognize the signs of SUD in a colleague;
- Maintain a confidential, open-door policy;
- Inform staff of the nurse practice act and regulations regarding the SUD;
- Understand that a nurse with SUD needs support and treatment; and
- Have a policy and procedure in place that outlines SUD.
Facts about Substance Use Disorder

Â SUD among health care providers creates significant legal and ethical responsibilities for colleagues.
Â Loyalty, guilt and fear often prevent a nurse from reporting a colleague.
Â YOU have a professional and ethical responsibility to report suspected drug use through the chain of command and all the way to the IL Department of Financial and Professional Regulation.

Section 1300.110 Mandatory Reporting of Impaired Nurses

a) Any nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates that a licensed practical nurse, registered professional nurse or advanced practice nurse is:
1) impaired due to the use of alcohol or mood altering drugs to the extent that the impairment adversely affects the nurse’s professional performance; or
2) unlawfully possesses, uses, distributes or converts mood altering drugs (Section 70-10(a) of the Act) shall report the individual to the Division or designee of the Division unless the nurse participates in a course of remedial professional counseling or medical treatment for substance abuse.
Section 1300.110 Mandatory Reporting of Impaired Nurses

b) The administrator need not report the nurse in question so long as the nurse actively pursues treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the nurse continues to be employed by that hospital, nursing home, health care agency or facility, or nurse agency.

c) However, if the nurse fails to comply with treatment or leaves employment of the institution for any reason, the administrator shall report the nurse to the Division.

Section 1300.110 Mandatory Reporting of Impaired Nurses

d) Notwithstanding any other Section or provisions of the Nurse Practice Act, if the Division verifies habitual intoxication or drug addiction that adversely affects professional performance or the unlawful possession, use, distribution or conversion of habit forming drugs by the reported nurse, the Division may seek to discipline the nurse pursuant to Section 70-5 of the Act.
Research shows that overall knowledge of substance use disorder is lacking in the workplace and that most nurses are unable to identify the signs and symptoms (Lillibridge, Cox, & Cross, 2002; Pullen & Green, 1997). This lack of knowledge results in inadvertent enabling, failure to document, and failure to report (Smith et al., 1998).

Why are Nurses NOT Reporting Their Peers?

- Belief that someone else will take care of it, particularly a supervisor
- Lack of knowledge of SUD and its signs & symptoms
- Fear of repercussions or retaliation
- Fear of lack of administrative support
- Uncertainty regarding what to report or the consequences of reporting
- Not one nurse in a sample study (2012) entered treatment because of an intervention by a colleague or peer, even though colleague intervention or referral is the approach recommended in the literature (e.g., Dunn, 2005a) and the ANA code of ethics (ANA, 2001).
### Barriers to Helping a Nurse with SUD

- Overall lack of knowledge of SUD in the workplace;
- Lack of clear protocol or an action plan;
- Lack of peer caring or empathy for one another in the nursing profession (Monroe, Pearson and Kenaga, 2008);
  
  *The ANA requires “nurses in all roles” to advocate for and support impaired colleagues to ensure they receive adequate treatment and “access to fair institutional and legal processes.”*

- Language that drives the problem underground; and

- Lack of knowledge that reporting will be confidential if requested, and administrative support will be available.

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### The Thought Process for a Compassionate Intervention of a Nursing Colleague

- “My colleague is exhibiting obvious signs of substance abuse.”
- “I know that substance use disorder (SUD) is a disease and not a moral issue.”
- “I feel comfortable addressing my colleague AND/OR sharing my concerns with my supervisor or employee assistance program.”
- “I feel confident that my intervention will both protect the public and preserve my colleague’s well-being.”
- “I am aware of the process of treatment and recovery, which are life-saving and not punitive.”
- “I feel as though I did the right thing and helped a colleague who is suffering.”
Recommendations for Nurse Leaders

- Emphasize education on SUD, starting in nursing school. A required course on substance use disorder (SUD) must be part of the curriculum in all nursing programs and nursing orientation in the workplace.
- Establish and actively communicate clear protocols for confidential reporting of SUD in the workplace.
- Establish nurse’s well-being committees in the workplace.
- Create a climate of compassion for peers and patients in the nursing profession.

Fitness for Duty Assessments: A Caring and Respectful Option

- Standard protocol for physicians suspected of impairment of any kind;
- Allows nurse to be heard, tell their side of the story in a more controlled environment;
- Allows time for important data to be collected (i.e. labs and collaterals);
- Executed by an experienced professional with an understanding of SUD and mental illness; and
- Allows for possibility of retaining the nurse.
### Recovery Options
(Non-publicly reported)

- Organization-based monitoring (completing a treatment program and agrees to an employee assistance program or “Last Chance Agreement”).

### Recovery Options
(Non-publicly noted)

- IDFPR Care Counseling & Treatment Agreement (alternative-to-discipline program with random monitoring and aftercare);
- Voluntary – non-disciplinary;
- Refer nurse for evaluation & treatment;
- Monitor the nurse’s compliance with treatment and recovery recommendations;
- Monitor abstinence from drug or alcohol use;
- Monitor the nurse’s practice upon return to work.
Recovery Options
(Publicly reported)

IDFPR Discipline
• Reprimand
• Suspension
• Probation
• Revocation

Disciplinary Consequences
• Finding employment;
• Exclusion from provider panels;
• Difficulty with malpractice coverage;
• Erosion of patients’ confidence;
• National Practitioner’s Data Bank Report;
• Malpractice suits – plaintiff attorneys use the discipline in unrelated matters;
• Child custody issues
• Problems with hospital privileges;
• OIG exclusion; and
• Admission to professional schools
Recovery Programs

The mission of the Illinois Professionals Health Program (IPHP) is to support and guide Illinois healthcare professionals to wellness and healing, thereby promoting safe professional practice and enriching the lives of healers and their patients.
Screening and referral

- IPHP has a contractual relationship with the Illinois Department of Financial and Professional Regulation (IDFPR) to provide assistance to nurses, pharmacists and pharmacy technicians.
- IPHP assists nurses with mental health and substance use disorders.
- Nurses, colleagues, managers, family members, anyone concerned about a nurse may call.
- IPHP maintains a toll free number and an on-call clinician is available at all times.
- The Nurse Practice Act requires that: All substance-related violations shall mandate an automatic substance abuse assessment...by a licensed physician who is certified as an addictionist or an advanced practice nurse with specialty certification in addictions... IDFPR investigators and attorneys give IPHP contact information to nurses who need help to find assessment resources.
- IPHP gives treatment options for nurses. Whenever possible, treatment should be provided by clinicians who are familiar with the risks nurses face in the workplace.

Consultation and guidance

- Human Resource professionals, EAPs, nurse managers and others contact IPHP with questions about signs and symptoms of SUD, treatment options, and safe return to nursing practice.
- Recovering nurses contact IPHP seeking direction about safe practice settings and recovery-friendly employers.
- Treatment providers contact IPHP with questions about caring for nurses with SUD, confidentiality, and reporting requirements.
- Code of Federal Regulations Title 42 Part 2 applies to everyone, including nurses.
Support

- IPHP connects nurses with recovering peers.
- Each nurse is assigned a case manager who provides encouragement and direction.
- Upon discharge from primary treatment, nurses are urged (sometimes required) to follow discharge recommendations.

Accountability

Nurses with SUD participate in random drug and alcohol screens.
- Collection dates are randomized by a software program.
- Urine, fingernails, hair and blood can be tested.
- Alcohol levels can be checked multiple times daily with a mobile device and read via a web based monitoring system.
Advocacy

IPHP uses drug and alcohol test results as well as other evidence that the nurse’s SUD is in remission to encourage employers, the BON and other entities to allow the nurse to practice.

Nurses also need evidence of recovery for malpractice insurance coverage, life insurance, child custody issues, and in many other circumstances.

IDFPR Board Member Discussion
Recovering Nurse

Discussion

Q & A with entire Panel
References

Â Angres, K.A. & Bologorges, S. Addressing Chemically Dependent Colleagues. *Journal of Nursing Regulation*, 2011; (2) 2: 10-17.


Â National Council of State Boards of Nursing

Â Ncsbn.org/sud
FROM VOLUME TO VALUE: TOWARD HEALTHY COMMUNITIES

BARBARA CASPERS, MS, BSN, RN
HEALTH CARE EXECUTIVE & CONSULTANT

FROM VOLUME TO VALUE

- Vision
- Journey
- Where We are Today
- What We Know Today
- Lessons Learned
- Success Factors
VISION: TRANSFORMATION FROM VOLUME-BASED CARE TO VALUE-BASED CARE

- Exceptional, personalized patient and health care customer experience
- Right care at the right time and the right place delivered in the right way
- Best care at lower cost

VOLUME TO VALUE JOURNEY

- Wave 1: Patient-Centered Care (2010-2016)
WAVE 1: PATIENT-CENTERED CARE (2010-2016)

- Care models focus on patient needs
- Care moves from transactional patient visits to a population health approach
- Care teams align and expand
- Care is personalized to the patient, integrates sickness and wellness
- Care is broadly available every day, around the clock

WAVE 2: CONSUMER ENGAGEMENT (2014-2020)

- Consumers shop for the best patient-centered population health manager
- New patient-centered businesses compete
- Consumers will use their healthcare dollars to actively vote for better care
- Wave 1 population health managers will invite extra industry players into the market
- Consumers will expect and demand personalized, real-time access to health services
WAVE 3: THE SCIENCE OF PREVENTION (2018-2025)

- Health innovation adoption curves go “viral”
- Most highly evolved and adaptive population health managers will be powerful and will devastate provider-centric health

POPULATION HEALTH MANAGERS WILL

- Transform the care model
- Reduce the use of hospitals
- Eliminate unneeded ER visits
- Prevent aspects of specialty care
- Reduce potential overuse of health services

AND

- High need patients will experience better outcomes and a dramatically improved patient experience
HEALTHCARE MARKET VALUE REDISTRIBUTION

- COTTAGE HEALTHCARE TO GLOBAL WELLBEING
- PROVIDER CENTRIC TO PATIENT CENTRIC
- SILO CAPTAIN TO RETAIL ECOSYSTEM LEADER

- INTRA INDUSTRY TO MULTI INDUSTRY
- LOCAL TO NATIONAL & GLOBAL
- PATIENT VOLUME TO CONSUMER HEALTH
- WHOLESALE TO RETAIL

\[ \Rightarrow \]
- CLINICAL PROBLEM TO WHOLE PERSON
- OFFICE HOURS TO ANYTIME
- RESPOND AND REPAIR TO MANAGE AND PREVENT
- BRICKS TO MOBILE/VIRTUAL

\[ \Rightarrow \]
- BODY PART TO POPULATION
- SINGLE VALUE CHAIN TO FOUR CHAIN
- TRANSACTIONS TO INFORMATION BASED & INTEGRATED
- PROCESS EFFICIENCY TO CUSTOMER INTIMATE

WHERE WE ARE TODAY

- Developing the competencies to redefine health care value to stakeholders
- Assessing and managing risk
- Focusing on wellness and outcomes
- Establishing characteristics for a more coordinated, efficient and purposeful healthcare system and the healthcare system to emerge
WHERE WE ARE TODAY

- Defining cultural and behavioral competencies to support organizational strategic decision making and agility
- Effectively operationalizing real time/near time information at point of care/service
- Collaborating and partnering
- Thinking volume to value
- Personalizing health care
- Enabling information technology

COMMON THREAD: “SMARTER PROCESS”

- Real time application of business processes, supported by information technology and data management, connectivity and integration supplemented with retro/prospective analysis, constant monitoring and optimization
EMBRACE INNOVATION & INFORMATICS

- Test new technology, work spaces and workflows
- Employ informatics to change processes and make patient/customer decisions

REAL CHALLENGE

- Adapting processes to human behavior and human behavior to processes to maximize the potential of new and emerging technology

"You have got to want to change."
STANDARD TECHNOLOGY ENABLED BUSINESS PROCESSES

- Nurse Scheduling
- Nurse Staffing
- Patient Assignment
- Demand Management
- Productivity Management
- Care Management

WHAT DO WE KNOW TODAY

- Position implementation as a system deployed clinical operations program
- Establish system operations executives as the executive sponsors with the system CIO playing a supporting role
- Establish CNO CFO dyad as market/hospital co-executive sponsors
- Institute mutual expectations for participation
WHAT DO WE KNOW TODAY

- Develop the business case with market CNO CFO dyad
- Identify a clinical operations leader at each hospital to serve as the program lead
- Set expectation and appreciation for standardization as a core element of the implementation
- Define clear measurable outcomes

WHAT DO WE KNOW TODAY

- Develop organizational effectiveness & communication strategy
  - Collaborative web site with easy access to technology tool set and analytics
  - Weekly program management meetings
    - Tactical implementation, knowledge transfer, problem solving and standardization with System staff, hospital leads, technology executives and consultants
    - Enterprise strategy development with System staff, technology executives
- Convene monthly meetings with system and hospital executive sponsors
WHAT DO WE KNOW TODAY

- Develop support materials and processes
  - Implementation policy manual
  - Operations handbook with five key reports
  - Practical guide for using technology with other system tools
  - User guides, presentation templates, FAQs
  - Adapt training to organization learning distribution system
  - Weekly virtual end user community forums
  - E-newsletter
  - Just in time training
  - Technical meetings
  - Issue resolution process
  - Process redesign work

LESSONS LEARNED

- Implement all standard processes and technologies as a single implementation
- Include all stakeholders in training sessions rather than training by role
- Ensure relationship alignment and visible leadership from both nursing and finance executives
- Communicate and validate clinical and operational performance improvements with all stakeholders
- Fully integrate clinical leaders with system IT staff
- Orient IT staff to patient unit operations
LESSONS LEARNED

▪ Allow more time for readiness assessment, cultural assimilation and transition to standard business processes BEFORE introducing the technology

▪ Identify and partner with key departments whose workflows impact the technology and include them, as appropriate, in workflow design teams and program management meetings

SYSTEM AND STAFF SUCCESS FACTORS

▪ Treat each patient/stakeholder/health care customer as if he were the only one by delivering unique value with every individual interaction

▪ Enable rapid, agile change through well-designed equipment and dashboards for visualizing and controlling business operations

▪ Introduce automation with intelligence and insight to enable innovation through operations

▪ Reduce operating costs by optimizing processes and increasing throughput

▪ Interconnect business/clinical operations across departments and functions for patient/customer transparency and ease of use
QUESTIONS?
Nursing Leadership in the Boardroom

Margaret Wainwright Henbest, MSN, RN, CPNP
Executive Director
Nurse Leaders of Idaho

Objectives

Â Identify at least 4 core responsibilities and competencies of an effective board member
Â Articulate the importance of nurses serving on health related boards
Â Identify one opportunity for board service that interests you and develop a plan to pursue this
Why Nursing?
What do Boards do?
Getting Board Ready
Becoming a Valued Board Member
Tips for Successful Service

Why Should Nurses Serve on Boards?
Nurses have a unique and valuable perspective
The most trusted healthcare professional
IOM recommendations
In this time of change, nurses have the potential to be game changers
Nurses benefit from board service
What do board members do?

- **Stewardship**
- **Governance**
  - Operational Performance
  - Strategic Planning
  - Policy making
  - Advocacy
  - Stakeholder Relations
  - Fiduciary Oversight
  - Fund Development
  - Leadership Development

Prepare Yourself to Serve

- To become involved, start locally, align beliefs
  - Make it known that you are interested in contributing at this level
  - Develop professional credibility & connections
  - Put yourself in the room
- Acquire any needed knowledge or experience
  - Understand organizational finance
  - Practice strategic thinking: what do you bring to the table?
- Make sure you can honor your commitment
  - Understand how much time is expected of you at meetings and outside of meetings
Become a Valued Board Member

Â Pay attention to Board processes: minutes
Â Develop the essential financial expertise
Â Do your homework about the organization you are serving
Â Pay attention to both stewardship and governance
Â Strategically think about committee assignments
Â Resist being focused on only one issue or perspective

Tips ....

Â Dress appropriately
Â Come early and leave late
Â Develop relationships with other board members
Â Orient yourself sufficiently
Â Always be prepared: read materials & talk to key people
Â Ask good questions and use the answers strategically
Â Build alliances that lead to sound decisions
Â Never burn your bridges
Â Know when to recuse yourself or resign
Opportunities

Resources: Training

- **Training:**
  - Sigma Theta Tau’s Online Education program: *Non-Profit Board Governance for Health Care Leaders* [www.nursingknowledge.org]
  - BoardSource Governance Series Kit [www.boardsource.org]
  - OnBoards Bootcamp [www.onboardsbootcamp.com]
  - National Association of Corporate Directors [www.nacdonline.org]

- **Certification:**
  - Programs at graduate business schools
  - Organizational Training:
    - Best on Board [www.bestonboard.org]
    - Center for Creative Leadership [www.ccl.org]

- **Robert Wood Johnson Foundation Leadership Programs:**
  - Executive Nurse Fellows
  - Nurse Faculty Scholars
  - Health Policy Fellows
## Resources: Books

- **Governance for Health Care Providers** by David B. Nash, William J. Oetgen, Valerie P. Pracillo
- **The Heart of Leadership** by Barbara Balik and Jack A. Gilbert
- **Ethical Governance in Health Care: A Board Leadership Guide for Building an Ethical Culture** by Joel D. Ohlsen, Thomas P. Holland, Roger A. Ritvo
- **The Growth and Development of Nurse Leaders** by Angela Barron McBride, PhD RN FAAN

## Resources: online

- [Center for Health Care Governance](www.americangovernance.com)
- [Sigma Theta Tau](www.nursingsociety.org)
- [Boardsource](www.boardsource.org)
- [Center to Champion Nursing in America](www.championnursing.org)
- [Initiative on the Future of Nursing](www.thefutureofnursing.org)
- [Robert Wood Johnson Foundation](www.rwjf.org)
- [The Governance Institute](www.governanceinstitute.com)
Questions?
To be Continued: Looking at the Evolving Roles of Nursing Leadership along the Continuum

Panel:
Joanne Carlin MSN, RN, NHA, VP Clinical Risk Services-Specialty Group, Willis of North America
Cheri McEssy CNO, RN, President and Owner, BrightStar Care of Chicago and Berwyn
Carolyn Peterson RN, Director of Hospice, Residential Hospice
Jill Rogers PhD, RN, NEA-BC, VP Residential Care, ViLiving
Moderator: Pam Eulberg RN, MM, CNML, CHC, VP Compliance & Quality, Residential Home Health & Hospice

Description of Panel Members’ career path
Did you transition from the hospital to outside of the hospital? What was your experience with that transition?

What new skills were required in your role?
What do you expect of nurses and nursing leaders in today’s changing environment?

What do you want nurse leaders to know about care along the continuum?
What guidance can you offer for those aspiring to obtain these roles?
The Rapidly Shifting Paradigm: The Emergence of Ambulatory Care Nursing in the Transformative Healthcare Landscape

Rachel Start, MSN, RN, NE-BC and Sheila Haas, PhD, RN, FAAN
Illinois Organization of Nurse Leaders Annual Meeting
September 26, 2014
11:15 a.m. – 12:15 p.m.

Objectives:

- Describe elements of the current and transforming healthcare landscape contributing to increased demand for care coordination and transition management (CCTM) and the role of the nurse in the ambulatory setting
- Discuss initiatives aimed at equipping and advancing the role of the nurse in the ambulatory setting and meet key necessary gaps in healthcare system.
- Discuss the future of RN-CCTM Role Development and Implementation
Reflection

“Under certain circumstances, a window of opportunity is created...A problem is recognized, a solution is available, the political climate makes the time right for change.” (Kingdon, 1995)

Current State of Healthcare
Despite having the most expensive health care system, the United States ranks last overall among 11 industrialized countries on measures of health system quality, efficiency, access to care, equity, and healthy lives, according to a new Commonwealth Fund Report. (6-2014)

Below Table Replicated with permission from The Commonwealth Fund

<table>
<thead>
<tr>
<th>Country</th>
<th>Overall Ranking</th>
<th>Healthy Lives</th>
<th>Access</th>
<th>Health Care Quality</th>
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<td>United Kingdom</td>
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Notes: ** "Key Shortfalls in Our Health System" 

- Healthy lives: The U.S. does poorly, ranking last on infant mortality and on deaths that were potentially preventable with timely access to effective health care and second-to-last on healthy life expectancy at age 60.

- Access to care: People in the U.S. have the hardest time affording the health care they need. The U.S. ranks last on every measure of cost-related access. More than one-third (37%) of U.S. adults reported forgoing a recommended test, treatment, or follow-up care because of cost.

- Health care quality: The U.S. ranks in the middle. On two of four measures of quality—effective care and patient-centered care—the U.S. ranks near the top (3rd and 4th of 11 countries, respectively), but it does not perform as well providing safe or coordinated care.

(A Commonw wealth Fund, 2014)
Key Shortfalls in Our Health System

- **Efficiency**: The U.S. ranks last, due to low marks on the time and dollars spent dealing with insurance administration, lack of communication among healthcare providers, and duplicative medical testing. Forty percent of U.S. adults who had visited an emergency room reported they could have been treated by a regular doctor, had one been available. This is more than double the rate of patients in the U.K. (16%).

- **Equity**: The U.S. ranks last. About four of 10 (39%) adults with below-average incomes in the U.S. reported a medical problem but did not visit a doctor in the past year because of costs, compared with less than one of 10 in the U.K., Sweden, Canada, and Norway. **There were also large discrepancies between the length of time U.S. adults waited for specialist, emergency, and after-hours care compared with higher-income adults.**

  (Commonwealth Fund, 2014)

Growing Demand for Care Coordination and Transition Management

- Health care spending in the United States is disproportionate, half of U.S. health care dollars are spent on five percent of the population (Conwell & Cohen, 2002).

- Individuals with chronic conditions consume a high proportion of health care services; chronic conditions are expensive to treat and a major driver of increased health care spending (Olin & Rhoades, 2005).

- Many struggle with multiple illnesses combined with social complexities such as, mental health and substance abuse, extreme medical frailty, and a host of social needs such as social isolation and homelessness (Berwick, Nolan & Whittington, 2008).
Growing Demand for Care Coordination and Transition Management (cont.)

- Individuals with multiple needs are often unable to navigate the complex and fragmented health care.
- Care providers recognize the need for better coordinated care that leverages community resources and aligns social determinants such as food, housing and safe environments, but payment structures in the health care system do not allow such alignment (Freeman, 2006).
- U.S. health care has had an acute care focus with little attention given health promotion, disease prevention or wellness.

Growing Demand for Care Coordination and Transition Management (cont.)

- U.S. is focused on acute, specialty care and use of technology in treatments, yet we do not have EMRs that interface across the continuum of care.
- Access is dependent on insurance coverage either public or private, so U.S. is ranked 38th by WHO for health care access.
- U.S. takes 17 years to get evidence into practice, and there are still providers who consider evidence-based guidelines to be “cookbook” medicine.
- Outcomes of care in the U.S. are worse than many 3rd world countries, yet we spend 18% of GDP on health care when rest of industrialized world spends 5 to 12% of GDP and gets better outcomes.
- Third leading cause of death in the U.S. is medical error.
The Evolving Solution

National Quality Strategy:
1. Better Care
2. Healthier People and Communities
3. More Affordable Care


Initiatives and Groups aimed at accomplishing these goals:
- Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act (PPACA)
- Centers for Medicaid and Medicare (CMS)
  - ACOs: Affordable Care Organizations
- National Quality Forum (NQF)
Institute of Medicine

Working on the front lines of patient care, nurses can play a vital role in helping realize the objectives set forth in the 2010 Affordable Care Act ... A number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health. (IOM, 2010)


1. Nurses should practice to the full extent of their education and training
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
3. Nurses should be full partners with physicians and other health care professionals, in redesigning health care in the United States
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.
The Future of Health Care:

Heavy emphasis on care coordination and continuum-based care that is most often provided in OUTPATIENT settings

1. Ambulatory care RNs are well-positioned to fully participate in health care reform initiatives.
   a) We have to prepare our Ambulatory RNs to provide care coordination and transition management

2. RNs are well-positioned to lead, facilitate, and/or participate in all patient care medical homes’ and accountable care organizations’ quality and safety initiatives through enhanced use of major ambulatory care RN role dimensions such as advocacy, telehealth, patient education, care coordination and transitional care, and community outreach.
   a) Ambulatory Care Nursing is a specialty - RNs in outpatient settings are positioned to perform all of the above roles
**National Nursing Organization Response to This Mandate**

Transition of health care from the inpatient to the outpatient setting has led to challenges with access to care and coordination of services, and has increased the complexity of care delivered outside the hospital walls.

- This shift has dramatically increased the need for professional nursing services, as patients and their families require increased depth and breadth of care.
- Ambulatory RNs facilitate patient care services by managing and individualizing care for patients and their families, who increasingly require assistance navigating the complex health care system.
- With provision of complex procedural care, ambulatory care nurses provide support with decision-making, patient education and coordination of services (AAACN, 2010).

1. **American Nurses Association (ANA)**
   a) **ANCC: Magnet Recognition Program** now requires all designation standards for an institution to include **ANY RN- practicing in** inpatient or outpatient areas.
      i. All data, demographics, structures, processes and performance outcome requirements must be the same wherever a nurse practices
   b) **National Database of Nursing Quality Indicators (NDNQI)**
      i. Held a national invitational Summit with Ambulatory Care nurse experts and leaders to identify ambulatory nursing specific outcome measures
      ii. Now developing 5 indicators for ambulatory nursing specific outcome measures: Pain, HTN, Depression Screening, Readmission Rate and Medication Reconciliation
National Efforts to Develop Measures for Care Coordination

- Spring 2013, ANA appointed a group of 14 experts to serve on the Care Coordination Quality Measures Panel and an Advisory Group to develop a framework for measuring nurses’ contribution to care coordination.
  - Panel identified Guiding Principles and a Glossary
  - An extensive literature analysis
  - The final report of the Panel was approved by the ANA Board in December and is on ANA website
- Also, given the expressed need of health care systems seeking Magnet accreditation, an AAACN expert panel was invited to work with NDNQI to develop ambulatory indicators that could be part of NDNQI’s measurement set.

National Nursing Organization Response to this Mandate

1. **American Academy of Ambulatory Care Nursing (AAACN)**
   a) Identifies ambulatory care practice as a specialty that is essential to the continuum of accessible, high quality, and cost-effective health care.
   b) Committed to professional development and the quality of patient care in an ambulatory care environment
   c) Fosters understanding and appreciation for the vital role of professional registered nurses as leaders, coordinators of patient care, and care providers in an ambulatory care setting.

2. **AAACN Initiatives:**
   a) Member of ANA Constitute Assembly
      a) Designated a Task Force to develop with ANA nurse sensitive ambulatory care measures
   b) Develop nurse sensitive indicators, establish care coordination and transitions management standards, advance professional accountability and structural empowerment in ambulatory arena
AAACN Taskforce to Develop Nurse Sensitive Indicators in Ambulatory Setting

- First Meeting: July 2013
- Work Thus Far:
  - Literature Review,
  - Contact and Collaboration with Experts,
  - Inclusion of members from other key stakeholder organizations: NDNQI, ANA
  - Development of Filter Questions

AAACN Taskforce to Develop Nurse Sensitive Indicators in Ambulatory Setting

- Collaboration with ANA at Summit to Develop Nursing Sensitive Indicators (NSI) in Ambulatory
  - Defined Role and Environment of Ambulatory RN and Setting
  - Advocated for measures related to lifespan, care coordination and transitions management
- Garnering more information from members: Predominant Issues Identified:
  - Skill Mix and staffing requirements
  - Variation in Role use/Scope of RNs
  - Differing EMRs and lack of connectivity to other settings
  - Differing definitions and use of Telehealth modalities
  - Disconnects with Inpatient setting, i.e., Inpatient nurses not aware or inclusive of outpatient RN role and processes
- Future Steps: Ongoing Collaboration with ANA, NDNQI, Press Ganey & Piloting of 1-2 NSI measures most valuable to members
Illinois Nursing Leader Response to This Imperative

- Consult Dr. Sheila Haas- one of most predominant voices in literature regarding ambulatory RN role
- Feb 2013: Meeting convened to brainstorm
  - Nurse Sensitive Indicators in Ambulatory
  - Structural Empowerment in Ambulatory: Shared Governance, Clinical Ladders, Learning Needs
  - Advanced Professional Role of RNs in Ambulatory
- MPDs, CNOs, Deans from across state

IANPC: Illinois Ambulatory Nurse Practice Consortium

- Attendees from:
  - Is a Chapter (Local Networking Group) of AAACN
- Seek to:
  - Pilot NSIs for key national orgs
  - Conduct regional symposium to advance RN practice in outpatient setting
  - Offer frequent CNEs to Ambulatory RNs and RN community at large

Adventist Hinsdale Hospital
Advocate Christ Medical Center
Advocate Illinois Masonic Medical Center
Ann and Robert H. Lurie Children’s Hospital
Cadence Health
Carle Hospital
Central DuPage Hospital
Centegra Health System
Cook County Hospital
Edward Hines Jr. VA Hospital
Elmhurst College of Nursing
Jesse Brown VA Medical Center
Memorial Hospital, Belleville, IL
Methodist, Peoria, IL
Northwest Community Hospital
Northwestern Lake Forest Hospital
Rehabilitation Institute of Chicago
Rush University Medical Center
Rush Oak Park Hospital
Swedish Covenant Hospital
University of Chicago
Vision for the Registered Nurse Care Coordination & Transition Management Model (RN-CCTM)

1. The Registered Nurse - Care Coordination Transition Management Model (RN-CCTM) would standardize work of ambulatory care nurses using evidence from interdisciplinary literature on care coordination and transition management.

2. The RN-CCTM Model would:
   a. Specify dimensions of CCTM and competencies needed to perform within the RN-CCTM Model
   b. Make possible development of knowledge, skills and attitudes needed for each dimension
   c. The RN-CCTM will meet needs of patients with complex chronic illnesses being cared for in Patient Centered Medical Homes (PCMH)
   d. Nurses educated and prepared work as an RN-CCTM would be recognized by a certificate credential and reimbursed by CMS.
Methods

- To develop Registered Nurse competencies for Care Coordination and Transition Management, needed:
  - To tap into expertise of ambulatory care nurse leaders
    - A cost effective, expeditious approach to bring leaders together
    - Opportunities to dialogue and build on each individual leader’s knowledge, skills and experience
    - Use data summary techniques to capture and share outcomes achieved by each Expert Panel

Methods (cont’d.)

- **Focus Group Method** defined:
  - Bringing together people from similar backgrounds or experiences to discuss a specific topic, guided by a facilitator who elicits responses from the group, but does not influence responses
  - For this project, Focus Group Method and online time was used to:
    - Clarify methods and outcome expectations
    - Discuss issues with evidence evaluation
      - Ambiguities and contradictions in evidence,
      - Absence of sufficient description in evidence materials
    - Sharing of concerns, insights and expertise
Methods (cont’d.)

- The search for dimensions of Care Coordination and Transition Management:
  - Definition of Dimensions:
    - In the literature on care coordination, often activities are listed that are part of care coordination such as:
      - Developing a plan of care or
      - Monitoring progression of established goals
    - Activities such as these fit together within a broader construct or dimension such as planning

Methods (cont’d.)

- When developing a role that reflects all of the major dimensions or constructs that make up the role, use of dimensions allows for:
  - Addition or subtraction of relevant activities under each dimension as the role evolves
  - Development of competencies requisite to each dimension
  - Helps specify education and evaluation needed for successful practice within each dimension of the role

- The Quality and Safety in Education in Nursing (QSEN) format was used for each care coordination and transition management dimension identified (Cronenwett et al., 2007)

- Panelists were also asked to identify the knowledge, skills, and attitudes identified in the literature, and if absent to use expert opinion to specify each
Methods (cont’d.)

- **First Expert Panel** was provided with results of a search in MEDLINE, CINAHL Plus, and PsycINFO that yielded 82 journal articles plus white papers available on line from major organizations plus a
  - The 26-member Panel worked in dyads and abstracted data to a table of evidence (TOE)
- **Second Expert Panel**, This 16 member panel:
  - Defining the dimensions, identifying core competencies
  - Describing the activities linked with each competency for care coordination and transition management in ambulatory settings
- **Third Expert Panel**
  - Reviewed, confirmed, and created a table of dimensions, activities, and competencies (including knowledge, skills, attitudes) for ambulatory care RN care coordination and transition management
  - After much discussion, they determined the original 8th dimension of decision support and information systems, as well as, telehealth practice were technologies that support all dimensions.

Outcomes of Second Expert Panel

The nine dimensions were:

1. Support for self-management
2. Education and engagement of patient and family
3. Cross setting communication and transition
4. Coaching and counseling of patients and families
5. Nursing process including assessment, plan, implementation/intervention, and evaluation; a proxy for monitoring and intervening
6. Teamwork and collaboration
7. Patient-centered care planning
8. Decision support and information systems
9. Advocacy

*This panel also identified competencies needed for each dimension including knowledge, skills, and attitudes.*
Illinois Organization of Nurse Leaders
Annual Conference 2014

Wagner Model

The Chronic Care Model

- Community
  - Resources and Policies
  - Self-Management Support
- Health Systems
  - Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Improved Outcomes

- Informed, Activated Patient
- Productive Interactions
- Prepared, Proactive Practice Team


Table 3. Cross Walk of Dimensions for Care Coordination and Transition Management with Core Competencies

<table>
<thead>
<tr>
<th>Dimension RN Care Coordinator and Transition Manager (RN-CCTM)</th>
<th>Quality and Safety Education for Nurses (QSEN) Core Competencies</th>
<th>Interprofessional Education Collaborative Core Competencies</th>
<th>Public Health Nursing Competencies</th>
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<tbody>
<tr>
<td>Support Self-Management</td>
<td>Patient-centered Care</td>
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<tr>
<td>Education &amp; Engagement of Patient &amp; Family</td>
<td>Patient-centered Care</td>
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<tr>
<td>Cross Setting Communication and Transition</td>
<td>Patient-centered Care</td>
<td>Interprofessional Communication</td>
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<tr>
<td>Coaching and Counseling of Patients and Families</td>
<td>Patient-centered Care</td>
<td>Domain #3: Communication Skills</td>
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<tr>
<td>Nursing Process: Assessment, Plan, Intervention, Evaluation</td>
<td>Evidence-based Practice Quality Improvement</td>
<td>Domain #2: Analytic Assessment Skills</td>
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<tr>
<td>Teamwork and Collaboration</td>
<td>Teamwork and Collaboration</td>
<td>Teams and Teamwork</td>
<td>Domain #8: Leadership and System Thinking Skills</td>
</tr>
<tr>
<td>Patient-Centered Planning</td>
<td>Patient-centered Care</td>
<td>Values/Ethics for Interprofessional Practice</td>
<td>Domain #7: Analytic Assessment Skills</td>
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<tr>
<td>Population Health Management</td>
<td>Quality Improvement Informatics</td>
<td>Domain #5: Community Dimensions of Practice Skills</td>
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</tr>
<tr>
<td>Advocacy</td>
<td>Patient-centered Care Safety</td>
<td>Domain #2: Policy Development/Program Planning Skills</td>
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</table>

www.ionl.org
Population Health Management

- Definition: To assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member” (Halpern & Boulter, 2000, p. 1).

- Challenges:
  - Need to risk stratify populations (such stratification needs to consider social determinants in addition to physical and mental health issues)
  - Risk stratification is complicated by patients who have multiple chronic diseases and multiple co-morbidities

Lessons Learned

- It has been a privilege to serve as facilitators in this initiative

- We have worked with truly expert ambulatory care nurses who are committed to their patient populations and practicing at the cutting edge of ambulatory care nursing

- Panelists’ productivity was phenomenal, they consistently delivered an excellent product on time and raised salient issues and challenges that made the deliverables even better

- We found that it is feasible to use focus group techniques online, even with only telephone connectivity

- We successfully used webcasting technology on an as-needed basis and archived the virtual meeting

- We saved lots of trees and postage with use of the AAACN web site to deliver and share materials
Illinois Organization of Nurse Leaders  
Annual Conference 2014

AAACN CCTM Experts

Karen Alexander, MSN, RN, CCRN  
Tom Jefferson University  
University of Wisconsin, Milwaukee  
AAACN  
Jilll Arzouman, MS, RN, ACNS, BC, CMSRN, AMSN Treasurer  
University Medical Center Tucson  
University of Wisconsin, Milwaukee  
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Karen Kelly, DNP, MBA, RN  
Duke University Cooperative  
University of Miami, Florida  
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Rosalind Marsanis, MSN, RN, BC, NE-BC  
AAACN  
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Clare Hastings, RN, MS, FAAN  
NIH Clinical Center  
AAAAN

Program:  
RN-CCTM Model Logic Model © S. Haas & B. A. Swan  

Situation:  
The Registered Nurse - Care Coordination Transition Management Model (RN-CCTM) evolved to address the work of ambulatory care nurses. Evidence from interdisciplinary literature on care coordination and transition management. The vision is the RN-CCTM model to specify dimensions of CCTM and competent nurses to sustain in performing CCTM and enable necessary development of knowledge, skills and attitudes needed for each competency, so that RN-CCTM model could be recognized by an assessment form from the American Nurses Credentialing Center (ANCC) and endorsed by CMS.
Use of Logic Model

Have been used in Program Evaluation and Econometric Modeling to:

1. Delineate vision/purpose for a project.
2. Surface assumptions, environmental issues, and needed knowledge, skills, and attitudes.
3. Specify relationships among program goals, objectives, activities, outputs, and outcomes.
4. Clearly indicate the theoretical connections among program components; activities involved, who carries out the activities and specification of short, medium and long term outcomes.
5. Set up evaluation by assisting with development of he measures that will be used to determine if activities were carried out as planned (process and output measures) and if the program’s objectives have been met (outcome measures).

RN-CCTM Logic Model

- Assumptions:
  - Patients will use primary care settings
  - Patients will access RN-CCTM providers
  - Patients will be engaged in care processes.
  - Providers will collaborate, work in teams, develop and use patient centered care plans
  - Organization will have EHR that operates across settings.
  - Outcomes are often not discipline specific, but shared by team (Haas & Swan, 2014)

Value Proposition for RN-CCTM

Definitions:
Value is an outcome of nursing practice (Edelbauer, Vlasses, & Rogers, 2013)
Value = Outcomes Achieved Per Dollar Spent (Porter, 2010)

- Proposed method of developing an estimate of value for RN-CCTM:
  - Using the RN-CCTM Logic Model,
    - First column on the left specifies the dimension
    - Second column specifies activities/interventions included in the dimension
    - This column specifies who does the activities
    - While the last three columns to the right specify short, medium and long term outcomes
    - Short term outcomes can also been considered processes as can medium outcomes (Haas & Swan, 2014)
Proposed Method of Developing an Estimate of Value for RN-CCTM (cont’d)

- If summative indicators are developed for these last three columns and they are imbedded in RN-CCTM documentation, as well as, documentation of other members of the interprofessional team
- And these indicators are coded in standardized language in an EHR, then:
  - The documentation data sets can be queried
  - Processes and outcomes can be mined from documentation,
  - There will be real-time demonstration of processes done, outcomes achieved and value gained (Haas & Swan, 2014)

Challenges – Areas where Knowledge and Skills need to be Developed and Implemented

- Developing a staffing model to support/resource the interprofessional team in a PCMH
- Building human resources/team configuration to support CCTM in PCMH
- Creating an environment (physical and cultural) to support CCTM in PCMH
- Developing/standardizing communication methods for use by interprofessional team members in the PCMH and between providers and settings
- Developing, testing and using process and outcome indicators to track the impact and value of RN-CCTM
- Developing risk stratification methods that use social determinants as well as physical and mental health problems and administrative data.
Electronic Health Record (EHR) Challenges Impacting the RN-CCTM Model

Patient Protection and Affordable Care Act mandates use of:
1. Use of evidence based practice and nationally accepted guidelines, yet there is a great lag time in getting these protocols into the EHR
2. An individualized patient care plan that moves with the patient throughout the care continuum
   - Work on this has not moved expeditiously
   - This requires use of interactive electronic health records in settings across the continuum

Electronic Health Record (EHR) Challenges Impacting the RN-CCTM Model (cont'd)

3. There is work proceeding to develop measures for outcomes of care coordination
   - There is a need to foster RN-CCTM documentation formats/screens with specified process and outcome indicators coded in standardized language
   - Also, there is a need to develop indicators that will track assessments, to processes to outcomes to build decision support systems
   - Also, a need to tease out contributions of team members to overall outcomes in an interdisciplinary model
4. Population Health Management varies across settings, with managed care settings having more advanced systems
AAACN National Initiatives for: The RN-CCTM Model

- Forth AAACN Expert Panel was configured and working:
  - Writing 13 Chapters of the *Care Coordination and Transition Management Core Curriculum* (Haas, Swan & Haynes Eds., 2014)
  - Will serve as basis for developing persons with RN-CCTM competencies
    - Provides standardized communication methodology for nurses discharging patients to ambulatory or other settings, as well as, ambulatory nurses communicating with acute care nurses and nurses in other settings.
    - Endorsed by Academy of Medical Surgical Nursing
    - Recognized by the QSEN Institute for unique use of QSEN KSAs

AAACN National Initiatives for: The RN-CCTM Model (cont.)

- AAACN has developed Educational Modules to support RN-CCTM Competencies education
- AAACN will be collaborating with the Medical-Surgical Nursing Certification Board, AMSN’s affiliating certification body, to develop a Certification exam in RN-CCTM
- Both ambulatory and acute care nurses will participate in the development of the exam which is targeted for early fall 2015.
- The exam will issue a full certification credential on work done for RN-CCTM Competences
- This Test and Certification awarded will be a demonstrable qualification for CMS funding for RN Care Coordination
References


References


References


Telepsychiatry: Transforming Access to Behavioral Health Care
Illinois Organization of Nurse Leaders

Scott Baker
New Markets Developer
InSight Telepsychiatry

Jim Varrell, MD
Medical Director
InSight Telepsychiatry

Agenda
- Models and Applications- 10 Minutes
- Value of Telepsychiatry- 10 Minutes
- Case Studies and Lessons Learned- 15 Minutes
- Establishing a Successful Program- 10 Minutes
- Questions and Discussion- 15 Minutes
Telepsychiatry
A medium for delivering psychiatric care through videoconferencing technology

Models of Telepsychiatry
Consult Vs. Treatment Models

- Both categories are applications of telemedicine
- **Consult Models**: remote providers give second opinion
- **Treatment Models**: remote provider takes ownership of a consumer

On-Demand Telepsychiatry Model

- Rapid, on-demand access to a psychiatric professional
- Offer psychiatric assessment, admission and commitment decisions
- Requires a lot of infrastructure to have consistent, scalable responsiveness 24/7
- InSight specializes in crisis telepsychiatry - average 1 hour response time

Settings where this is popular:

- Hospital EDs
  - Many are aware of the issue of ED boarding and the ramifications that has for the patient, hospital and community when people are waiting 24+ hours for assessment and treatment
- Crisis Centers
  - Standalone or clinic or hospital affiliated
- Mobile Crisis Units
  - We just launched a new program where mobile crisis teams bring a telepsychiatrist in to consumers homes with them
  - Corrections
  - Residential programs
- Any setting where timely access to care is critical: cruise ships, corrections etc.
Consultation Liaison Model

• When on demand psychiatric care is needed, but not with as strong of a time crunch
• The individual is stable and receiving care, they just need a psychiatric perspective
• Generally used for assessment and less about building the type of provider-patient relationship that is done for the routine model
• InSight averages a 4-hour response time for these types of “as needed” requests
• **Popular for:**
  - Med/surg floors at hospitals
  - Non-emergent services
  - Assessment before deployment, work release etc.

Phone Consultation Model

• Doctor-to-Doctor consult or “curbside consult”
• Walks the line between telemedicine and standard practice
• Option to escalate to video
• **Settings where this is popular:**
  - Inpatient units (admissions and orders)
  - PCP or pediatric consultation
Scheduled Telepsychiatry Model

- A regular, remote provider supplements onsite care
- Usually scheduled sessions or blocks of time
- Access specialists and prescribers
- Remote provider can do pretty much anything an onsite provider would do
  - med mang., assessment, treatment team meetings etc.
- A consistent provider who collaborates with the onsite team is key

Popular Settings
- CMHCs
- Residential programs
- Correctional facilities
- Substance use disorder clinics
- Nursing homes
- Inpatient units

Integrated Model

- Initiatives for behavioral health integration
  - Treating people’s mind and body comprehensively
- A number of different models of BHI
- Adopting BHI and telemedicine can be a nice marriage
  - Maybe you can’t justify having a psychiatric perspective on site, but could benefit from having a psychiatrist on your team
- Someone there to consult on prescriptions, be available for treatment team meetings, clinical observation, etc.

Popular for:
- Primary Care Facilities
- FQHCs
In-Home Model

- One of the newest applications
- Has to be done appropriately
  - Obviously not for crisis care
  - Lots of new logistical issues to address
- Option for facilities and providers who want to do appointments with their regular caseload virtually
- Developing opportunities to “shop” for a provider who fits your needs online
- Only need computer with webcam and a strong internet connection
  - Must be done in a secure, HIPAA-compliant platform

Popular For:
- Busy people
- Travelers
- Rural communities
- Teens going off to college
- People with difficulties getting to sessions

Blended Model

- Models can be mixed and matched
- Blended models enable consumer to potentially access the same provider in a variety of settings
  - Imagine: someone moving from a hospital, to a rehab facility to an outpatient clinic to an in-home care treatment model and being able to see the same provider that whole time
  - Technology is the way we can do this
- Enables more consistent and collaborative care across a system
  - A provider can “follow” a patient or at least better share info from one level to the next
- Popular For:
  - ACOs
  - Health Systems
  - Universities
  - Corrections
What is the Value of Telepsychiatry?

Direct Benefit
- Reduced inappropriate admissions
- Improved ED throughput
- Improved wait times
- Reduced transport costs
- Cutting ED Boarding

Indirect Benefit
- Patient Satisfaction
- Staff Satisfaction & Retention
- Improved Safety
- Decreased Liability
- Joint Commission Compliance
- Reducing Readmissions

A physician reimbursement for behavioral health patient is, on average, 40% less than for a medical patient.

A behavioral health patient costs a hospital nearly $2400 more than their average medical patient.

1- Academic Regional Referral Center with over 90,000 patients/year
Impact of ED Boarding

"Psychiatric patients awaiting inpatient placement remain in the ED 3.2 times longer than non-psychiatric patients”

"Psychiatric boarding in the ED prevents 2.2 bed turnovers”

With a loss of opportunity cost due to lack of bed turnover, psychiatric patients costs hospitals an average of $2264 per patient"


Hospital Case Study

A 220 bed hospital
A ED staff was increasingly dissatisfied with:
  A Extended psychiatric stays
  A Frequency of involuntary and voluntary commitments
  A Difficulty in attaining psychiatric assessments
  A Discomfort with complex diagnostic and risk management decisions needed to make to discharges
Hospital Case Study

Rate of transfers conducted by involuntary admissions:
29% in 2010
18% in 2012

Transfers accomplished solely using the resources of hospital’s case management staff
49% of transfers in 2010
71% of transfers in 2012

40% decrease in transfers of psychiatric diagnoses to medical beds from 2010 to 2012

“In the ED, the availability of specialty services is always difficult. Our hospital turned to InSight for their telepsychiatry services which have been very successful.

We’re not waiting for a psychiatrist to come in when his office hours are over. The physicians are very skilled, and the patients like that it’s private.”

-- Betty Brennan,
Director of Emergency Services
## The ROI of Telepsychiatry for a Hospital System

<table>
<thead>
<tr>
<th>Hospital</th>
<th>1 Day LOS</th>
<th>% Self Pay</th>
<th>BH ED Admits</th>
<th>BH-ED ALoS</th>
<th>Sitter Hrs</th>
<th>Min Hrly Rate</th>
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</table>

* Rolled up into Medical Center numbers
** Calculated at the lowest hourly (CNA) rate for each facility
*** Metrics are YTD through November 2013

## South Carolina Statewide Program

- 18 Hospitals conducting over 19,000 interactions since 2009
- Saved $2934 per episode of care using telepsychiatry
- 53% Reduction in ED Length of Stay
- 40% of Patients recommended for same day release
- 91% of ED staff say telepsychiatry is an efficient use of patient’s time
- 95% of ED staff say patients appear comfortable during the interaction
- 95% of ED staff say the patients are cooperative during the interaction
- 100% of ED Physicians are satisfied with the availability of telepsychiatry
- 100% of ED Physicians are satisfied with the thoroughness of consults
- 94% of hospital administrators say it is an efficient use of hospital funds
- 94% of Hospital administrators would recommend it to other hospitals
Typical Locations for Telepsychiatry

1. Emergency departments
2. Outpatient centers
3. Emergencies on medical floors
   For example: consultation for internist on medical floors or in the oncology clinic
4. Psychiatric inpatient units
5. Surgical floors

Issues Treated with Telepsychiatry

- Major Psychiatric Disorders
- Loss and Grief
- Substance Use
- Change of mental status/ delirium
- Medical decision capacity evaluations
- Behavioral management of difficult behaviors/ aggression
- Family therapy/ Intervention
A Typical On-Demand Telepsychiatry Encounter

- Hospital Connects with the Access Center
- Access Center collects initial information
- Connects psychiatrist to do assessment
  - Note: onsite staff should be in the room for crisis assessments
- Provider connects with onsite staff regarding treatment and commitment decisions
- Telepsychiatrist documents through remote access to EMR or other system

Clinical Lessons Learned for Hospital Telepsychiatry

- Not just a doctor on a screen
  - More than just a disposition decision
- Team approach is important
- Telepsychiatry helps a hospital to be effective and efficient
- Have to develop workflows
  - Define goals and participants
  - Remote provider must learn community resources
The Case of the Comatose Lady

The Case of the Stomach-Pained Boy
Remote Providers Are Effective

Telepsychiatry is just connecting with another person through a different medium
- It works for connecting with both staff and patients
- Providers have to learn how to project themselves through this medium
- A remote connection can be even more effective in some cases

Telepsychiatry Allows you to Find Providers Who are the Right Fit

- Take the time to find the right people
- Want a psychiatrist who likes to work and has experience in ED
- Provider should be trained in communicating via telehealth

- Create a sustainable relationship
  - Employed v. contractor model
Integrate your Remote Providers onto the Care Team

During Orientation- Give an understanding of the standards at your site
  • What to do in an emergency?
  • What are clinical expectations?
  • Do you have social workers for crisis screening or does a nurse have to do it?
  • What are the community resources?
  • How to get a lab report?
  • Which onsite person do you need to circle back with after an evaluation?

Orient them as if they were onsite

Maintain The Relationship

Stay Connected Once you Launch
  • Put on email listserv
  • Send organizational newsletters
  • Invite to staff and treatment team meetings
  • Let them know if there has been a staff turnover

Always Communicate!
  • It takes a little extra effort, but it is critically important

www.ionl.org
What role does everyone play in a telepsychiatry encounter?

- ED director
- Nurse
- Existing psychiatric providers
- Executive leadership
- Support staff
What Telehealth Regulations Should Our Organization be Aware of?

- Reimbursement
- Licensure
- Credentialing
- E-Prescribing
- Easy to See Challenges, Harder to See Solutions
  - We’ve been doing this for 15 years and work across the country. Telepsychiatry is possible!

Which Stakeholders Should We Engage Before Starting a Program?

- Policy makers, other organizations, payer sources, grantors, referral sources, receiving facilities
  - Engage them early on
  - Surprises often result in negative emotional reactions
  - Challenge them to think about how they too can utilize telemedicine
### What can an organization do to design an effective program?

- Proactively design a system that works for your organization
  - Goal should be integration
- When will you use telepsychiatry? How?
- Who will take the records? How will they be sent?
- Who will be the facilitator?
  - What will they do?
  - How will they communicate with the remote provider?
- How will scheduling work?

### What can an organization do to make the credentialing process easy for telepsychiatry?

- Consider credentialing by proxy
- Are your bylaws conducive to telepsychiatry?
  - Amend requirements for PPD tests, memorizing firecodes and other things that don’t make sense for a provider who is never onsite
What are the best technology options?

- Do you need a mobile televideo unit?
- Will an online platform work?
- Is your platform HIPAA compliant?
- What internal support capacity do you have?
- Is interoperability important?
- How will you create a secure environment for sessions?
- Would you want the in-home sessions ever?
- Lots of reputable technology options
  - It's a matter of what works for your needs
    - Don't let your technology decision be solely driven by your IT department
  - Think about user experience
- Pay attention to guidelines and best practices

What Are Clinical Best Practices for Telepsychiatry?

- Providers must adapt their style for telepsychiatry
  - Should be trained and practiced in this before seeing patients
- Making sure the patient can see and hear you is very important
- Eye contact is different
- Need professional room setting- lighting is important
- Careful with Gestures
- Learn tricks to engage patient- maybe by talking about the technology
QUESTIONS
AND DISCUSSION
“Nurses’ and Patient Care Technicians’ perceptions of Toileting Patients’ on High Fall Risk”
Vida M. Vizgirda RN, PhD, JD, OCN; Maureen Barrett, RN-BC, MS, NorthShore University Health System

“Beyond Borders: Partnerships in Healthcare Education”
Debra M. Griffith, MBA, RN, NE-BC- Ann & Robert H. Lurie Children’s Hospital of Chicago; Sylvia Rineair, MSHA, BSN, RN, VA-BC- Cincinnati Children’s Medical Center; Diedre Bricker, MSN, RN, CRRN- Children’s Hospital Colorado

“Every Alarm is Actionable...Now What?
Amy Dworkin, AD, RN; Dan Shea BSN, RN, CCRN; Brook Ayyad, MSN, RN; Jacquie Steuer, MSN, ACNP-BC, NorthShore University Health System

“Factors Associated with Early Re-Admission of Heart Failure Patients”
Sherry Wallingford RN, BA, CPHQ, NorthShore University HealthSystem-Home and Hospice Services
Annual Business Meeting Agenda

September 26, 2014
Hilton-Lisle
3003 Corporate West Drive
Lisle, Illinois
1:00-1:30 PM

Call to Order
Trish Anen

President’s Report
Trish Anen

President Elect’s Report
Melinda Noonan

Treasurer’s Report
Nancy Cutler

Past President’s Report & Election Results
Angela Charlet

Closing Statements
Trish Anen

Committee Reports can be found in the conference program
A Glimpse of a Few of IONL’s Accomplishments
September 2013-September 2014

- Grassroots effort to successfully defeat staffing ratio legislation
- Our Facebook page continues to grow
- Created a Linked-In company page
- Tweeting on Twitter
- Continued CE Provider status
- New & interactive career center on IONL website
- Co-Provided several CE Activities with other organizations
- Created a position paper on Nurse Staffing – Matching Nursing Resources with Inpatient Needs
- Mid-Year Conference held in Bloomington
- Held Aspiring Nurse Leader Workshop in Chicago
- Conducted 12 Lunch ‘n Learn Webinars
- Planning member for IDPH’s Women’s Health Conference
- Attended AONE Chapter Leader Meetings, (December and March)
- Attended AONE Annual Meeting
- Nursing Care Collaboration Committee (NC-3) conducted 8 webinars with up to 64 hospitals representing
- Orientation of new board members
- Membership tables at several nursing events
- Continued e-newsletters
- Co-Lead of Illinois Healthcare Action Coalition (IHAC) and Chair of Leadership Workgroup
- Participant in Illinois Coalition of Nursing Organizations
- Healthy Air Coalition Member (American Lung Association- Chicago)
- Created the Illinois Nursing Leader Fellowship, 23 fellows attended
- Revamped the IONL website
- Conducted 2 regional area CE events- Chicago and O’Fallon
- Worked with AONE to schedule a CENP review class
- Gave opening remarks at Adventist Health Systems premiere of the movie, “The American Nurse”
- Facilitated a meeting with Nurse Leaders across the continuum of care
- Created an essentials workshop for nurse leaders
Illinois Organization of Nurse Leaders  
Annual Business Meeting Minutes  
9/26/13  
Wyndham Lisle-Chicago Hotel

**Members Present:** 164

<table>
<thead>
<tr>
<th>Agenda Item/Issue</th>
<th>Findings/Conclusions</th>
<th>Recommendations/Actions</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>Call to Order</td>
<td>Meeting called to order at 1:36 pm by Angela Charlet.</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Approval of agenda</td>
<td>Reviewed meeting agenda</td>
<td></td>
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</table>
| President’s Report- Angela Charlet | Angela highlighted all of the IONL accomplishments for 2013.  
We now have three programs supporting every level of nursing leadership.  
IONL used the book “Race for Relevance” to assist us in developing the strategic plan.  
Marj Maurer assisted in providing the Baldridge framework to refine our mission and vision statements.  
Angela reviewed the 2014 strategic plan for IONL. | Quorum of 10% of the members was present                  | None              |
| President-Elect Report- Trish Anen | On behalf of the Board of Directors, Trish presented Angela with an award for her service as President. |                                                             | None              |
| Treasurer’s Report- Nancy Cutler | Nancy listed the assets and liabilities and declared IONL to be of sound financial standing. |                                                             | None              |
| Past President’s Report- Cathy Smithson | Cathy listed the results of the 2014 IONL Board of Directors. |                                                             | None              |
| Conclusion                | Angela wished to acknowledge the Board of Directors for their work.  
She thanked the Executive Director and Sentergroup. | The meeting was adjourned at 1:56 pm.                       |                   |
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VACANT

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Nominations and Elections:
Angela Charlet, Chair
Members:
Marj Maurer (‘13-’15)
Mary Petersen (‘13-’15)
Ann Gantzer (‘14-’16)
Debbie Birk (‘14-’16)

Audit:
Corinne Haviley, Chair
Connie Scott
Robin Gordon
Advisory (Non-Voting) Board Members

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Executive Director
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Fax: 312.265.2908
Report to IONL September 25-26, 2014
Continuum of Care Committee
Update

Throughout the last quarter of 2013, IONL developed its strategic plan and felt it was important that IONL changed its focus to beyond acute care. IONL would like to become the voice of nursing leadership for all nursing leaders and to provide networking and educational opportunities for nursing leaders from across the continuum of care. The Board recommended the first step should be to ask a group of nurse executives who currently do not practice in acute care to participate in a focus group to assess the interest and feasibility of this strategy. On February 26, 2014, a diverse group of 11 nursing leaders from the continuum of care attended a focus group meeting.

The following were the themes were discussed by the group:
- IONL remains acute care focused
- Recognition of different issues that concern leaders in care continuum vs inpatient
- Educational needs of care continuum great – staff level to senior leadership
- Need to teach others regarding the care continuum
- IONL can be a “clearinghouse” or “conduit” of information to nurse leaders

Results of the focus group were brought to the IONL Board at the April 3, 2014, meeting. The Board had the following recommendations:
- Use the focus group as an advisory committee to increase IONL presence throughout the care continuum
- Provide some care continuum “intensives” to the organization
- Have a Care Continuum panel present at the next IONL yearly meeting
- Continue to find ways to increase the consciousness of the care continuum
- Identify common grounds to pull together nurse leaders from all areas of care

Based on the Board input, the first action will be a panel discussion at the September, 2014 annual meeting, titled, “To be Continued: Looking at the Evolving Roles of Nursing Leadership along the Continuum”. Panel participants will include: Joanne Carlin MSN, RN, NHA, VP Clinical Risk Services-Specialty Group, Willis of North America; Cheri McEssy CNO, RN, President and Owner, BrightStar Care of Chicago and Berwyn, Carolyn Peterson RN, Director of Hospice, Residential Hospice, Jill Rogers PhD, RN, NEA-BC, VP Residential Care, ViLiving; with moderation by Pamela Eulberg RN,MM,CNML,CHC, VP Compliance & Quality, Residential Home Health & Hospice.

The Care Continuum Committee will meet in the fall of 2014 to determine further activities for 2015. Respectfully submitted, Pamela Eulberg.
Date: August 25, 2014

Report for the Year: 2013-2014

Committee: Policy & Advocacy

Committee Members:
Kathy Atkins, Ann Scott Blouin, Frank Bradtke, Mary Brenczewski, Susan Campbell, Nancy Cutler, Janet Davis, Deborah Davisson, Kathy Ferket, Kim Flanders, Susana Gonzalez, Trina Hamrick, Kathy Hanson, Corinine Haviley, Barbara Jany, Eliane Kemper, Lisa Klaustermeier, Janet Krejci, Matthew Martin, Teresa McConkey, Jackie Medland, Andrea Miller, Emmy Moore, Gail Mulrooney, Melinda Noonan, Gretchen Pacholek, Marsha Prater, Debra Quintana, Sharon Rangel, Carol Rupert, Margaret Schwall, Mary Jo Synder, Jill Stemmerman, Gail Wurtz

Goals and Accomplishments:
The committee provided tools and resources for nurse leaders to serve as effective change agents regarding healthcare legislation. These resources included an App for legislative updates in Springfield, AHA 2014 Environmental Scan and discussion of the article by Taft & Nanna, *What are the sources of health policy that influence nursing practice?* Sharon Rupert presented her AONE Nurse Fellowship work on Capitol Hill. The committee is updated on pivotal legislation requiring action. Grass root efforts to keep HB12 in committee was successful for the 13th year. Susana Gonzalez met with Representatives in Springfield in March. Kathy Ferket testified at Representative Flowers open hearing on HB12 in May. Emmy Moore drafted a Position Statement on inpatient staffing.

Summary:
Committee members participated in nine calls from September 2013- September 2014, with an average of 8-10 members per call. Agendas and minutes are posted to the website for review. Kathy Ferket is committee chairperson and Susana Gonzalez is vice chair; Cathy Grossi acts in advisory capacity to the committee.
The P&A committee chairpersons rotate attendance at all NC3 calls to discuss legislative updates for Illinois staffing committees. Legislative visits and calls are discussed and encouraged, especially when legislators are in their home districts. Cathy Grossi provides expertise on legislation with monthly updates. The list below is some of the topics covered in this complex election year.

- Impact of budget cuts
- Medicaid expansion programs
- Medical marijuana
- Staffing ratios- HB12
- POLST
- APN scope of practice
- Hospital licensing fee increases
- Second midnight rule
- Telehealth expansion
- Medication administration by aides in special settings
- Conceal carry
- Income tax rollback

Mandated nurse staffing ratios will go to a referendum vote in the November Massachusetts general election. Illinois is watching this election closely and have connected with nurse leaders in Massachusetts. We shared the success of the NC3 committees in Illinois. A plan to re-survey the NC3 committees regarding staffing and acuity is in development.

Thank you to the committee members for their participation and support.

Respectfully submitted,
Kathleen Ferket, MSN, APN-BC
Annual Report

Date: August 29, 2014

Report for the Year: 2013-2014

**Committee:** Nursing Care Consortium Committee (NC3)

**Purpose:**
To promote the quality of care and improve the delivery of healthcare services through a lively exchange of ideas among Nursing Care Committees throughout the State of Illinois. To promote the value of registered nurses’ input in meeting the healthcare needs of hospital patients.

**Committee Members**

<table>
<thead>
<tr>
<th>Member</th>
<th>Affiliation</th>
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<tr>
<td>Jennifer Grenier-</td>
<td>Rush Oak Park</td>
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<td>Chair</td>
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<td>Jennifer Reid</td>
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<td>Toni Jurgensen</td>
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<td>Cadence Delnor</td>
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<td>Candace Katta-Liptrot</td>
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<td>Sharon Rangel</td>
<td>IONL Executive Director</td>
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**Goals and Accomplishments:**
65 Hospitals are currently signed up to participate in NC-3 with the committee members growing the participation by 7 hospitals this year. Committee members participated in one planning committee call in March. During this call committee members agreed to get at least one additional hospital to participate in the NC3 webinars. We also decided to increase the amount of staff RNs that were on the webinars. Each committee member agreed to help their facility increase the staff RN participation on the webinars. Agenda and minutes are shared with committee members via email. The committee has also increased participation in the webinars due to increase participation in social media via Facebook and Twitter.
Summary:
Our committee continues to work closely with the policy and advocacy committee where the P&E committee chairpersons rotate attendance to all NC3 calls to discuss legislative updates for Illinois staffing committees. A plan to re-survey the NC3 committees regarding staffing and acuity is in development.

Our committee has had a successful year as we continue to grow our hospital participation along with our staff nurse participation on the webinars. Next steps for NC3 will be to increase our webpage hits by adding videos. These videos will display the success of the Illinois staffing committees in a wide rage of different hospital settings.

The list below is the webinar based topics that were presented over the last year.

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<th>NC-3 webinar date</th>
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<td>April 28th</td>
<td>Implementing the Clinical Nurse Leader Role</td>
<td>Denise Wienand CNL</td>
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<td>Alison Jordan CNL</td>
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<td>Brandy Hatcher CNL</td>
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<td>Nurse Staffing; The Illinois experience</td>
<td>Therese Fizpatrick</td>
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<td>Trish Anen</td>
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<td>July 28th</td>
<td>Acuity; The New Frontier for Nurse Staffing</td>
<td>Mary Beth Mitchell</td>
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<td>September 22nd</td>
<td>Managers Guide to Innovated Practice</td>
<td>Jennifer Manzick</td>
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<td>October 27th</td>
<td>Staffing Every 4 hours using a staffing model</td>
<td>Debbie Quintana</td>
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<td>November 24th</td>
<td>Acuity Systems how does it all work</td>
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Thank you to the committee members for their participation and support.

Respectfully submitted,
Jennifer M Grenier, MSN, RN-BC
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COMMITTEE DESCRIPTION

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.

Education & Practice Committee: Promotes collaboration across all academic and practice settings. Supports opportunities for networking, information sharing and education.

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.

Nursing Care Committee Collaboration (NC-3): NC-3 is an attempt to bring collaboration, education, and sharing for our state mandated Nursing Care Committees. The purpose is to promote quality of care and improve the delivery of healthcare services through a lively exchange of ideas among nursing care committees throughout the State of Illinois.

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.
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  o Yes  o 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
____  Policy & Advocacy
____  Member Engagement
____  Audit Committee
____  Nominating Committee
____  Education & Practice Collaboration
____  Continuum of Care Task Force (new!)
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:

execdir@ionl.org
MEMBERS OF THE
ILLINOIS ORGANIZATION OF NURSE LEADERS

Kerry Abbott The Nash Group
Victor Agoo UIHHSS
Kelly Alcorn St. Mary's Hospital
Gail Alkovich Saint Mary and Elizabeth Medical Center
Jeri Anders Rochelle Community Hospital
Anne Anderson Central DuPage Hospital
Ida Androwich Loyola University Chicago
Patricia Anen Metropolitan Chicago Healthcare Council
Marianne Arajo Advocate Good Shephard Hospital
Kathy Atkins OSF St. Joseph Medical Center
Patricia Autman RML Specialty Hospital
Cindy Bailey Richland Memorial Hospital
Judith Balcitis Sherman Hospital
Cynthia Barginere Rush University Medical Center
Dinna Barker FHN
Karen Barnes Metropolitan Chicago Healthcare Council
Marci Barth Fayette County Hospital
Jason Bauer Swedish American Hospital
Karen Baur Memorial Medical Center
Betty Bayona Saints Mary and Elizabeth Medical Center
Terry Beauchamp Passavant Area Hospital
Janice Becherer Good Samaritan Regional Health Center
Adelaida Bejar Saints Mary and Elizabeth Medical Center
Debra Bemis Kish Health System
Kathy Benjamin MacNeal Hospital
Sandra Berger Central DuPage Hospital
Wynn Biedermann Mercy Harvard Hospital
Pamela Bigler Carle Foundation Hospital
Deborah Birk St. Anthony's Health Center
Angela Black Cadence Central DuPage Hospital
Kay Blair Swedish American Hospital
Laura Bliven Blessing Hospital/Blessing Health System
Tamara Bloom Swedish American Hospital
Ann Blouin Joint Commission
Marlene Bober Advocate Health Care
Deny Boettger St. Anthony's Health Center
Lore Bogolin Delnor Hospital
Ian Bonador Resurrection University
Jennifer Bond Memorial Medical Center
Frank Bradtke Ingalls Health System
Mary Brenczewski SILVER CROSS HOSPITAL
Dusty Brinson Ann & Robert H. Lurie Children's Hospital
Logan Brittain Kronos
Michele Bromberg Center for Nursing
Beth Brooks Resurrection University
Sharon Brooks Rush Copley Medical Center
Frederick Brown Rush University Medical Center
Hope Brown Carle Hospital and Physician Group
Patty Bryant Passavant Area Hospital
Rebecca Buring Rush University Medical Center
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<td>Rochelle Community Hospital</td>
</tr>
<tr>
<td>Michelle Turner</td>
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<td>Debra Turpin</td>
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<td>Runay Valentine</td>
<td>Rush University Medical Center</td>
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<td>Michael Vansteel</td>
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<tr>
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<td>Jennifer Vince</td>
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<td>Vida Vizgirda</td>
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<tr>
<td>Frances Vlasses</td>
<td>Loyola University of Chicago</td>
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<tr>
<td>Cheryl Wallin</td>
<td>Morris Hospital &amp; Healthcare Centers</td>
</tr>
<tr>
<td>Katherine Weibel</td>
<td>Adventist Midwest Health</td>
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<tr>
<td>Barbara Weintraub</td>
<td>Our Lady of the Resurrection Med Ctr</td>
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</tr>
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<td>Nancy Weston</td>
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<tr>
<td>Shelley Wiborg</td>
<td>IONL</td>
</tr>
<tr>
<td>Mary Wild</td>
<td>Sarah Bush Lincoln Health Center</td>
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<tr>
<td>Lynn Williams</td>
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<td>Kristin Williford</td>
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<td>Cindy Wilson</td>
<td>Belleville Memorial Hospital</td>
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<td>Carol Wilson</td>
<td>University of St. Francis</td>
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<td>Julie Worden</td>
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<td>Gail Wurtz</td>
<td>B.E. Smith, Inc.</td>
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<td>Leanna Wynn</td>
<td>Passavant Area Hospital</td>
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<tr>
<td>Name</td>
<td>Affiliation</td>
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<tr>
<td>Connie</td>
<td>Yuska</td>
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<td>Victoria</td>
<td>Zickenheiner</td>
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<td>Jane</td>
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The Importance of Joining a Professional Nurses Association

While it's easy to join, the real benefit comes from active involvement. There are many levels of involvement: hosting a meeting, volunteering for a committee or task force, reviewing abstracts for a conference, and conference planning. Let's take a look at some of the advantages of joining a professional nurses organization.

- **Education**: Science and technology change rapidly—and you need to keep up with the changes that affect health care. Like state licensing boards, many specialty certification boards require you to take continuing education (CE) courses to stay up-to-date in your practice. Some associations even offer CE activities to members at reduced prices.

- **Annual Conventions**: As a member of a professional organization, you'll get notices announcing major conventions that you may be able to attend at a discount rate. Making professional contacts is a big draw at these conventions, where you'll meet other nurses in your specialty.

- **Networking**: As a member of a professional association, you'll have plenty of networking opportunities besides connecting with other health care professionals at national, state, or local conventions. For example, you will probably have access to online chats or forums at your associations' Web site. Not only can you network with your peers and other professionals, but you can also hear how others are handling some of the same issues you face.

- **Safeguarding Your Profession**: You are part of a unified voice. Being aware and empowered to move your profession forward, to limit barriers to practice, and decrease the impact of uninformed legislators and other parties. To fully embrace your profession.

- **Certification**: Many professional organizations offer certification. Becoming certified demonstrates your commitment to excellence in your practice.

- **Targeted Products and Resources**: When you join a professional organization, you may get discounts to obtain online CE, newsletters, certification review materials, and much more. Some nursing organizations offer members discounts on auto, life, and professional liability insurance and feature special credit card offers. Many nursing organizations offer members an official journal that may contain peer-reviewed, clinical articles and research relevant to the specialty.

- **Career Advancement**: Participating in an association is the first step towards advancing your career. Employers often look for participation in professional organizations.

- **Career Assistance**: When you're searching for a new job, look to your association's career center for openings, advice, and opportunities. In fact, keep an eye on that information periodically, whether you’re job searching or not, to stay in touch with the latest trends in your specialty. Review job openings for salaries and benefits so you know current earning potentials. Also, networking assists in word of mouth job openings.

- **Web Sites**: Practically all nursing associations have Web sites you can explore. Typically, they offer general information about the association that anyone can access, as well as member-only areas with restricted access. The members-only section generally contains a wealth of resources.

For a list of some of the professional nurses associations: [http://nursing.illinois.gov/nursingspeciality.asp](http://nursing.illinois.gov/nursingspeciality.asp)
REGISTRATION

To register, please go to http://www.aone.org/education/CENP/2014/cenpreviewoct23.shtml

IONL members will receive a discount for this program. The registration fee for AONE and IONL members is $270.

If you are not an AONE member and you receive the non-member rate of $325, please enter discount code: 692CENPD. Please do not enter this code if you are already an AONE member.

If you have any questions or would like an invoice, please contact Kelsey Irish at kirish@aha.org or 312-422-2809.

October 23, 2014

AONE is proud to cohost with the Illinois Organization of Nurse Leaders (IONL)
CENP REVIEW COURSE DETAILS

October 23, 2014
8:00 am to 4:30 pm
Adventist Bolingbrook Hospital
500 Remington Boulevard
Bolingbrook, IL 60440

REGISTRATION
IONL members will receive a discount on the registration fee. Registration cost covers materials as well as continental breakfast and lunch. Participants can earn a maximum of 6.5 continuing education hours. The American College of Healthcare Executives has approved this program toward advancement or recertification in healthcare executive education by the American Nurses Credentialing Center. AONE offers SAEs to assist those preparing for the CENP exam. All attendees in the October 23 review course will receive a discount on the AONE SAE if purchased by November 30, 2014. Please note that you must be an AONE member to receive the member discount.

INTERESTED IN PURSUING CERTIFICATION AS A NURSE EXECUTIVE?

The AONE CENP Essentials Review Course is a one day course that assists participants in preparing for the CENP exam through a review of the AONE Nurse Executive Competencies ™ and practical application of the competencies. The competencies include:

- Communication and Relationship Building
- Knowledge of the Health Care Environment
- Professionalism
- Business Skills
- Leadership
- Skills in Executive Nursing Practice
- Knowledge of the Health Care Environment
- Communication and Relationship Building

This is intended to be an opportunity to integrate concepts with experience, honing your critical thinking abilities in preparation for the exam.

AONE SELF ASSESSMENT EXAMS (SAEs)

AONE also offers SAEs to assist those preparing for the Certified in Executive Nursing Practice Exam. All attendees in the October 23 review course will receive a discount on the AONE SAE if purchased by November 30, 2014. Please note that you must be an AONE member to receive the member discount.

<table>
<thead>
<tr>
<th>SAE</th>
<th>Discount Rate</th>
<th>Regular Rate</th>
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<tbody>
<tr>
<td>AONE Member</td>
<td>$95</td>
<td>$115</td>
</tr>
<tr>
<td>Non Member</td>
<td>$180</td>
<td>$200</td>
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</table>

CERTIFICATION INFORMATION

The Certified in Executive Nursing Practice (CENP) certification offered by AONE is designed exclusively for nurse leaders who are engaged in executive nursing practice. The American Organization of Nurse Executives website at www.aone.org provides information and requirements for the CENP certification and also has application information.

Requirements to test:
- Valid and unrestricted license as a registered nurse;
- A bachelor of science in nursing (BSN); or
- A masters’ level degree in a nursing role (one of your degrees must be in nursing or a related field); and
- 4 years in an executive nursing role (two of the last 4 years in an executive nursing role);
- Employment in nursing in an accredited institution; or
- A bachelor or higher degree in an unrelated field (two of the last 4 years in an executive nursing role); and
- Employment in nursing in an accredited institution; or
- A certified nurse in an executive nursing role; and
- Employment in nursing in an accredited institution.

Registration:

To register for the CENP Essentials Review Course, please visit the AONE website at www.aone.org and follow the registration process. The course will take place on October 23, 2014, from 8:00 am to 4:30 pm at Adventist Bolingbrook Hospital, 500 Remington Boulevard, Bolingbrook, IL 60440. The cost of the course is $270 for AONE members and $325 for non-members. AONE also offers SAEs to assist those preparing for the Certified in Executive Nursing Practice Exam. All attendees in the October 23 review course will receive a discount on the AONE SAE if purchased by November 30, 2014. Please note that you must be an AONE member to receive the member discount.

<table>
<thead>
<tr>
<th>Course Fee</th>
<th>Nonmember</th>
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<tr>
<td>$450</td>
<td>$270</td>
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</table>
IONL Supports You at Every Level of Your Leadership Career

**Aspiring Nurse Leader Workshop**
- **Dates:** 11/21/2014
- **Location:** Joliet, IL
- **Target Audience:** Staff Nurses & Charge Nurses

**Illinois Nursing Leader Fellowship**
- **Dates:** 11/13/14-7/10/14 (4 sessions)
- **Location:** Chicago and Bloomington areas
- **Target Audience:** Nurse Managers & New Directors

**Midwestern Institute for Nursing Leadership at Kellogg**
- **Location:** Northwestern University, Evanston, IL
- **Target Audience:** Directors of Nursing, New CNO's

For more information visit: [www.ionl.org](http://www.ionl.org)
ASPIRING NURSE LEADER WORKSHOP

Friday, November 21, 2014

Hosted by:

Provena Saint Joseph Medical Center

333 N. Madison Street
Joliet, IL 60435
www.provena.org/stjoes

Program Overview:

- Successful nurse leadership skills
- Overview of AONE & ANCC Certifications
- The importance of serving on a Board of Directors
- Resources available for future nurse leaders
- Successful transitioning from peer to manager
- Effective Communication Skills
In an effort to demonstrate IONL’s commitment to its mission, this fellowship is being offered to enhance the professional development of Illinois nurse leaders across the state. As nurses are called to lead change in healthcare, this fellowship invites managers and new directors from diverse practice environments to enhance their knowledge, attain new skills, and collaborate with other leaders. The sponsoring organization benefits from the participant’s increased confidence, improved communication and relationship building skills, and completed fellowship project.

Participants experience learning through various methods:
- **Interactive Sessions** four times during the year,
- **Independent Work** assignments,
- **Virtual Environments** communicating on-line with faculty,
- **Experiential Learning** applying skills and tools in the workplace.

Participants will be expected to attend 4 sessions consisting of 1.5 conference days and complete an organizational project as part of the fellowship. It is strongly recommended that organizations send two participants so a team approach may be utilized. The project is intended to benefit the organization by potentially offsetting the cost of the tuition.

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**Session Dates**

<table>
<thead>
<tr>
<th>Location</th>
<th>Dates</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OAKBROOK, IL</strong></td>
<td>Nov 6, 2014</td>
<td>9:00am - 5:00pm</td>
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<tr>
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<td>Nov 7, 2014</td>
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<tr>
<td><strong>NORMAL, IL</strong></td>
<td>Jan 15, 2014</td>
<td>9:00am - 5:00pm</td>
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<td></td>
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<tr>
<td><strong>NORMAL, IL</strong></td>
<td>Mar 26, 2015</td>
<td>9:00am - 5:00pm</td>
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<td>Mar 27, 2015</td>
<td>8:30am - 2:30pm</td>
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<tr>
<td><strong>OAKBROOK, IL</strong></td>
<td>Jul 9, 2015</td>
<td>9:00am - 5:00pm</td>
</tr>
<tr>
<td></td>
<td>Jul 10, 2015</td>
<td>8:30am - 2:30pm</td>
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</table>
Nomination/Registration Process:

Get Nominated  All candidates for the Illinois Nursing Leader Fellowship must be nominated by the Chief Nursing Officer (or designee) of their employing organization. Considerations for nominating candidate include:
- Leadership potential
- Ability to attend all 4 sessions of the conference
- Willingness to commit to ongoing learning and completion of all assigned pre- and post-work
- Support from the CNO (or designee) as the leader moves through the learning process
- Participant agrees to serve as a mentor to future attendees of the program

Registration Form  The CNO (or designee) and candidate must complete their respective parts of the application form. We strongly recommend sending two participants per organization so the attendees may work on their project as a team.

Application Deadline  October 3, 2014

Registration Fee  $400 for all four conference sessions, materials, breaks, lunches, and Continuing Education hours. An invoice for the registration fee will be sent by email to the nominating CNO (or designee). Registration payment must be received by November 3, 2014.

Application Review  Members of the planning committee will select participants based on
- Order in which the application was received
- IONL membership of the nominating CNO (or designee)
- CNO and candidate commitment to the process of leadership development
- Class size limited to 25 participants

Chosen  Candidates chosen for the 2014 Illinois Nursing Leaders Fellowship and their nominating CNO (or designee) will be notified on or before October 17, 2014 via email. Applications of eligible candidates who cannot be accommodated in the current program will be retained and prioritized for any future program.

Questions?  Please contact Sharon Rangel, Executive Director, at: execdir@ionl.org
Application

Type or write all answers directly into space provided and checkbox all appropriate boxes to indicate your answer. Email a completed version of the application to execdir@ionl.org

Sponsor Information

Organization: ____________________________________________________________

Address: ___________________________________________ City: ____________ State: ______

Chief Nursing Officer/Designee: __________________________________________

Email: ___________________________ Phone: ___________________________

Is Chief Nursing Officer Member of IONL: □ yes □ no

Candidate Information

Name: ___________________________________________ Current Position: ______________________

Email: ___________________________ Phone: ___________________________

Number of Years as an RN: ______________________ Nursing Education: ______________________

Nursing Speciality Certification: __________________________________________

Are you willing to do pre-work, attend 4 sessions, do post work and return as a mentor: □ yes □ no

Professional Goals:
(provide a brief statement below outlining why you wish to participate in this program and what you hope to achieve in the next 5 years)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Leadership Skills: (share one example of an opportunity in which you have had to use nursing leadership skills)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
Having difficulty finding readily available, timely and compelling online professional development programs for your nursing leadership team? Look no further. IONL hosts monthly Lunch 'n' Learn webinars that are free to each individual member and $25 for each non-member.

The webinars are held from 12:00-1:00PM mid-week. 1 contact hour of CE credit is provided.

Upcoming 2014 Webinars

The Business Case for a Discharge Admission Nurse Navigator Model
October 16, 2014
12:00- 1:00PM
Kristie Oblak
Judy Arway

Exploring the Role of the Registered Nurse in Primary Health Care
December 12, 2014
12:00- 1:00PM
Carolyn Hayes, Ph.D., RN, NEA-BC
Ellen-Marie Whalen

Civility Tool-Kit: Resources to Empower Nurse Leaders to Identify, Intervene, and Prevent Workplace Bullying
November 13, 2014
12:00- 1:00PM
Beth Nachtsheim Bolick DNP, NP
Dr. Rita Adeniran

For more information, email info@ionl.org or register online at www.ionl.org
Save the Date!

IONL Mid-Year Conference: April 24th, 2015
Hilton Springfield

IONL Annual Conference: September 24th & 25th, 2015
1. Is your organization interested in participating in Nursing Care Committee Consortium (NC³) that will include monthly, one-hour conference calls?

☐ Yes  ☐ No

2. Please designate primary contact at your facility (it does not need to be CNO)

Facility Name:_____________________________________________

Contact Name:_____________________________________________

Contact E-Mail:_____________________________________________

Contact Phone Number:______________________________________

The contact person listed above will receive all correspondence from IONL. It will be the responsibility of this person to make sure that all information is distributed accordingly. Please remember, it is exceedingly important that staff nurses/members of nursing care committees participate in these calls. We are counting on the contact person to ensure communication to those nurses.

Thank you,

Jennifer M. Grenier
Chair
IONL Nursing Care Committee Consortium
"Finally, someone understands my goals for providing care...

Chief Nursing Officer

...and my goals for managing costs."

Chief Financial Officer

How do you satisfy the needs of a CNO and a CFO at the same time?

This question may sound like we’re leading into a joke, but it’s no laughing matter. The Nash Group combines unique strategies with performance monitoring capability to aggregate care, redefine clinical workloads and staffing plans, and lower labor costs. Learn more at nashgroup.com or call 847.425.4783.

Read our testimonials.

We have delivered results nationwide to both large and small hospitals, health systems, and single-site healthcare providers. Visit our website to read what others had to say about The Nash Group.