2013-15 Governor's Balanced Budget: Board of Nursing

Presentation to Joint Committee on Ways and Means, Subcommittee on Human Services Regarding HB 5027

Joy Ingwerson, RN, MSN, Interim Executive Director April 9, 2013

OSBN: General Overview

 Mission: To safeguard the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice.

• Number of Licensees (as of April 1, 2013)

 Registered Nurses 	49,197
 Licensed Practical Nurses 	4,621
 Nurse Practitioners 	2,740
 Clinical Nurse Specialists 	201
 Certified Registered Nurse Anesthetists 	565
 Certified Nursing Assistants 	19,223
 Certified Medication Aides 	1,212
Total:	77,759

General Overview

- Administration: Supports the work of the nine-member Board and its committees, liaisons with stakeholders, and provides organizational leadership for the agency.
- **Investigations**: Investigates complaints regarding violations of the Oregon Nurse Practice Act and assists the Board in determining appropriate disciplinary action.
- Licensing: Implements all licensing and certification activities for nurses, nursing assistants, medication aides, and advanced practice nurses.
- Communications: Encompasses the Board's public relations activities as well as the Information Technology functions.
- **Fiscal Services**: The Chief Financial Officer leads the Board's operational infrastructure in budget, accounting, purchasing, contracts and facilities.
- **Nursing Policy**: This section is responsible for the revision of administrative rules and policies, the provision of guidance on scope-of-practice, and the approval of educational programs for nurses, nursing assistants, and medication aides.

Number of New Applicants Processed



Number of Renewal Applications Processed



Number of Complaints Investigated





RN/LPN Licenses



CNA/CMA Certificates



Advanced Practice Licenses



Number of FTEs

	FTEs Reported	Positions
2007-09	41.75	44
2009-11	47.75	49
2011-13	46.75	47
2013-15	47.8	48

Policy Option Packages

 Pkg 101 – Strengthen IT Framework (1LD to Perm) 	\$225,793
 Pkg 102 – Stabilize Licensing Infrastructure (1LD to Perm) 	123,763
 Pkg 103 – Stabilize Investigations Infrastructure (2LD to Perm) 	319,948
 Pkg 104 – Stabilize Nursing Professional Workforce 	85,813
 Pkg 105 – HPSP Additional Costs 	353,194
• TOTAL	\$1,108,511

OSBN Organizational Chart



Revenue 2013-15 GBB \$15,209,738



Expenditures 2013-15 GBB \$14,655,274



Percentage Change 11-13 LAB through 13-15 GBB



Key Performance Measure Summary

KPM Title	Description	Target	2010	2011	2012
1. Timely Resolution of Complaints	% of complaints referred to the Board within 120 days of receipt	60%	72%	61%	58%
2. Reduction of Recidivism	% of disciplined cases w/ new complaint within three years of closing the original case	3%	2%	2%	3%
3. Customer Service	% of customers rating their satisfaction with the agency's customer service as "good" or "excellent"	90%	92%	90%	98%
4. Online Transactions	% of business transactions completed online	80%	88%	89%	91%
5. Timely Licensing	% of licensing applications processed within target	90%	98%	98%	98%
6. Effective Governance	% of total best practices met by Board	100%	100%	87%	100%

Appendices

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Agency Overview

The Oregon State Board of Nursing is an agency that regulates the practice of nurses and nursing assistants to protect the public. It sets standards for nursing practice, guidelines for education programs, and minimum competency levels for entry into the professions it regulates. It also imposes discipline upon licensees who violate the nurse practice act.

The Oregon State Board of Nursing is primarily (90%) supported by Other Fund revenues generated from examination, licensing and renewal application fees charged to Registered Nurses, Licensed Practical Nurses, nurse practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nursing Assistants, and Certified Medication Aides. The Board also receives federal matching revenue (10%) through the Department of Human Services. Additional sources include sale of documents, employer subscription fees, and civil penalty fees. It is the policy of the Oregon State Board of Nursing to set fees in a manner that is as fair and equitable as is feasible. Fees shall not exceed the cost of administering the programs for which the fees are established.

Administration

The nine Board Members are appointed by the Governor and include two public members, four Registered Nurses, one Licensed Practical Nurse, one Nurse Practitioner, and one Certified Nursing Assistant. The four RN members represent various areas of nursing practice as follows: one nurse educator, one nurse administrator, and two direct-care non-supervisory nurses. The Board members also represent a variety of geographic locations. Board members serve three-year terms. The Board of Nursing meets regularly throughout the year, holding five two-day, in-person meetings and six teleconferenced meetings. It may hold special meetings if necessary. Board meetings are open to the public.

The Administration section supports the work of the Board and its committees, and provides organizational leadership for the agency. The Executive Director continues to work closely with the Oregon Health Authority and other health regulatory boards to refine the Health Professionals' Services Program (HPSP), which was instituted by the legislature in 2009 to monitor impaired health professionals.

Nursing Policy

This section is responsible for the revision of administrative rules and policies, and the approval of educational programs for nurses and Certified Nursing Assistants. In FY 2012, the Education Consultant surveyed 13 RN and/or LPN programs and the Nursing Assistant Program Consultant approved or surveyed 47 nursing assistant or medication aide programs. In FY 2012, the Advanced Practice Consultant approved licensure for 321 new advanced practice nurses.

An important function of this program is the management of the training and testing program for Certified Nursing Assistants and Certified Medication Aides. Applications from graduates of approved certified nursing aide programs are reviewed, and examinations are administered in both a written and manual form for certification. This section also administers the Certified Medication Aide (CMA) program, including the development and

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administration of the CMA examination. In FY 2012, 3,086 CNA written examinations and 3,720 skills examinations were administered, as well as 160 CMA examinations. Additionally, this program maintains the Nurse Aide Registry for nursing assistants in compliance with the Federal Omnibus Reconciliation Act of 1987 (OBRA).

Fiscal Services

The Chief Financial Officer leads the Board's operational infrastructure in budget, accounting, purchasing, contracts, and facilities.

Communications

As the Board moves forward with key initiatives surrounding information technology, it is essential that the agency formulate solutions to meet business needs, including strategic and business planning for telecommunications, computer hardware and software procurement, and policies and procedures for access and security of information technology systems.

The Board has several IT projects in process. The Board developed an online system to accept applications for licensure by endorsement in FY 2010 as a complement to its very successful online license renewal system. To enhance the online services it provides licensees, the Board is working on a similar system to accept applications for licensure by examination, which should be functional in Spring 2013. The Board also launched a redesigned License Verification System in November 2012, increasing the transparency of Board actions and public access.

The Board's Auto-Verification Service for employers, launched in FY 2010, has been a great success. Subscribers to the service receive automated updates regarding changes to licensure status, including discipline, for a prescribed list of licensees. Approximately 14,200 licensees have been entered into the system by 24 employers. In addition, the Board is on the final phase of its switch to the new Microsoft CRM database, which will go-live in Spring 2013. The new system allows the creation of workflows to better track discipline, licensure, and administrative processes, and create greater efficiencies.

Licensing

The Licensing Section implements all licensing and certification activities for nurses, nursing assistants, medication aides, and advanced practice nurses. Information obtained in the licensure and certification processes is maintained in a database to provide workforce statistics. The Board of Nursing, through its on-line renewal process, also obtains certain demographic information regarding the nursing workforce. This information is often relied upon by other states and national entities seeking to find solutions to workforce issues.

Licensing technicians provide service to the public and licensees, informing them about licensure procedures and the agency. The agency licenses approximately 53,600 nurses and 19,300 nursing assistants. Law Enforcement Data System (LEDS) checks are performed on all initial and renewal licensure applications. In FY 2012, 42,532 LEDS checks were performed. In FY 2012, 8,154 new licenses were issued, approximately 3,000 of which were Certified Nursing Assistants and the remainder were RNs, LPNs, and advanced practice nursing licenses. The Board began requiring fingerprint-

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based criminal background checks of all new licensees in January 2009. In FY 2012, the Board processed 9,510 fingerprint cards. Fourteen percent of those cards required reprocessing due to inadequacies in the cards' quality.

The Customer Service Center provides service to all walk-in customers and to any caller to the agency. Call volume averages 3,575 calls per month. This unit also processes renewal applications that do not occur through the e-commerce online system.

Investigations

This department investigates complaints regarding violations of the Oregon Nurse Practice Act and assists the Board in determining appropriate disciplinary action. Investigators prepare cases for hearing and monitor nurses and nursing assistants who have had disciplinary action taken against their licenses. They interpret the legal scope of nursing practice for nurses, employers, allied health personnel and the public. In FY 2012, this program handled 2,648 complaints, 1,034 of which were conduct-related, and 1,614 were generated by LEDS checks of applications. As mentioned earlier, the Board is continuing to work with its regulatory partners to refine the Health Professionals' Services Program (HPSP) to create greater efficiencies and streamline costs.

Long Term Strategic Plan

The Board of Nursing's strategic plan is developed and maintained by the Board specifically to meet its mission and vision. The vision of the Board is to be a respected leader in the professional regulatory community, recognized and emulated for its success in advancing nursing excellence for public protection.

With the mission and vision guiding the organization, the board has adopted the following goals:

- Governance: Assure the governance framework supports the Board's mission and vision;
- Licensure: License qualified personnel and assure public safety;
- Compliance: Protect the public through communication and enforcement of the Nurse Practice Ace and address inappropriate conduct;
- Education: Determine, communicate, evaluate, and enforce standards for education programs and safe practice.

Short-Term Agency Initiatives

Regulation of Education

- 1. Create a data dashboard with relevant field information from employers to assess current and future workforce needs, employment demand for skills, degrees, and specialties; establish baseline study data and track trends.
- 2. Research trends from national sources on future workforce needs, and conduct primary research as needed for statewide data.
- 3. Develop criteria for evaluating workforce needs and effectiveness of educational programs (e.g. faculty/student ratios, advanced training programs, analysis of graduates' clinical skills, critical thinking, and field autonomy, etc.; track number and quality institutions including on-line.)
- 4. Inform public and key stakeholders of OSBN data availability. Use web and IT communications effectively to simplify access to updated information.
- 5. Support Board in establishing policies/rules that impact quality of: education programs licensed, nurses applying for licenses, and quality of care.
- 6. Present data to Board in clearly formatted, timely reports with recommendations for Board consideration and action.

Licensing

- 1. Retain department staff with training and educational support.
- 2. Conduct audit of licensee completion of continuing education requirements.
- 3. Develop effective electronic records management system. Assure integrity of data during transition to electronic data system.
- 4. Continue strong support systems and electronic notifications now in place.

Standards of Nursing Practice

- 1. Explore the cost/benefit of pursuing civil penalties when appropriate.
- 2. Clarify the rule-making process with constituency through communications and marketing, while exploring broader involvement of stakeholders in developing recommendations for rule-making considerations.
- 3. Establish process for analyzing trends in practices and sharing trends with nursing schools.
- 4. Set up process to watch and evaluate HPSP data and best approach for OSBN (e.g. annualized data on services provided, completion rates, etc.).

Major Agency Changes

- IT innovations—online license verification (2002), online renewals (2006), online endorsements (2008).
- To increase transparency and expedite some public record requests, the Board began posting public disciplinary documents on its website (2010).
- Due to lack of space, the office changed physical location from the Portland State Office building to Tualatin (July 2007)
- Long-time Executive Director resigned in August 2007; new Director was hired in January 2008. (Current search for new director is proceeding.)
- Major overhaul of Nurse Monitoring Program, an alternative-to-discipline program for impaired nurses, and investigations processes (2008).
- Transition from the Nurse Monitoring Program to Health Professionals' Services Program (2010).
- Began database conversion from the rigid, proprietary L2K system to the completely customizable Microsoft CRM in 2010. Final phase will be completed in Spring 2013.
- Added national fingerprint-based criminal records checks to our standard LEDS checks for all new applicants (2009).

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Budget Summary Comparison

11-13 Legislatively Approved, 13-15 Current Service Level, and 13-15 Governor's Balanced

	11-13 Legislatively Approved Budget	%	13-15 Current Service Level	%	13-15 Governor's Balanced	%
Beginning Balance	2,520,432		2,556,707		2,556,707	
Beginning Balance Adjustment	(495,912)					
Fees Revenue	13,418,141	92.4%	14,192,973	93.3%	14,192,973	93.3%
Net Transfer In – DHS	1,539,271	10.6%	1,468,940	9.7%	1,468,940	9.7%
Transfer Out - Prescription Monitoring & Workforce	<u>(437,020)</u>	<u>-3.0%</u>	<u>(452,175)</u>	<u>-3.0%</u>	<u>(452,175)</u>	<u>-3.0%</u>
Total Revenue	14,520,392	100.0%	15,209,738	100.0%	15,209,738	100.0%
Personal Services	7,576,977	54.2%	7,854,217	56.8%	8,292,939	56.6%
Services & Supplies	4,157,400	29.7%	4,338,172	31.4%	4,365,688	29.8%
Special Payment - Monitoring	2,253,828	16.1%	1,643,453	11.9%	1,996,647	13.6%
Capital Outlay	-	0.0%		0.0%	_	0.0%
Total Expenditures	13,988,205	100.0%	13,835,842	100.0%	14,655,274	100.0%
Ending balance	2,556,707		3,930,603		3,111,171	
Positions	47		44		48	
FTE	46.75		43.8		47.8	
Reconciliation Packages by BAM Analyst				FTE		%
Pkg 091 - Statewide Administrative Savings	_	_		_	(98,319)	-12.0%
Pkg 092 - PERS Taxation Policy	_	_		_	(21,218)	-2.6%
Pkg 093 -Other PERS Adjustments	_	_		_	(169,542)	-20.7%
Agency Policy Packages						
Pkg 101 - Strengthen IT Framework				1.00	225,793	27.6%
Pkg 102 - Stabilize Infrastructure in Licensing Department				1.00	123,763	15.1%
Pkg 103 - Stabilize Infrastructure in Investigations Department				2.00	319,948	39.0%
Pkg 104 - Stabilize Nursing Professional Workforce				-	85,813	10.5%
Pkg 105 - Health Professional Services Program Additional Costs	_	_			353,194	43.1%
Total Policy packages				4.00	819,432	100%
Total Policy packages Decrease from 11-13 LAB to 13-15 CSL	(\$152,363)	-1.09%		4.00	819,432	100%
	(\$152,363) \$667,069	-1.09% 4.77%		4.00	819,432	100%

Monthly operating costs - appr \$610,000. Ending balance will provide 5 months of working capital.

Oregon State Board of Nursing Budget Detail Comparison 11-13 Legislatively Approved, 13-15 Current Service Level, and 13-15 Governor's Balanced

	11-13				13-15		
	Legislatively Approved		13-15		Governor's		Difference GBB
Description	Budget	%	Current Service Level	%	Balanced	%	and CSL
Beginning Balance	2,520,432		2,556,707		2,556,707		
Beginning Balance Adjustment	(495,912)						
Revenue							
Other Business Lic & Fees	11,743,571	80.9%	12,396,865	81.5%	12,396,865	81.5%	-
Other Nonbusiness Lic & Fees	52,500	0.4%	43,000	0.3%	43,000	0.3%	-
Other Chgs for Service	1,574,070	10.8%	1,593,108	10.5%	1,593,108	10.5%	-
Fines & Forfeitures	48,000	0.3%	160,000	1.1%	160,000	1.1%	-
From DHS, Agency 100	3,064,034	21.1%	2,924,034	19.2%	2,924,034	19.2%	-
To DHS, PP Monitoring & Workforce	(437,020)	-3.0%	(452,175)	-3.0%	(452,175)	-3.0%	-
To DHS, Agency 100	(1,524,763)	-10.5%	(1,455,094)	-9.6%	(1,455,094)	-9.6%	-
Total Revenue	14,520,392	100.0%	15,209,738	100.0%	15,209,738	100.0%	-
Expenditures							
Personal Services							
Salaries & Per Diem	5,128,314	36.7%	4,882,848	35.3%	5,342,818	36.5%	459,970
Temporary Appointments	7,841	0.1%	8,029	0.1%	8,029	0.1%	-
Overtime Payments	20,120	0.1%	20,603	0.1%	20,603	0.1%	-
All Other Differential	<u>0</u>		<u>0</u>		-		-
Sal & Wages	5,156,275	36.9%	4,911,480	35.5%	5,371,450	36.7%	459,970
ERB Assessments	1,927	0.0%	1,760	0.0%	1,920	0.0%	160
PERS Contributions	735,401	5.3%	922,668	6.7%	1,014,225	6.9%	91,557
Pension Bond Contribution	287,047	2.1%	302,863	2.2%	302,863	2.1%	0
Social Security Taxes	394,464	2.8%	373,598	2.7%	410,924	2.8%	37,326
Unemployment Assessments	3,780	0.0%	3,871	0.0%	3,871	0.0%	0
Workers Comp Assessments	2,773	0.0%	2,596	0.0%	2,832	0.0%	236
Mass Transit Tax	30,941	0.2%	29,469	0.2%	32,228	0.2%	2,759
Flexible Benefits	1,414,512	10.1%	1,343,232	9.7%	1,465,344	10.0%	122,112
Vacancy Savings	0	0.0%	(37,320)	-0.3%	(37,320)	-0.3%	0
Reconciliation Adjustment	(450,143)	-3.2%		0.0%	(5,983)	0.0%	(5 <i>,</i> 983)
Undistributed (P.S.)		0.0%	-	0.0%	(78,655)	-0.5%	(78,655)
PERS Policy Adjustments		0.0%	-	0.0%	(190,760)	-1.3%	(190,760)
Total Other OPE	2,420,702	17.3%	2,942,737	21.3%	2,921,489	19.9%	(21,248)
Total Personal Services	7,576,977	54.2%	7,854,217	56.8%	8,292,939	56.6%	438,722

Oregon State Board of Nursing Budget Detail Comparison 11-13 Legislatively Approved, 13-15 Current Service Level, and 13-15 Governor's Balanced

	11-13				13-15		
Description	Legislatively Approved Budget	%	13-15 Current Service Level	%	Governor's Balanced	%	Difference GBB and CSL
Services & Supplies	Duugei	/0	Current Service Lever	/0	Dalanceu	/0	
Instate Travel	93,095	0.7%	89,360	0.6%	96,964	0.7%	7,604
Out-of-State Travel	13,784	0.1%	13,209	0.0%	14,333	0.1%	1,124
Employee Training	26,255	0.1%	25,202	0.1%	27,346	0.1%	2,144
Office Expenses	232,906	0.2%	223,566	0.2%	242,594	1.7%	19,028
Telecommunications	62,719	0.4%	54,827	0.4%	60,203	0.4%	5,376
State Gov. Service Chgs	152,764	0.4%	224,335	0.4% 1.6%	224,335	1.5%	0
Data Processing	29,090	0.2%	32,824	0.2%	32,824	0.2%	0
Publicity & Publication	45,851	0.2%	46,951	0.2%	46,951	0.2%	0
Professional Services			-				0
IT Professional Services	133,204	1.0%	175,143	1.3% 0.0%	175,143	1.2%	0
	75,000	0.5%	-		-	0.0%	-
Attorney General	603,745	4.3%	693,703	5.0%	693,703	4.7%	0
Employee Recruitment & Dev.	7,858	0.1%	7,543	0.1%	8,183	0.1%	640
Dues & Subscriptions	9,474	0.1%	9,701	0.1%	9,701	0.1%	0
Facilities Rental & Taxes	408,476	2.9%	432,985	3.1%	432,985	3.0%	0
Fuels & Utilities	45,979	0.3%	47,082	0.3%	47,082	0.3%	0
Agency Program Rel S&S	1,922,579	13.7%	1,968,721	14.2%	1,968,721	13.4%	0
Other Services & Supplies	158,488	1.1%	160,676	1.2%	160,676	1.1%	0
Undistributed (S.S)	0	0.0%	-	0.0%	(19,664)	-0.1%	(19,664)
Expendable Prop 250-5000	25,212	0.2%	25,817	0.2%	28,013	0.2%	2,196
IT Expend Prop < 5K	110,921	0.8%	106,527	0.8%	115,595	0.8%	9,068
Total Services & Supplies	4,157,400	29.7%	4,338,172	31.4%	4,365,688	29.8%	27,516
Capital Outlay							
Computer Tech Equip > 5K	0	0.0%	-	0.0%	-	0.0%	0
Total Capital Outlay	0	0.0%	-	0.0%		0.0%	0
Special Payments Special Payment to DHS	2,253,828	16%	1,643,453	11.9%	1,996,647	13.6%	353,194
			, ,		, ,		
Total Special Payments	2,253,828	16%	1,643,453	11.9%	1,996,647	13.6%	353,194
Total Expenditures	13,988,205	100.0%	13,835,842	100.0%	14,655,274	100.0%	819,432
Ending Balance	2,556,707		3,930,603		3,111,171		
0			5,5 5 5,0 6 5		5,222,271	<u> </u>	
Positions	47		44		48		4
FTE Positions	46.75		44 43.80		48 47.8		4.00
FIE POSILIOIIS	40.75		45.60		47.0		4.00

Annual Performance Progress Report (APPR) for Fiscal Year (2011-2012)

Original Submission Date: 2012

Finalize Date: 8/27/2012

2011-2012 KPM #	2011-2012 Approved Key Performance Measures (KPMs)			
1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.			
2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original case with a disciplinary action.			
3	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.			
4	ON-LINE TRANSACTIONS: Percent of business transactions completed on-line.			
5	TIMELY LICENSING: Percent of licensing applications processed within target.			
6	EFFECTIVE GOVERNANCE – Percent of total best practices met by the Board.			

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2013-2015			
	Title: Rationale:			

	Proposed Key Performance Measures Targets for Biennium 2011-2013	2012	2013
Title:	TIMELY LICENSING: Percent of licensing applications processed within target.	90.00	90.00

NURSING, BOARD of	I. EXECUTIVE SUMMARY			
Agency Mission: The mission of the Oregon State Board of Nursing is to safeguard the public's health and well-being by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice.				
Contact: Barbara Holtry	Contact Phone: 971-673-0658			
Alternate:	Alternate Phone:			



1. SCOPE OF REPORT

Most major agency programs and services are addressed by these key performance measures: Customer Service and Licensing, Investigations, and Information Technology.

2. THE OREGON CONTEXT

The mission of the Oregon State Board of Nursing is to safeguard the public's health, safety and wellbeing by providing regulation of, and guidance for, entry into the profession, nursing education, and continuing safe practice. The agency partners with many organizations to achieve this mission, including the Oregon Nursing Leadership Council, the Oregon Nurses Association, the Oregon Center for Nursing, colleges and universities, employers and the public.

3. PERFORMANCE SUMMARY

The agency met all of its targets.

4. CHALLENGES

The Board of Nursing experienced a period of intense transition in 2007 and 2008. Since that time, the agency has worked diligently to stabilize its infrastructure and staff, and improve the existing agency services to meet KPM targets. We will continue during the next biennium to implement operational policy, procedure, and culture changes that will improve our performance.

5. RESOURCES AND EFFICIENCY

II. KEY MEASURE ANALYSIS

KPM #1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint. 2003		
Goal	Ensure the safety of those Oregonians who are cared for by nurses: Timeliness of complaint resolution.		
Oregon Co	ontext Mission		
Data Sourc	Database query, Board meeting documents		
Owner	Investigations Manager: Margaret Semple		



1. OUR STRATEGY

The Investigations department completes its investigations and reports to the Board in as timely a manner as possible. This includes gathering all information necessary (including document review and witness interviews) to enable the Board to take informed and appropriate actions for violations of the Nurse

NURSING, BOARD of	II. KEY MEASURE ANALYSIS
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Practice Act. A timely process removes violators from the workplace when and where appropriate, protecting patients from future incidents. The timeframe of this measurement is based on ORS 676.165, which provides that all complaints received by the Board regarding nursing conduct be assigned to an investigator, investigated, and reported to the Board within 120 days of receipt. Although the statute provides a mechanism to extend the period beyond the 120 days, the Board uses the base requirement as a means of indicating how efficiently we are able to process complaints.

2. ABOUT THE TARGETS

Ideally, 100% of all complaints would be resolved within the 120 day window. In reality, staffing constraints on the part of OSBN, delays in procuring needed documents, and failure to cooperate on the part of some individuals, lengthens the process in many cases. Targets were set based on historical data and expected changes in resources.

3. HOW WE ARE DOING

In FY 2012, 58% of cases met the 120-day reporting requirement, which is down from our 2011 level of 61%, and slightly below our target of 60%. With the proper use of extension requests, we expect this percentage to improve in FY 2013.

4. HOW WE COMPARE

There are no known industry standards to provide a comparative measurement.

5. FACTORS AFFECTING RESULTS

The agency implemented several internal policies since 2009 to increase the accountability of staff, increase consistency within the department and enhance workflow. However, the Investigations department experienced some key personnel fluctuation in FY12, which adversely affected results.

6. WHAT NEEDS TO BE DONE

A new agency database was implemented in the Investigations department in January 2011, giving staff more tools to manage their workloads. It has been a learning process, and as staff continues to become more familiar with the new system, results for this KPM will improve.

NURSING, BOARD of II. KEY MEASURE AN	ALYSIS
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7. ABOUT THE DATA

The data is reported on an Oregon fiscal-year basis. Our agency database is queried for complaint timelines.

II. KEY MEASURE ANALYSIS

KPM #2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original case with a disciplinary action.	
Goal	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of the investigative process, discipline and remediat	
Oregon Context Mission		
Data Source Database query for multiple complaints.		
Owner	Investigations Manager: Margaret Semple	



1. OUR STRATEGY

Recidivism relates to the number of licensees and certificate-holders who are reported to the Board for practice misconduct despite having had disciplinary action taken against them within the preceding three years. The Board tracks this measure as a means of indicating the effectiveness of the initial sanction. It is

NURSING, BOARD of	II. KEY MEASURE ANALYSIS

premised on the concept that individuals will not be reported to the Board a second time if the original sanction was appropriate to resolve the underlying misconduct.

2. ABOUT THE TARGETS

A low rate of recidivism is our goal.

3. HOW WE ARE DOING

The OSBN met its target of 3%.

Prior to FY 2010, this KPM only measured one year after a licensee was disciplined. Direction from the 2009 Legislative Session broadened this to individuals who were reported to the Board again for any offense within *three* years of being disciplined by the Board. Therefore, we measure the number of individuals who were disciplined in FY 2009, 2010 or 2011 and were reported to the Board for any offense during FY 2012.

4. HOW WE COMPARE

The National Council of State Boards of Nursing reports that the average recidivism rate as a result of nursing board disciplinary action is 1%. Oregon's rate is slightly higher than that.

5. FACTORS AFFECTING RESULTS

In its investigative and disciplinary process, the Board works to determine what factors led to the violation. Disciplinary action is thus based on addressing those factors to the greatest extent possible. Many situations can be resolved through additional education or monitored practice. In this manner, the root cause is fixed and a return to competent and safe practice can be achieved. In other situations that are not suitable to remediation, the Board action is more punitive in nature as a deterrent to any such future violations, or to remove that individual from practice altogether if necessary.

6. WHAT NEEDS TO BE DONE

Through its 2008-2014 Strategic Plan, the Board has identified ways in which to identify root cause of errors. During future biennia, the Board plans to explore the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP) tool to help identify the cause of practice errors. The Board will

NURSING, BOARD of	II. KEY MEASURE ANALYSIS
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use this data to educate employers and licensees about practice error trends and how to prevent errors from occurring.

7. ABOUT THE DATA

The data is reported on an Oregon fiscal year basis from queries of our licensing database.

II. KEY MEASURE ANALYSIS

KPM #3	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or 199 "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information. 199		
Goal	Excellent Customer Service: Customer satisfaction with the licensure application process.		
Oregon Context Mission			
Data Source Customer Service survey links distributed via e-mail. Survey done through SurveyMonkey.			
Owner	Licensing Manager: DeWayne Hatcher		



1. OUR STRATEGY

As an agency supported entirely by its constituency, excellent customer service is essential to sustaining operations and meeting the agency mission. The OSBN Customer Service Survey was developed following the Recommended Statewide Customer Service Performance Measures Guidelines. Respondents were asked to rate select criteria as excellent, good, fair, poor or don't know. The Guidelines define customer satisfaction as the percentage sum of good and excellent ratings for six service criteria: timeliness, accuracy, helpfulness, expertise, information availability, and overall quality. While the current

NURSING, BOARD of	II. KEY MEASURE ANALYSIS
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performance measure has been standardized and implemented state-wide, OSBN has been conducting similar surveys since 1996. Previously to 2008, surveys were performed biennially. Since launching the improvements to our online renewal system in April 2009, we have been able to increase the accuracy of our data regarding licensees greatly. We now conduct this survey electronically on an annual basis. The next scheduled survey is 2013.

2. ABOUT THE TARGETS

We set our customer service expectations high, based on previous survey results. As our customer base is very large, at more than 70,000 people, 100% satisfaction may not be attainable; however, we consistently rated higher than 90% in all of our satisfaction categories, so we expect no less from future surveys.

3. HOW WE ARE DOING

As expected, the agency's Helpfulness rating rose from last year, which we attribute to the department being fully staffed. As staffing remains stable, we expect to receive future high marks in all categories.

4. HOW WE COMPARE

Customer satisfaction is highly subjective, at least from one population to another. OSBN seems to be on a par with other Oregon licensing agencies.

5. FACTORS AFFECTING RESULTS

Many factors can affect results in customer satisfaction. Adequate and well-trained staff, technology that enables customers to interact with us in a variety of ways, and clear guidelines that can be communicated simply and understandably to licensees are major contributors to our high ratings. We credit our high customer service rankings to our well-run customer service center, the recent enhancement of our successful online renewal system, and a stronger emphasis on staff accountability across the agency.

6. WHAT NEEDS TO BE DONE

As stated above, the Licensing department is now fully staffed, and we expect to achieve or exceed our targets in all categories in FY 2013.

7. ABOUT THE DATA

8,154 surveys were sent during August 2012 to anyone receiving a new or renewal license. Initial applications for licensure are on demand, and renewals are biennial and by birth date, therefore the sampling is random. We received 1,277 return surveys, or 16%. The online survey was conducted via SurveyMonkey. The survey questions were exactly as recommended in the "Statewide Customer Service Performance Measures Guidance," and as follows: How do you rate the timeliness of the services provided by the OSBN? How do you rate the ability of the OSBN to provide services correctly the first time? How do you rate the helpfulness of OSBN employees? How do you rate the knowledge and expertise of OSBN employees? How do you rate the availability of information at the OSBN? How do you rate the overall quality of service provided by the OSBN? Answer choices were as follows: Poor, Fair, Good, Excellent, Don't Know.

II. KEY MEASURE ANALYSIS

KPM #4	ON-LINE TRANSACTIONS: Percent of business transactions completed on-line. 20		
Goal	Excellent Customer Service: Efficiency of E-Commerce Operations		
Oregon Co	Context Mission		
Data Sourc	Source Web software/licensing database query		
Owner	Licensing Manager: DeWayne Hatcher		



1. OUR STRATEGY

The Board's online renewal system has been a success since it was launched in 2004. A significant upgrade to the system was done in April 2009, and further enhancements were launched in August 2010. We expect to implement further changes by November 2012.

2. ABOUT THE TARGETS

100% utilization won't occur until paper forms are no longer accepted.

3. HOW WE ARE DOING

The Oregon State Board of Nursing met its target. As stated above, 100% utilization won't occur until paper forms are no longer accepted.

4. HOW WE COMPARE

Informal discussions with other state boards of nursing who have previously implemented online services indicate that Oregon's success rate has been consistently higher than rates in other states, which peak at 60-70%.

5. FACTORS AFFECTING RESULTS

Applicants who disclose disciplinary or other issues that need further evaluation are still processed by exception via paper applications. This affects about 5 % of our licensees and prevents full participation.

6. WHAT NEEDS TO BE DONE

The agency launched an online process for accepting RN and LPN applications for licensure through endorsement in September 2010. The agency is planning to develop an online process for acceptance of RN and LPN applications for licensure through exam in Fall 2012.

7. ABOUT THE DATA

The data is reported on an Oregon fiscal year basis. Statistics are available through date-range reports in our licensee database.

II. KEY MEASURE ANALYSIS

KPM #5	TIMELY LICENSING: Percent of licensing applications processed within target. 2009		
Goal	Timely Licensing: Percent of licenses processed within five business days.		
Oregon Context Mission			
Data Source Licensing database query.			
Owner	Licensing Manager: DeWayne Hatcher		



1. OUR STRATEGY

It is in the agency's strategic plan to process, that is, to issue a license or notify applicants of deficiencies in their application, within 5 business days.

Oregon State Board of Nursing

The Board of Nursing was in discussion with several other health licensing boards to explore adopting a common licensing target, but the group was unable to come to consensus. The Board plans to continue discussions in the hope that a common target will be adopted for the next biennium.

2. ABOUT THE TARGETS

3. HOW WE ARE DOING

In FY 2012, the Board achieved the extremely high result of 98 percent, the same as in FY 2011.

4. HOW WE COMPARE

5. FACTORS AFFECTING RESULTS

Several factors affect results in licensing. Maintaining an adequate amount of well-trained staff, technology such as our online renewal and endorsement systems, and clear guidelines that can be communicated simply to licensees are major contributors to our good results.

6. WHAT NEEDS TO BE DONE

The Board needs to be vigilant in its licensing processes to maintain its current high level of performance.

7. ABOUT THE DATA

The data is reported on an Oregon fiscal year basis from queries of our licensing database.

II. KEY MEASURE ANALYSIS

NURSING, BOARD of

II. KEY MEASURE ANALYSIS

KPM #6	EFFECTIVE GOVERNANCE – Percent of total best practices met by the Board.		
Goal Strategic Board Leadership			
Oregon Co	Mission		
Data Sourc	Annual Board Self-Evaluation		
Owner	Executive Director: Holly Mercer		



1. OUR STRATEGY

In its 2008-2014 Strategic Plan, the Board established a target of 100% for this measure. The strategy to achieve this target includes: introducing governance principles to the Board, establishing a Governance committee, developing management reports focused on governance principles, and conveying these management reports to the Board and staff.

Oregon State Board of Nursing

2. ABOUT THE TARGETS

It is the goal of the board to achieve 100% on this key measure.

3. HOW WE ARE DOING

The Board met its goal of 100% compliance.

4. HOW WE COMPARE

5. FACTORS AFFECTING RESULTS

Prior to 2008, the board had not been sufficiently apprised of the operations of the agency. Although some management reports were given to the Board during Board meetings, the reports were not focused on operational performance measures. The Board and its Executive Director worked diligently on this measurement in FY 09 and methodically implemented reporting strategies to meet this target.

6. WHAT NEEDS TO BE DONE

The Board will continue to require the data and management reports to ensure the accountability of its staff.

7. ABOUT THE DATA

The 15 Best Practices for Effective Governance:

- 1. Executive director's performance expectations are current.
- 2. Executive director receives annual performance feedback.
- 3. The agency' mission and high-level goals are current and applicable.
- 4. The board reviews the Annual Performance Progress Report.

- 5. The board is appropriately involved in review of agency key communications.
- 6. The board is appropriately involved in policy-making activities.
- 7. The agency's policy option budget packages are aligned with their mission and goals.
- 8. The board reviews all proposed budgets.
- 9. The board periodically reviews key financial information and audit findings.
- 10. The board is appropriately accounting for resources.
- 11. The agency adheres to accounting rules and other relevant financial controls.
- 12. Board members act in accordance with their roles as public representatives.
- 13. The board coordinates with other where responsibilities and interests overlap.
- 14. The board members identify and attend appropriate training sessions.
- 15. The board reviews its management practices to ensure best practices are utilized.

NURSING, BOARD of	III. USING PERFORMANCE DATA			
Agency Mission: The mission of the Oregon State Board of Nursing is to safeguard the public's health and well-being by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice.				
Contact: Barbara Holtry	Contact Phone: 971-673-0658			
Alternate:	Alternate Phone:			
The following questions	indicate how performance measures and data are used for management	and accountability purposes.		
1. INCLUSIVITY	 * Staff : One quarter of the agency staff was involved in developing the agency's original performance measures. The entire management team was involved in gathering data. * Elected Officials: Members of the state Joint Ways and Means committee reviewed all and eliminated some 			
	proposed measures during the 2011 Legislative Session.			
	* Stakeholders: Some stakeholders are involved with the annual Customer Satisfaction survey.			
* Citizens:				
2 MANAGING FOR RESULTS	The management team makes program decisions based on performance measure data. Performance measures are used to identify causes of lower-than-expected results and to institute corrective actions to improve performance.			
3 STAFF TRAINING	Departmental managers have worked with their staff members during the past year to communicate the value of performance measures to the agency's success and solicit ideas as to how to better meet our goals. Additional information has been distributed during all-staff meetings, as well.			
4 COMMUNICATING RESULTS	* Staff : Performance measure results are shared with staff at manager and departmental meetings. Information is used to help prioritize workload.			
	* Elected Officials: Results are communicated through annual reporting and budget presentations.			
	* Stakeholders: Depending on the stakeholder, results are provided by d	irect reporting of specific data.		
	* Citizens: Annual reports are provided primarily through the agency we requested.	ebsite. Individual data also is provided as		