# Name of Board:        Oregon State Board of Nursing

**Mission  Statement:**    The Oregon State Board of Nursing safeguards the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice.

**Executive Director:**    **Ruby Jason, RN, MSN, NEA-BC**
17938 SW Upper Boones Ferry Rd., Portland, OR  97224-7012
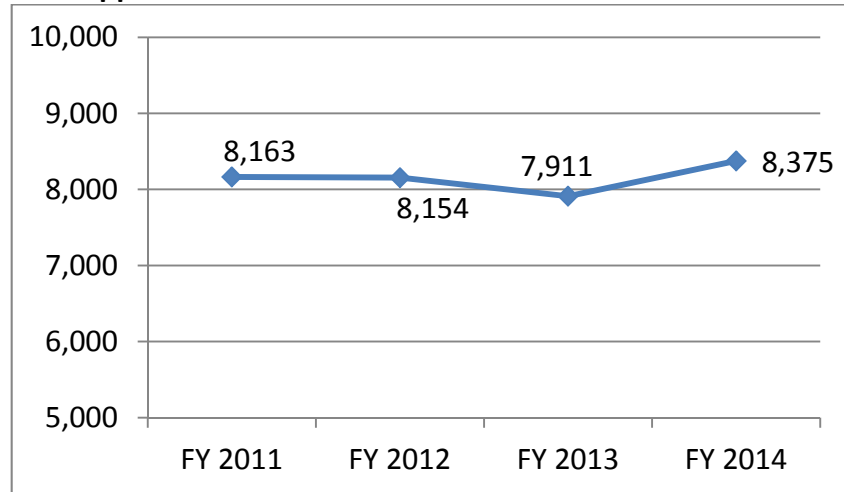971.673.0639                ruby.jason@state.or.us

## Summary Facts:

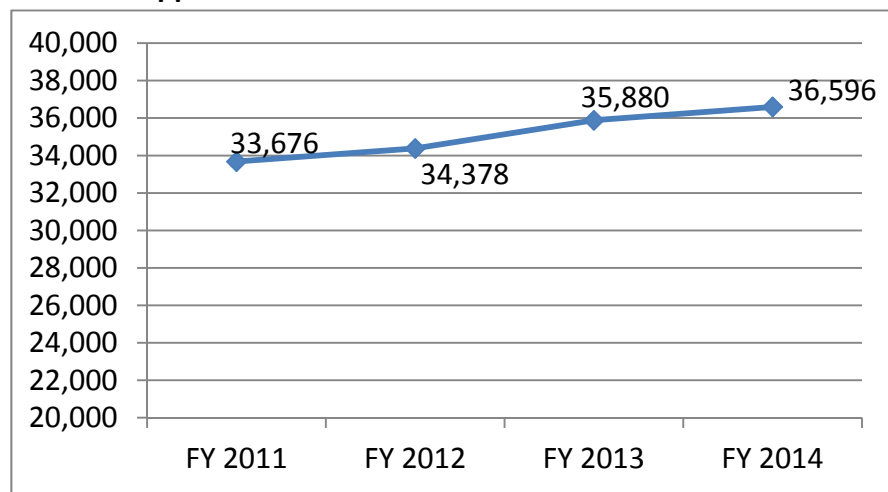**1) Number of licensees with detail of license types (as of February 25, 2015):**

| | | | |
|---|---|---|---|
| Registered Nurses | 52,730 | Certified Nursing Assistants | 19,008 |
| Licensed Practical Nurses | 4,852 | Certified Medication Aides | 1,066 |
| Nurse Practitioners | 3,131 | | |
| Clinical Nurse Specialists | 201 | | |
| Certified Registered Nurse Anesthetists | 628 | | |

## 2) Key Statistics

**New Applications Processed**

| | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|---|---|---|---|---|
| New Applications | 8,163 | 8,154 | 7,911 | 8,375 |

**Renewal Applications Processed**

| | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|---|---|---|---|---|
| Renewal Applications | 33,676 | 34,378 | 35,880 | 36,596 |

**Complaints Investigated**

| | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
|---|---|---|---|---|
| Complaints Investigated | 2,740 | 2,645 | 2,352 | 1,943 |
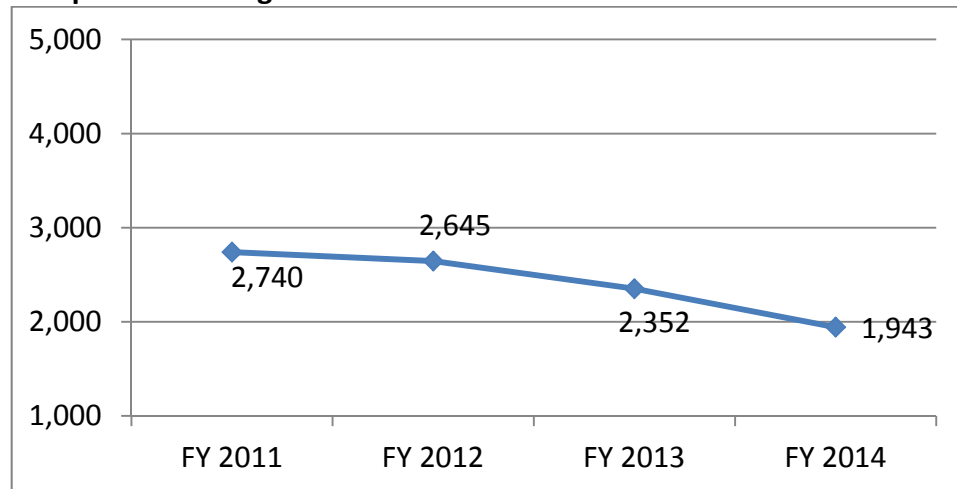
## RN/LPN Licenses
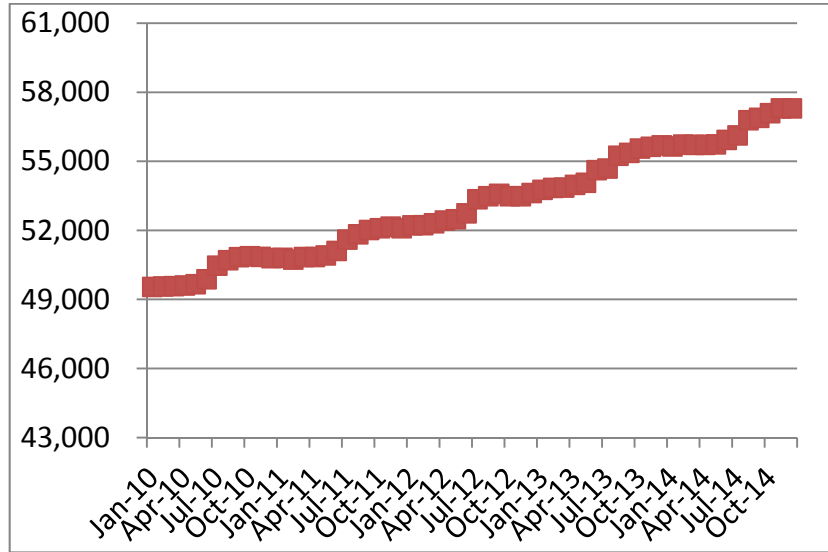


## CNA/CMA Certificates
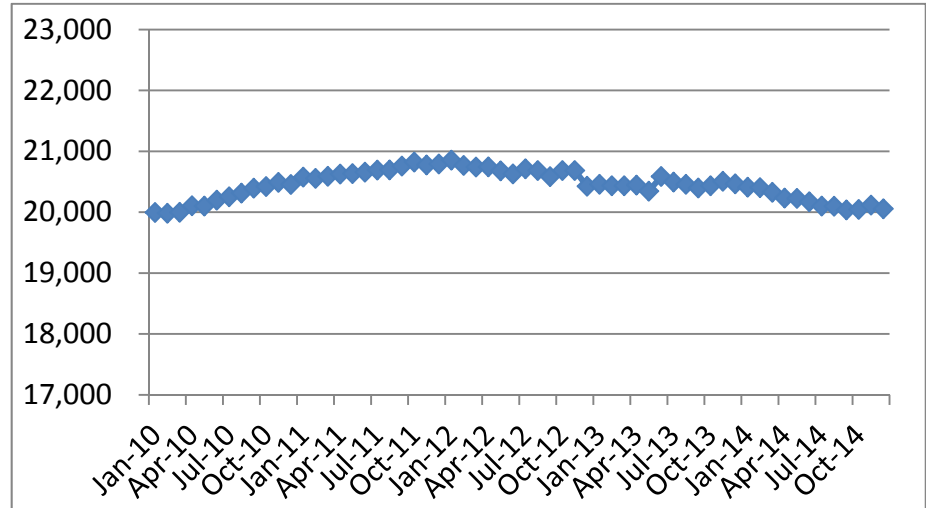


## Advanced Practice Licensees
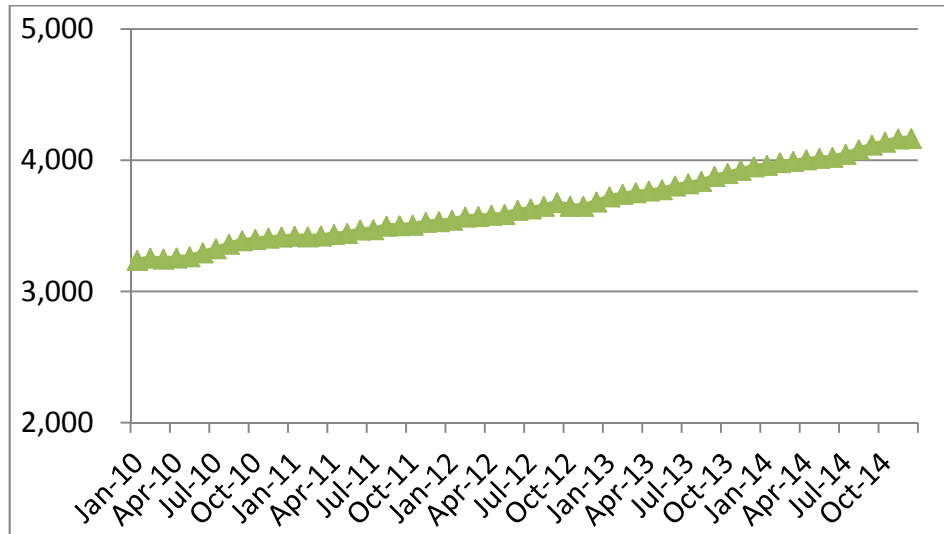
**3) Number of FTE:**

|  | FTEs Reported | Positions |
|---|---|---|
| **2009-2011** | 47.75 | 49 |
| **2011-2013** | 46.75 | 47 |
| **2013-2015** | 47.8 | 48 |
| **2015-2017** | 47.8 | 47 |

**4) Policy Option Packages:**

Agency Policy Packages
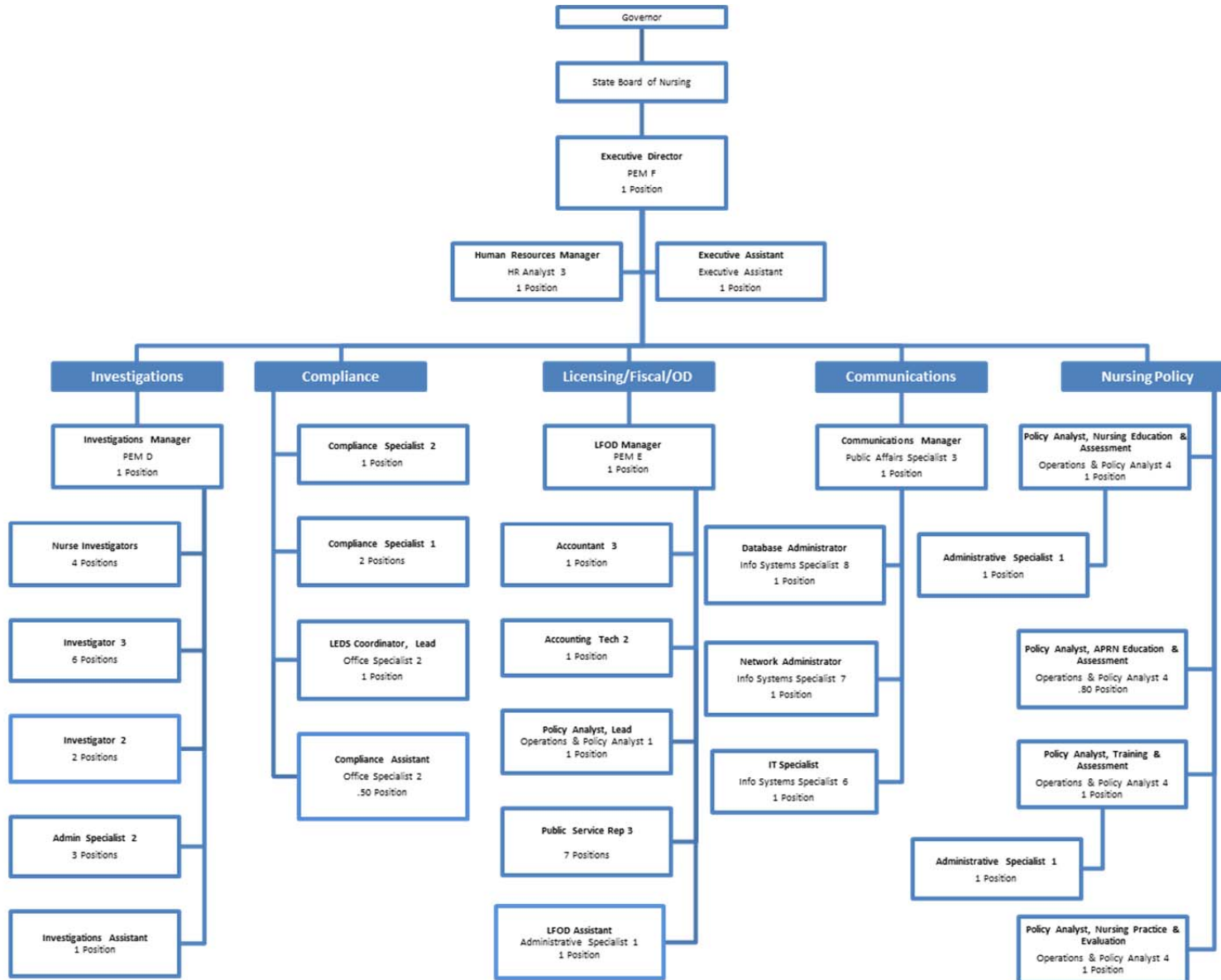
Pkg 100 – Virtual Environment Server & Software Upgrade                $74,095

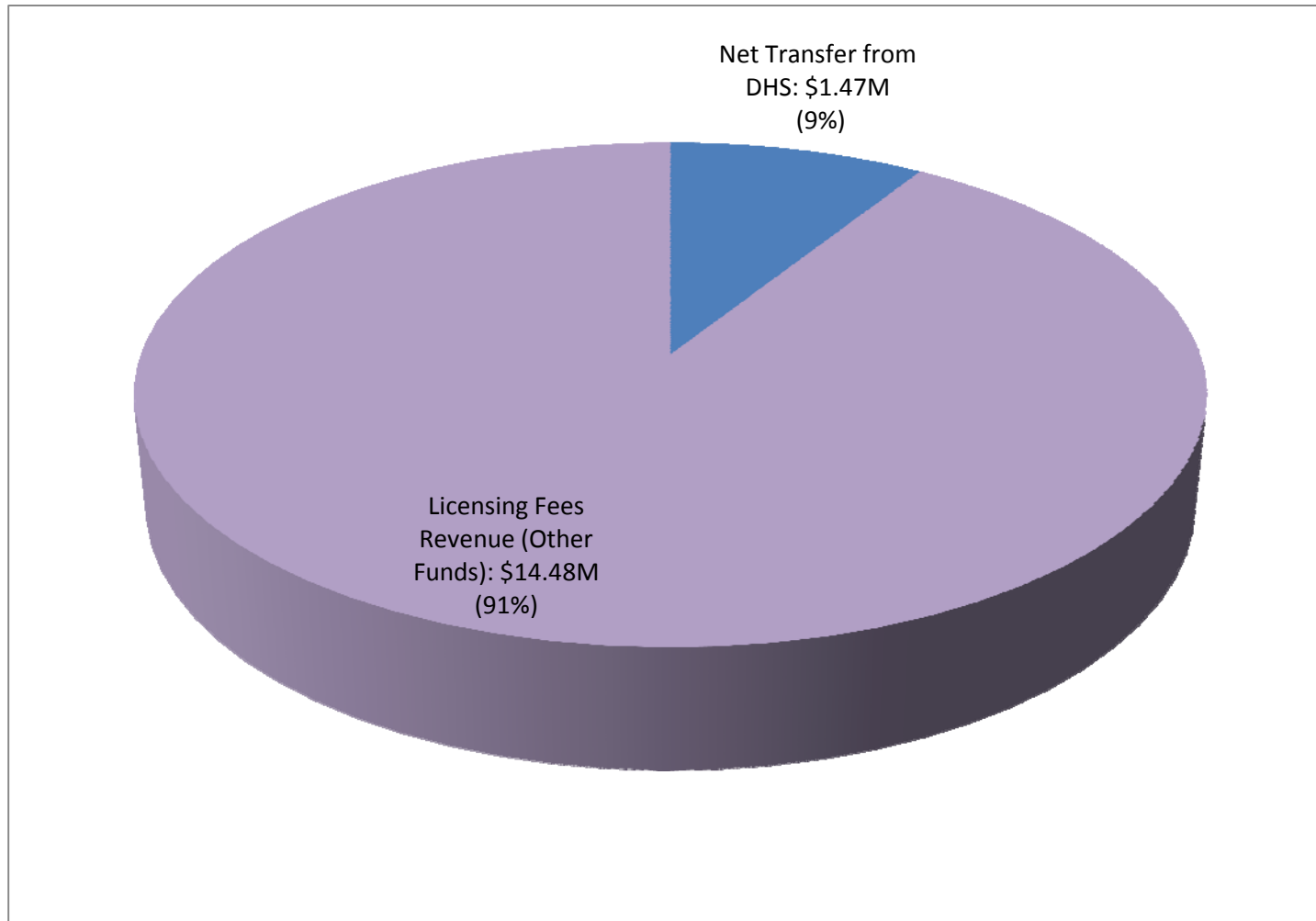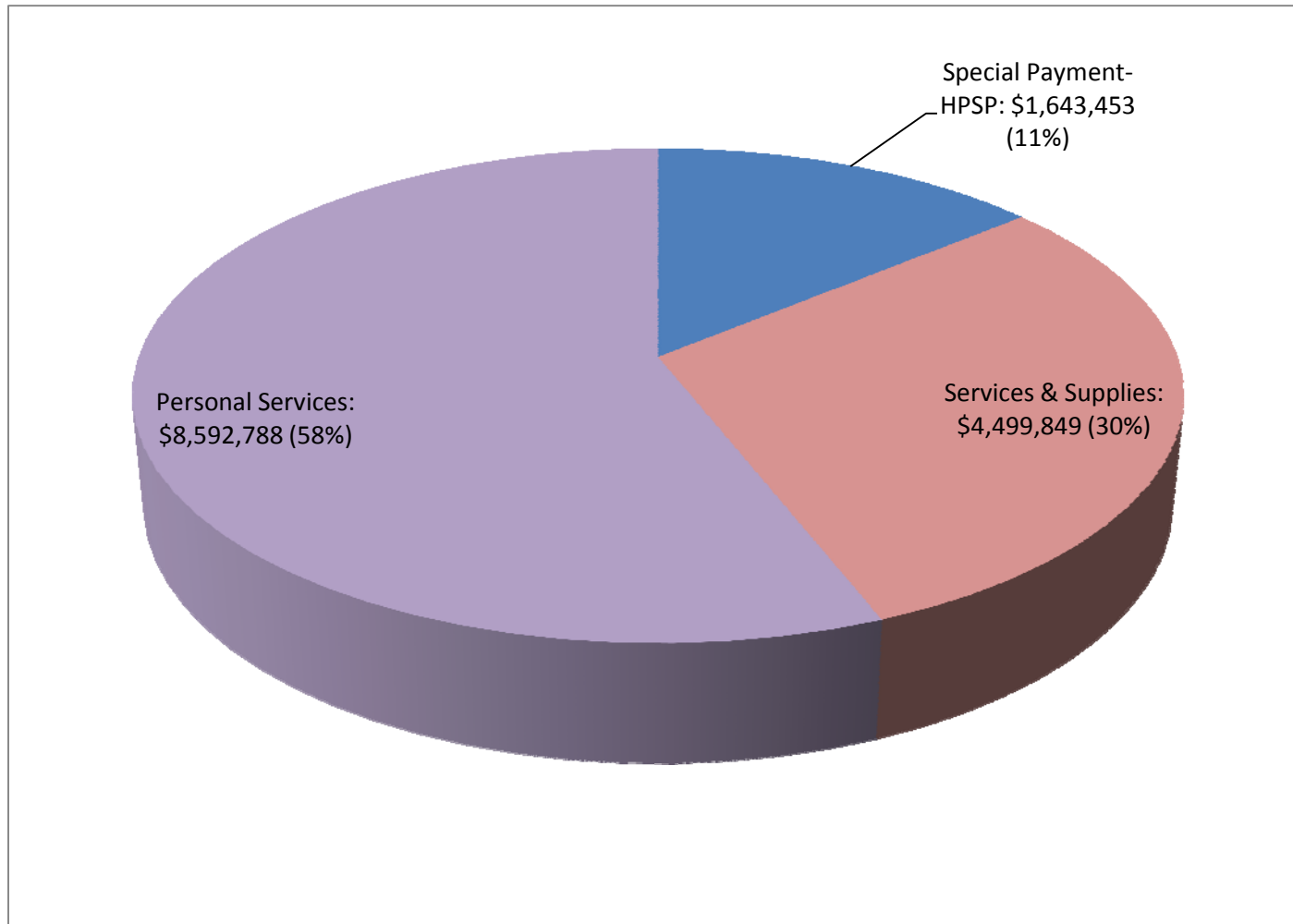**TOTAL**                                                                                    **$74,095**
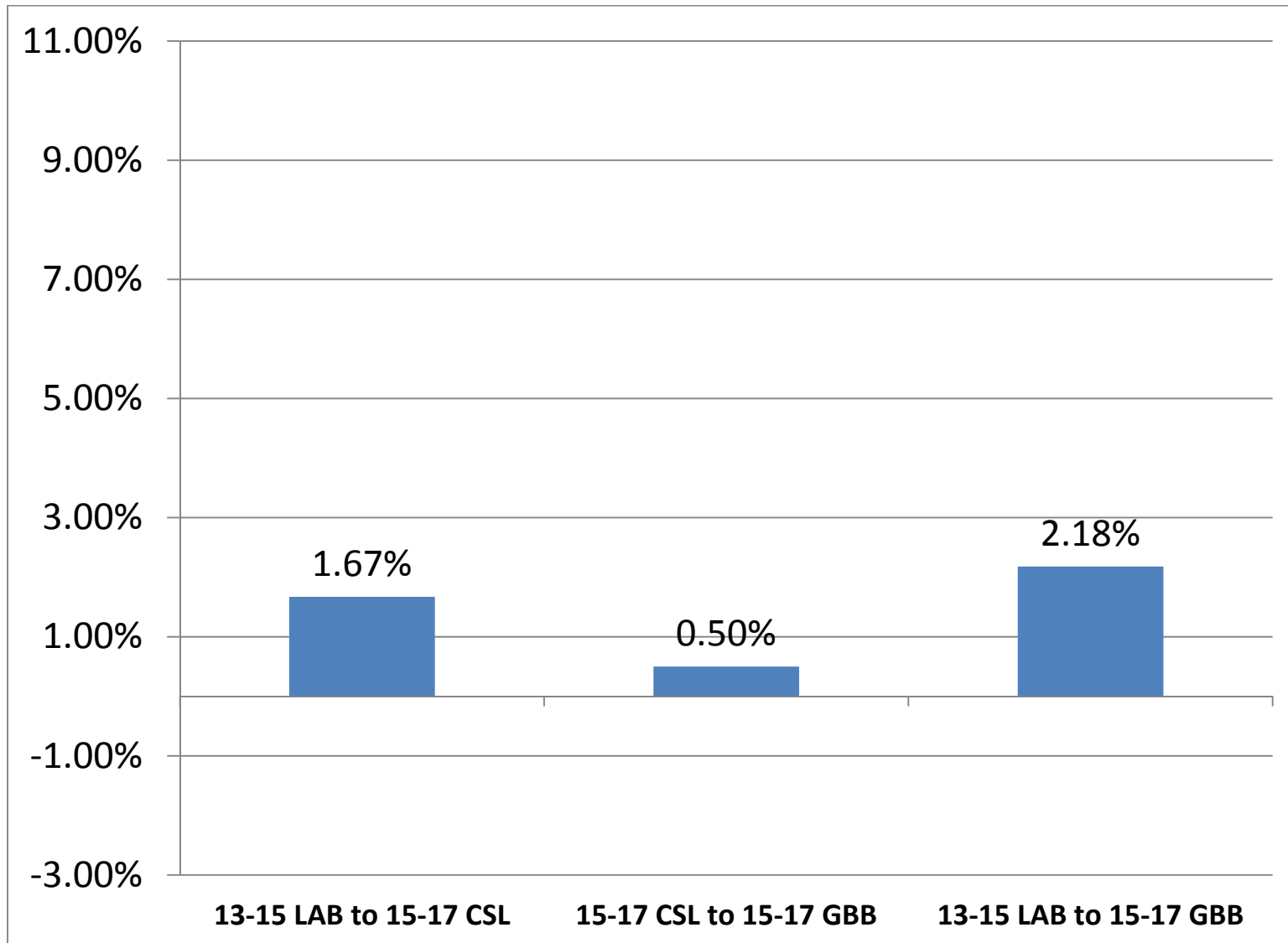
# Oregon State Board of Nursing Organizational Chart

Governor

State Board of Nursing

**Executive Director**
PEM F
1 Position

**Human Resources Manager**
HR Analyst 3
1 Position

**Executive Assistant**
Executive Assistant
1 Position

## Investigations

**Investigations Manager**
PEM D
1 Position

**Nurse Investigators**
4 Positions

**Investigator 3**
6 Positions

**Investigator 2**
2 Positions

**Admin Specialist 2**
3 Positions

**Investigations Assistant**
1 Position

## Compliance

**Compliance Specialist 2**
1 Position

**Compliance Specialist 1**
2 Positions

**LEDS Coordinator, Lead**
Office Specialist 2
1 Position

**Compliance Assistant**
Office Specialist 2
.50 Position

## Licensing/Fiscal/OD

**LFOD Manager**
PEM E
1 Position

**Accountant 3**
1 Position

**Accounting Tech 2**
1 Position

**Policy Analyst, Lead**
Operations & Policy Analyst 1
1 Position

**Public Service Rep 3**
7 Positions

**LFOD Assistant**
Administrative Specialist 1
1 Position

**Database Administrator**
Info Systems Specialist 8
1 Position

**Network Administrator**
Info Systems Specialist 7
1 Position

**IT Specialist**
Info Systems Specialist 6
1 Position

## Communications

**Communications Manager**
Public Affairs Specialist 3
1 Position

## Nursing Policy

**Policy Analyst, Nursing Education & Assessment**
Operations & Policy Analyst 4
1 Position

**Administrative Specialist 1**
1 Position

**Policy Analyst, APRN Education & Assessment**
Operations & Policy Analyst 4
.80 Position

**Policy Analyst, Training & Assessment**
Operations & Policy Analyst 4
1 Position

**Administrative Specialist 1**
1 Position

**Policy Analyst, Nursing Practice & Evaluation**
Operations & Policy Analyst 4
1 Position

## Revenue 2015-17 GBB
## $15,957,211

Net Transfer from
DHS: $1.47M
(9%)

Licensing Fees
Revenue (Other
Funds): $14.48M
(91%)

## Expenditures 2015-17 GBB
## $14,810,185

Special Payment-
HPSP: $1,643,453
(11%)

Services & Supplies:
$4,499,849 (30%)

Personal Services:
$8,592,788 (58%)

## Percentage Change from 2013-15 LAB Through 2015-17 GBB



Bar chart showing percentage change values: "13-15 LAB to 15-17 CSL" at 1.67%, "15-17 CSL to 15-17 GBB" at 0.50%, and "13-15 LAB to 15-17 GBB" at 2.18%. Y-axis ranges from -3.00% to 11.00%.

# Key Performance Measure Summary

| KPM Title | Description | Target | FY2012 | FY2013 | FY2014 |
|---|---|---|---|---|---|
| **1. Timely Resolution of Complaints** | % of complaints referred to the Board within 120 days of receipt | 60% | 58% | 78% | 79% |
| **2. Reduction of Recidivism** | % of disciplined cases w/ new complaint within three years of closing the original case | 3% | 3% | 2% | 1% |
| **3. Customer Service** | % of customers rating their overall satisfaction with the agency's customer service as "good" or "excellent" | 90% | 98% | | 93% |
| **4. Online Transactions** | % of business transactions completed online | 80% | 91% | 92% | 76% |
| **5. Timely Licensing** | % of licensing applications processed within 5 business days | 90% | 98% | 98% | 84% |
| **6. Effective Governance** | % of total best practices met by Board | 100% | 100% | 93% | 93% |

# Appendices

# 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 (91%) 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 (9%) 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 provides organizational leadership for the agency.  Since assuming her position in February 2014, the new 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 Analysts

This section is responsible for the revision of administrative rules and policies, and the approval of educational programs for nurses and nursing assistants.  In FY 2014, the Education Consultant surveyed three RN and/or LPN programs and the Nursing Assistant Program Consultant approved or surveyed 37 nursing assistant or medication aide programs.  In FY 2014, the Advanced Practice Consultant approved licensure for 428 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

administration of the CMA examination.  In FY 2014, 2,980 CNA written examinations and 3,459 skills examinations were administered, as well as 141 CMA examinations.  Additionally, this program maintains the Nurse Aide Registry for nursing assistants in compliance with the Federal Omnibus Reconciliation Act of 1987 (OBRA).

**Communications**

This section includes the agency's public information and information technology efforts.  Much of the Board's work in the coming biennium will center around improving customer service, both in licensing and investigations, and information technology will be key element.  The agency's move to its new Microsoft CRM database was a solid step forward; the new system allows the creation of workflows and audit trails to better track investigative, licensure, and administrative processes, and create greater efficiencies.

Now that the final phase of the database conversion has been completed, it can move toward optimizing the system.  The agency is in the initial planning stage of a complete redesign of its online services that will include license renewals and endorsements, complaint intake, and license verification.  We plan to add new exam applications to the list of services, as well as mailing list requests and licensing statistics.  We anticipate a tentative completion date of June 2016.  Concurrently, the agency's website will undergo a remodel according to the state's new web design.

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 19,693 licensees have been entered into the system by 25 employers.

**Licensing and Fiscal**

This section implements all licensing and certification activities for nurses, nursing assistants, medication aides, and advanced practice nurses, and oversees the agency's budgeting, accounting, and purchasing functions.  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 57,000 nurses and 19,000 nursing assistants.  Law Enforcement Data System (LEDS) checks are performed on all initial and renewal licensure applications, and federal fingerprint checks are done on every initial application.  In FY 2014, approximately 54,000 LEDS checks were performed.  In FY 2014, 8,375 new licenses were issued and 9,813 fingerprint cards were processed.  Sixteen percent of those cards required reprocessing due to inadequacies in the cards' quality.

**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 2014, this program handled 1,943 complaints, 753 of which were conduct-related, and 1,145 were generated by LEDS checks of applications. As mentioned earlier, the Board in continuing to work with its regulatory partners to refine the Health Professionals' Services Program (HPSP) to create greater efficiencies and streamline costs.

## Proposed Legislation Affecting Agency Operations

- **Senate Bill 547 (Nurse Emeritus)**: Allows nurses to maintain their practice after retirement from the workforce for no compensation. This could result in a new license type with particular competency assessments and license fees.
- **Senate Bill 72**: Establishes of a $9 surcharge to fund the Oregon Center for Nursing (OCN). This will result in the OSBN collecting the surcharge and passing it through to the OCN. This may be perceived by the licensees as an increase in licensing fees to be used by the OSBN.
- **Senate Bills 282, 283, 284, 285**: These are OSBN proposed bills to obtain title protection for our titles of "nurse", "Advanced Practice Registered Nurse (APRN)", "Certified Nurse Assistant (CNA)", and "Certified Medication Aide (CMA)". There is no fiscal impact anticipated with these bills. Violation of the titles would give the Board greater authority to sanction those who portray themselves as one of these categories but do not qualify for licensure or certification.

## 10% Reduction Options

A reduction of 10% could be obtained by leaving the Health Professionals' Services Program and offering only public discipline for our impaired licensees. The increased workload for the 100 licensees currently in the alternative-to-discipline program would amount to another compliance specialist (C5246) at a total cost of approximately $209,184 per biennium. It should be noted that due to the significant contribution the OSBN makes to the operating costs of the HPSP, the program may not be able to continue under the current funding formula without participation by the OSBN.

## Agency Two-Year Plan

## Strategic Planning – 2015-2017
### Implementation Plan for Oregon State Board of Nursing Mission and Values
### Values: Integrity, Collaboration, Stewardship, Simplicity, Innovation

**Overarching Goals**

1. *Focus on customer service*
2. *Effective, high quality leadership and governance*
3. *Provide guidance for, and the regulation of, the nursing profession*

**Strategic Initiatives – 2015-2017** *Assigned to: Executive Director*

| Value | Goal | Objective (Tactic) | Measure | Data Source | Timeline | Assigned to: |
|---|---|---|---|---|---|---|
| Collaboration Innovation | Effective high quality leadership and governance | 1. Develop partnerships with other state regulatory agencies, other state Boards of Nursing, and national organizations, to understand best practices for agency and regulatory management. <br> 2. Establish partnership with two other state Boards of nursing to compare internal workflow processes. <br> 3. Establishment of internal performance standards for service, staff expectations, and management expectations. <br> 4. Development of displayed dashboard to track progress of strategic plan utilizing NCSBN CORE measures and best practices for target measure. | 1. Involvement of agency staff in national regulatory activities. 100% monthly attendance by Board staff at the HC regulatory meetings. Number of internal processes influenced by collaborations in Objective 1. <br> 2. Documents from other Boards to compare OSBN process. <br> 3. Utilization of selected NCSBN CORE measures | NCSBN Committee Rosters; Listing of meeting attendance <br><br> HC regulatory Board minutes tracking documents for process change <br><br> Catalog of performance expectations <br><br> Internal data sources | Evaluation by end of FY 2017 unless otherwise stated <br><br> Performance expectations by June 2016 <br><br> CORE measurement implementation by Jan 2015, first measurement by June 2015. | Executive Director |
| Integrity Simplicity Stewardship | Effective high quality leadership and governance | Data will drive decisions <br> 1. Develop internal capacity to run individual reports from agency data sources. <br> 2. Utilize the daily management system to communicate | 1. Ability to run individual reports measuring agency performance and other dashboard data. <br> 2. Daily management | CRM, State Databases, local data sources <br><br> Daily managements | Daily Management by Jan 2015 <br><br> CRM data by June 2016 | Executive Director, Management Staff |

| | | information to staff regarding agency performance. | system implementation in all agency departments and in monthly staff meetings. | process implemented in all departments | | |
|---|---|---|---|---|---|---|
| Stewardship Collaboration | Effective, high quality leadership and governance | Increase public visibility of the Board by engaging in external education with community members focusing on returning impaired nurses to the workplace and reporting requirements. | Minimum of 5 presentations in conjunction with community partners (NWONE, ONA, ONF, etc) per biennium. | Agenda and attendance roster for presentations. | By June 2017. | Executive Director

Nursing Practice Consultant. |

**Strategic Initiatives – 2015-2017 *Communications***

| Value | Goal | Objective (Tactic) | Measure | Data Source | Timeline | Assigned to: |
|---|---|---|---|---|---|---|
| Innovation & Simplicity | Focused on service | Reformat website to adopt new state design, update online application/ verification processes, and incorporate new features (exam applications, mailing list sections, new statistics page, and investigations case status). | • Perform focus group/card sort on general organization by March 2015.
• Design of new online application section & investigation case status by April 2015. Work completed by June 2016.
• Mailing list page by Jan. 2017.
• Statistics page by June 2017. | Internal/external user feedback

Google analytics | June 2017 | Barbara Holtry |
| Integrity, Stewardship | Effective, high-quality leadership, governance | Develop an orientation program for new Board members that emphasizes the Board's role in state government, as well as providing a thorough review of the agency. | • Draft of program by October 2015
• Program approved by February 2016
• All Board members trained/refreshed in new program by June 2016 | Board member and management feedback | June 2016 | Barbara Holtry |

## Strategic Initiatives – 2015-2017 *Human Resources*

| Value | Goal | Objective (Tactic) | Measure | Data Source | Timeline | Assigned to: |
|---|---|---|---|---|---|---|
| Values:<br>Integrity<br>Collaboration<br>Stewardship<br>Simplicity<br>Innovation | Effective, High quality leadership and governance | 1. Develop an **employee** performance evaluation **form** that includes core competencies and at least two job specific competencies that are measureable in collaboration with OD's Dev. Needs Assessment.<br>2. Identify additional core competencies for managers and the tool for **managers'** performance evaluation **form** in collaboration with OD.<br>3. Provide **management training** on employee performance evaluation.<br>4. Provide **employee training** on core competencies identified through the Dev. Needs Assessment (OD) and job specific competencies.<br>5. Develop procedures for performance evaluation tracking and compliance standards.<br>6. Implementation of evaluating all employees on core competencies and **introduce job specific** standards to be added to evaluation for 2017.<br>7. Implementation of **evaluating** all employees on Core competencies **and job specific standards.**<br>8. Provide communication to staff regularly on State level HR initiatives and projects.<br>9. Gather input from staff on information and preferred | 1. Form finalized by September 1, 2015<br>2. Form finalized by October 1, 2015<br>3. Training completed for all managers by November 30, 2015<br>4. Training completed for all employees by October 31, 2015<br>5. Draft for November 2015; Complete by January 1, 2016<br>6. 100% employees evaluated with new form by 12/30/2016<br>7. 100% employees evaluated with added job specific standards for SED Jan – June 2017<br>8. Secure topical speakers quarterly at staff meetings<br>9. Pending<br>10. Write and distribute one communication related to HR monthly<br>11. Pending<br>12. Attend a minimum of six meetings per FY<br>13. Visit a minimum of 3 HR departments per FY<br>14. Attend a min. of 2 external conferences/ trainings<br>15. Establish interested contacts by 6/2016; | Agency Managers, Executive Director, employees (via Development Needs Assessment), existing agency data reports and monitoring tools, job descriptions, job classification specs, HR best practices, CBA, and DASHR Policies<br><br>PEBB, PERS, DASHR, LRU, LMC, CBA, OSBN Operations & Policy Manual, topical experts related to HR Policy, Labor Laws, Administrative Rules, Comp/Class, Recruitment, Health/Wellness, Benefits, FMLA/OFLA, Diversity/Cultural, EAP<br><br>DASHR, State Agencies, Employers, Internal & external | 1. July 1, 2015 – Sept 1, 2015<br>2. September – October 2015<br>3. October 2015 – Nov. 2015* *(develop training/admin. needs assessment & deliver training by Oct/Nov 2015)<br>4. Pending<br>5. Draft November 2015; Assess & Update January 2016<br>6. Implement 1/1/16 Complete by 12/30/2016<br>7. Implement 1/1/17 Complete by all by 12/30/2017<br>8. January 2016 – June 2017<br>9. January 2016 (Input)<br>10. February 2016 – June 2017 (Monthly)<br>11. March, June, Sept, Dec 2016, March, June 2017<br>12. June 30, 2016 | 1. HR Manager and OD Manager<br>2. HR<br>3. OD Manager<br>4. OD Manager<br>5. HR & OSBN Managers<br>6. HR Manager, OSBN Managers<br>7. HR Manager, OSBN Managers<br>8. HR Manager & OSBN Managers<br>9. HR Manager<br>10. HR Manager<br>11. HR Manager<br>12. HR Manager<br>13. HR<br>14. HR<br>15. HR |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | methods of communication (intranet, email, speakers, meetings, etc.)<br>10. Based on input from staff, provide one written "article" or communication (email, intranet) related to HR - for example "Know Your Benefits" monthly.<br>11. Based on input from staff, schedule presentations and speakers at least quarterly for agency staff meetings.<br>12. Attend DAS HR Directors Meetings and other topical meetings.<br>13. Shadow operations in other Boards, CHRO and HR professionals at major healthcare employers for best practices on a quarterly basis. Provide information on the Board and Board services.<br>14. HR Manager attend a minimum of two HR related conferences, courses or trainings.<br>15. Contact and explore participation in some capacity with health occupation programs at the high school or community college level (share information on the board, licensure and background requirements for licensure; participate on committees; job fairs or mock interviews). | participate in 3 events by 5/30/17<br>16. Assessment & Review, including input from staff | training resources, local HS and Comm. College health occupation programs; Diversity & Cultural Orgs | and June 30, 2017<br>13. June 30, 2016 and June 30, 2017<br>14. July 2, 2015 – June, 30, 2017<br>15. March 2016 – June 2016 contacts Attend by May 30, 2017<br>16. June 30 2016 and June 30, 2017 | |

## Strategic Initiatives – 2015-2017 *Licensing, Fiscal and Organizational Development*

| Value | Goal | Objective (Tactic) | Measure | Data Source | Timeline | Assigned to: |
|---|---|---|---|---|---|---|
| Integrity Stewardship Simplicity Collaboration | Focus on customer service | 1. Establish and measure customer service standards and measurements for Licensing and Fiscal operations. <br> 2. Reduce the amount of time it takes to obtain a license. <br> 3. Establish and implement service level agreements with internal customers. | 1. 50% of standards are identified and measured <br> 2. At NCSBN CORE Benchmark for licensing *(need quartile decision)* <br> 3. 100% of SLA's in place | 1. Avaya report <br> 2. Customer surveys <br> 3. Employee feedback <br> 4. Prior customer data <br> 5. Benchmarking | 1. Performance metrics: 12/17 <br> 2. >5% reduction by 06/17 <br> 3. SLA's in place by 07/15 | LF & OD Manager |
| Integrity Stewardship Simplicity Innovation Collaboration | Effective, high quality leadership, governance | 1. Create and begin implementation of an agency development strategy-offer courses both internally and externally. <br> 2. Integrate and measure competencies into performance evaluations. | 1. repeat from HR100% of employees receive timely PE's with individual development plans (IDP's) <br> 2. 5% of participants in courses offered are external | 1. Surveys <br> 2. Needs assessment <br> 3. Service level agreements <br> 4. Course evaluations and sign in sheets | 1. Competencies identified: 12/15 <br> 2. Timely PE's w/IDP's: 06/17 <br> 3. Conduct development needs assessment: 12/14 <br> 4. Craft agency development strategy: 07/15 <br> 5. Conduct and communicate <br> 6. Competency courses: 01/15-on | LF & OD Manager <br><br> HR Manager? |

## Strategic Initiatives – 2015-2017 *Investigations*

| Value | Goal | Objective (Tactic) | Measure | Data Source | Timeline | Assigned to: |
|---|---|---|---|---|---|---|
| Integrity Simplicity Collaboration Stewardship Innovation | Effective high quality leadership, governance | Improve internal work flow processes and ensure consistency by creating internal policies and procedures for work flow processes in investigations | Publish completed desk manual | Work Product/Policies | July 2016 | Investigations |
| Integrity | Provide guidance for, | Reduce the number of SB235 (public | Number of cases over 120 | CRM | July 2016 | Investigations |

| Simplicity Stewardship | and regulation of, the nursing profession | complaints) cases over 120 days by 10% by improving tracking by management and CRM and improve upon current work flow processes | days compared to previous year/biennium | | | |
|---|---|---|---|---|---|---|

## Strategic Initiatives – 2015-2017 *Policy Analysts*

| Value | Goal | Objective (Tactic) | Measure | Data Source | Timeline | Assigned to: |
|---|---|---|---|---|---|---|
| Integrity Simplicity Collaboration Innovation | Provide guidance for and regulation of the nursing profession. | 1. Consistent application of Board rules and policies across all departments. <br> 2. Use OSBN Intranet to communicate frequently asked rule and policy questions for staff review. <br> 3. Provision of education to all departments on implementation of new rules and policies | 1. Initial staff query for topics/areas of focus <br> 2. Number of visits on website <br> 3. Ninety percent positive evaluative feedback on education events | 1. Website <br> 2. Staff presentation log data <br> 3. Staff meeting minutes | 1. Dec. 2015 <br> 2. June 2016 <br> 3. Dec. 2016 | All policy analysts |
| Integrity Collaboration | Provide guidance for and regulation of the nursing profession | 1. Gather information from internal sources to inform public and licensees of common concerns and themes identified in discipline <br> 2. Communication and outreach to address issues identified | • Sentinel articles written regarding discipline issues <br> • Presentation at Conferences <br> • Stakeholder meetings | • CRM <br> • Staff presentations | Dec. 2015 | All policy analysts |
| Integrity Simplicity Collaboration Stewardship | Provide guidance for and regulation of the nursing profession | 1. Nursing Education Advisory Group (NEAG) draft deliverable on survey process re-design. <br> 2. APRN Controlled Substances Policy <br> 3. Provide quarterly regional educational sessions for training program faculty <br> 4. Provide a minimum of 20 Nurse Practice Act education events per year. <br> 5. Nursing Practice Policy Committee to update six draft policies per year <br> 6. Development of online education functionality | 1. NEAG deliverables posted to website <br> 2. Policy adopted <br> 3. Ninety percent positive evaluative feedback on education events <br> 4. Ninety percent positive evaluative feedback on education events <br> 5. NPC policy drafts <br> 6. OSBN online course | 1. NEAG meeting minutes & reports to the Board <br> 2. BON approved policy <br> 3. Training evaluation summary <br> 4. Presentation log data <br> 5. Policy drafts to Board <br> 6. Web | 1. Dec. 2016 <br> 2. Dec. 2015 <br> 3. Dec. 2015 <br> 4. Dec. 2015 <br> 5. July 2016 <br> 6. Jan. 2017 | 1. Education policy analyst <br> 2. APRN policy analyst <br> 3. NA/MA policy analyst <br> 4. All policy analysts <br> 5. RN/LPN policy analyst <br> 6. All policy analysts |

# OSBN Internal Metrics:  Strategic Plan 2015-2017

| Department | Baseline (If applicable) | Benchmark Data (if any) | Goal | 1st Q | 2nd Q | 3rd Q | 4th Q | 5th Q | 6th Q | 7th Q | 8th Q |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Administration** | | | | | | | | | | | |
| # of Public Education Sessions in conjunction with community partner | x | x | 5 per Biennium | | | | | | | | |
| Total number of community presentations | x | x | | | | | | | | | |
| Total number of presentations at Schools of Nursing/ CNA programs | x | x | 20 | | | | | | | | |
| Projected Expenses vs actual expenses | | LAB Budget | At or < budget | | | | | | | | |
| # of separations by department | | x | | | | | | | | | |
| # of new hires by department | | x | | | | | | | | | |
| **Communications** | | | | | | | | | | | |
| # of support requests received per quarter | | x | | | | | | | | | |
| # of support requests closed in 48 hours | | x | | | | | | | | | |
| # of days since last unscheduled reboot | | x | | | | | | | | | |
| **Licensing** | | | | | | | | | | | |
| % of Licenses Processed Online | | 75% | | | | | | | | | |
| Average Days to Licensure: | | x | | | | | | | | | |
| RN/LPN Initial Exam | | 11 days | | | | | | | | | |
| RN/LPN Renewal | | 4 days | | | | | | | | | |

| Department | Baseline (If applicable) | Benchmark Data (if any) | Goal | 1st Q | 2nd Q | 3rd Q | 4th Q | 5th Q | 6th Q | 7th Q | 8th Q |
|---|---|---|---|---|---|---|---|---|---|---|---|
| RN/LPN Endorsements | | x | | | | | | | | | |
| APRN Initial | | x | | | | | | | | | |
| APRN Renewal | | x | | | | | | | | | |
| APRN Endorsements | | x | | | | | | | | | |
| CNA Initial Exam | | x | | | | | | | | | |
| CNA Renewal | | x | | | | | | | | | |
| Total # of License applications (RN/LPN) by type: | | x | | | | | | | | | |
| Initial Exam | | x | | | | | | | | | |
| Renewal | | x | | | | | | | | | |
| Endorsement | | x | | | | | | | | | |
| # of audits performed | | x | | | | | | | | | |
| CNA endorsement | | x | | | | | | | | | |
| Time from receipt of CBC to license (not referred to LEDS or Investigations) | | x | | | | | | | | | |
| **Call Center** | | | | | | | | | | | |
| # of calls handled | | x | | | | | | | | | |
| # of calls abandoned | | x | | | | | | | | | |
| Length of Hold time (minutes) | | x | | | | | | | | | |
| Average Length of Call | | x | | | | | | | | | |
| Customer Satisfaction with Call center | | x | | | | | | | | | |
| **Policy Analysts** | | | | | | | | | | | |
| Number of Visits to Website | | x | | | | | | | | | |
| Community satisfaction with educational presentations | | x | 90% | | | | | | | | |

| Department | Baseline (If applicable) | Benchmark Data (if any) | Goal | 1st Q | 2nd Q | 3rd Q | 4th Q | 5th Q | 6th Q | 7th Q | 8th Q |
|---|---|---|---|---|---|---|---|---|---|---|---|
| # of RN entry level programs visited | x | x | x | | | | | | | | |
| # of CNA programs visited | x | x | x | | | | | | | | |
| Number of practice questions answered | x | x | x | | | | | | | | |
| **Investigations** | | | | | | | | | | | |
| Number of complaints received | | 1855 | x | | | | | | | | |
| # Cases BT | | | | | | | | | | | |
| # cases resulting in Discipline and reported to databank | | | x | | | | | | | | |
| Cases Open for 6 months or less | | 60% | | | | | | | | | |
| Cases Open for 7-12 months | | 24% | | | | | | | | | |
| Cases Open for 13-2 years | | 14% | | | | | | | | | |
| Cases Open for >2 years | | 6% | | | | | | | | | |
| Average number of days from complaint and to the Board | | | | | | | | | | | |
| Number of RN cases | | x | x | | | | | | | | |
| Number of LPN Cases | | x | x | | | | | | | | |
| Number of APRN Cases | | x | x | | | | | | | | |
| Number of CNA Cases | | x | x | | | | | | | | |
| # of ALJ hearings | | x | x | | | | | | | | |
| # of pre-hearing settlements | | x | x | | | | | | | | |
| # of decisions upheld | | x | 100% | | | | | | | | |

| Department | Baseline (If applicable) | Benchmark Data (if any) | Goal | 1st Q | 2nd Q | 3rd Q | 4th Q | 5th Q | 6th Q | 7th Q | 8th Q |
|---|---|---|---|---|---|---|---|---|---|---|---|
| # of days from complaint to final formal hearing disposition | | | | | | | | | | | |
| SB 235 Complaints received | | X | X | | | | | | | | |
| # of RN/LPN cases opened where the licensee has previous investigation within 3 years | | | | | | | | | | | |
| # of APRN cases opened where the licensee has had a previous investigation within 3 years | | | | | | | | | | | |
| # of CNA/CMA cases opened where the licensee has had a previous investigation within 3 years | | | | | | | | | | | |
| Average Caseload per Investigator | | | | | | | | | | | |
| Per Investigator Measures (kept at the departmental level | | | | | | | | | | | |
| **Human Resources/ Organizational Development** | | | | | | | | | | | |
| # of Employee Education sessions | x | x | x | | | | | | | | |
| # of EAC events | x | x | x | | | | | | | | |
| # of staff with agency supported development funding | x | x | x | | | | | | | | |
| # of internal transfers to open positions | | | | | | | | | | | |

## Major Agency Changes Within 10 Years

- IT innovations—online renewals (2006), online endorsements (2008), online verification redesign (2010).
- 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 and resigned in October 2012; current Director began in February 2014.
- Transition from the Nurse Monitoring Program (an alternative-to-discipline program for impaired nurses) 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).

## New Hires for 2013-2015 Biennium

| Name | Class | Step | Job Title | Date of Hire to OSBN | Reason for Hire Above Step 2 |
|---|---|---|---|---|---|
| Bamford, H | MESNZ7008 | 9 | PEM E | 1/1/2015 | Transfer/Direct Appointment, Exec Service |
| Bigelow, W | C5911 | 8 | Health Care Investigator | 8/11/2014 | Recruitment, Nrsg Market |
| Etherington, J | C1217 | 4 | Accountant 3 | 11/13/14 | Transfer/Contract requirement |
| Gabriel, C | C0104 | 9 | LEDS Support | 1/20/15 | Transfer, higher to lower class, contract requirement |
| Gooding, N | C0107 | 7 | Admin Spec 1 | 10/4/14 | Hired for legal skills/experience |
| Gravatt, K | C0107 | 4 | Admin Spec 1 | 9/15/14 | Experience and Internal Equity |
| Hill, T | C5911 | 8 | Health Care Investigator | 10/1/14 | Recruitment, Nrsg Market |
| Jason, R | MEAHZ7010 | | Executive Director | 2/10/14 | Recruitment, Nrsg Market, DAS Approved |
| McWhirt, B | C0323 | 4 | PSR 3 | 8/21/14-12/21/14 | Transfer, Contractual |
| Sinacola, J | C0323 | 6 | PSR 3 | 10/13/14 | Experience and Internal Equity |
| Tschacher, J | C0323 | 6 | PSR 3 | 1/20/15 | Experience and Internal Equity |
| Walli, D | C0323 | 8 | PSR 3 | 1/20/15 | Transfer, contractual |
| Wickenhagen, S | MMNX0873 | 8 | OPA3 | 2/19/14 | Recruitment, Nrsg Market |

# Ending Balance Form

*UPDATED* OTHER FUNDS ENDING BALANCES FOR THE 2013-15 & 2015-17 BIENNIA

Agency: 85100
Contact Person: John Etherington (971-673-0664)

| (a) Other Fund Type | (b) Program Area (SCR) | (c) Treasury Fund #/Name | (d) Category/Description | (e) Constitutional and/or Statutory reference | (f) 2013-15 Ending Balance In LAB | (g) Revised | (h) 2015-17 Ending Balance In CSL | (i) Revised | (j) Comments |
|---|---|---|---|---|---|---|---|---|---|
| Limited | 85100-000-00-00-00000 | General Fund | Operations | ORS 678.010 to 678.445; OAM 851-001-0000 to 851-063-0110 | 3,272,744 | 3,272,744 | 4,206,314 | 4,206,314 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**Objective:** Provide updated Other Funds ending balance information for potential use in the development of the 2015-17 legislatively adopted budget.

**Instructions:**

Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.

Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2013-15 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (Column (j)).

Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).

Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.

Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.

Columns (f) and (h): Use the appropriate, audited amount from the 2013-15 Legislatively Approved Budget and the 2015-17 Current Service Level as of the Agency Request Budget.

Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. Do not include adjustments for reduction options that have been submitted unless the options have already been implemented as part of the 2013-15 General Fund approved budget or otherwise incorporated in the 2013-15 LAB. The revised column (i) can be used for the balances included in the Governor's budget if available at the time of submittal. Provide a description of revisions in Comments (Column (j)).

Column (j): **Please note any reasons for significant changes in balances previously reported during the 2013 session.**

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or $50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.

End Balance Form.xlsx

2/25/2015 11:26 AM

# Annual Performance Progress Report (APPR) for Fiscal Year (2013-2014)

Original Submission Date: 2014

Finalize Date: 7/29/2014

| 2013-2014 KPM # | 2013-2014 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<br>Delete | Proposed Key Performance Measures (KPM's) for Biennium 2015-2017 |
|---|---|
| | **Title:**<br><br>**Rationale:** |

| 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: | |



**Performance Summary**

| | Green | 66.7% |
|---|---|---|
| | Yellow | 33.3% |
| | Total: | 100.0% |

| Green | Yellow | Red | Exception |
|---|---|---|---|
| = Target to -5% | = Target -6% to -15% | = Target > -15% | Cannot calculate status (zero entered for either Actual or |
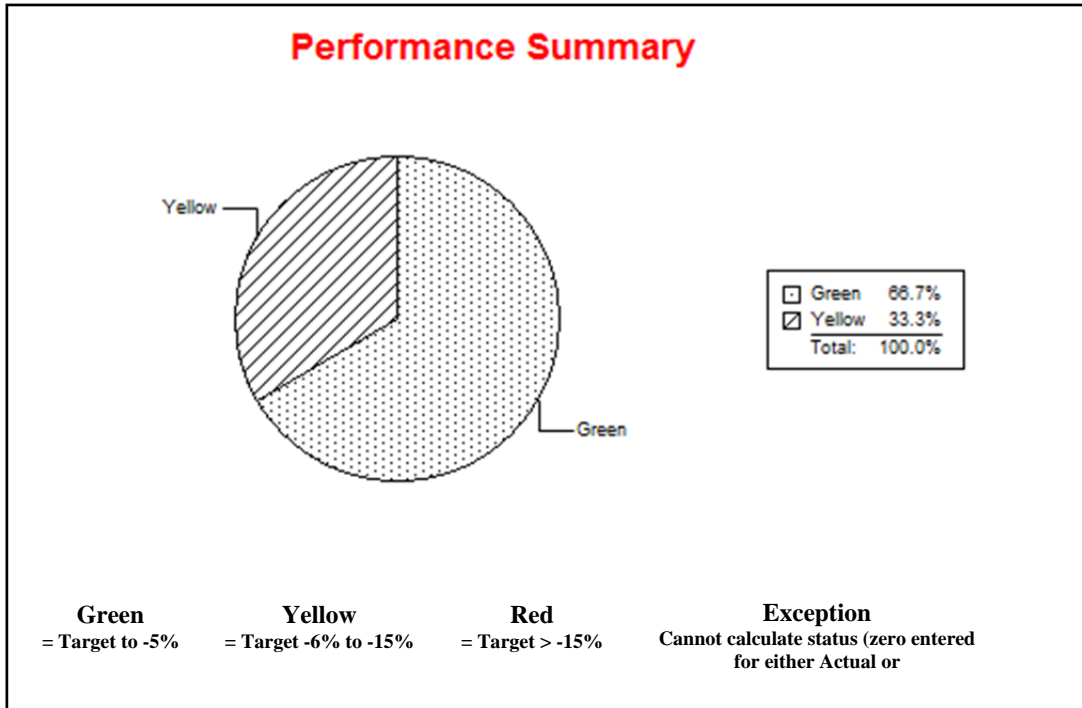
## 1. SCOPE OF REPORT

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 Collaborative, the Oregon Nurses Association, the Oregon Center for Nursing, colleges and universities, employers and the public.

## 3. PERFORMANCE SUMMARY

The agency met the majority of its targets.  However, a major conversion to a new database in the Licensing department adversely influenced our processes during a four month period at the beginning of the fiscal year, which affected the Licensing measures.  In addition, we were slightly deficient in our Effective Governance measure due to the extended recruitment of our new Executive Director.  We fully expect our results in the next biennium to return to our usually high marks.

## 4. CHALLENGES

As mentioned above, two recent challenges include a period of interim leadership while a new Executive Director was recruited (November 2012 - February 2014), and the implementation of the final phase of the agency's conversion to a new database in June 2013. The database conversion resulted in incomplete data for a four month period at the beginning of FY 2014, which has affected some of the agency's KPM results.

## 5. RESOURCES AND EFFICIENCY

| 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 Context** | Mission | |
| **Data Source** | Database query, Board meeting documents | |
| **Owner** | Investigations Manager: Jacy Gamble | |



Timely Resolution of Complaints

Bar is actual, line is target

Data is represented by percent
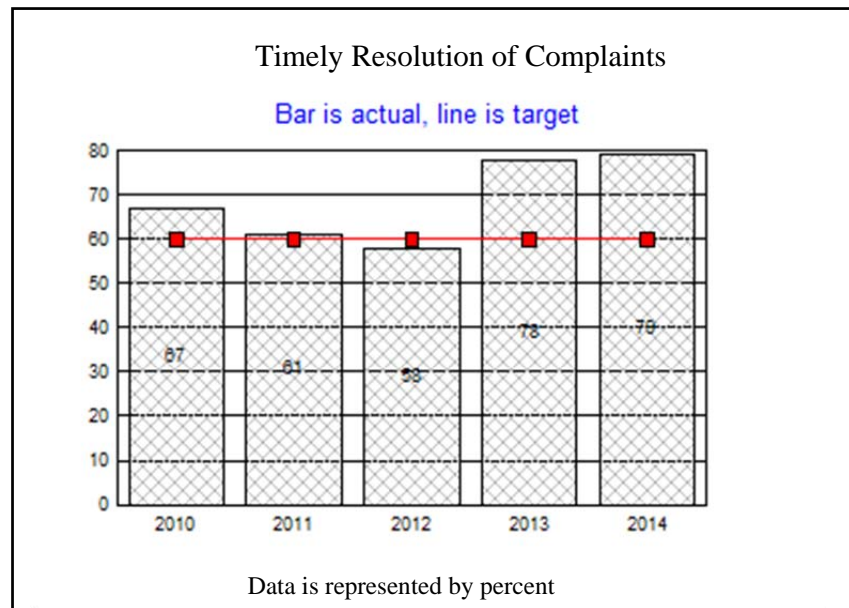
## 1. OUR STRATEGY

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

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 when needed, the Board encourages staff to use extensions sparingly.

**2. ABOUT THE TARGETS**

Ideally, 100% of all complaints would be resolved within the 120 day window. In reality, outside delays in procuring needed documents, as well as a 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**

As of the date of this report, 79 percent of disciplinary cases in FY 2014 were presented to the Board within 120 days, exceeding the agency target of 60 percent.

**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. The greatest factor was the implementation of the CRM database in January 2010, which gave investigative staff more tools to manage their caseloads. The Board also implemented new criteria to prioritize cases more efficiently.
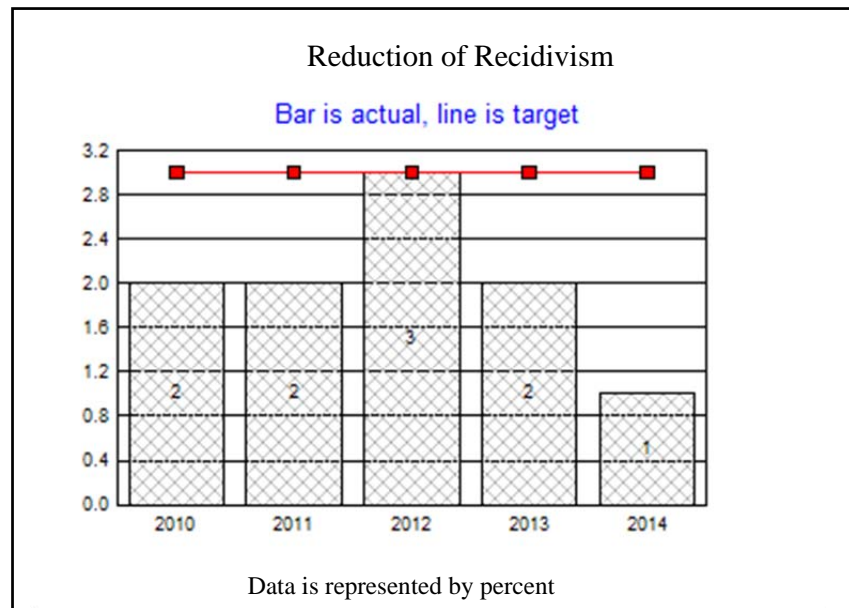
**6. WHAT NEEDS TO BE DONE**

Staff needs to remain diligent in monitoring the aging of caseloads and use extension requests appropriately.

**7. ABOUT THE DATA**

The data is reported on an Oregon fiscal-year basis. Our agency CRM database is queried for complaint timeliness based on either the date a case is seen by the Board or closed.

| 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. | 2003 |
|---|---|---|
| **Goal** | Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of the investigative process, discipline and remediation. | |
| **Oregon Context** | Mission | |
| **Data Source** | Database query for multiple complaints. | |
| **Owner** | Investigations Manager: Jacy Gamble | |



Reduction of Recidivism

Bar is actual, line is target

Data is represented by percent

## 1. OUR STRATEGY

Recidivism relates to the number of licensees and certificate-holders who are reported to the Board for 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 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.  Although true recidivism would be if a licensee was reported to the Board within the timeframe for the same type of offense, the legislature indicated in 2009 that it prefers a broader interpretation.

## 2. ABOUT THE TARGETS

A low rate of recidivism indicates the Board is disciplining licensees appropriately and protecting the public.

## 3. HOW WE ARE DOING

The OSBN's rate of 1 percent exceeded its target of 3 percent.  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 measured the number of individuals who were disciplined in FY 2011, 2012, or 2013, and were reported to the Board for any offense during FY 2014.

## 4. HOW WE COMPARE

The National Council of State Boards of Nursing reported in 2009 that the ten-year average (1996-2006) recidivism rate as a result of nursing board disciplinary action was 21percent (with states reporting from a low of 0 percent to a high of 43 percent). Oregon's rate is much better than that.  There is no more recent data.

## 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

The Board needs to remain attentive to the factors leading to violations, and be consistent in its decisions.

**7. ABOUT THE DATA**

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

| KPM #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. | 1996 |
|---|---|---|
| **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** | Interim Licensing Manager: Helen Bamford | |
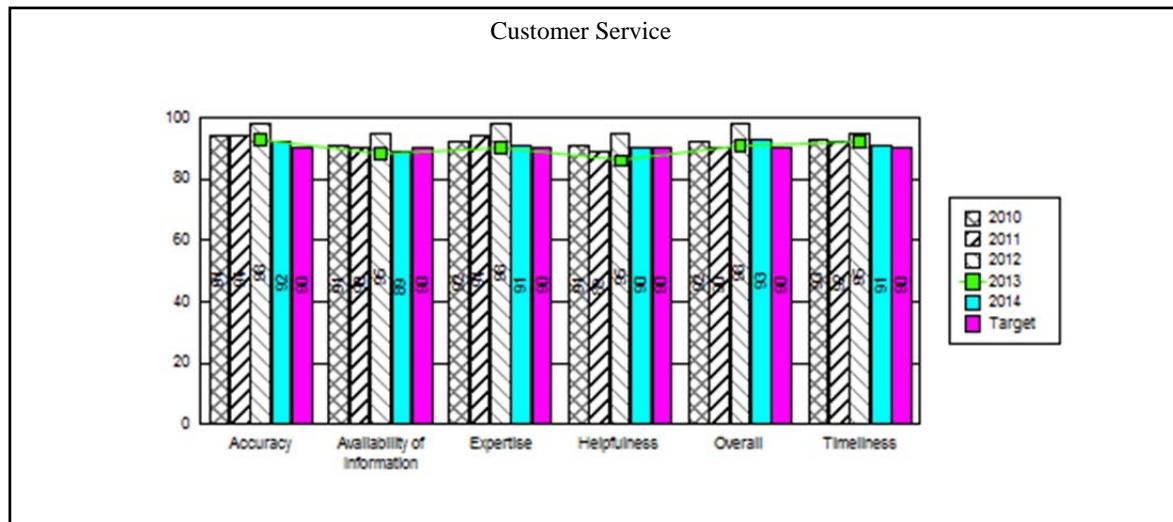


## 1. OUR STRATEGY

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 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 greatly increase the accuracy of our data regarding licensees. We now conduct this survey electronically on an annual basis. The next scheduled survey is 2015.

## 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.

## 3. HOW WE ARE DOING

The agency met all of its targets in FY 2014 except one; the decrease was due mainly to a change in survey methodology.

## 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 health licensing agencies.

## 5. FACTORS AFFECTING RESULTS

With a change in management of the Licensing department, the survey response pool was selected a bit differently. As a result, the number of respondents who performed their licensing transaction entirely online without interacting with agency staff was much larger, which may have affected the results. In addition, a major conversion of the Licensing department database in July 2013 and the aforementioned change in departmental management has provided further challenges for Licensing department staff, which likely affected survey results.

## 6. WHAT NEEDS TO BE DONE

With continued staff training and further optimization of the new CRM database in Licensing, we expect to continue to achieve or exceed our targets in all categories in FY 2015.

## 7. ABOUT THE DATA

4,856 surveys were sent during July 2014 to a randomly-selected 25 percent of licensees who received a new or renewal license between January 1 and June 30, 2014.  Initial applications for licensure are on demand, and renewals are biennial and by birth date.  We received 901 return surveys (19 percent). The online survey was conducted via SurveyMonkey. The survey questions were exactly as recommended in the "Statewide Customer Service Performance Measures Guidance," 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.

| KPM #4 | ON-LINE TRANSACTIONS: Percent of business transactions completed on-line. | 2009 |
|---|---|---|
| **Goal** | Excellent Customer Service: Efficiency of E-Commerce Operations | |
| **Oregon Context** | Mission | |
| **Data Source** | Web software/licensing database query | |
| **Owner** | Interim Licensing Manager: Helen Bamford | |



Percent of Online Transactions

Bar is actual, line is target

Data is represented by percent
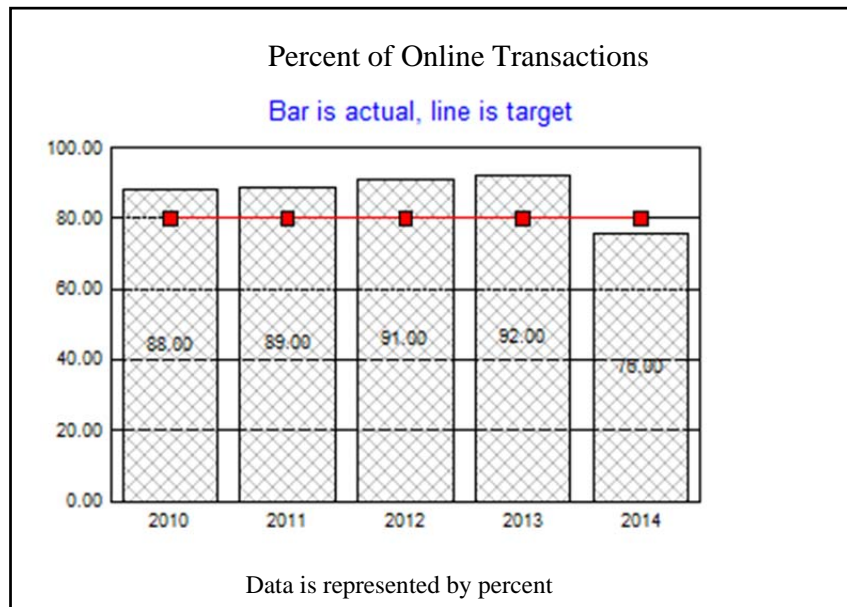
## 1. OUR STRATEGY

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 in 2015 to take full advantage of the capabilities of the agency's new

licensing database.

## 2. ABOUT THE TARGETS

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

## 3. HOW WE ARE DOING

For the first time, the Oregon State Board of Nursing did not meet its target. A major conversion of the Licensing department database adversely affected the number of transactions conducted between July and October 2013. The system is now stable and we have high expectations for next year's results.

## 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 approximately 70 percent.

## 5. FACTORS AFFECTING RESULTS

In addition to the Licensing database conversion, a number of applicants who don't meet various licensing requirements and need further evaluation are still processed via paper applications.

## 6. WHAT NEEDS TO BE DONE

The agency is in the initial planning stages of a redesign of all of its online services in accordance with new state website design standards and to take full advantage of our new database's capabilities. The redesign will incorporate exam applications for nurses and nursing assistants into the system for endorsements and renewals. Work should be completed by the end of FY 2016.

## 7. ABOUT THE DATA

The data is reported on an Oregon fiscal year basis. Statistics are available through our licensee database.

| 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** | Interim Licensing Manager: Helen Bamford | |



Timely Licensing: Percent of licensing applications processed within target.
Bar is actual, line is target

Data is represented by percent
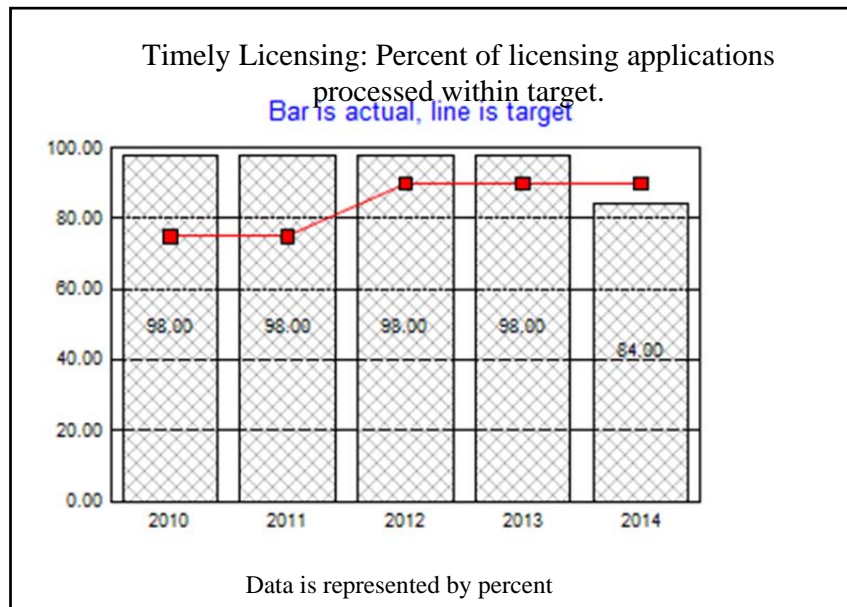
## 1. OUR STRATEGY

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

**2. ABOUT THE TARGETS**

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.

**3. HOW WE ARE DOING**

For the first time, the agency did not meet its target. A major conversion of the Licensing department database adversely affected licensure transactions conducted between July and October 2013. The system is now stable and we have high expectations for next year's results.

**4. HOW WE COMPARE**

Although the complexity of licensing requirements varies, thus affecting the length of the licensing process, OSBN seems to be on a par with other Oregon health licensing agencies.

**5. FACTORS AFFECTING RESULTS**

The Licensing database conversion was the most significant factor affecting our results. As mentioned before, the system is now stable, and we have high expectations for next year's 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.

| KPM #6 | EFFECTIVE GOVERNANCE – Percent of total best practices met by the Board. | 2007 |
|---|---|---|
| **Goal** | Strategic Board Leadership | |
| **Oregon Context** | Mission | |
| **Data Source** | Annual Board Self-Evaluation | |
| **Owner** | Executive Director: Ruby Jason, MSN, RN, NEA-BC | |



Effective Governance

Bar is actual, line is target

Data is represented by percent
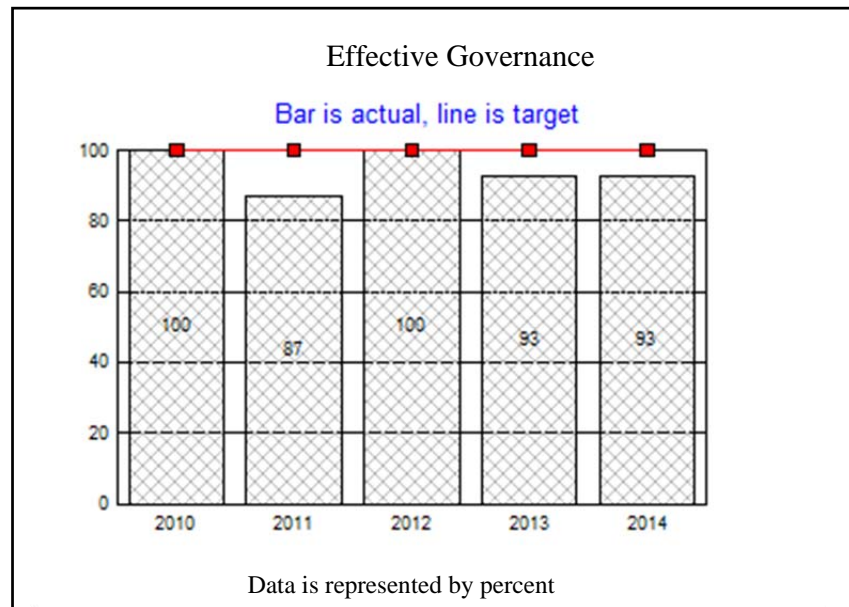
## 1. OUR STRATEGY

In its 2008-2014 Strategic Plan, the Board established a target of 100 percent 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.

## 2. ABOUT THE TARGETS

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

## 3. HOW WE ARE DOING

The Board's 93 percent compliance rate almost met its goal of 100 percent compliance.

## 4. HOW WE COMPARE

OSBN seems to be on a par with other Oregon health licensing agencies.

## 5. FACTORS AFFECTING RESULTS

The Board met all of the measurement criteria except one.  The new Executive Director has only been in the position five months, so an annual appraisal isn't warranted yet.  Her job appraisal is scheduled for February 2015, so this will be reflected in the next fiscal year's performance measures.

## 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 agencys original performance measures. The entire management team was involved in gathering data.<br><br>**\* Elected Officials:**  Members of the state Joint Ways and Means committee reviewed all and eliminated some proposed measures during the 2011 Legislative Session.<br><br>**\* Stakeholders:**  Some stakeholders and licensees are involved with the annual Customer Satisfaction survey.<br><br>**\* 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 agencys 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 Board meetings. Information is used to help prioritize workload.<br><br>**\* Elected Officials:**  Results are communicated through annual reporting and budget presentations.<br><br>**\* Stakeholders:**  Annual reports are provided through the agency website. Individual data also is provided as requested.<br><br>**\* Citizens:**  Annual reports are provided through the agency website. Individual data also is provided as requested. |