

Coalition members –

- Please review this document. All areas in red are the positions of the coalition and additions made during our discussion of the proposals. Purple indicates language present in the original proposal.
- Everyone needs to be sure that they understand the intent behind the proposals so they can discuss and explain the changes to their members, colleagues and the legislators.
- A gentle reminder that we need to be sure that we are focused on the intent of the recommendation/proposal which can sometimes be achieved with language other than that which is currently before us.
- Everyone needs to be sure that we have captured the intent of the proposals so when we review the language written by the Legislative Reference Bureau (LRB) we identify areas that need to be corrected or clarified.

Here is a nice summary of the purpose of the LRB <http://www.ilga.gov/commission/lrb/lrbabout.htm>

FINAL REMINDER –

If after review, your organization determines that they do not wish to be listed as an organization in support of the changes, please send me an email stating such so that we can be sure that we are accurately representing the organizations moving this language forward.

I personally want to thank each of you for your efforts during this process, for your collegiality and for the respectful way we held our discussions and our debates. I am continuously in awe when I look at what we achieve when we work together.

Susan Y Swart MS, RN, CAE

NPA revisions - Report of Definition Subcommittee

Article Titles and Numbers: Article 65/50-10 Definitions

Overview and Summary of Recommendations:

Seeking to revise language so it reflects the Scope and Standards of Nursing Practice: Third Edition that was updated in 2015.

To eliminate confusion, the subcommittee recommends the addition of the word medical to the last line of the definition of Registered professional nursing practice between the words corrective and measures.

Recommendations and Rationale by Specific Article and Sections:

**SUPPORTED BY THE COALITION AS DETAILED BELOW:**

Change the definition of Registered Professional Nursing to:

“Registered professional nursing practice is a scientific process founded on a professional body of knowledge; it is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations, as defined in section 60-35.” The foregoing shall not be deemed to include those acts of medical diagnosis or prescription of medical therapeutic or corrective measures.

**COALITION VOTED TO ELIMINATE THE PARAGRAPH BELOW AND REFER TO THE SCOPE OF PRACTICE SECTION.**

~~A registered professional nurse provides holistic nursing care through the nursing process to individuals, groups, families, or communities, that includes but is not limited to: (1) the assessment of healthcare needs, nursing diagnosis, planning, implementation, and nursing evaluation; (2) the promotion, maintenance, and restoration of health; (3) counseling, patient education, health education, and patient advocacy; (4) the administration of medications and treatments as prescribed by a physician licensed to practice medicine in all of its branches, a licensed dentist, a licensed podiatric physician, or a licensed optometrist or as prescribed by a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1987 or by an advanced practice nurse in accordance with Article 65 of this Act; (5) the coordination and management of the nursing plan of care; (6) the delegation to and supervision of individuals who assist the registered professional nurse implementing the plan of care; and (7) teaching nursing students. The foregoing shall not be deemed to include those acts of medical diagnosis or prescription of medical therapeutic or corrective measures.~~

Article Titles and Numbers Reviewed

## **ARTICLE 70. ADMINISTRATION AND ENFORCEMENT**

Overview and Summary of

Recommendations See details below.

Recommendations and Rationale for Specific Articles

### **ARTICLE 70. ADMINISTRATION AND ENFORCEMENT (b) Grounds for disciplinary action include the following:**

CURRENT - (30) Physical illness, including but not limited to deterioration through the aging process or loss of motor skill, mental illness, or disability that results in the inability to practice the profession with reasonable judgment, skill, or safety.

#### **SUPPORTED BY THE COALITION -**

PROPOSAL - (30) Inability to practice the profession with reasonable judgment, skill or safety

RATIONALE: Evidence shows that ageism, stereotypes, and misinformation about mature persons continue to be issues across all segments of society, including the workplace. The proposed statement is based on ability versus age.

Our understanding is that existing wording is standard language across several practice Acts. However, current environments and public policy discourage any discrimination relative to aging, gender or sexual orientation. Therefore, we recommend revised language to reinforce a focus on professional nurse's ability, rather than their age demographic. To foster agency's objective for standardizing this provision across numerous Acts, the same wording can be integrated as those Practice Acts sunset and are updated.

#### **Sec. 70-10. Intoxication and drug abuse.**

CURRENT - (a) Any nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge...

#### **NOT SUPPORTED BY THE COALITION**

PROPOSAL - (a) Any nurse who is an administrator or officer **or designee** in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge...

RATIONALE - With the increase in health systems and changing and varied reporting structures, the addition of designee encompasses those scenarios.

#### **Sec. 70-5(b). Grounds for disciplinary action.**

#### **NOT SUPPORTED BY THE COALITION**

PROPOSAL – ADD SECTION 38 - (38) Any receipt of complaint by a nurse who is an administrator or officer **or designee** in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates that a registered professional nurse or licensed practical nurse which results in **voluntary or involuntary** termination:

- A pattern of practice or other behavior which demonstrates incapacity or incompetency to practice under this Act.

- Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, as defined by rule.
- Gross negligence in the practice of practical, professional, or advanced practice nursing.
- Holding oneself out to be practicing nursing under any name other than one's own.
- The commission of an act, including, but not limited to physical abuse, sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice.
- Willfully or negligently violating confidentiality, patient privacy, consent or disclosure violations between nurse and patient except as required by law.
- Any willful falsification of the patient's medical record

RATIONALE - Nurse leaders have struggled to identify which situations require mandated reporting to IDFPFR in situations that are not related to intoxication or drug abuse. The addition of this section provides a guideline for notification that will protect the safety of Illinois citizens.

Situations taken from 70-5(b) which are grounds for discipline. Also compared these statements with model practice act and made slight changes to ensure congruence.

Examples:

- Violating patient confidentiality via social media
- Termination for failure to assess or re-assess
- Gross negligence may include: not following P&P

Holding oneself out to be a nurse. A person creates business cards that state they are a nurse or advanced practice nurse.

#### **Sec. 70-50. Fund.**

CURRENT - (4) For the fiscal year beginning July 1, 2009 and for each fiscal year thereafter, \$2,000,000 of the moneys deposited in the Nursing Dedicated and Professional Fund each year shall be set aside and appropriated to the Department of Public Health for nursing scholarships awarded pursuant to the Nursing Education Scholarship Law. Representatives of the Department and the Nursing Education Scholarship Program Advisory Council shall review this requirement and the scholarship awards every 2 years.

(5) Moneys in the Fund may be transferred to the Professions Indirect Cost Fund as authorized under Section 2105-300 of the Department of Professional Regulation Law (20 ILCS 2105/2105-300).

#### **SUPPORTED BY THE COALITION**

PROPOSAL - Add (6)

At the end of every fiscal year, an annual report shall be provided to IDFPFR's Board of Nursing/Center for Nursing outlining the Nursing Dedicated and Professional Fund monies appropriated to the Department of Public Health. Additionally, the report must provide an allocation of same funds by IDPH, including persons or organizations and the respective amounts dispersed for the relative fiscal year. The report should also reflect any state agency administrative expenses deducted from the Nursing Dedicated and

Professional Fund monies. Each annual report will be posted and publicly available on IDFPR's Center for Nursing website.

RATIONALE - The requested report will serve as a full disclosure to the nursing community on how the funds are allocated. The nursing community should be aware of how their funds are spent.

ARTICLE TITLES AND NUMBERS REVIEWED

**(225 ILCS 65/Art. 55 heading) ARTICLE 55. NURSING LICENSURE – LICENSED PRACTICAL NURSES**

OVERVIEW AND SUMMARY OF RECOMMENDATIONS

See details below.

RECOMMENDATIONS AND RATIONALE FOR SPECIFIC ARTICLES

**ARTICLE 55/SECTION 55.5 LPN EDUCATION PROGRAM REQUIREMENTS**

CURRENT - (4) the occurrence of a site visit prior to approval.

(b) In order to obtain initial Department approval and to maintain Department approval, a practical nursing program must meet all of the following requirements:

(1) The program must continually be administered by a Nurse Administrator.

**SUPPORTED BY THE COALITION**

PROPOSAL – INSERT LANGUAGE

The program must continually be administered academically and clinically by a Nurse Administrator.

RATIONALE –The Nurse Administrator should have responsibility over the academic and clinical areas of the LPN program.

**ARTICLE 55/SECTION 55.5 LPN EDUCATION PROGRAM REQUIREMENTS**

PROPOSAL –

**SUPPORTED BY THE COALITION**

**AGREEMENT BY THE COALITION TO REQUIRE ALL LPN EDUCATION AND RN EDUCATION PROGRAMS BE ACCREDITED. INTENT OF THE PROPOSAL INCLUDES THE FOLLOWING:**

- ALL PROGRAMS WILL HAVE TO BE ACCREDITED BY A SPECIFIC DATE.
- ALL EXISTING PROGRAMS WILL BE GIVEN TIME TO ACHIEVE ACCREDITATION (5 YEARS).
- NEW PROGRAMS WILL BE GIVEN APPROPRIATE TIME TO MEET ACHIEVE ACCREDITATION.
- APPROPRIATE MEASURES WILL BE TAKEN IN THE RULES FOR THOSE WHO DO NOT ACHIEVE OR MAINTAIN ACCREDITATION.

RATIONALE – Program accreditation ensures quality and review of curriculum and the program by a national organization. Students from accredited programs are able to continue their education in a seamless manner and have more options for transfer to other educational opportunities.

## **Sec. 55-10. QUALIFICATIONS FOR LPN LICENSURE**

### **SUPPORTED BY THE COALITION**

**AGREEMENT BY GROUP TO REMOVE THE WORD "WRITTEN" THROUGHOUT THE ACT WHEN REFERENCING THE APPLICATION PROCESS.**

RATIONALE – Applications can now be submitted on line and the word "written" is not needed.

### **Sec. 55-10 (b-5)**

PROPOSAL

### **SUPPORTED BY THE COALITION**

**AGREEMENT BY THE GROUP THAT THE INTENT OF THE FOLLOWING PROPOSAL INCLUDES:**

- **DECREASE THE TIME ALLOWED FOR FILING TO TAKE THE NCLEX (6 MONTHS)**
- **DECREASE THE TIME ALLOWED TO SUCCESSFULLY COMPLETE THE NCLEX (12 MONTHS)**
- **AND FAILURE TO PASS THE NCLEX WITHIN THE DETERMINED TIMEFRAME WILL RESULT IN THE NEED FOR THE APPLICANT TO HAVE FORMAL REMEDIATION.**
- **AN APPLICANT MAY ONLY TAKE THE NCLEX 6 TIMES BEFORE THEY ARE REQUIRED TO GO BACK AND COMPLETE A PROGRAM OF EDUCATION.**

RATIONALE – Research has shown that applicants for licensure are more successful on the NCLEX-PN the sooner they take the exam post-graduation. The time limits of applying within 6 months and passing within 12 months will prompt graduates to take the exam in a timely manner and be more successful.

### **PARAGRAPH BELOW NOT VOTED ON – THIS IS A TYPO AND WILL BE CORRECTED.**

#### **Sec. 55-10 (h)**

~~CURRENT – (h) An applicant licensed in another state or territory who is applying for licensure and has received her or his education in a country other than the United States or its territories shall have her or his nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the successful passage of an approved licensing examination given in English. The requirements of this subsection~~

~~(d-5) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.~~

**Article Titles and Numbers Reviewed**

225 ILCS 65/55 Nursing Licensure – Licensed Practical Nurses

**Recommendations for LPN Practice****SUPPORTED BY THE COALITION AS SEEN BELOW.**Original language from current Illinois Nurse Practice Act  
(225 ILCS 65/55-30)**(Section scheduled to be repealed on January 1, 2018)****Sec. 55-30. LPN scope of practice.**

Practice as a licensed practical nurse means ~~a scope of basic~~ nursing practice, with or without compensation, overseen by a registered professional nurse or an advanced practice nurse or as directed by a physician assistant, physician, dentist, or podiatric physician, and includes, but is not limited to, all of the following:

- a) ~~Collecting data and collaborating in the assessment of the health status of a patient.~~  
Collecting data and conducting focused assessments of the health status of patients.
- b) Collaborating in the development and modification of the registered professional nurse's or advanced practice nurse's comprehensive nursing plan of care for all types of patients.
- c) Implementing aspects of the plan of care as delegated.
- d) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of patients as delegated.
- e) Serving as an advocate for the patient by communicating and collaborating with other health service personnel as delegated.
- f) Participating in the evaluation of patient to promote, attain, and maintain the optimum health level of patients as delegated.
- g) Communicating and collaborating with other health care professionals as delegated.
- h) Providing input into the development of policies and procedures to support patient safety.

**DEFINITION OF PRACTICAL NURSING WILL BE ADJUSTED TO MATCH THE SCOPE OF PRACTICE AS DESCRIBED ABOVE.**

**INSERT THE FOLLOWING DEFINITION:**

“Focused Assessment” means recognition of patient characteristics by an LPN that may affect the patient’s health status, gathering and recording assessment data and demonstration of attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in the patient condition in an ongoing manner to the delegating registered nurse, advanced practice nurse, physician assistant, dentist, podiatrist or physician.

**INFORMATION BELOW WAS NOT VOTED ON SINCE IT WAS NO LONGER THE SCOPE OF PRACTICE UNDER CONSIDERATION.**~~(225 ILCS 65/60-35)~~~~**(Section scheduled to be repealed on January 1, 2018) Sec. 60-35. RN scope of practice.**~~

~~Practice as a registered professional nurse means the full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards recognized by the Division, and includes all of the following and other activities requiring a like skill level for which the registered professional nurse is properly trained:~~

- ~~a) The comprehensive nursing assessment of the health status of patients that addresses changes to patient conditions.~~
- ~~b) The development of a plan of nursing care to be integrated within the patient-centered health care plan that establishes nursing diagnoses, and setting goals to meet identified health care needs, determining nursing interventions, and implementation of nursing care through the execution of nursing strategies and regimens ordered or prescribed by~~



- authorized healthcare professionals.
- ~~e) The administration of medication or delegation of medication administration to [licensed practical nurses](#) or medication aides in a qualified facility (see Section 80-20 of the Act).~~
- ~~d) Delegation of nursing interventions to implement the plan of care.~~
- ~~e) The provision for the maintenance of safe and effective nursing care rendered directly or through delegation.~~
- ~~f) Advocating for patients.~~
- ~~g) The evaluation of responses to interventions and the effectiveness of the plan of care.~~
- ~~h) Communicating and collaborating with other health care professionals.~~
- ~~i) The procurement and application of new knowledge and technologies.~~
- ~~j) The provision of health education and counseling.~~
- ~~k) Participating in development of policies, procedures and systems to support patient safety. (Section 60-35 of the Act)~~

ARTICLE TITLES AND NUMBERS REVIEWED

**(225 ILCS 65/Art. 50 heading) ARTICLE 50. GENERAL PROVISIONS**

OVERVIEW AND SUMMARY OF RECOMMENDATIONS

See details below.

RECOMMENDATIONS AND RATIONALE FOR SPECIFIC ARTICLES

**ARTICLE 50/SECTION 50-70. CONCURRENT THEORY AND CLINICAL PRACTICE EDUCATION REQUIREMENTS**

**SUPPORTED BY THE COALITION**

PROPOSAL – Sec. 50-70. Concurrent theory and clinical practice education requirements of this Act. The educational requirements of Sections 55-10 and 60-10 of this Act relating to registered professional nursing and licensed practical nursing shall not be deemed to have been satisfied by the completion of ~~any correspondence course or~~ any program of nursing that does not require coordinated or concurrent theory and clinical practice. The Department may, upon recommendation of the Board, grant an Illinois license to those applicants who have received advanced graduate degrees in nursing from an approved program with concurrent theory and clinical practice or to those applicants who are currently licensed in another state and have been actively practicing clinical nursing for a minimum of 2 years.

RATIONALE - “Correspondence course” is a very outdated term. Saying “any program...” seems to suffice.

**Sec. 60-5. RN EDUCATION PROGRAM REQUIREMENTS; OUT OF STATE PROGRAMS**

**SUPPORTED BY THE COALITION**

**AGREEMENT BY THE GROUP – INTENT OF PROPOSAL –**

**ACTUAL COPIES OF FEASIBILITY STUDY WILL BE PROVIDED TO THE BOARD OF NURSING. SUMMARIES ARE NOT SUFFICIENT.**

PROPOSAL - Would like the Department to **review the feasibility questionnaires** returned from neighboring nursing programs as part of the approval process. Would this be in the rules?

RATIONALE – Some unscrupulous programs could misrepresent the data in their favor if nobody is looking at the actual responses.

**SUPPORTED BY THE COALITION**

**AGREEMENT BY THE COALITION TO REQUIRED ALL LPN EDUCATION AND RN EDUCATION PROGRAMS BE ACCREDITED. INTENT OF THE PROPOSAL INCLUDES THE FOLLOWING:**

- ALL PROGRAMS WILL HAVE TO BE ACCREDITED BY A SPECIFIC DATE.
- ALL EXISTING PROGRAMS WILL BE GIVEN TIME TO ACHIEVE ACCREDITATION (5 YEARS).
- NEW PROGRAMS WILL BE GIVEN APPROPRIATE TIME TO MEET ACHIEVE ACCREDITATION.
- APPROPRIATE MEASURES WILL BE TAKEN IN THE RULES FOR THOSE WHO DO NOT ACHIEVE OR MAINTAIN ACCREDITATION.

RATIONALE – Program accreditation ensures quality and review of curriculum and the program by a national organization on a regular basis. Students from accredited programs are able to continue their education in a seamless manner and have more options for transfer to other educational opportunities.

**Sec. 60-5 (a)(4)(c)**

**SUPPORTED BY THE COALITION**

PROPOSAL - (c) Program site visits to an institution conducting or hosting a professional nursing program may be made at the discretion of the Nursing Coordinator or upon recommendation of the Board. ~~Full routine site visits shall be conducted by the Department for periodic evaluation. The visits shall be used to determine compliance with this Act. Full routine site visits must be announced and may be waived at the discretion of the Department if the program maintains accreditation with the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).~~

RATIONALE – If all programs obtain programmatic accreditation, there will not be a need for routine visits. This will also be beneficial to the budget of IDFPR.

**SEC. 60-10. QUALIFICATIONS FOR RN LICENSURE**

**SUPPORTED BY THE COALITION**

**AGREEMENT BY GROUP TO REMOVE THE WORD “WRITTEN” THROUGHOUT THE ACT WHEN REFERENCING THE APPLICATION PROCESS.**

RATIONALE – “Written” gives the connotation of being a paper application. Many things are now electronic.

**SEC. 60-10. QUALIFICATIONS FOR RN LICENSURE**

**SUPPORTED BY THE COALITION**

**AGREEMENT BY THE GROUP THAT THE INTENT OF THE FOLLOWING PROPOSAL INCLUDES:**

- **DECREASE THE TIME ALLOWED FOR FILING TO TAKE THE NCLEX (6 MONTHS)**
- **DECREASE THE TIME ALLOWED TO SUCCESSFULLY COMPLETE THE NCLEX (12 MONTHS)**
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- **AN APPLICANT MAY ONLY TAKE THE NCLEX 6 TIMES BEFORE THEY ARE REQUIRED TO GO BACK AND COMPLETE A PROGRAM OF EDUCATION.**

RATIONALE – Research has shown that applicants for licensure are more successful on the NCLEX-RN the sooner they take the exam post-graduation. The time limits of applying within 6 months and passing within 12 months will prompt graduates to take the exam in a timely manner and, hopefully, be more successful.

**SUPPORTED BY THE COALITION**

- **ADD TO ACT (CURRENTLY IN RULES)** Include that simulation can be included in the theoretical and clinical instruction and that it cannot be more than **30%** of clinical instruction.

- **ADD TO ACT (CURRENTLY IN RULES)** Recommend that ratio of students to faculty in clinical areas be 8 to 1 - 12 to 1 when preceptors are used.

**Section I Article Titles and Numbers –**

Section 60-35. RN Scope of Practice

**Section II Overview and Summary of Recommendations – brief overview of major recommendations**

The committee recommends deleting the current language and replacing with the definition of nursing as the Scope of Practice and the ANA Standards of Practice and Professional Performance.

**Section III Recommendation and Rationale by Specific Articles and Sections – List each using following format –**

Article/Section: Sec 60-35 RN Scope of Practice

Recommendation: Delete current language and replace with new language

Rationale: The current language needs to be updated to align with current and future nursing practice.

Article/Section: Sec 60-35 RN Scope of Practice

Recommendation: Insert the following new language:

**SUPPORTED BY THE COALITION**

**THE COALITION SUPPORTS THE LANGUAGE BELOW ADAPTED FROM THE ANA SCOPE AND STANDARDS OF NURSING (2015) AND THE 2015 ANA CODE OF ETHICS FOR NURSES**

RN Scope of Practice is the protection, promotion and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. (ANA, 2015, p. 1). Practice as a registered professional nurse means this full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards of practice and professional performance and includes but is not limited to, all of the following:

1. Assessment- The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.
2. Diagnosis-- The registered nurse analyzes the assessment data to determine actual or potential diagnoses, problems and issues.
3. Outcomes Identification--The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.
4. Planning--The registered nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.
5. Implementation--The registered nurse implements the identified plan, coordinates care delivery, employs strategies to promote health and safe environment, and administers or delegates medication administration.
6. Evaluation--The registered nurse evaluates progress toward attainment of goals and outcomes.
7. Ethics-- The registered nurse practices ethically according to the ANA Code of Ethics:
  - a. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

- b. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
  - c. The nurse promotes, advocates for, and protects the rights health, and safety of the patient.
  - d. The nurse has authority, accountability, and responsibility for nursing practice;
  - e. The nurse makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
  - f. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
  - g. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
  - h. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
  - i. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
  - j. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the professional, and integrate principles of social justice into nursing and health policy.
8. Culturally Congruent Practice--The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.
  9. Communication--The registered nurse communicates effectively in all areas of practice.
  10. Collaboration--The registered nurse collaborates with healthcare consumer and other key stakeholders in the conduct of nursing practice.
  11. Leadership--The registered nurse leads within the professional practice setting and the profession.
  12. Education--The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking and **teaches the theory and practice of nursing to nursing students.**
  13. Evidence-based Practice and Research--The registered nurse integrates evidence and research findings into practice.
  14. Quality of Practice--The registered nurse contributes to quality nursing practice
  15. Professional Practice Evaluation--The registered nurse evaluates one's own and others' nursing practice.
  16. Resource Utilization--The registered nurse utilizes appropriate resources to plan, provide and sustain evidence-based nursing services that are safe, effective and fiscally responsible.
  17. Environmental Health--The registered nurse practices in an environmentally safe and healthy manner.

Rationale: This revision would make the law and the professional standards congruent and enhance the legal RN scope of practice

## Template for NPA Revisions

### Section I Article Titles and Numbers Reviewed

225 ILCS 65/50-75)

Sec. 50-75. Nursing delegation.

### Section II Overview and Summary of Recommendations- brief overview of major recommendations

It is the position of this workgroup that delegation by an RN must be supported through the Illinois Nurse Practice Act as an activity that exists in a diverse array of settings, both virtual and in- person, and that it must be allowed to be to both licensed and unlicensed personnel, given that certain criteria centered on patient safety are met. We do not believe that any single component of the nursing process: assessment, diagnosis, planning, implementing and evaluating should be done by other personnel, however, certain activities and tasks that may fall under these nursing process components, as clearly defined and verified to be to a competent individual, should be allowed. This group also believes that in recommending this change, RNs will benefit from a more defined decision and definition tree to guide delegation activities in the future.

### Section III Recommendation and Rationale by Specific Articles and Sections

#### Article/Section:

225 ILCS 65/Art. 55  
Sec. 50-75. Nursing delegation.

#### Recommendation:

### THE COALITION SUPPORTS

#### **THE COALITION SUPPORTS THE FOLLOWING AS THE INTENT REGARDING DELEGATION.**

- DELEGATION DECISIONS ARE THE SOLE PURVIEW OF THE RN WHO IS DELEGATING.
- THE RN WHO WISHES TO DELEGATE MUST USE THE PRINCIPALS OF THE "5 RIGHTS OF DELEGATION" TO DETERMINE IF DELEGATION IS APPROPRIATE.
- SYSTEMS NEED TO BE BUILT THAT SUPPORT THE RN'S DELEGATION DECISIONS.

a) For the purposes of this Section:

"Delegation" means the transfer of responsibility for the performance of a task or activity from one individual to another while retaining accountability for the outcome.

"Competence" means an expected and measurable level of performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice (ANA, 2015).

"Nursing activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse, professional registered nurse or advanced practice registered nurse, ~~as defined by the Department by rule.~~

"Task" means work not requiring nursing knowledge, judgment, or decision-making acquired by completion of an approved program for licensure, including advanced education, continuing education and experience.

“Stable and/or Predictable” means a situation where the individual’s clinical and behavioral status and nursing care needs are determined by the RN and APRN to be non-fluctuating and consistent or where the fluctuations are expected and the interventions are planned, including those individuals whose deteriorating condition is expected.

“Oversight” is an active process in which the Registered Professional Nurse or Advanced Practice Registered Nurse monitors, directs, guides and evaluates the outcomes of an activity or task as components of patient care coordination when delegating to a licensed or unlicensed person. Such oversight may be on-site and immediately available or off-site through methods of telecommunication or electronic written communication.

The method of oversight and the frequency of assessment, inspection, and evaluation must be determined by RN or APRN after an evaluation of the involved factors including, but not limited to the following:

1. The willingness and ability of the client/patient to be involved in the management of his/her own care;
2. The stability of the client/patient’s condition;
3. The experience and competency of the unlicensed person(s) providing nursing interventions; and
4. The level of nursing judgment required for the delegated nursing interventions.

(b). Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.

(c) RN may delegate tasks and nursing activities to licensed and unlicensed personnel based on the needs and conditions listed below:

- need, stability and condition of the patient,
- potential for harm,
- complexity of the task,
- predictability of the outcomes,
- abilities of the staff to whom the task is delegated.

A licensed practical nurse and unlicensed personnel who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation.

(d) Although a variety of tasks and nursing activities may be performed by assistive personnel, the RN OR APRN may not delegate nursing judgment, including patient assessment, development of the plan of care, and evaluation of care to licensed or unlicensed personnel who are not nurses.

INSERT –

Delegation of medication administration is the sole purview of the RN or APN.

INSERT –

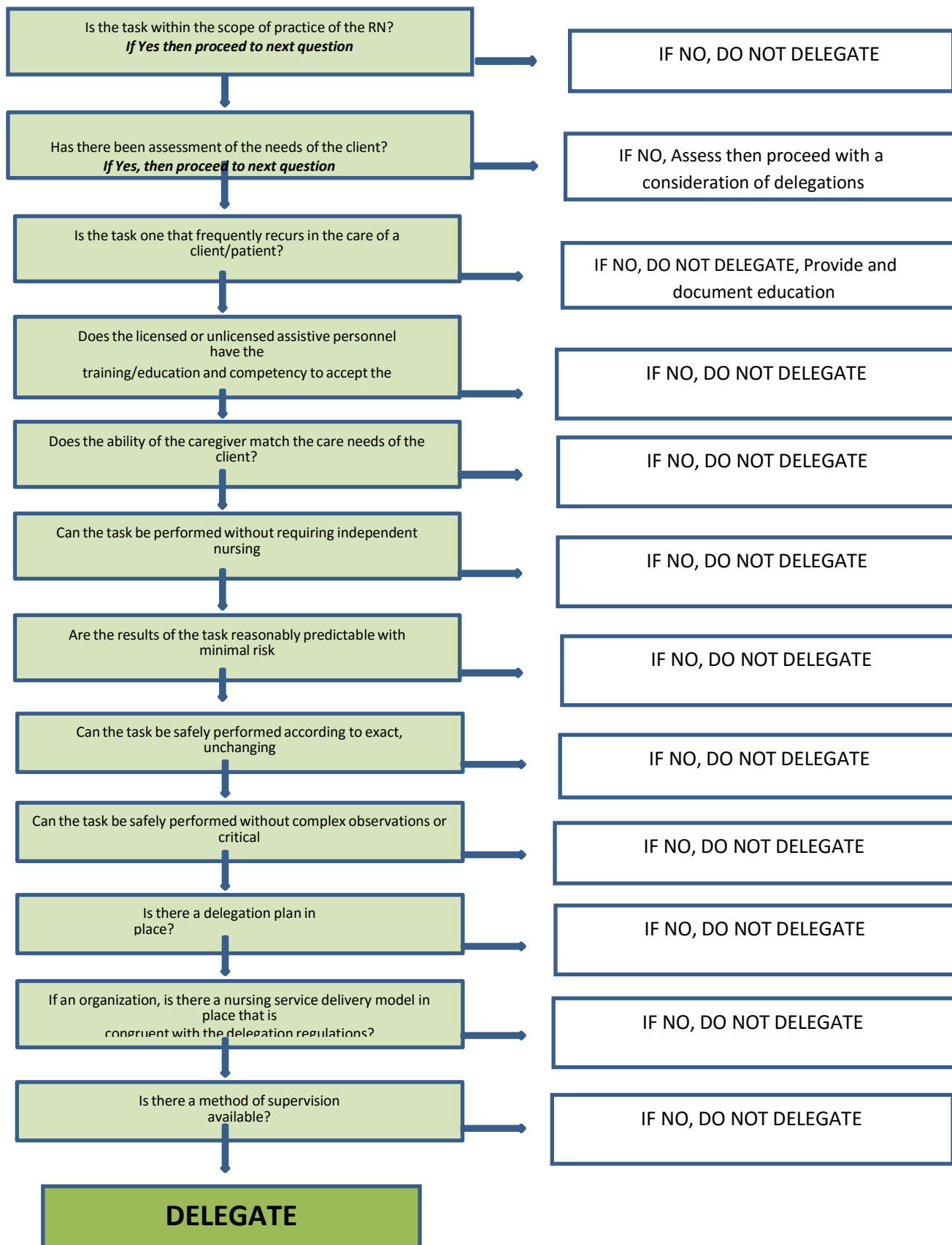
Delegation of medication to unlicensed persons is prohibited in any facility covered by 210 ILCS 85/3 Hospital Licensing Act or 110 ILCS 330/ University of Illinois Hospital Act

INSERT:

This section does not affect the requirements of Article 80 in this Act or Section 15.4 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/15.4].



PROPOSE INCLUSION OF THE DELEGATION TREE AS PART OF THE ACT –



ARTICLE TITLES AND NUMBERS REVIEWED  
**(225 ILCS 65/Art. 65 heading) ARTICLE 65. ADVANCED PRACTICE NURSES**

OVERVIEW AND SUMMARY OF RECOMMENDATIONS  
See details below.

RECOMMENDATIONS AND RATIONALE FOR SPECIFIC ARTICLES

**ARTICLE 50/SECTION 65. ADVANCED PRACTICE NURSES**

**SUPPORTED BY THE COALITION**

PROPOSAL – change APN to APRN throughout the act  
RATIONALE – consistency across states and to align with the APRN consensus model

**FOR THOSE PRACTICING AS A CRNA**

**SUPPORTED BY THE COALITION**

Remove language that references the requirement of physical presence by physicians during the delivery of anesthesia services. Specifically, remove where this language below appears in the Nurse Practice Act or related Acts:

*“and remain physically present and available on the premises during the delivery of anesthesia services.”*

An example would be from (225 ILCS 65/65-35)

Sec. 65-35. Written collaborative agreements. Part (c).

**FOR THOSE PRACTICING AS CNP, CNM, CNS**

**SUPPORTED BY THE COALITION**

PROPOSALS INCLUDE:

- A transition to practice for newly licensed APNs.
  - After 3000 hours (of practice in Illinois) the APN may choose to practice without the WCA. They will need to notify the department of that intent.
  - The transition period shall include a written collaborative agreement with a physician licensed to practice medicine in all its branches OR an Advanced Practice Nurse who has five years of practice in the same certification.
  - All currently licensed advanced practice nurses will be grandfathered as long as they meet the following criteria:
    - Un-encumbered license with appropriate national certification for at least 5 years
    - Notify IDFPR of their intent to practice without a written collaborative agreement
- Increase pharmacology continuing education requirements
  - Total hours will not change 50 hours CE per renewal cycle
  - 20 hours must be pharmacology with 10 of those hours specific to Schedule II

RATIONALE – National trends show that a transition to practice model leads to successful passage. CE recommendation - To circumvent issues that may occur due to continued conversations in Springfield related to the use of schedule II gateway drugs that may lead to substance abuse (heroin overdose)