

# Alaska Center of Nursing Excellence

---

BUSINESS PLAN  
February 2015



# ALASKA CENTER OF NURSING EXCELLENCE BUSINESS PLAN

## TABLE OF CONTENTS

<b>I</b>	<b>I : : Introduction</b>	
	1	Purpose
	1	Background
	2	Methodology
<b>4</b>	<b>2 : : Market Analysis</b>	
	4	Lack of Diversity + Patient Demographic Representation
	5	Small Number of Nursing Leaders/Disconnected Orgs
	6	Lack of Professional Development Opps/Resources in Rural Areas
	6	Data Gaps + Lack of Interactive Online Resources
	6	Direct Feedback from Nurses on Existing Challenges
<b>8</b>	<b>3 : : Comparable Centers</b>	
	8	Hawaii
	9	Washington
	10	Indiana
	10	Oregon
	10	Colorado
<b>12</b>	<b>4 : : Goals + Implementation Strategies</b>	
	12	A: Programming + Key Infrastructure
	14	B: Governance + Staffing
	17	C: Funding
	24	D: Marketing + Communications
	25	Implementation Action Plans by Focus Areas

# ALASKA CENTER OF NURSING EXCELLENCE BUSINESS PLAN

## I: : INTRODUCTION

### PURPOSE

As part of their long-term vision – “Alaskans enjoy healthy lives supported by a system in which nurses are essential leaders and partners in providing care and promoting health”– the Alaska Nursing Action Coalition (ANAC) is developing the Alaska Center of Nursing Excellence (ACONE). To realize their vision, ANAC recognizes Alaska’s nurses must be prepared to play a central role in the transformation of the state’s healthcare system. A transformed system will provide affordable, quality care that is accessible to all, patient-centered, and evidence-based. This will lead to improved health outcomes for Alaska’s people. ACONe is the mechanism, or strategy, for achieving nurse preparedness and for addressing Alaska’s unique nursing environment.

This business plan provides an overview of current trends and needs for Alaska’s nursing community. The plan also includes some important lessons learned from comparable nursing centers around the nation, and how ACONe will meet the needs of today’s and future generations of Alaska nurses through focused programming and activities. A funding strategy that details short and long-term funding strategies for sustaining the Center is also included. The plan also provides a framework for the Centers governance, staffing and other infrastructure needs.

### BACKGROUND

The initial inspiration and ultimately the guiding principles for development of the Alaska Center of Nursing Excellence is the 2011 Institute of Medicine’s (IOM) report *The Future of Nursing: Leading Change and Advancing Health*. In 2008, the Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed a committee on the RWJF Initiative of the Future of Nursing with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. The landmark report details eight specific recommendations that provide a strong foundation for the development of a nursing work force whose members are well-educated and prepared to practice to the fullest extent of their training, meet the current and future needs of patients, and act as full partners in leading advances in the nation’s health care system.

The recommendations include: remove scope-of-practice barriers; expand opportunities for nurses to lead and diffuse collaborative improvement efforts; implement nurse residency programs; increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020; double the number of nurses with a doctorate by 2020; ensure that nurses engage in lifelong learning; prepare and enable nurses to lead change to advance health; build an infrastructure for the collection and analysis of inter-professional health care workforce data. From the IOM’s recommendations came the groundwork for Centers of Nursing Excellence in the United States.

The Alaska Nursing Action Coalition has identified two IOM recommendations as priority areas for Alaska nursing: 1) remove scope-of-practice barriers and prepare to practice to the highest level of education; and 2) enable nurses to lead change to advance health. From these two recommendations,

ANAC has established four main program focus areas for the Alaska Center of Nursing Excellence.

- Diversity – Support and actively pursue inclusive strategies in nursing at all levels of practice in terms of gender, age, cultural background, areas of specialty and experience working in rural and urban settings.
- Leadership - Prepare nurses to be leaders in health care delivery in every setting and at every level of practice and to expand access to healthcare, to improve the quality of health, and contain its costs.
- Evidence Based Practice – Prepare nurses to support patient-centered care within a changing healthcare environment.
- Scope of Practice - Support nurses to actively practice to their level of education and licensure.

The overarching goal of the Center is to act as a virtual Center for Nursing “home” by providing tools and resources for Alaska’s nurses in these four focus areas. The Coalition’s role in the creation of the Center is to develop all of the mechanisms to allow nurses across the state to communicate and collaborate with each other; and come together to address critical issues. Incorporating a full spectrum of membership, the Coalition includes nurses as well as non-nursing partners. The mobilizing body and nature of the Coalition provides the perfect foundational framework for the Center’s inception. The Center is a catalyst to ultimately achieve all of the IOM recommendations and acts as the central communication tool for nurses in the state.

## METHODOLOGY

In October 2013, the Alaska Primary Care Association through the Steering Committee of ANAC hired Agnew::Beck Consulting as a contractor to assist with the organizational development, marketing and communications, and strategic/business planning for the Alaska Nursing Action Coalition. Agnew::Beck began facilitating biweekly work sessions starting in January 2014 with the Coalition Steering Committee. The outcome of early work sessions was the *ANAC 2014 Strategic Plan/ANAC Governance Plan*, this is a dynamic plan and changes are anticipated as the Coalition evolves. The Strategic Plan lays out the Coalition’s vision, mission, values, goals and three-year objectives and strategies. “Forming and sustaining the Alaska Center of Nursing Excellence as a resource and or forum for focused advocacy on nursing issues” is identified as a three-year priority strategy. Developing this business plan is a step toward achieving that strategy.

The ACONE Business Plan is the result of the following background research and stakeholder outreach:

- Summary of Background Materials – At the beginning of the Coalition’s strategic planning process, existing documents from past summits, Coalition work sessions and work group meetings were compiled and synthesized. Synthesized materials were used to develop preliminary frameworks for both the Coalition strategic plan and the Center business plan. The Agnew::Beck team also worked with Steering Committee co-chairs to identify a set of guiding questions to help guide Steering Committee members through both planning processes.
- Steering Committee Work Sessions and Communications – Over 10 work sessions, and email and phone communications with the ANAC Steering Committee and small working groups, including the ACONE working group. The ACONE working group is a small subset of the ANAC Steering Committee that was initiated with organizing the 2013 and

- 2014 Summit. ACONE has also lead in organizing the “Focus Area Action Teams”. The Focus Area Action Teams are the outcome of packaging ideas from a 2013 Nurses Summit into priority focus areas and actions. Each Action Team has a “Sponsor”, “Lead” and “Members”. See the Governance and Staffing section of this plan for more details regarding roles and responsibilities of Sponsors, Leads and Action Team Members.
- 2014 Summit Results – During the second annual Summit, nurses provided their feedback on preliminary strategies in each of the four program focus areas during a series of Focus Area Action Team discussions. Nurses also completed a simple five-question survey available for Summit participants only. The survey included questions aimed at capturing: current methods for attaining nursing information; interest in different content, types, and methods for continuing education classes; likeliness of using an online Center for continuing education; level of support for a license surcharge as funding mechanism for the Center. In addition to the survey discussion regarding the action team’s goals and encouragement to be involved at the action team level was presented.
- Research on Comparable Centers – Multiple phone interviews with over 11 nursing action coalitions and center executive directors from across the United States, including Hawaii, New Jersey, Oregon, Colorado, Arizona, Illinois, Washington, and Indiana. Coalition and center directors were asked to share general information about their entities such as a description of mission and key services, as well as specific information on: organizational governance and staff structure; initial and annual funding mechanisms; direct outcomes of their work; and past or current organizational challenges. Directors were also asked to define the working relationship between nursing action coalitions and centers. Understanding the organizational structure, approach, and continuum of services provided by comparable facilities offers the Coalition and its planned Center applicable guidance to identify specific strategies for achieving its short, medium, and long-term goals.

## 2 :: MARKET ANALYSIS

In the United States, more than three million people comprise the nursing profession (Committee for The Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011), making it the largest segment in the health care workforce. Nurses practice in a multitude of settings, including hospitals, health clinics, long-term care facilities, schools, homes, and community and public health centers. The nursing profession demonstrates varying levels of educational and professional competencies. While nurses play a critical role as the front line delivery of patient care and in many other areas of health care delivery, they face substantial barriers that inhibit their ability to effectively respond to the evolving health care system and its settings. In order for nurses to overcome these challenges, they must be better positioned and supported.

Although a rewarding profession, nursing in Alaska presents a number of unique challenges and opportunities in four main categories:

- Lack of diversity and patient demographic representation
- Small number of nursing leaders practicing in widely dispersed areas and organizations
- Lack of professional development opportunities/resources in rural Alaska
- Data gaps and lack of interactive online resources

Each of these challenges and a brief summary of how the Center of Nursing Excellence will address them are described below.

### LACK OF DIVERSITY + PATIENT DEMOGRAPHIC REPRESENTATION

Recent data from the Alaska State Board of Nursing shows the vast majority of nurses are older, female, and White. It is well documented that when there are more healthcare providers matching the demographic background of patient populations, those patients and communities are better positioned to eradicate health disparities. More nurses, including Alaska Native, Filipino, Korean, Latino, male, and younger nurses (20-45 years old) are needed to match the demographics.

Outlined below is a recent profile of Alaska Registered Nurses, based on the Alaska Board of Nursing *2012 Nursing Workforce Survey*. Of the total 9,249 RNs that applied for licensure in 2012, 47 percent completed the survey (n=4,364). Some of the key characteristics include:

- The largest proportion age group is 55-59 (19.5 percent), with the mean age being 49.2 (increased from 45.1 in 2000).
- Nine percent are male.
- 13 percent minority.
- 56 percent live in Anchorage.
- 48 percent have a Bachelor of Science in Nursing (BSN) or higher degree, but 74 percent received their basic education in another state.
- 34 percent plan to obtain a higher degree.
- 34.5 percent are working in acute care. Current nursing trends illustrate a shift from the acute care model towards a homecare centered model.

When compared to national statistics from the same year (Table 1), Alaska is:

- Trending with the rest of the country; the Alaska nurse is aging. The mean age for Alaska nurses is 49.2 and 44-46 nationally. The aging nursing workforce in Alaska, coupled with the rapidly growing numbers of aging baby boomers with increasing chronic diseases and healthcare needs, means that Alaska's healthcare providers are not positioned to meet the

healthcare needs of most Alaskans in the near future.

- We are less diverse with regard to race and ethnicity – Only 13 percent of Alaska’s nurses represent the over 30 percent minority population in the state, 20 percent of which is Alaska Native. A more diverse workforce is needed to meet the needs of our population.
- We have a lower overall BSN rate – Rates of BSN prepared nurses are lower in Alaska than the national average. The goal nationally is for 80 percent of nurses to be BSN prepared by 2020 (Institute of Medicine [IOM], 2010). Studies have shown that the higher the BSN rate, the better the outcomes for patients in hospitals.

**Table I. 2012 Comparison of Alaska and National RN Demographics**

	<b>Alaska</b>	<b>Nationwide</b>
<b>Number of RNs</b>	9,249	2.8 million
<b>Largest age group</b>	55-59	50-54
<b>Mean age</b>	49.2	44.5 (AACN, 2012) 46 (HRSA, 2012)
<b>Percent minority</b>	13	17
<b>Percent male</b>	9	7
<b>Percent with BSN</b>	48	55

Sources: Alaska Board of Nursing 2012 Nursing Workforce Survey; HRSA’s National Center for Health Workforce Analysis (2008, 2012); American Association of Colleges of Nursing (2012).

Alaska needs a more diverse nursing workforce to provide culturally competent care. To accomplish this, we need to bring together a diverse set of stakeholders-nurses, physicians, other providers, hospitals, health care systems, insurers, employers, consumers and the business community-to work in the best interest of patients and population. A more diverse nursing workforce will be better equipped to serve the diverse population of Alaskans, and lessen health disparities. The Alaska Center of Nursing Excellence will address this challenge through a comprehensive diversity plan that includes tools for better communicating with, educating and recruiting a new generation of nurses that better represents Alaska’s existing and projected population.

### **SMALL NUMBER OF “NURSING LEADERS” + DISCONNECTED ORGANIZATIONS**

Alaska is a large state geographically, but small in population; leaders (organizational, community, regional, state) tend to wear multiple hats. As critical players and partners in Alaska’s healthcare system, nurses need to feel and be viewed as leaders. One of the main goals of the Center will be to increase the number of nursing leaders across the state. Currently, Alaska’s nursing leadership infrastructure is both diverse and fragmented. Alaska has a number of different organizations that represent nurses in different ways. Given the large geography and the various missions of these organizations, it is difficult to collaborate and communicate effectively. The Center will enable more state-wide integration, be a neutral and cohesive virtual and sometimes physical space where all 20 nursing organizations can come together to develop plans and take unified steps toward improving nursing in Alaska.

## LACK OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES/RESOURCES IN RURAL AREAS

As of 2012, the State of Alaska Board of Nursing reported that there were 9,249 licensed nurses in Alaska. Just over half of the registered nurses live in Anchorage while the remaining population resides in other areas of the state. However, most of Alaska's nursing organizations and leadership is located in Anchorage: the urban center of the state. Additionally, Alaska's sheer geographical size, low population overall, remoteness of most communities, and large number of tribes (half the tribes in the nation are located in Alaska), demand a different healthcare approach.

Nurses, nurse educators, and nurse leaders from remote areas of Alaska can feel isolated and overwhelmed. Participating in statewide excellence on practice issues can take a lower priority. Many regions of the state have a shortage of healthcare professionals; Advance Practice Registered Nurses may often be the only source of licensed healthcare for rural communities. Ensuring that APRNs are able to practice at their highest level will position Alaska's health care providers to meet demand. One of the goals of the Center is to engage all levels and practice settings within the nursing spectrum. In doing so, opportunities to partner with organizations around the state will be key to bridging gaps. The Center will bring nurses, nurse educators, and nurse leaders together from across the state (face-to-face and electronically) to share and learn evidence-based practices, and build areas of knowledge and skills critical to developing excellence among Alaska's nurses.

## DATA GAPS + LACK OF INTERACTIVE ONLINE RESOURCES

As part of the initial planning for the Alaska Center of Nursing Excellence, the Alaska Nursing Action Coalition has identified a number of helpful resources on Alaska nurses (e.g., AHEC, Alaska Department of Labor & Workforce Development, Alaska Mental Health Trust Authority, and the Alaska Board of Nursing). At the same time, data gaps, including a central location for finding what statistical information does and does not exist regarding nurses and their professional and education needs, has also been a part of the business planning process. Equally important, and a second type of data gap is the apparent lack of an easily accessed resource for researching, posing questions and dialoguing on evidence-based and scope of nursing practices. There is no one trusted online resource where a nurse could go to ask questions of experienced nurses and nurse educators. The Center of Nursing Excellence could provide an appropriate space for having those conversations with links to other resources, including contract information for nurse leaders in Alaska, if necessary.

## DIRECT FEEDBACK FROM NURSES ON EXISTING CHALLENGES

- 2013 – At a statewide nursing summit with over 45 participants in June of 2013, nurses identified priority needs as leadership development, increased diversity, evidence-based practice, and a centralized place to access educational and professional development resources.
- 2014 Summit – The 2014 Summit served as a means to infuse action teams, grow membership, and evaluate the demand for the Center and its proposed services.
- In November 2014, ANAC was permitted to include two questions regarding nursing in Alaska on the annual nursing licensure renewal survey. Nurses will be asked to provide feedback on if they would agree to pay a nominal fee support the Center and if so, how much they would be willing to pay. ANAC should receive the survey results by December 2014.

To better manage more patients with more chronic conditions in more complex health care systems, Alaska healthcare leaders need to change how nurses are educated, trained and practice. Establishing a Center in Alaska will contribute to the health and wellness of the state by ensuring that the nursing workforce is well-prepared to meet the current and future needs of the state. Transforming the



capacity of nurses involves removing scope of practice barriers and expanding the educational capacity for educating nurses. The Center will also serve as a mechanism to enhance and develop services and opportunities available to nurses. This will prepare nurses to work with other providers to expand access to care, improve quality and contain costs.

### 3 :: COMPARABLE CENTERS

In an effort to assist the Center with its organizational development, its contractor, Agnew::Beck Consulting was tasked with reaching out to and conducting interviews with Executive Directors and key staff from comparable centers across the United States. An initial outreach list of comparable centers was identified by the Coalition's steering committee based on preliminary knowledge of programs, pre-existing partnership/collaborations, and geographical congruencies.

The information provided below is a subset of the comprehensive research and analysis conducted, providing highlights to components that were most relevant Alaska's goals and desired structure. Information gathered during these interviews has directly influenced how Alaska's Center will move forward. Interview questions included organizational structure, programmatic offerings, funding sources, challenges, opportunities, and outcomes. Executive Directors were asked to describe their Center's mission and key services, as well as specific information on: organizational governance and staff structure; initial and annual funding mechanisms; direct outcomes of their work; and past or current organizational challenges. Additionally, each Executive Director was asked to define the working relationship between nursing action coalitions and centers.

By exploring the lessons learned from comparable centers, Alaska's Center will build from a pre-existing framework that utilizes informed decisions and research. Avoiding the trial and error processes that many centers faced, Alaska's Center will incorporate the best practices and models from Hawaii, Washington, Colorado, and Indiana. Alaska's hybrid model will integrate Washington and Hawaii's nursing license surcharge funding mechanisms while also adapting Indiana's membership structure. Programmatically, Alaska's Center will pursue opportunities for facilitating dialogue among nursing and non-nursing partners as per Colorado's "trusted convener" model.

#### HAWAII

The Hawaii State Center for Nursing was established by the Hawaii State Legislature in 2003 to address nursing workforce issues. The Center does not have 501(c)(3) status. The Center focuses on: collecting and analyzing data; preparing and disseminating written reports and recommendations on the current and future status and trends of the nursing workforce; conducting research on best practices and quality outcomes; developing a plan for implementing strategies to recruit and retain nurses; and researching, analyzing and reporting data related to the retention of the nursing workforce. The work of the Center is being accomplished by five workgroups called "collaboratives." The collaboratives include: workforce data, education and practice, recruitment, workforce environment retention, and nursing shortage. Collaboratives have brought together multiple stakeholders from nursing and the community to focus on specific initiatives, which implement the functions of the Center. The Center is supported by the nurses of Hawaii through a license surcharge. Each nurse pays an additional \$40 upon the issuance of new licenses and at each license renewal period. These funds are deposited into a separate account for Center use. The Center is governed by an advisory board and four co-lead organizations. The Center's advisory board originally consisted of 15 members, but that proved to be problematic. The board is currently made up of nine members. The Center operates with a staff that includes an Executive Director, a part-time PhD Nurse Researcher, a part-time PhD Nurse Educator and an Administrative Assistant. Since the Center's inception, Blue Cross/Blue Shield has acted as a significant philanthropic partner.

To get the support they needed for the legislative actions establishing and support the Center, nurse leaders from around the state found champions and potential sponsors in the Hawaii State Legislature to potentially sponsor legislation. In 2003, there were two obvious champions, Representative Marilyn Lee and Senator Roslyn Baker. The former was a nurse; the latter, an expert on health policy – both clearly understood health needs in the state and the potential benefits of a center for nursing. Since the original legislation, HB 422, there have been two additional bills – one removing the sunset clause; the most recent late reconstituted the board. The most recent legislation specifically articulates that the Governor is no longer responsible for appointing members, a previous point of contention. Additionally, the advisory board is now smaller with more flexibility.

For the compelling reasons described above, and the fact that Hawaii faces similar geographic challenges to Alaska, this model may offer the most insight for development of the Alaska Center. There is already an Alaska-Hawaii nursing partnership in place. ANAC and members of Hawaii's Center have worked together on a grant application to promote evidence-based practice education. Leaders from Hawaii's Center provided mentorship for the development of Alaska's Coalition. Moreover, Hawaii's Center partially funded two Alaska Coalition leaders attendance for a national forum on nursing workforce centers.

## WASHINGTON

The Washington Center for Nursing was established in 2003 as a private nonprofit charitable corporation with an Executive Director and Board of Directors. By 2004, the Center obtained a private 501(c)(3) nonprofit status and created a strategic business plan and website. To create a sustainable funding stream, the Center pursued legislation to establish a nursing license surcharge. The surcharge was an additional surcharge of five dollars per year on all initial licenses and renewal licenses for registered nurses and licensed practical nurses. SB5599 passed, authorizing the Department of Health to collect a five dollar surcharge from every new and renewing RN and LPN license, for the purpose of funding a grant to a nursing resource center (i.e., the Washington Center for Nursing). Advanced registered nurse practitioners are only required to pay the surcharge on their registered nurse licenses. Once per year, the Center receives a grant of approximately \$400,000 from the Department of Health from the surcharge. The Center successfully funded its activities for two years before the surcharge was implemented.

Washington's Center focuses on five main areas of work: image, data, practice, education, and collaboration. Data management is at the forefront of its work. Washington's Center develops and manages data about the nursing workforce, conducts research and disseminates findings to nurses, employers, educators, legislators, economic development organizations and others who use data in decision-making that affects healthcare. The Center also identifies and disseminates information on "best practices" in nursing recruitment and retention in all settings where nurses work in Washington. By improving access to all levels of nursing education, the Center promotes nursing education as a desirable career option for nurses. Moreover, the Center seeks and supports increased funding for more capacity in nursing education programs, particularly for underrepresented students. Specifically, the Center delivers leadership education and development to nurses at all levels. In all of these efforts, the Center partners with stakeholders in workforce development, education and practice within Washington and across the United States.

## INDIANA

In July 2011, the Indiana Center for Nursing was established by incorporating Nursing 2000, Nursing 2000 North and the Indiana Nursing Workforce Development Coalition into one organization to merge the best practices and functions of all three organizations. The Indiana Action Coalition is a strategic initiative funded and housed by the Center. The Center and Coalition convened simultaneously. The coalition has its own steering committee. The Center is recognized as the unified voice of nursing in Indiana.

What sets Indiana's Center apart is its membership structure which utilizes a four-tier approach. Membership fees are scaled to type of organization, number of RN Full Time Employees, students involved, and level of membership desired. The Center has almost 50 member organizations. One of the focal tasks of the Center's board is to create a new strategic plan annually. To achieve the strategic plan's goals, the work is distributed to committees. There are six working committees that each has a chair/co-chair and approximately 20 members. The Center employs 2.5 full time employees and one part-time program coordinator. The Center receives supplemental funding from a surcharge placed on the customized "Be a Nurse" vehicle license plates. The personalized plate is the 10th most popular customized plate in Indiana. The revenue generated from the surcharge annually affords the Center \$50,000, all of which is dedicated to their annual summit. The Center is the leading philanthropic support for nursing education at the undergraduate and graduate levels, thus far, providing more than \$150,000 in scholarships to nursing students in Indiana.

## OREGON

The Oregon Center for Nursing was founded in 2002. The Oregon Action Coalition was formed in May 2012. The current co-leads of the Oregon Action Coalition are the Oregon Center for Nursing and the Oregon Patient Safety Commission. The Center is an independent, not for profit organization that has strategically partnered with the University of Portland. It receives an in-kind donation of office facility space and information technology services from the university. This partnership has afforded the Center the ability to focus its funding on programmatic goals. Moreover, the Center is not comprised of membership organizations and, accordingly, does not incorporate an associated fee. Oregon is one of 12 states that utilize a license surcharge fee as the chief mechanism to fund its Center. Currently, there are 35 states with nursing workforce centers. One of the Center's primary roles is to function as a convener and connector for nursing organizations and programs across the state. The Executive Director, Mary Rita Hurley, described the Center as doing a great job of being "Switzerland." The Center also primarily conducts, analyzes and disseminates nursing workforce data for the State of Oregon.

## COLORADO

The Colorado Center for Nursing Excellence was formed in 2002 and achieved 501(c)(3) status within the year. The initial Executive Director, Sue Carparelli, worked out of her home for almost a year until Porter Adventist Hospital donated office space. HealthONE Alliance gave the center its first grant but eventually withdrew financial support in November of 2003. Consequently, the Center ran out of operating cash and was forced to lay off staff. The Center received its first federal HRSA grant for programmatic funds in 2003. In 2007, the Colorado Health Foundation (CHF) allocated operating funds to the Center. CHF has the fourth largest operating budget of any nonprofit in the United States and can only donate to entities within Colorado. Since the original allocation, the Center has continued to receive annual operating funding from the Foundation. The Center's annual operating budget of \$1,300,000 is larger than any of the comparable facilities

interviewed. The core services provided by the Center include: 1) convening stakeholders/partners, most of whom do not typically engage each other, to address nursing issues – the Center is referred to as the “trusted convener”; and, 2) expanding continuing nursing educational opportunities for Colorado nurses.

## 4 :: GOALS + IMPLEMENTATION STRATEGIES

Achieving the Center’s objectives will require strategic community partnerships and active participation by its members. By adapting a hybrid membership model that incorporates the best practices of all of the comparable facilities interviewed, the Center will maximize its productivity and effectiveness in advancing nursing in Alaska.

The Alaska Center of Nursing Excellence will begin as a virtual center to advance nursing leadership and education across the State of Alaska. It will offer experiential learning and mentoring opportunities, and coordinate nurse education and nurse leadership opportunities around the state. The vision is to create a self-sustaining Center of Nursing Excellence in Alaska that serves as a catalyst of growth and excellence for the profession of nursing. We understand that the “self-sustaining” part of our vision is at least five years out.

This section of the business plan describes current status, as well as the short (two to three year) and long-term (3+ year), goals for developing the Center of Nursing Excellence. It includes the following:

- A. Programming + Key Infrastructure – A description of core programming, activities and services (what the Center will do and how they will do it);
- B. Governance + Staffing – A summary of governance and staffing (what body, or who, will act as Center advisors and who will direct and conduct the Center’s daily operations);
- C. Funding – An overview of how the Center will fund initial infrastructure/launch and annual maintenance over the next five years (anticipated annual expenses compared to anticipated annual revenue).
- D. Communications and Marketing – A summary of how the Center will maintain ongoing internal and external communications, marketing and outreach activities (how Center advisory members and staff will communicate; and, how the Center will engage Alaska’s nursing community and potential partners, funders and other key stakeholders).

### A. PROGRAMMING + KEY INFRASTRUCTURE

This section outlines core functions of the Center, including facilitation of an annual summit and program/activity delivery in the four focus areas: Diversity; Leadership; Evidence Based Practice; and, Scope of Practice.

#### Current Status + Existing Resources

##### Summit

As a Coalition, ANAC has conducted two summits. The first summit in June 2013 focused on gaps related to nursing leadership and education, potential resource components of the Center, and strategies for building the coalition’s diversity. This year’s summit further examined those same issues and also explored the past, present, and future status of nursing in Alaska. The primary intent of the 2014 summit was to identify nursing leaders from all over the state that would be committed to developing and implementing a Center. The summit also engaged these leaders in a dialogue about learning needs in their communities for both current and future nursing leaders. The coalition, and its subsequent action team, was responsible for the planning and coordination of the past two summits. However, once fully established, the Center will assume responsibility for convening and/or co-hosting future summits.

## Short and Long-Term Programming Goals

### Leadership

The mission of the Center's Leadership action team aims to define leadership in a way that inspires and encourages Alaska nurses at all levels to act as leaders within their community by providing building blocks for promotion, support and development of leadership skills. One of the Center's short-term goals for expanding nurse leaders in Alaska is to increase the number of nurses participating in organizational boards, as general members and/or in executive committee roles. The 2014 Summit was the first opportunity to identify those nurses interested in leadership opportunities, and specifically, sitting on organizational boards. The Center will also provide resources for preparing and encouraging nurses to serve on boards. A second short-term goal is to ensure the ACONe website engages the nursing community on leadership topics by linking nurses to leadership and mentoring resources.

The long-term goal is to create a portal with a comprehensive set of links and ways to engage in community conversation on leadership topics, find classes and mentors, and explore specific leadership topics in more depth. This includes eventually developing an education and content delivery model. To do so, the Center will develop course content for leadership in collaboration with state universities such as University of Alaska and Alaska Pacific University. The Center will explore the feasibility of offering a class series with experiential learning that could translate into a graduate level certificate program. The Center will also provide a leadership internship and structured mentoring program that can be accessed virtually or through community healthcare organizations.

### Diversity

A more diverse nursing workforce will be better equipped to serve the diverse population of Alaskans, and eradicate health disparities. The Center will work with existing nurse leaders already working in diverse nursing organizations as well as attract future nurse leaders of varying ethnicities, genders, backgrounds, cultures and from various geographical locations to the profession; inspire nurses of varied backgrounds to advance their education, career experience and leadership skills; and, help nurse leaders understand how to effectively engage partners from any and all walks of life, ages, and cultures.

The Center will initiate mentoring and leadership development policies that foster inclusion of diverse individuals in leadership roles within institutions and organizations. The Center will also focus on increasing the number of Alaska Native and other underrepresented applicants enrolled in nursing programs in the state to help increase the diversity in different employer workplace settings. Collaboration with the University of Alaska's Recruiting and Retention of Alaska Natives into Nursing (RRANN) program will be critical to achieving goals of this action team and may provide a prospective partnership for future mentorship activities.

Achieving greater diversity will require the action team to create and implement a comprehensive diversity plan that will attract and design communications and education delivery that appeals to younger nurses as well as being tailored to meet diverse populations – including men, minorities, the experienced nurse and the younger nurse. Objectives include: holding at least one diversity fair annually, developing a diversity plan for the coalition, inviting nurse of color to participate in the Coalition, and identifying nursing and non-nursing leaders that can represent the widest diversity in terms of age, culture, community demographics and interests related to the Center, and establish a nursing diversity task force.

## **Evidence-Based Practice**

The Center will also seek to coordinate nursing communication across the field will include convening nursing on clinical and leadership issues as well as conducting virtual assemblies twice per year for information sharing. The virtual gatherings will be TED-style intensives to explore evidence-based and best practices. The work of this action team will emphasize compiling data sources in Alaska that will result in a dashboard which measures the progress in the State of Alaska toward achieving each IOM report goal.

## **Scope of Practice**

A primary function of this action team will be working with the APRN Alliance to ensure successful completion of its strategies and goals. Overall, the Center will strive to protect the scope of practice of all levels of nurses. This will be achieved by surveillance of legislation, proactively identifying areas of need, and enabling nurses to practice to their fullest capacity. One key strategy the Center will support is the implementation of a consensus model in Alaska. The APRN Alliance will play a critical role in the activities of this action team by proposing statute changes to the Board of Nursing, sponsoring educational conferences targeting APRN's, and participating in legislative education and advocacy.

## **B. GOVERNANCE AND STAFFING**

### **Current Status + Existing Resources**

The Alaska Nursing Action Coalition is comprised of members predominately from Anchorage in various nursing fields. The coalition's steering committee constitutes approximately 14 members who act as the governing body of the coalition. The steering committee's three "co-leads" manage the organizational, operational, and financial logistics for the coalition. There are currently two nursing co-leads, Patricia Dooley, Providence, and Debbie Thompson, St. Elias Specialty Hospital; and one non-nursing partner, Ken Helander, AARP. The coalition also has one at-large member who is the principal investigator for the RWJF grant. Julie McNulty, ANTHC conducts the grant research and reporting for the State Implementation Program grant.

During a series of the Coalition's work sessions, the steering committee proposed an initial governance structure for the Center. In order to fulfill the Center's goals, deliver programming, and reach its vision, the Center will start integrating paid staff when feasible. The part-time program coordinator will be integral in building the Center's capacity. This position will be responsible for communications, graphic design, website management and content updates, and performing administrative duties. The Center will secure a contractor to conduct the assigned duties. During year one, the professional contract services of Agnew::Beck Consulting provided organizational development, graphic support, website development, and strategic and business planning. In year two, the Center may choose have Agnew::Beck Consulting continue to assume the role and responsibilities of the program coordinator position. In year two, contracted services will focus on organizational development and communications efforts; specific tasks to be determined in January 2015. The program coordinator will play an integral role in implementing both the business and communications plans. The pro forma should be reevaluated after year five when the Center may explore moving towards a governance model that employs an executive director, administrative assistant, and website coordinator. Depending on funding availability and programmatic goals, auxiliary staff may also be necessary to support the full scope of the Center's activities.

The Coalition's steering committee initiated four action teams for the Center in an effort to further



develop the Center's long-term goals and activities. Action teams are small groups consisting of a "sponsor" and "Action Team leader." The coalition sponsor will act as the connection between the Center and the broader coalition and will work directly with the Steering Committee co-leads. The Action Team Leader will be the chief facilitator helping the action team members develop and implement specific Center activities. Currently, there are four action teams: leadership, evidence based practice, scope of practice, and diversity.

### **Short and Long-Term Governance/Staffing Goals**

The comparable center interviews revealed the necessity of hiring staff to generate the momentum needed to achieve the center's activities and goals. While in many cases, it did not seem financially feasible to hire staff immediately, it was emphasized as a priority. The Center will be governed by the Coalition's steering committee during its first two years of operations, after which it will secure a program coordinator. As a cost-saving mechanism, the position will be part-time; however, the tasks involved will be significant in the Center's overall sustainability. The Steering Committee with the direction and facilitation of the co-leads will be looking for the following qualities of the potential program coordinator. The program coordinator will be responsible for assisting the Center in meeting its mission and strategic goals, operational and fiscal management, and communications.

Over the next two years, its action teams will primarily represent the Center. In turn the action teams will be seeking assistance, guidance, and oversight from the Coalition's steering committee. During this period, the Center's website will be developed and launched. Content development and management will be a critical part of the Center's communication efforts and will necessitate support from a contractor. Organizationally, the Coalition should decide if it will pursue 501(c)(3) non-profit status and if so, who will be responsible for leading that effort.

The medium term, two to five year, outlook builds on the basic framework of the two year benchmarks while taking important steps towards a self-sustaining virtual and physical Center. The medium term goals focus on recruiting a balanced and diversified advisory board as well as a part-time program coordinator. The program coordinator will be responsible for website maintenance, communications, graphic design, business plan finalization and implementation, organizational development and other administrative duties as needed. The program coordinator will be an integral part of the Center's transition to operating virtually and physically. Steps during this stage may include pursuing 501(c)(3) status, securing additional and/or new fiscal agent(s), and concluding where the physical office of the Center will be located (and whether the Center will be affiliated with a local university such as University of Alaska or Alaska Pacific University).

### **Advisory Board**

The Center aims to eventually establish an autonomous governing body separate from the Coalition's Steering Committee that will allow for participation by a diverse group beyond nursing – other healthcare disciplines, employers, community leaders, and universities – in planning and implementing programs, events, and center content that reflect the current and future needs of nursing leaders. The development of the advisory board is a long-term goal for the Center. Accordingly, the Center will primarily rely on the Leadership Action Team and the Coalition's Steering Committee for its governance. The advisory board will seek to infuse inter-professional perspectives into nurse leadership and bring along newly developing nurse leaders, and keep the Center focused on its central vision. It will also guide the collection and analysis of data about Alaska's nurses, employers, and communities to ensure that the Center remains vibrant, useful, and

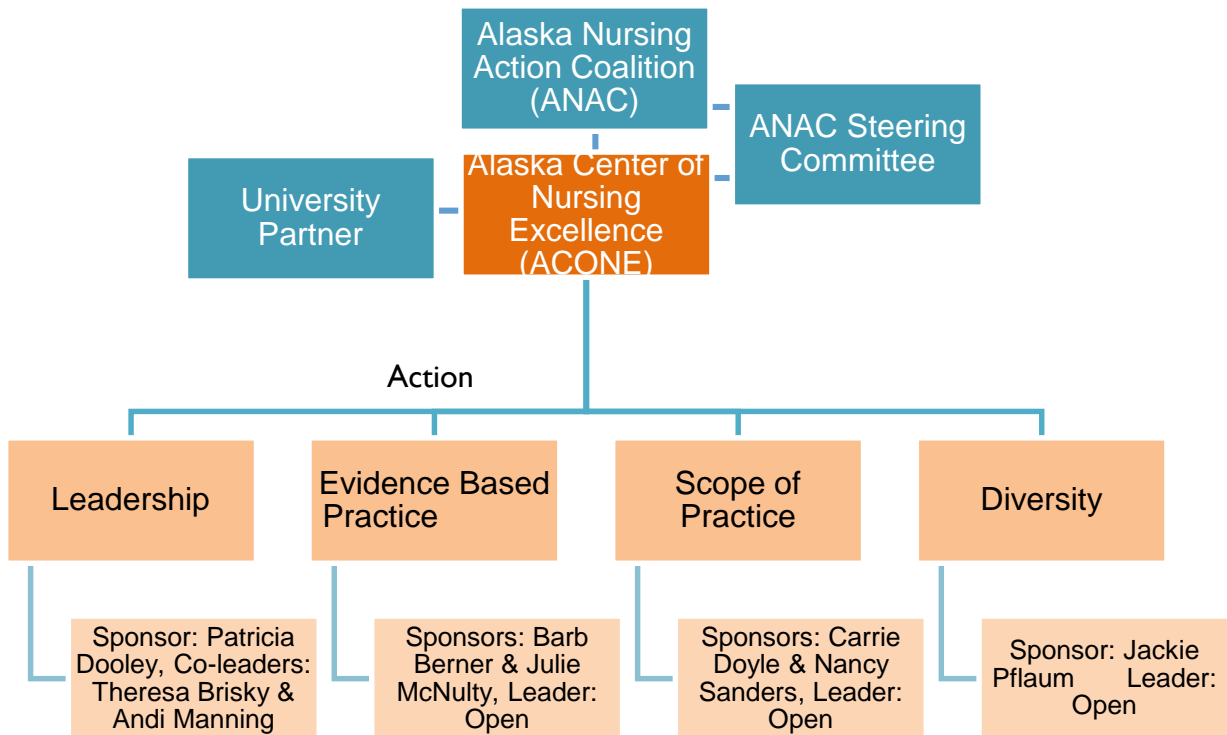
attractive to the target audience that will be using the Center – both the emerging and accomplished nurse leader. The advisory board structure will specifically include an action team member that plans for and finds ways to promote diversity in nursing and nursing leadership in Alaska, using the Center as a vehicle for that work.

To develop an interdisciplinary and diverse professional advisory board, the Center will identify nursing and non-nursing leaders that can represent the widest diversity in terms of age, culture, community, demographics, and interests related to the Center's work. Moreover, the Center will promote a strong, highly functional advisory board with clear priorities and processes to guide its development and sustainability.

Taking into account the lessons learned from Hawaii's model, the Center's advisory board will be composed of up to nine voting members, a majority of whom will be nurses or representatives of nursing organizations. Five members who are nurses with an active Alaska nursing license, including but not limited to: a nursing executive; an advanced practice registered nurse; a nurse affiliated with a nurse collective bargaining organization; and a nurse educator or nurse researcher. The remaining four members will have a background or experience in health care delivery, finance, workforce, representative of hospitals and acute care hospitals in the state, and community agencies or consumer groups. The Center may choose to invite other members of the public with specific backgrounds to participate as ex officio nonvoting members. The advisory board members will serve without compensation. Each appointed member of the advisory board will serve a term of two years. No member will be appointed to more than two consecutive terms. Any vacancy in an unexpired term could be filled by appointment for the remainder of the unexpired term.

The responsibilities of the advisory board include but are not limited to actively championing the Center as it represents professional nursing in Alaska; placing the Center's agenda ahead of personal and/or professional agendas, and fully disclosing any conflict of interest when it inhibits a member from prioritizing the Center's agenda; regularly attending advisory board meetings to ensure quorum and function of the organization; attending all meetings fully prepared, and actively participating; learning about the Center's programs to help ensure the programs align with the mission of Alaska's Center; serve on a minimum of one action team (or committee if those are created), and take on special assignments between meetings, as appropriate, in order to facilitate the mission, programs and business of the Center. Duties will also include being available to advise the executive director in a timely manner; sharing expertise, insights and networks, as appropriate, while respecting the staff members' responsibilities for managing day-to-day operations; actively listening to, engaging with, and sharing information from key constituencies; promoting, advocating, and mobilizing resources for the Center, its mission and programs, including encouraging others to make financial contributions to the Center.

## Organizational Chart



## C. FUNDING

### Expenses

#### Professional services:

- **Fiscal agent:** A nominal fee for the administration of the Center's grant funds and duties associated with the Center's fiscal administration will be included in a revised draft of the business plan.
- **Contractors:** In year one, the Center's expenses included \$105,835 of contracted services. The services included organizational development, strategic and business planning, communications, graphic design, event support, and administrative tasks. In year two, contracted services will account for approximately six hours per week of work or \$50,000 for the duration of the twelve month contract period. Tasks will include conducting website management and updates, communications, graphic design, business and communications plan implementation, and organizational development.
- **Staff (Program Coordinator):** Beginning in year three, the Center will hire a part-time program coordinator. The approximate pay scale for this position will be between \$25-30 per hour or \$31,200 annually. The fees have been adjusted to reflect a five percent rate of inflation in years three through five of the pro forma.

#### Infrastructure technology:

The cost for the Center's third party website hosting is approximately \$60 per year, which includes basic maintenance and backup services. In year one, the Center prepaid for five years of third party website hosting. The website domain, [www.akcenterofnursing.org](http://www.akcenterofnursing.org), costs \$20 per year to maintain

and reserve.

- Phase 1 website: providing updates to content and regular maintenance.
- Phase 2 website: comprehensive set of links to existing resources, offers online courses, interactive blog, separate login portal for advisory board members (and maybe something similar for the work group members), confidential reporting system (where nurses could write confidential emails that would be funneled to appropriate person overseeing that area.
- It is recommended that website “cleanup” and system upgrades be performed which will cost \$990 per year. The calculation is based on .75 hours of contracted services at \$110 per hour each month. It assumes a three percent rate of inflation. The Center will pursue a site redesign in five years because of changes in available technology and design style. The site redesign is expected to cost approximately \$12,000. This expense is not included in the pro forma because it would occur outside of the five year range.

## **Revenue**

In 2013, the Coalition received a two-year State Implementation Program grant from the Robert Wood Johnson Foundation for \$149,000 to implement programs that prepare nurses to lead system change, strengthen nursing education, expand access to care by maximizing the use of nurses, recruit and train a more diverse nursing workforce, and improve quality and coordination of health care. In addition, the Coalition also received \$75,000 in matching funds from Rasmuson Foundation. This initial capital funding helped secure a contractor to assist with administrative support and coordination, facilitation, website design, and business, strategic, and communication plan development.

Interviews and extensive research of comparable centers of nursing excellence revealed that there is no one-size fits all funding model. A range of funding sources such as: license surcharge, membership fee, customized license plate (or bracket) could be incorporated into the overall funding plan. Ultimately, the Center seeks to achieve financial sustainability and funding for operational and programmatic support through a diversified approach. Today, the Coalition receives funding through its fiscal agent the Alaska Primary Care Association. The funding is a combination of the Robert Wood Johnson Foundation grant and matching funds from the Rasmuson Foundation.

## **License Surcharge**

Currently, 12 out of 35 states with a nursing Center utilize a license surcharge as a mechanism to support its activities. By virtue of paying the license surcharge, every registered nurse would automatically be a member of the Center. A license surcharge must be established through legislation. The legislation will identify a specific department to administer the surcharge. Moreover, that department would be responsible for providing grants to the Center on a quarterly or biannual basis. The center will demonstrate coordination with relevant nursing constituents including professional nursing organizations, groups representing nursing educators, staff nurses, nurse managers or executives, and labor organizations representing nurses. Expenditures from the account would be used only for grants to the center and to compensate the department for reasonable costs associated with the collection and distribution of the surcharge and administration of the grant. The department administering the grants would make quarterly or biannual deposits into an account setup through the fiscal sponsor and the Center would expend, as needed, from the account.

As of 2012, the State of Alaska Board of Nursing reported that there were 9,249 licensed nurses in

Alaska. The original nursing demographic data reflected on pages four and five of this business plan uses the aforementioned figure. However, as of December 2014, the Alaska Board of Nursing noted that 10,244 nurses were licensed in the State of Alaska through November 30, 2016. Once the Board of Nursing has officially published the 2014 data, the business plan will be updated to reflect any changes in demographic information currently presented on pages six and seven of this plan. The calculation in the table below utilizes the updated figure and assumes that half of the licensed nurses would re-license each year. Licensing renewals currently occur on a biannual basis. Three funding scenarios are included below. The pro forma on page 23, applies the averaged proposed fee. One of the funding options recommended to the Center would be a license surcharge fee administered by the State of Alaska that would be appropriated to the Center’s fiscal agent on a quarterly or biannual basis.

**Table 2. Proposed Nursing License Surcharge**

<b>License Surcharge Fee</b>	<b>Revenue Generated</b>
Low scenario, \$25 biannual fee	\$128,050
High scenario, \$50 biannual fee	\$256,100
Averaged biannual fee (\$37.50 every two years)	\$192,075

Pursuing legislation requires advanced planning. The Center should begin initial conversations with potential nurse-advocate legislators. Beginning these conversations in the fall allows for ample time to identify a bill sponsor well in advance to the legislative session which begins each January. The Center should take into account the marked unavailability of legislators during the final months of an election year. Going into a new two year legislative session with a bill sponsor and pre-filed legislation will afford the bill the best preparation possible to pass within the two year timeframe. Pre-filing legislation means a bill sponsor has been identified and the bill’s language has been drafted prior to the legislative session commencing. When session begins, all pre-filed legislation is introduced and given committee referrals first.

Alaska’s 29<sup>th</sup> Legislature is made up of republican majorities in the House and Senate. While the license surcharge is not anticipated to be pursued before year five, it is always advantageous to find a bill sponsor that is a member of the current majority. When a bill is steered through the legislative process by a majority member, the likelihood of its passage, particularly in the current political climate, is substantially increased. There is one nurse advocate legislator who would be an ideal bill sponsor, Senator Cathy Giessel who is also an active Advanced Practice Registered Nurse. If Senator Giessel is still a member of the Alaska State Legislature when the Center is ready to pursue a license surcharge, she should be considered as a bill sponsor. As each bill has two versions, House and Senate, it would be ideal for two legislators to introduce a version in their respective legislative body.

The Center will need to establish an advocacy team that can conduct lobbying activities. Funding from the Robert Wood Johnson Foundation may not be used for lobbying. This limitation would require that another group (or specific funds) be dedicated to spearhead the lobbying efforts. The distinction of funding streams will be critical to the potential legislative process. The Center should leverage existing partnerships to support this endeavor such as utilizing Ken Helander’s legislative

expertise and lobbying designation.

### **Membership Fee**

Membership fees should be utilized in conjunction with the license surcharge. While the license surcharge operates an individual-level funding mechanism, the membership fee targets organization-level participation in the Center. The membership fees for each tier are to be detailed in the Center's bylaws. The membership fee structure is to be determined by the advisory board annually. The following organizations are eligible to be tier I, II, III, or IV members: healthcare institutions, healthcare delivery settings, organizations that employ nurses, professional and healthcare associations, accredited schools of nursing, government entities, private industry, advocacy organizations. All members must be approved by the advisory board prior to admission. New organizations that join the Center following the first quarter of year will be granted prorated membership fees.

Organizational membership will represent nursing practice, educational and other stakeholder groups such as healthcare organizations. The Center's membership fee will be scaled to the type of organization, number of full-time RN's, number of students involved (if university or academic facility), and the level of membership desired. The Center may also consider offering a separate corporate membership classification for businesses and organizations that do not employ nursing or healthcare professionals. The corporate membership fee structure could be based on annual revenue. Similar to Indiana's model, the Center's membership will be differentiated by tiers; implementing a tiered approach helps differentiate benefits and varying levels of commitment. Each tier one member will have one vote. Every tier two member will have one vote up to a maximum of eight total votes in aggregate. Each geographic region will elect one representative individual within all tier three members in that geographic region who will have one vote on behalf of a represented geographic region. The final membership level, tier four, will consist of members who do not pay membership fees and consequently will not have voting rights. There are potential membership scenarios, including the one from Indiana that offer viable options for Alaska. The next step is for the Coalition's steering committee to meet, review these options, and make a determination.

The Center and Coalition have cultivated partnerships with the following organizations: Alaska Nurse Practitioners Association, Alaska Nurses Association, Alaska Nurses Foundation, Alaska Professional Nurses Organization, Alaska Board of Nursing, University of Alaska Anchorage School of Nursing, Alaska Clinical Nurse Specialist Association, AARP Alaska, Alaska Kidney Foundation, Alaska Home Care & Hospice Association, Alaska Primary Care Association, Alaska State Hospital and Nursing Home Association, Providence Alaska Medical Center, Rasmuson Foundation, University of Alaska – Alaska Center for Rural Health: Alaska's AHEC, and United Way of Anchorage. Partners, such as these, may provide the basis for the organizational membership component of the Center's overall revenue sources.

### **Website Advertising**

The Center will strive to maintain a comprehensive list of educational and mentorship opportunities, conferences and events, and job postings. In doing so, the Center will be seen as the most up-to-date information source for nurses in the state. Accordingly, the Center may choose to introduce an advertising fee for its listings. Another option would be to include a virtual store on the website. The online store would incorporate products (i.e. books and materials) for continuing education courses. The potential revenue generated from website advertising takes into account a scaled approach.

The calculation is made by assuming the number of site visitors per day divided by ten (the percent who would click on a link) and then multiplied by a fee of \$25 which rises starting in year four to \$30 as per its increase in popularity and use. The website's use is expected to continually increase each year. The website should anticipate the rate of visitors to increase by ten visits per day from year two to three. In years three through five, the rate of visits per day will increase by five. Accordingly, in year two, the website assumes that it will receive 15 visits per day or 5,475 annually. Then in year three, the website would have 25 visits per day or 9,125 annually.

### **Summit**

With initial support from the Coalition, the Center will begin hosting annual summits. Funds raised during the summit may be allocated to both the Center and Coalition. Financial and in-kind donations will be solicited from individuals, organizations, and groups. Donation forms and/or mobile devices (e.g., laptops and iPhones) will be accessible to an online donation system to expedite contributions. Summit participants may choose to make donations towards the Center's operating expenses or for specific programmatic activities. The figures included in the pro forma anticipate that as the coalition and Center continue to grow, there will be larger efforts involved in future summit planning and coordination. The increase starting in year three expects summit participation to rise and also accounts for potential guest speaker fees/travel.

### **Cash Donations**

The amount of cash donations will vary significantly depending on the Center's other funding sources. In the absence of a license surcharge and/or organizational membership fee, the Center will need to pursue alternate funding sources, including cash donations, more aggressively. To facilitate the cash donation process, the website will include an option to donate online. The Center should leverage specific opportunities such as the annual summit to solicit cash donations. Once a specific funding model has been agreed upon and established a more detailed calculation can be inputted into the pro forma. The pro forma shows a base calculation of what was received during year one and then adds a one hundred dollar annual increase years two through five.

### **In-Kind Donations**

To create the most efficient and self-sustaining model for the Center, it will pursue a collaborative partnership with a local university such as University of Alaska, Anchorage or Alaska Pacific University. By cultivating a strong relationship with a university, the Center would benefit organizationally and financially. An established university would offer the Center access to professionals that could focus on data analysis, interns to support communications efforts and other programmatic needs, and support with the mentorship program. The university would provide a facility for the Center to utilize, supplying in-kind donations of rent, information technology, and other related services. As a key partner, the university would act as the fiscal sponsor for the Center and would receive financial deposits from the state once the license surcharge is established. The university will agree to forgo any fees that may be associated its fiscal sponsor obligations. Although the Center will be housed by a university, it will strive to maintain its autonomy in order to preserve its relationship and neutrality with all key stakeholders. The Center may receive other in-kind donations such as promotional materials, e.g., banner (as detailed in year one of the pro forma). It is difficult to anticipate what in-kind donations the Center may receive on an annual basis. Therefore, a base calculation has been provided in the pro forma to reflect a one hundred dollar annual increase to what was initially received in year one.

### **Local Operating Grants**

To pursue local grant opportunities from funders such as Bethel Health Foundation and Mat-Su Health Foundation, the Center will explore the possibility of securing a grant writer and/or contractor to assist with grant applications. In order to proactively track grant opportunities the Center will designate an action team (or member) accountable for ongoing grant research. If the Center does not have capacity to do so, it will consider hiring a contractor to assist with those efforts. The Center should consider pursuing a local grant opportunity in year two to potentially alleviate the deficit it may face in year three if additional funding and/or a sustainable funding source are not established. Grants can be a useful source of funding, but are not always a sustainable source of operational funds for an organization. Funding cycles may be intermittent or produce periods of surplus and gaps. In addition, many grants are designed to be used for a specific program, and are not permitted to be used to support ongoing operations or staff.

### **National (Programmatic) Grants**

The Center will also track national funding opportunities. The majority of applicable public grants fall under the U.S. Department of Health & Human Services, Health Resources and Services Administration, while relevant private grants are made available by the Robert Wood Johnson Foundation.

### **Supplemental Funding**

Other funding approaches, such as personalized vehicle license plates, will provide renewable funding streams for specific center activities and/or events. Creating a personalized nursing license plate necessitates legislation. Legislation would entail that a percentage of the license fee be allocated to the center. Additional research is needed to determine the fee amount and schedule for the license personalization. Customizable options include a stethoscope with the caption, "Be a Nurse." This option requires coordination with the State of Alaska's Department of Motor Vehicles.

### **5-Year Pro Forma**

The pro forma developed for this business plan projects revenues and expenses for the Center from fiscal year 2013 through 2017. The viability of the Center is strongly tied to its ability to establish a diversified and sustainable funding structure. The pro forma indicates that the Center will experience a deficit in year three when the Robert Wood Johnson Foundation State Implementation Program grant and matching funds from the Rasmuson Foundation both conclude. Establishing a nursing license surcharge fee will enable the Center to offer robust programming and services as seen in year five. Revenue generated from website advertising will provide critical funding particularly for the program coordinator position in years three and four. Moreover, by year four, the Center would also ideally institute an organizational membership fee (as discussed on page 20 of this plan). As of January 2015, the pro forma does not include an organizational membership fee scenario. A potential organizational membership fee could alleviate the deficit in year three. The pro forma may be updated to incorporate a membership fee component as the business plan continues to be revised.



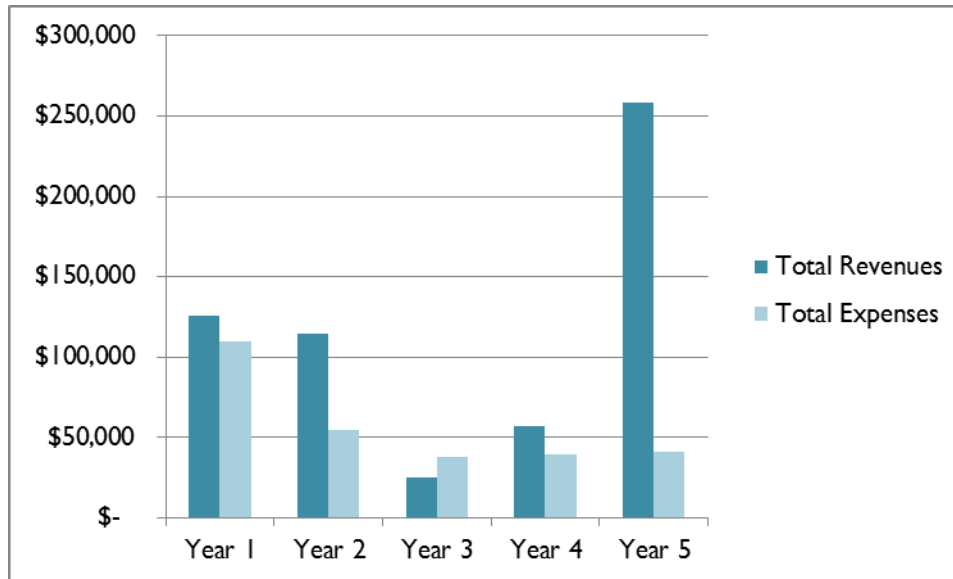
Table 3. Projected Revenues

Revenues	Year 1	Year 2	Year 3	Year 4	Year 5
<b>A. Grants</b>					
RWJF State Implementation Program	\$ 74,500	\$ 74,500	\$ -	\$ -	\$ -
Rasmuson Foundation	\$ 50,000	\$ 25,000	\$ -	\$ -	\$ -
<b>B. Licensure Fee</b>					
Averaged biannual fee of \$37.50	\$ -	\$ -	\$ -	\$ -	\$ 192,075
<b>C. Website Advertisement</b>	\$ -	\$ 13,688	\$ 22,813	\$ 54,750	\$ 63,875
<b>D. Other</b>					
Cash Donations	\$ 1,200	\$ 1,300	\$ 1,400	\$ 1,500	\$ 1,600
In-Kind Donations	\$ 350	\$ 450	\$ 550	\$ 650	\$ 750
<b>Total Revenues</b>	\$ 126,050	\$ 114,938	\$ 24,763	\$ 56,900	\$ 258,300

Table 4. Projected Expenses

Expenses	Year 1	Year 2	Year 3	Year 4	Year 5
<b>A. Personnel/Professional Services</b>					
Contractors	\$ 105,000	\$ 50,000.00	\$ -	\$ -	\$ -
Fiscal Agent Administrative Fee	\$ -	\$ -	\$ -	\$ -	\$ -
Program Coordinator	\$ -		\$ 31,200	\$ 32,760	\$ 34,398
<b>B. Infrastructure Technology</b>					
Web hosting	\$ 300	\$ -	\$ -	\$ -	\$ -
Website domain	\$ 20	\$ 20	\$ 20	\$ 20	\$ 20
Quarterly website maintenance	\$ -	\$ 990	\$ 1,020	\$ 1,050	\$ 1,082
Site redesign	\$ -	\$ -	\$ -	\$ -	\$ -
<b>C. Events</b>					
Annual Summit	\$ 1,500	\$ 1,500	\$ 3,000	\$ 3,000	\$ 3,000
Professional Event Participation	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
<b>D. Communications</b>					
Printing Costs	\$ 1,000	\$ 1,030	\$ 1,061	\$ 1,093	\$ 1,126
Stock Photos	\$ 100	\$ -	\$ -	\$ -	\$ -
<b>Total Expenses</b>	\$ 109,420	\$ 55,040	\$ 37,801	\$ 39,423	\$ 41,125
<b>Surplus (Deficit)</b>	\$ 16,630	\$ 59,898	\$ (13,038)	\$ 17,477	\$ 217,175

Table 5. Projected Revenues Versus Expenses



#### D. MARKETING + COMMUNICATIONS

Agnew::Beck Consulting initiated communication planning in mid-2014. To inform this process and the framework for developing a comprehensive communications plan, information was gathered from the strategic plan, the business plan, and work sessions with members of the Coalition and Center. The culmination of this work will result in a comprehensive communications plan and brand identity for the Center. The purpose the communication plan is to improve understanding of, support for, and identification with the Center. Additionally, the communication plan should benefit all people and entities addressed in the plan, whether these people and entities are the intended audiences or the ones responsible for carrying out the activities in this plan. The plan will identify key audiences and issues of importance; messages and actions that address these important issues; the best messengers and how to equip them to communicate messages and carry out actions; and additional tools for sharing messages and carrying out actions. A draft of the communications plan will be provided as an appendix to the next business plan draft.

## IMPLEMENTATION ACTION PLANS BY CENTER FOCUS AREAS

	Vision	Immediate Action (3 to 6)	Lead	Progress
<b>PROGRAMMING + INFRASTRUCTURE</b>				
<b>Diversity</b>	To engage with a wide array of nurses and aspiring nurses from different backgrounds and support them to act as catalysts of growth, excellence, and leadership within the nursing profession in Alaska.		Jacqueline Pflaum	
<b>Leadership</b>	To create a self-sustaining “Center of Nursing Excellence” for Alaska that serves as a catalyst for growth and excellence in the profession of nursing.		Patricia Dooley & Theresa Brisky	
<b>Evidence Based Practice</b>	All nurses in Alaska will have access to reliable data-driven evidence-based research and practice.		Julie McNulty	
<b>Scope of Practice</b>	The APRN Alliance is the unifying force for all advanced practice registered nurses in Alaska.		Lynn Hartz & Nancy Sanders	