

# Idaho Nursing Action Coalition Strategic Plan September 2012

## **Action Coalition Co-Leads:**

- Margaret Henbest, RN, MSN, CPNP – Executive Director, Idaho Alliance of Leaders in Nursing
- B.J. Swanson – Board Member of the Idaho Hospital Association; Vice-Chairman Idaho Workforce Development Council; Appointee, Gov. Otter’s Health Professions Education Council
- Steve Millard- President, Idaho Hospital Association

## **Action Coalition Structure:**

- The Action Coalition is comprised of key partners statewide, representing nursing, businesses and other health care providers.
- Currently there is an 8-9 member leadership team in place providing overall direction. At a late June 2011 planning meeting, the leadership and collaboration, education, and access to care (scope of practice) workgroups were identified as priorities for the coalition’s work. They discussed the focus of these priorities, began drafting their charge, and established the leadership and action team organizational structure. Leadership team is all volunteers.
- In July 2011, the workgroups began forming into “Action Teams” and co-chairs were identified for each team.
  - Leadership/Interprofessional Collaboration: Buffie Main (Rural Connections), recruiting for additional co-chair
  - Education: Lori Stinson (Lewis Clark State College, President CNEI) & Judy Nagel (Idaho Board of Nursing), recruiting for additional co-chair
  - Access to Care: Sandy Evans (Idaho Board of Nursing) & Cheresé Severson (AANP State Representative-Idaho)
- INAC’s goal is to improve the ability of Idaho nurses to respond to the health care challenges of the future and deliver quality care that is accessible and affordable.

## **Priorities:**

### **LEADERSHIP: “Increase leadership and full partnership roles of nurses to contribute to a transformed health care system”**

The Co-Leads reviewed the early work done at the June 2011 INAC Planning and Organizational Summit, and the IOM report. They have identified goals & objectives which were accepted by the leadership team on Jan. 27, 2012:

- A. Nurses should practice to the full extent of their education and training
- B. Nurses should be full partners, with physicians and other health professionals, in re-designing health care in the United States

### **Objectives:**

- A. Influence the ACO/ Patient Centered Medical Home design and participation to recognize the role of the nurses as leaders of the care team
  - i. Collect baseline data
  - ii. Develop recommendations to stakeholders
  - iii. Identify stakeholder and carry out influence strategy
  - iv. Develop evaluation plan and evaluate
- B. Increase nurse participation on boards

- i. Collect baseline data
- ii. Identify target organizations for nursing participation
- iii. Recruit and train nurses for board participation.
- iv. Facilitate nurses participation on targeted boards
- v. Develop evaluation plan and evaluate progress
- C. Develop a mentor program for potential nurse leaders
  - i. Collect baseline data on mentoring programs
  - ii. Analyze data and select actions
  - iii. Develop evaluation plan and evaluate progress

The co-leads committed to developing a recruitment plan and to begin to recruit new members to the action team. The co-chairs have confidence that recruitment will naturally follow a direct call to action for specific efforts as they evolve after the working summit and with data collection and analysis.

The draft **baseline data needs** in April, 2012:

- Conduct review of current efforts in Idaho to advance ACO's and development of PCMH's
- Examine how and to what degree nurses are involved in these practice initiatives
- Evaluate the number and types of boards in Idaho that nurses are represented on.
- Identify the boards in Idaho which influence the goals of the IOM report on the Future of Nursing and which currently have no nursing representation.
- Evaluate the current nursing leadership mentoring opportunities in Idaho.
- Examine the scope, objectives and outcome measures of these programs.
- Examine how nurses in Idaho define leadership in contrast to how nurses in leadership positions define it.

### **EDUCATION: "Strengthening nurse education and training"**

In March 2012, the co-chairs of the Education Team presented a revised Education Action Team Plan. The foundation of this plan builds on the initial work of the coalition, and relies on feedback from the Future of Nursing: *Campaign for Action* Western Regional Education Meeting. The co-leads also identified baseline data collection needs that exceed the current nursing education data available in Idaho.

#### **Objectives:**

- A. Develop an education model for nursing which promotes associate degree nursing graduates to achieve higher levels of nursing education
  - i. Review literature on competency based nursing curriculums
  - ii. Review Texas model for application and adoption in Idaho
  - iii. Identify stakeholders and carry out influence strategies
  - iv. Identify resources to support the Statewide Nursing Articulation Committee
  - v. Develop implementation plan
- B. Increase the number of Master and Doctoral prepared nurses in Idaho by 50% by 2020

- i. Identify key stakeholders to participate in planning
  - ii. Utilize existing programs to market advanced nursing degrees which are available
  - iii. Identify sources of funding to support nurses interested in pursuing advanced degrees
- C. Develop a model for nurse residency programs in Idaho
  - i. Identify key industry partners to participate in planning
  - ii. Identify key stakeholders to support and promote residency programs
  - iii. Identify current nursing residency programs in Idaho
- D. Establish goals which reflect career competency measures for nurses

The draft **baseline data needs** are (the committee has access to significant baseline nursing education data in Idaho through the work of the Idaho Nursing Workforce Data Center at the Department of labor):

- Identify hiring practices in Idaho health care facilities related to nursing education level
- Identify the current need and capacity to achieve 80% BSN by 2020

**ACCESS TO CARE: “Improving access to care by enabling nurses to practice to the full extent of their education and training”**

In April 2012, the co-chairs of the Access to Care Team identified the initial goals and objective of their team based on a review of the IOM report, and the initial work of the breakout workgroup on Access to Care at the first INAC Planning and Organization Summit in June 2011.

**Objective:**

Improve patient access to health care services provided by advanced practice nurses (APRNs) in Idaho through the creation of an actionable plan to overcome cultural and statutory barriers that limit APRNs to practice to the full extent of their education and training.

The draft **baseline data** needs are:

- Credentialing process at various Idaho institutions and any credentialing barriers.
- Insurance reimbursement for NP’s in Idaho compared to MD/DO.
- Hospital privileging process in Idaho by institution.
- Salary comparison of APRN’s in urban vs. rural Idaho.
- Salary comparison with similar state demographics
- Historic and cultural limitation (access to on call facilities, parking, etc) to APRN practice in Idaho.
- Statutory or regulatory barriers to practice, business ownership etc. in Idaho
- Historic malpractice rates, variance related to independent practice sites and authority
- Percentage of APRN’s practicing who have hospital privileges