Future of Nursing: State Implementation Program
Full Proposal Narrative

Identifying Information
Project Title: Educating the Idaho Nursing Workforce of the Future
Application I.D.: 30626
Applicant Name: Margaret Wainwright Henbest
Legal Name of Applicant Organization: Idaho Alliance of Leaders in Nursing, a 501c3

1. **Background (process, stakeholders, commitment):**

This project proposes to address 2 recommendations of the IOM report on the Future of Nursing: Recommendation # 3) Implement Nurse Residency Programs, which builds on the prior SIP1 work and # 6) Ensure that nurses engage in lifelong learning, which begins a new initiative designed to plan the transformation of nursing education in Idaho. In order to fully evaluate the effectiveness the Idaho Nurse Residency Program (INRP), to make recommendations for its sustainability and scalability, as well as to integrate the INRP into the transformation of nursing education in Idaho, work on the INRP will be continued through the completion of the program by the first cohort of new graduates. In addition, nurses in education, regulation and practice from across Idaho will be intentionally convened in a facilitated and educated manner and tasked with articulating a unified mission, vision and strategic plan for educating the Idaho nursing workforce of the future. The goal of this project will be to create a strategic plan (or blueprint) for nursing education in Idaho that will be competency based, foster seamless progression, promote life-long learning and meet the nursing workforce needs of the future within the context of a rapidly changing and reformed healthcare system. A specific focus of this effort will include identification and implementation of strategies that increase the geographic, gender and racial diversity of Idaho nursing students.

The Idaho Nursing Action Coalition (INAC), which was formed in February of 2011, is a voluntary coalition of key partners statewide including nursing, business, government and health policy leaders. The INAC co-leads are the Idaho Alliance of Leaders in Nursing (IALN) and the Idaho Hospital Association (IHA). The coalition’s goals aim at improving the ability of Idaho nurses to respond to the health care challenges of the future and to deliver quality care that is accessible and affordable. The INAC’s three priorities for action focus on improving 1) nursing leadership and collaboration with other healthcare providers, 2) nursing education and 3) access to care. A leadership team coordinates each of three action teams, who then identified their respective goals, objectives, actions and baseline data needs.

In early 2013, Idaho was awarded a SIP 1 grant. The project “Advancing Nursing in Idaho to Improve Health” focused on 2 recommendations of the IOM report, recommendations #3 and #1. The project included 2 goals and a total of 4 initiatives. To address IOM recommendation # 3, INAC proposed to develop a state-wide continuum
model for transitions in nursing practice targeting 1) new graduate transition into practice, 2) transition into clinical leadership/management and 3) transition from clinical practice to nurse educator. To address IOM recommendation #1, INAC proposed to improve patient access to health care services provided by advanced practice nurses in Idaho through the creation of an actionable plan to overcome cultural and regulatory barriers that limit APRN’s ability to practice to the full extent of their education and training. The grant has allowed INAC to make significant progress on its priorities of nursing leadership, access to care and nursing education by:

- Establishing and launching the Idaho Nurse Residency Program in 4 sites
- Acquiring, piloting and then launching a 5 day leadership course
- Identifying best practices for transitioning to the nurse educator role
- Completing and analyzing statewide APRN practice and APRN employer surveys

As these projects matured, INAC leadership began to recognize that there is an urgent need to advance nursing education in Idaho in order to better prepare the nursing workforce to meet the challenges of a reformed healthcare system.

INAC co-leads were invited to provide an INAC and Campaign for Action (CFA) update at the annual Idaho Nurse Educators Conference (INEC) in March 2014. In preparation the co-lead reviewed content and materials which reflected nursing education transformation initiatives across the United States with the assistance of Pat Farmer (CCNA), Mary Sue Gorski (CCNA) and Tina Gerardi (AONE, APIN National Program Office). The ensuing INEC presentation to over 80 nurse educators from across Idaho reflected on the Campaign for Action (CFA) Pillars, highlighted the Idaho progress to date and also provided an overview of the CFA work to transform nursing education in America. Participants were reminded of one of the key messages of the IOM report that “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression”. Promising models of education transformation that have been identified by the CFA in its work with coalitions all across the United States were presented.

Participants acknowledged that it was time for Idaho to engage in transforming nursing education, and that nursing had a profession responsibility to act on the IOM recommendations. There was widespread agreement reached that the next step would be to convene nursing education and practice leaders to address the transformation of nursing education in Idaho.

In June of 2014, INAC held its fourth annual Summit. Key nurse leaders from across Idaho including nurses both new and “old” to the Idaho Nursing Action Coalition were in attendance. Using videoconferencing technology Pat Farmer and Mary Sue Gorski provided an overview of state efforts to transform nursing education, and assisted in the facilitated discussion which followed. A commitment was made by summit participants
to pursue resources that would facilitate Idaho progress in transforming nursing education. In particular, interest was expressed in examining:

- Competency based nursing education
- More robust employer engagement
- The need for more granular data which reflect attitudes and barriers about advancing education including workforce diversity
- Provision of financial or other assistance to advance degrees and the need to educate nurses about career paths that advance competent life long learning

Participants acknowledged that many factors contributed to the timeliness of addressing nursing education transformation in Idaho from a variety of perspectives:

**EDUCATORS:**

The current national trend in higher education is to embrace the tenets of Complete College America. This initiative is aggressively pursuing the streamline of higher education to eliminate redundancy in the college student experience as well as to decrease student fiscal load and potentially debt. In concert with this initiative, the State of Idaho has embarked on Complete College Idaho (CCI). Each college/university in Idaho is re-evaluating the college “core” requirements. Competencies and rubrics have been established for the state in the critical areas including Math, Science, Social and Behavioral Sciences and Humanities. Additionally each college will select 6 to 9 credits as institutionally designated competencies. The process is on-going, and each college/university is exploring how their individual degree plans can meet these competencies. This reevaluation has caused a major paradigm shift in the view of coursework required to meet degree requirements.

Currently the Idaho State Nursing Articulation Agreement supports and affirms the advancement of nursing education in the state. One example is the acceptance of Associate Degree nursing graduates meeting general program requirements to articulate to a Baccalaureate in Nursing Program in the state. Nursing education proposes to also come in alignment with competency based education. Each nursing program in the state has its own specific curriculum. These competencies have not been outlined specifically within the nursing programs, and unfortunately, some redundancy remains. The formulation of these competencies will be an overwhelming task in order to bring all programs and levels together in common agreement on competencies, rubrics, and assessment measures in nursing education.

Nurse educators across Idaho acknowledge that this SIP grant opportunity is especially timely in aligning nursing programs with the current CCA/CCI initiative of competency based education.

**NURSE REGULATORS**

As early as the 1980’s, the Idaho Board of Nursing has been actively engaged in initiatives to prepare Idaho’s nurses to best meet the projected healthcare needs of our citizens. Support for development of an early “Blueprint for Nursing Education in Idaho”,

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adoption of a position statement supporting the historical ANA ‘Two levels of entry into practice’ initiative, recent advocacy for development of a statewide plan for nursing education to guide the Board in its decision-making, as well as current efforts to require demonstrated continued professional development for renewal of nurse licensure are evidence of the Board’s engagement in the issue of educational preparation of nurses.

The Idaho Board’s endorsement of the IOM recommendations is evidenced in two key strategic objectives. 1) To influence healthcare policy decisions’ by serving as a key partner in implementing the IOM “Future of Nursing” recommendations’ and 2) to respond to changes in the healthcare, academic and regulatory environments by transitioning to an 80:20 ratio of BS to AD-prepared nurses by 2020.

As active members of the National Council of State Boards of Nursing, the Idaho Board has been continuously engaged in the national dialogue on implementation of the recommendations and currently serves as a committed partner in this endeavor. The Board’s commitment was formalized in legislation adopted in 2012 clearly authorizing the Board to use dedicated funds to “develop, or to enter into contracts or agreements with others to evaluate and develop, the education, distribution and availability of the nursing workforce for the purpose of improving the delivery of quality health care”. Commitment of Board resources as well as Board efforts to address issues such as educational articulation, continuous lifelong learning and collection and analysis of nursing workforce data

LEADERS IN PRACTICE
Nurse Leaders in practice are acutely concerned about the preparation and adequacy of the nursing workforce in Idaho. Hospitals are reflecting on their own internal goals and needs with respect to the IOM recommendations, Magnet designation and the successive changes and adaptations brought about by the ACA including the emphasis on community health and care that keeps people out of the hospital. These nurse leaders from across Idaho appreciate that internally they can do only so much. They express the need to sit down and have serious conversations with their local schools of nursing about how they can best partner to meet their mutual goals. They acknowledge that a gap between education and practice has always existed, both in Idaho and across the nation, however they describe this gap as rapidly widening as they respond to an ever changing healthcare delivery system. The boulder is rolling down the hill, as one leader said, and it is hard to stop it.

Generational differences, diversity and the aging workforce are also a concern. These leaders are seeing increased turnover of younger nurses at a time of increasing pressure to shorten orientations as a means of economizing. In addition, 12 hour shifts do not have the same appeal or perhaps the same performance outcomes for older nurses. They see opportunity to increase diversity in particular by bringing more male nurses into nursing and appreciate the impact on patients when the workforce is more representative of the patient population.
Increasing the availability of BSN prepared nurses is the number one issue for the Magnet hospitals in Idaho, as well as for other large health system urban employers who currently prefer to hire only BSN prepared nurses. These employers acknowledge that existing RN-BSN programs need to provide specific value in terms of the professional practice outcomes that they develop in their students and that a trend is emerging across the country to not accept these students for hire in all BSN institutions. These leaders believe that programs need to acknowledge and honor the experiences of veteran ADN nurses while taking them to the next level of professional practice.

In order to address the workforce needs in Idaho, these leaders suggest that barriers to advancing education must be broken down. They speculated that it may be necessary to wrap services that are easily available such as scholarships and tuition assistance, around these nurses in order to foster their success. They also called for more transparent and easy access to information that would assist nurses to understand and plan for a clear career path that would take them on a trajectory of life long learning and advanced degrees. As one such leader said “We have to tackle this. It is not going to get better”.

PROFESSIONAL NURSING

Nursing is seen as the answer to US population care, in an upstream, patient-centered, comprehensive and holistic global context. The profession of nursing is built on the strong foundation of nurses who have come before: Fairchild, Nightingale, Sanger, and Barton. Their colossal and historic achievements serve as deeply driven pylons, supporting and bulwarking the nursing profession. But the vast majority of nursing’s structural foundation and scaffold are the results of successive and concise elements lain by men and women who have persisted, struggling against great odds, political and institutional barriers, and the status quo, to move nursing into the forefront of what it is today.

Many states have embarked upon efforts to transform nursing education in response to evidence-based research, and professional, political, and financial interests. Though each state has arguably carved out unique strategies and solutions, commonalities in the process and the approaches are evident. Transformation and growth is the profession responsibility and purview of each nurse, nursing administrator, and APRN and nurse educator.

INAC stresses that transformational growth, within and for nursing, is an individual and collective, personal and professional responsibility. Each nurse must accept accountability for their profession and their professional growth; and the utilization of evidence-based tools to increase care access and quality, while decreasing the cost of care.

2. **Project narrative (goals and implementation strategies)**
Recommendation #6: Ensure that nurses engage in lifelong learning. **Accrediting bodies, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.**

Goal 1: Establish a strategic plan for competency based nursing education in Idaho that will meet the current and future workforce needs of the state.

Implementation Strategies:

- Convene key stakeholders across Idaho in education, practice, government, and regulation
- Educate stakeholders to assure broad perspective, and knowledge of current research, and promising models for transforming nursing education.
- Facilitate discussion: needs, barriers, opportunities and strategies
- Establish a representative steering committee
- Conduct 3 regional meetings to engage the broader nursing community and vet preliminary recommendations
- Form workgroups as needed, tasked with designing strategic detail in specific areas
- Establish and then adopt a consensus driven strategic plan for transforming nursing education in Idaho
- Assign responsibility for implementation of the strategic plan including the essential leadership and financing

The IOM report calls specifically upon nursing faculty to partner with healthcare organizations to develop and prioritize competencies so that curricula can be updated to ensure that nurses are prepared to meet the healthcare needs. Nurse leaders across Idaho acknowledge that now is the time to develop and adopt competency based curriculum in Idaho. According to the IOM report on the Future of Nursing: “The value of competency based education in nursing is that it can be strongly linked to clinically based performance expectations”. At the same time there is pressure to increase the number of BSN prepared nurses to meet workforce demands. Though there are options for achieving these goals, there is not a universal solution. Nursing in practice and education are and must continue to be robust reciprocal partners in transforming nursing education to meet these needs.

To achieve this goal in Idaho, there must be a cultural transformation that can only be brought about through the thoughtful, collective and discerning work of key stakeholders. This has been the fruitful journey that many other states have navigated in order to develop the critical unanimity and commitment to implement targeted solutions over time. For example, after participating in the Southeast Education Summit sponsored by CCNA, committed attendees from Texas convened key groups to devise their education strategy and ultimately their APIN project. In California, funding from the Betty Moore Foundation facilitated the convening of key stakeholders who used their collective wisdom, intentions and priorities to devise the Nursing Education Redesign for
California. In 2012, nursing leaders in Arizona initiated this process of collaboration between academia and practice with the goal of improving didactic and clinical nursing education. The target outcome was to establish an Arizona Education-Practice Collaborative Task Force to lead the implementation of the plan. Massachusetts’ effort began in 2006 with the invitational convening of major stakeholders in nursing education and practice. At that meeting they established a formal coalition with a mission and identified key priorities.

Goal #2: Create resources that facilitate education progression and lifelong learning among nurses in Idaho.

Implementation Strategies
- Identify best practices for supporting academic progression in the workplace and disseminate
- Identify resources and gaps in resources available to nurses who are interested in advancing their degrees
- Establish a web-based resource and webinar available to nurses to explore career options and the path to pursue those options

Nurse leaders across Idaho, both in education and practice recognize that trends in healthcare delivery including the demand for improvements in quality, economy, access and upstream interventions that improve health and keep people out of the hospital set expectations for the nursing workforce that the current workforce may not be prepared to deliver. This has implications for nursing education, employers and nurses attempting to gain the necessary education to provide expert nursing care. In many instances, employers are making a significant financial commitment to support the educational advancement of their workforce; however this is neither universal, comprehensive nor sustainable in the current increasingly constricted fiscal environment. Critical Access Hospitals (CAH) in particular lack the resources to support staff continuing education and degree advancement, at the same time that their staff faces significant personal challenges to access meaningful and relevant educational opportunities. This goal will provide a central resource that nurses and employers can use to facilitate educational advancement. In the process, recommendations will be made to create or leverage additional resources to enhance opportunities. Finally, articulating clear career paths and the preparation needed helps nurses efficiently progress towards their career goals.

Recommendation # 3: Implement nurse residency programs. State boards of nursing, accrediting bodies, the federal government and healthcare organizations should take actions to support nurses completion of a transition to practice program after they have completed a pre-licensure or advanced degree program, or when they are transitioning into new clinical practice areas.

Goal #3: Continue the work of the Idaho Nurse Residency Program (INRP) in order to fully evaluate its effectiveness, to make recommendations for sustainability and scalability, as well as to integrate this program into the strategic plan for transforming nursing education in Idaho.
Implementation Strategies:

- Complete 12 month evaluation of INRP
- Fully integrate targeted simulation experience into INRP
- Identify program cost per student to the employing institution
- Establish the sustainable program work and annual costs for project manager
- Incorporate nurse residency into strategic plan

This project began with a thorough literature search, a gap analysis of existing new graduate residencies in Idaho, and the establishment of an expert stakeholder group, all of which informed the direction of the project. The project focused its attention on Critical Access Hospitals (CAH) in Idaho who was not connected to a health system which already had or were in the process of establishing a nurse residency. Of the 27 CAH’s in Idaho, 20 met these criteria. Available existing on-line residency programs in Idaho were evaluated and ultimately the decision was made to utilize the recently developed IOWA on-line nurse residency program. Information packets and marketing materials were developed and physical contact was made with the Chief Nursing Officer (CNO) of the 20 CAH’s. Four CAH’s have enrolled 5 new graduates in the IOWA course which was launched for the first time in August 2014. The Idaho Nurse Residency Program (INRP) secures the partnership of interested Idaho CAH’s, facilitates the enrollment of the identified new graduate in the on-line course, and ensures that the new graduate has an on-site prepared and designated preceptor. In addition, a partnership with the Idaho Simulation Network was established to augment the residency content with a specifically designed simulation experience for residency participants.

A preliminary evaluation of the program will be completed after six months, coinciding with the end of the SIP 1 grant. A complete evaluation after the completion of the one year on-line program will include:

- Student and preceptor evaluations
- Evaluation of the CAH’s cost for participation
- Evaluation of the work effort required to sustain participation in the program year to year.

This evaluation will have impact for the future of the INRP and also provide valuable feedback to IOWA. This on-line program is available across the nation. States such as Idaho may choose to encourage utilization of this resource especially to sites that are unlikely to be able to launch a residency on their own. It is critical to understand in detail what successful uptake and participation would require. From the experience of this Idaho project, it is anticipated that efforts to provide information and support to interested hospitals is critical to their valuing this program and ultimately deciding to
participate. The work effort analysis will help inform discussions and planning for sustainability.

3. Addressing Diversity

The rural and frontier state of Idaho extends from Nevada to Canada in the northwestern intermountain region of the USA. Its urban population centers are concentrated in three areas: the southwestern (Boise/Nampa/Meridian/Caldwell), eastern (Pocatello/Idaho Falls) and the northern (Coeur d’Alene/Lewiston). However, the majority of Idaho’s communities are small and scattered among mountainous terrain.

Rural Idahoans face significant challenges in accessing health care services. Currently, 96.7% of the state is designated as a Health Professional Shortage Area (HPSA) in primary care, 95.8% in the category of dental health, and 100% in mental health. Idaho ranks 49th of 50 states with a rate of 68 primary care physicians per 100,000 residents compared to the national rate of 97 per 100,000. Idaho ranks 44th of 50 states with 689 registered nurses (RN) per 100,000, compared to 858 per 100,000 nationally. Among RN’s, 59% are 45 or older, which reflects a national trend of aging in the nursing workforce, and 65% are employed in an acute care setting and 10% are employed in long term care. Of the approximately 17,535 RN’s in Idaho, data indicates education levels as 41.6% associate degree, 39% baccalaureate degree and 11.9% master’s degree or higher.

Rural Idaho accesses acute care services, and in some cases long term care, through 27 Critical Access Hospitals (CAH). Of these, 20 CAH are not part of a larger health system. Nursing in rural communities has its own unique challenges. Nurses must be “generalists” and have the competent knowledge and skills to provide quality care in a variety of settings, often within the same day. Nurses frequently work close to where they live and receive their education. In many regions of Idaho, these results in a higher proportion of ADN prepared nurses providing the greatest pool of applicants to rural hospitals. Rural nurses are challenged and also desire to advance their degrees beyond an ADN, but face barriers to doing so. In addition, some nurses have expressed concern that they do not believe their extensive and varied experience is valued and honored in the process of educational progression.

Idaho lacks ethnic diversity, which is likewise reflected in an even less diverse nursing workforce. Idaho census data (2010) shows 11.2% of Idahoans are Hispanic, 89.1% non Hispanic white, and 50.1% are male. According to voluntary license renewal data, Idaho’s RNs are 2% Hispanic, 88% non Hispanic white and 11% male. There is no chapter of the American Assembly of Men in Nursing in Idaho, though there are efforts to begin one. Likewise, there is no state chapter of the National Association of Hispanic Nurses, or state chapter of the Native American Nurses Association.
Goal #4: Create specific strategies targeted to increase the opportunities for lifelong learning and leadership among nurses in rural communities, men in nursing, Hispanic and Native American nurses.

Diversity Implementation Strategies:

- Identify barriers to academic progression for rural nurses
- Facilitate the creation of the Idaho Chapter of the American Assembly of Men in Nursing, National Association of Hispanic Nurses and/or Native American Nurses Association
- Establish baseline methodology and aggregate data of public nursing programs current experience attracting and retaining an increasingly diverse student body.
- Review the strategies and resources currently utilized by Idaho nursing programs to increase rural, ethnic and gender diversity in nursing
- Develop an Idaho Diversity in Nursing Plan
- Incorporate recommendations for creating additional opportunities to increase diversity within the strategic plan.

4. Existing Infrastructure:

**Idaho Nursing Action Coalition (INAC)** was formed from a broad coalition of nursing workforce stakeholders statewide including nurses in education, nurse executives, and nursing professional membership organizations, employers of nurses, insurers, regulatory entities, and state government. Its membership has statewide geographic representation. It is lead by a small leadership team. It is co-lead by IALN and IHA, and has experienced a recent turnover in the leadership of the co-leads. INAC is completing work on 4 SIP1 projects. A progress update that considers impact, scalability and sustainability is attached: APPENDIX A:

**Idaho Alliance of Leaders in Nursing (IALN)** was founded in 2004 following the unification of the two statewide nursing organizations which represented nursing education and nursing leadership in acute care settings. It was organized as a 501c3 charitable organization and is the co-lead of the Idaho Nursing Action Coalition. In 2009, it transferred its membership to NLI, and retained its mission to advance the nursing workforce in Idaho. It is a chapter of the National Forum of Nursing Workforce Centers.

**Nurse Leaders of Idaho (NLI)** is a professional membership organization that is the voice of nursing leadership in Idaho. It is represented on INAC. Its members include nurses in executive leadership roles in practice, deans and directors of nursing schools, nurses in regulation and government and nurses in advanced practice. It connects nursing through its individual memberships, its nursing affiliate memberships that represent other nursing professional organizations and 8 organizational members who comprise entities who substantially employ nurse leaders.

**The Council of Nurse Educators (CNEL)** is a voluntary nursing organization in Idaho made up of the chairs of the public, private and proprietary nursing programs. CNEL
meets monthly by conference phone and annually in person. CNEL President serves as co-chair of the newly formed NLI academic and Practice Committee.

**Idaho Nurse Educator Conference (INEC):** Annually Idaho’s nurse educators meet at one of the state’s schools of nursing to dialogue about state-wide nursing issues and engage in professional development. Idaho nurse educators are active members of the INAC Education Subcommittee. The SIP1 project coordinator gave an Idaho and national Campaign for Action update to INEC in March 2014.

**Idaho Coalition on Nursing (ICON):** Leaders from the Idaho Board of Nursing, Idaho Nurses’ Association (INA), Council of Nursing Education Leaders, and Nurse Leaders of Idaho meet to update one another on issues of concern to the various groups and explore opportunities for collaboration. All ICON member groups are actively represented in INAC.

**Idaho Nurses Association (INA)** is the only professional organization representing all registered nurses (RNs) in Idaho. The INA advances the nursing profession by promoting professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace and by advocating on health care issues affecting nurses and the public.

**Idaho Board of Nursing (IBN):** The IBN is committed to collaborating and partnering with key stakeholders in fulfilling its mission of public protection. This is accomplished by working towards building a workforce necessary to meet the healthcare needs of Idahoans now and in the future. The Board staff and members have a long history of involvement in nursing workforce issues and have served on a variety of workforce initiatives. In 2011, the board sponsored legislation that would allow the use of dedicated license fees to support workforce initiatives in Idaho. In 2012 the board voted to give priority in awarding these grant funds to efforts to address the IOM recommendations on the Future of Nursing in Idaho. The match funds for this project have been committed by the IBN as a result. In addition, the board has been a significant national leader in the adoption of the Consensus Model for APRN regulation. The Board Executive Director serves on the leadership team.

**Idaho Hospital Association (IHA):** Founded in 1933, the IHA is a statewide, nonprofit trade association that brings together hospital/health leaders to identify issues of mutual concern and to address these issues in a responsible manner that ensures quality health care for those it serves in Idaho. It provides expert consultation for its members, and advocates on their behalf to the legislature and the Congressional delegation. Its Executive Director and one Board member are co-leads of the INAC.

5. **Strengthening INAC Infrastructure**

The Idaho Nursing Action Coalition is a voluntary group. The co-leads IALN and IHA have provided some infrastructure support including staff time, office space,
meeting teleconferencing. Coalition members have hosted the 4 annual summits. When INAC was formed a strategic decision was made to not postpone involvement at the national level until nursing in Idaho was broadly informed about the IOM report. Instead, INAC formed and set about establishing priorities and seeking financial support through grants and donations while individual members educated their own constituencies informally about the recommendations of the report. This has resulted in the evolution of an action oriented coalition driven by a limited community of engaged nurses. The engagement required of this current SIP 3 proposal necessitates a more comprehensive foundational knowledge of the IOM recommendations across all sectors of nursing in Idaho. This project will provide that by incorporating education related to the IOM report in its stakeholder summit and regional meetings which will be held conveniently throughout Idaho. The project includes paid staff support for both the INAC and project management. The project also provides for travel and expert consultation and facilitation. The Idaho Board of Nursing has made a commitment to prioritize its grant giving to initiatives such as this which bring about progress on the IOM recommendations and which ensure that blueprint for action has the resources available to support the action required moving forward.

6. **Financial Sustainability**

The IBN has budgeted $100,000 annually to support efforts which advance the IOM recommendations in Idaho. These monies are generated from dedicated license fees. The passage of legislation creating this grant fund is one demonstration of broad support from the Idaho nursing community. The IBN is committed to the implementation of the strategic plan. In addition, practice partners in particular have expressed their interest in hosting meetings which convene stakeholders and engage them in this project. Finally, after on-going program costs are thoroughly identified a number of possibilities will be explored to shift financial support for the INRP to a sustainable resource. This includes leveraging the Idaho FLEX grant which supports quality improvement initiatives in rural hospitals, seeking tuition support for the residents, and fully vetting the opportunity to seek Medicare reimbursement for this nursing education operational expense incurred by the CAH.

7. **Barriers to Advancing These Recommendations**

As the project progresses, additional barriers will likely emerge, however preliminary information from meetings, summits, and target interviews reveals the concerns about the following real or perceived barriers:

- National academic certification requirements
- University/College politics, both internal and external
- Financing
- Adequate faculty, adequate clinical opportunities
- Rapidly changing health care environment
- Geography/ Rural Communities
- Lack of information/pre-conceived assumptions
- Past entry into practice debate
8. Capacity to build and evaluate the plan based on existing state level data

Idaho is fortunate to have an established and sustainable mechanism to fund, collect, analyze and report nursing workforce data. Detailed demographic and professional data is incorporated into the licensure renewal process. This data substantially meets the requirements of the minimal data set. The data is analyzed every two years, coinciding with renewal cycles, by the Idaho Department of Labor and then published on their website. This process is funded by grant funds from the Idaho Board of Nursing, a funding mechanism that was established by statute. Additionally, Idaho will be among the first states in the USA to pilot the uniform licensure program sponsored by the National Council of State Boards of Nursing, a significant national initiative designed to capture reliable nationwide data about the nursing workforce. This resource will allow Idaho to compare over time the increase in the number of nurses for instance with BSN degrees, and the distribution of these nurses by region. The data also captures the ethnicity and gender of the nursing workforce. Finally, the State Board of Education works with Institution Researchers (IR) at all public colleges and universities. The IR’s have access to demographic information related to applicants to nursing programs, enrollees, and graduates. The SBOE has offered to take a leadership role in communicating with the IR’s to gather this data and report it in aggregate for the purposes of establishing baseline diversity information. The same process will be used to evaluate the effectiveness of diversity initiatives moving forward.

9. Work plan

ATTACHED: APPENDIX B