

**MINUTES OF THE MEETING
of the NEBRASKA
BOARD OF NURSING**

February 7, 2018

Strategic Planning Issues Forum

CALL TO ORDER

The meeting of the Nebraska Board of Nursing was called to order by Dawn Straub, Board President, at 1:09 p.m., February 7, 2018, at Staybridge Suites, 2701 Fletcher Ave., Lincoln NE 68504. Copies of the agenda were mailed in advance to the Board members, emailed to interested parties, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health & Human Services website. Straub announced the location of an available copy of the Open Meetings Act within the room.

ROLL CALL

The following board members were present to answer roll call:

- Janet Andrew, LPN, *Board Vice-President*
- Anne Dey, RN
- Maxine Guy, LPN
- Louise LaFramboise, RN
- Patricia Motl, RN
- Kristin Ruiz, RN
- Dawn Straub, RN, *Board President*
- Rita Thalken, *Public Member*
- Katherine Werth, APRN-NP

The following Board member arrived after roll call: Kristene Perrin, RN (arrived at 1:25 p.m.).

The following Board members were absent: LaFonda Tanner, *Public Member*, and Karen Weidner, RN, *Secretary*.

The following staff members were also present:

- Ann Oertwich, RN, *Executive Director*
- Sherri Joyner, *Health Licensing Coordinator*
- Kathy Hoebelheinrich, RN, *Nursing Practice Consultant*
- Jacci Reznicek, RN, *Nursing Education Consultant*

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Guy made the motion, seconded by Andrew, to adopt the agenda for the February 7, 2018, Board of Nursing meeting.

Voting Yes: Andrew, Dey, Guy, LaFramboise, Motl, Ruiz, Straub, Thalken, and Werth. Voting No: None. Abstain: None. Absent: Perrin, Tanner and Weidner. Motion carried.

STRATEGIC PLANNING

President Straub welcomed members to the Issues Forum and Strategic Planning session.

These minutes were approved by the
Board of Nursing on March 15, 2018.

Background Prep

Ann Oertwich presented the State of the Union and State in power point form discussing first national issues impacting nursing regulation such as de-regulation; discussions nationally, on occupational licensure; defunding of programs on a national level; the spread of licensure compacts, nursing included; the explosion of science and technological advances; and lastly, the need for accurate workforce supply and demand data. Oertwich also highlighted factors on a state level in Nebraska impacting nursing regulation, including: the state level de-regulatory climate, as evidenced by the Governor's Executive Order on Regulations; state budget concerns related to a lack of revenue; the spread of licensure compacts in NE with four new bills just in 2018 (PT, APRN, Psychology, EMS); and the acquisition of a Nursing Supply & Demand model by the Nebraska Center for Nursing for accurate workforce data.

The National Council of State Boards of Nursing (NCSBN) Strategic Plan was reviewed, with the four goals highlighted:

- Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.
- Champion regulatory solutions to address borderless health care delivery.
- Expand the active engagement and leadership potential of all members.
- Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

Oertwich highlighted some of the Board and Center for Nursing accomplishments over the past year, which include adoption and implementation of the new eNLC, live as of January 20, 2018; the repeal of the LPN-C law; collaboration on the APRN Compact legislation; acquisition of a Supply & Demand workforce model, and a new CFN website and Face Book presence. Thinking ahead on the 'to do' list for the Board of Nursing, Oertwich listed off the repeal of LPN-C regulations (now that the law is gone); proposing changes to Chapters 99, 101, and 97 for nursing regulations; adopting the APRN consensus model, which would create one statute (instead of 5) and one set of regulations for all 4 groups of APRNs with governance by the Board of Nursing; propose changes as needed to the NPA to support this work; and conduct educational outreach on all BON work.

With regard to the Center for Nursing, Oertwich proposed a similar list of work, to include: creating a technical 'for publication' report of workforce supply/demand data for NE; creating a biennial CFN report (workforce data on RN/LPN, goals & achievements of the CFN, and future CFN goals); and potentially conducting six meetings across NE to discuss/release NE workforce supply/demand data. This is simply an overview of what could/should be done, based on work of the Board and CFN to date.

Mission & Vision

Dawn Straub kicked off the next session of the meeting with the question "What is a mission statement?", with a reflection on the statutory purpose of the Board of Nursing. Dawn pointed out that mission statements should be:

- Present-based and designed to convey a sense of why the organization exists
- For both internal and external communities

Dawn pulled this DRAFT statement from the DHHS mission:

"Protect the health, safety and welfare of the public related to the provision of nursing care"

The group agreed the statement is:

- Present-based
- Descriptive of why the Board exists

- Understandable to internal community
- Understandable to external community

Next - "What is a vision statement?"

- Future-based and meant to inspire and give direction
- For internal "employees"

Team members present then worked in three small groups, posted their work, used the world café method to revise and vote on language.

Vision Statement Work:

#1 A Nebraska with no nursing shortages; nurses educated to understand scope of practice; nurses exhibit a high level of competency; Board is able to adapt to changes in technology and health care; no public harm by nursing care or lack of care

#2 protection of public vs safety of nurse; do nurses continue education of the profession; integrity in nursing – integrity of profession

#3 rehabilitation and timely intervention vs punitive, ineffective discipline (proactive vs reactive)

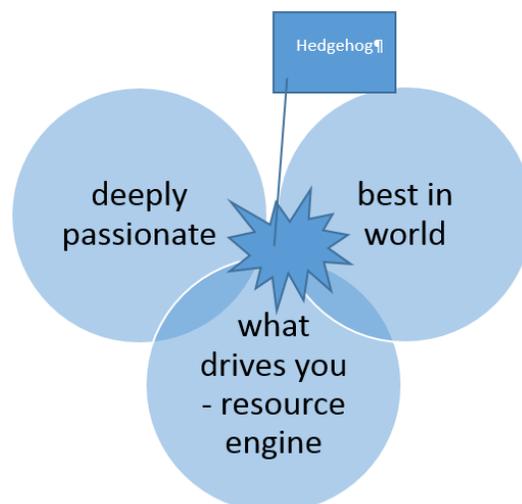
Concepts pulled from vision work sheets:

- Integrity
- Lawful practice
- Competent practice – continuing competency
- Evidence based/data driven
- Advocacy
- adaptable

Hedgehog

Dawn next applied the framework from Good to Great to help shape the team's work.

1. Does the vision define great?
2. What is our hedgehog?



A hedgehog is at the intersect of something one is deeply passionate about, best in the world at, and driven by one's resource engine.

The next exercise helped define things the Board is deeply passionate about:

Passions

- safety of the public
- consistent discipline
- national involvement
- competency
- nursing practice
- protection/safety
- education & resources
- facilitating transparency

Members selected safety of the public and consistent discipline as their favorite passions.

The next exercise helped define things the Board is best in the world at:

Best in World

- Developing and applying the regulatory process, including discipline to insure safe nursing practice
- Educating RNs/LPNs about their roles & responsibilities
- Protecting the public
- Nursing knowledge
 - Foundational education, i.e. Nursing process, patient safety

Members selected the following statement as their favorite: "We are the best in the world at developing and applying the regulatory process, including education about the process, to ensure safe nursing practice."

The team worked in three groups to identify what drives the resource engine.

Resources

- NCSBN
- DHHS
- Great board members

Hedgehog:

- Protect the public
- Safe practice of nursing
- Fair and consistent discipline

The team worked in three groups to develop their **BHAGs** (big, hairy, audacious goals)

#1 Combine BON with APRN Board

- Expand board membership
- Statutory changes
- Education related to development

Development of a process improvement plan (PIP)

- Collaboration with AG, DHHS, BON

#2 Decrease 'significant' medical errors made by nursing (need to clarify 'significant')

Revise discipline guidance to reflect more emphasis on nursing practice errors vs non-nursing related events

#3 All discipline cases from time of filing complaint to Board to final action are resolved in six months.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 4:17 p.m.

Respectfully submitted,



Ann Oertwich
Program Manager