

ANNUAL PERFORMANCE PROGRESS REPORT - EXECUTIVE SUMMARY

TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency: Oregon State Board of Nursing	Date Submitted: September 29, 2005	Version No.: 1
Contact: Pat Miles	Phone: (971) 673-0640	
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Performance Target Achievement	#
Key Performance Measures (KPMs)	19
# of KPMs at target for most current reporting period	4
# of KPMs not at target for most current reporting period	15

- Degree and type of agency influence on agency’s chosen benchmarks and high-level outcomes.
 - The agency’s mission statement serves as our high-level outcome. As recently revised by the Board, it states: “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.”
 - Although the mission statement is developed by the Board, the activities it has authority to pursue are granted through legislation.

- Summarize the year’s successes and barriers to achieving performance measure targets.
 - Successes:
 - Complying with the Board of Nursing standards for nursing education programs, the Oregon practical nurse programs are graduating competent new nurses. The performance measure shows that 100% of the state’s practical nurse programs had graduates who received an 85% or higher pass rate on the national practical nurse examination.
 - The Board’s constituents are utilizing the Board’s website for accurate and current information about Board services and programs. The agency’s website averages 1208 hits per day.
 - The use of technology continues to be an important cornerstone of our service delivery system. The public and employers of nurses can now verify the status of a nurse’s license over the telephone or in “real time” over the web. Although our measure slipped because we took the old system off-line for a month, the result is a better product that improves customer service to both licensees and employers.

- In response to the nursing shortage crisis, and in partnership with other nursing and health related organizations and educational institutions, the efforts to recruit individuals into nursing schools and to increase the number of nursing faculty to teach them, are finally coming to fruition. The number of graduates from Oregon nursing programs in 2005 increased to 999, an increase of 42% from 2004.
- Barriers to achieving targets:
 - Several agency measures (e.g. #9, #10, #13) were affected by limited disciplinary staff resources and a 10% increase in the numbers of disciplinary cases from 2004 and an 18% increase from 2003. During the 2005 legislative session, the Board discussed the difficulty the agency was having in meeting these performance measures as a result of insufficient investigative staff. As a result, the agency was able to secure funding for two additional investigators. We anticipate marked improvement in these measurements during the following year as the new investigators get hired, trained and prepared to assume caseloads for this department.
 - Customer Service in our Licensing and Certification Department is very dependent on being able to provide consistent and adequately trained staff to provide services to our customers. Absenteeism and staff turnover affect several performance measurements (#1, #2, #4, #5). The constant challenge is to provide continued orientation for this staff so that they can give accurate and up-to-date information, and to provide pay commensurate with the responsibilities and importance of their jobs to the agency.

In summary, the agency is making progress in developing a comprehensive performance measurement system but our ability to meet targets in the majority of measures has been a disappointment. We believe, however, that with the advent of on-line renewals, new technology, the addition of new staff and the restructuring of current staff, we will see marked progress toward our target goals in 2006.

In addition, the agency is still refining some its agency-wide measures to better reflect the appropriate mission and services of the agency.

- Future Challenges:
 - Shortages of nurses and nursing assistants are being felt both nationally and internationally, changing the nature of our licensees as well as their work settings. Efforts to address the shortage issue can draw efforts away from core functions. Keeping agency resources focused on key functions will be important.
 - The environment of the health care industry is dynamic. The solutions that work today may not be appropriate tomorrow. Constant adaptation to changing circumstances will be essential to the agency reaching its targets in the future.
 - To find relevant public and private standards to compare against agency performance and to refine our performance measurement system as a tool for strategic direction in the coming years.

ANNUAL PERFORMANCE PROGRESS REPORT - PART I, MANAGING FOR RESULTS
TIME PERIOD: FISCAL YEAR 2004 – 2005

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Agency Name: Oregon State Board of Nursing		Agency No.: 851
The following questions shed light on how well performance measures and performance data are leveraged within your agency for process improvement and results-based management.		
1	How were staff and stakeholders involved in the development of the agency's performance measures?	One quarter of the agency staff was involved in developing the agency's performance measures. More than 50% of the performance measures were based on industry standards or measures used by the Board for many years that are considered to be essential for maintaining program quality. The agency also presented measures to the appropriate Ways and Means subcommittee and some changes to measures resulted from this discussion.
2	How are performance measures used for management of the agency?	The management team makes program decisions based on performance measurement data. Feedback from stakeholders is used to fine tune ongoing efforts to improve services to licensees and the public. Performance measurements are used to identify causes of lower than expected results and institute corrective actions to improve performance.
3	What training has staff had in the use of performance measurement?	To date, selected employees have trained on the development of performance measures and the collection of data. Employees have been made aware of section goals and how their performance affects agency-wide measures. In FY 2006, employees will be engaged in developing more internal measures within their work groups.
4	How does the agency communicate performance results and for what purpose?	The agency is in the process of updating our communications plan, which will include performance measurements. Currently, results are reported to stakeholders on our web site at: http://www.oregon.gov/OSBN/performance_measures.shtml . The agency shares performance results with agency personnel so that they can have an opportunity to earn the satisfaction that comes from making a meaningful contribution when target goals are accomplished and to motivate them to achieve better results when targets are not met. Communication of performance results contributes to public accountability for past performance and future strategic direction.
5	What important performance management changes have occurred in the past year?	The Board continues to undergo a culture change with respect to performance measurements. Both management and staff are realizing the value of such a system to affect permanent changes in the agency. Customer service related performance measure results are monitored on a monthly basis and changes are made more frequently to enhance performance as results provide feedback. A full analysis of investigations performance brought out the data needed to justify new positions in the 2005-07 budget to improve future response times.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#1- Percent of customers who rate the Board positively in the following service areas: (a) accuracy of information, (b) courtesy of staff, (c) ease of access to staff.	Target					94% 90% 90%	94.5% 98% 90%	95% 98% 92%	95% 98% 92%	95% 98% 92%
	Data		85% 85% 72%	93% 86% 80%	92% 98% 89%	N/A	95% 96% 92%	N/A		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Customer satisfaction with the licensure application process.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

“Customer Service” surveys have been historically performed every two years at OSBN. 2005 is an "off" year. Although customers being surveyed are not asked to differentiate between departments, the primary point of contact for licensees is the call center, established in May 2002, providing immediate response to callers and walk-in customers. Licensees also have contact with our licensing and certification staff regarding specific applications. This performance measure is directly linked to our customer service goals.

Measured results for Accuracy of Information and Access to Staff for 2004 increased significantly from 2002 and exceeded targets. Courtesy of Staff results decreased only slightly to 96% from 98%.

Compare actual performance to target and explain any variance.

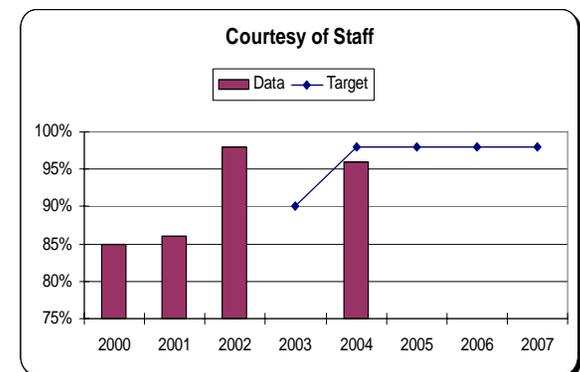
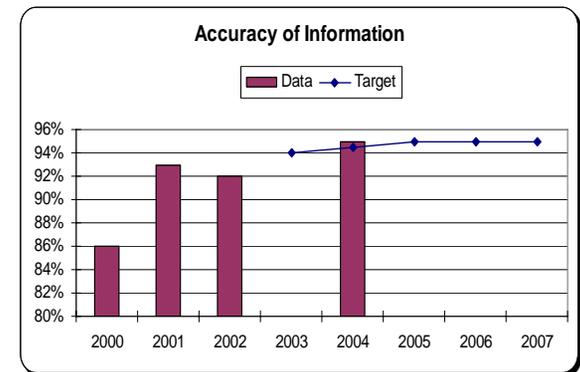
The below target outcome for Courtesy of Staff is primarily the result of line staff turnover. The OSBN call center staff has worked hard to train, isolate and eliminate inconsistencies in information given out to customers. Informational packets and forms are updated routinely with rule changes. Call center staff are encouraged to ask questions and suggest changes, refer to information materials, and to use each other and the supervisor as resources.

Summarize how actual performance compares to any relevant public or private industry standards.

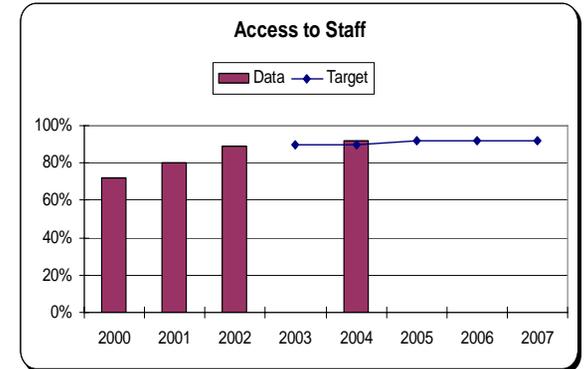
Benchmarks for targets specific to Accuracy of Information, Access to Staff and Courtesy, in a healthcare regulatory environment are unknown at this time. However, many organizations focus on similar “soundness of customer service TQM-IQ” models, which rate high to low: factors such as: usability, soundness, dependability and usefulness, as a measure of meeting consumer expectations related to information. Our measures, similarly, focus on customer expectations and experience.

What is an example of a department activity related to the measure? Ongoing training is a critical element to maintaining good customer service. All call center staff are sent to a mandatory “Customer Service” training session. Examples of the program agenda items included; seeing things from the customer’s point of view, meeting customer expectations, working with tough customers, becoming a problem solver, among others. In-house training on changes in rules, procedures, and technology also help staff maintain a high level of service.

What needs to be done as a result of this analysis?



Begin yearly surveys following DAS Customer Service format. Continue staff development training on customer service.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#2- Percent of all ACD (Automated Call Distributor) telephone calls answered by a live representative within 10 seconds.	Target					80%	90%	95%		
	Data		N/A	N/A	70%	71%	70%	70%		

Data Source:

Key Performance Measure Analysis

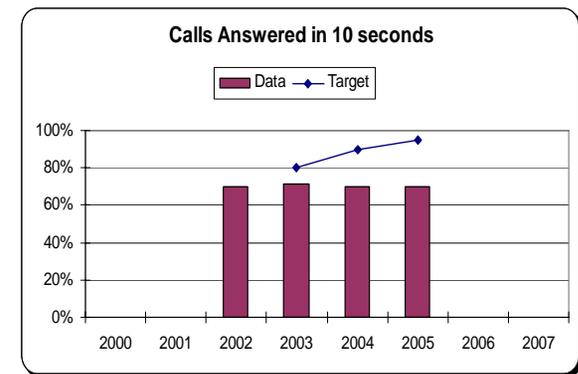
To what goal(s) is this performance measure linked? Excellent Customer Service: Responsiveness to Customers

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This performance measure was established to help measure the responsiveness to customers as an element of excellent customer service. Constituents want accountability and convenient services from state agencies.

This quality indicator may not be “sensitive” enough to measure any improvements in customer tolerance vs. service. Although the % of abandoned calls has decreased and stabilized from 2003 to 2005, this is not reflected within the 10 second measure. The Legislature has approved a revised performance measure for 2005-07 that measures the overall calls answered and not abandoned call rate, excluding the time constraint, expecting that this will be a better measure of customer satisfaction.



Compare actual performance to target and explain any variance.

The data shows that although the majority of calls are meeting the 10 second answer target, performance has remained static in this area because staffing has remained static. Staff vacancies and leave time affect this measure more than any other one other factor. In June 2005, DAS IRMD required OSBN to convert to a new telephone switch which then required us to convert our telephone ACD system to a new computer server and a new type of ACD software. The conversion was successful and equipment upgraded; however, reportable data regarding this performance measure, from January through June of 2005, was corrupted and lost during this transition. What is being reported is the first 6 months of the reporting period. It is unlikely that performance improved during that time, based on the trend. During the current legislative session, this PM was changed to a more sensitive measure which has extensive industry benchmarks. The new PM measures calls answered and not abandoned through the ACD system.

Summarize how actual performance compares to any relevant public or private industry standards.

Several standards exist in the call center industry. As an example, the Ritz Carlton answers calls within 20 seconds, with a 3% abandoned rate.

What is an example of a department activity related to the measure?

The best way to meet the goals for this performance measure is to provide adequate staffing for this function within the constraints of the agency’s budget. Breaks and lunches are “staggered” in order to maximize staffing at any given time during the day. During high call volume times, other licensing staff are asked to contribute to answering telephone calls.

What needs to be done as a result of this analysis?

Continued orientation, training and coaching makes each technician more efficient and able to move on to the next caller in a shorter length of time. Proposed change to measurement for 2006 as follows: Percent of all ACD calls (Automatic Call Distributor) telephone calls answered and not abandoned by a live representative.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#3- Percent of business days in which the license verification hotlines (telephone and internet) are, at close of business, current to the previous business day.	Target					99%	99%	99%	99%	99%
	Data		N/A	N/A	95%	94%	100%	93%		

Data Source:

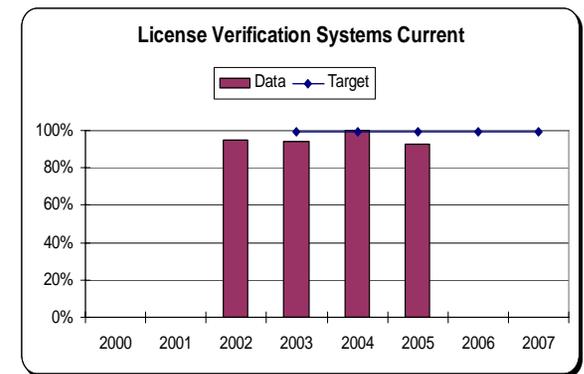
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Responsiveness to Customers

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Board of Nursing provides license verifications through an IVR (Interactive Voice Response) line, and an “On-Line” web-based verification lookup, which has a link on our OSBN website. These systems are designed to be automated, available 24/7, whereby employers can ensure that nurses and nursing assistants hold an active, valid license to practice. In order to be useful to the public, this information must be kept current. This performance measure was adopted to track our responsiveness to this important element of customer service and public safety.



Employers, licensees and other agencies need timely and up-to-date information available in order to do business efficiently.

Compare actual performance to target and explain any variance.

2005 data shows that Targets were nearly met. It is important to note that the IVR (telephone) component of this Performance Measure was met at 100%. The web-based lookup system was purposefully "downed" for 24 days, from 9/14/04 to 10/04/04 in order to complete a "rebuild" of the web lookup application, which now provides an instantaneous "live" lookup that is not dependant on daily updates. It has more built-in security and is more user friendly. The new, rebuilt system has worked well, with no significant down-time, since it was brought on-line.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

Customer Service representative do not have to instruct people to "wait" until tomorrow to see that their license is active. Once the license is active, or inactive in our database registry, it is reflected immediately on-line. OSBN has received very positive comments from employers and other users.

What needs to be done as a result of this analysis?

We will continue to monitor our processes to ensure our goals are met.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#4- Percent of renewal applications processed within 5 working days. (Defined as reviewing and either issuing the license or notifying the person of application deficiencies.)	Target					90%	95%	97%	97%	97%
	Data		N/A	N/A	35%	73%	58%	76%		

Data Source:

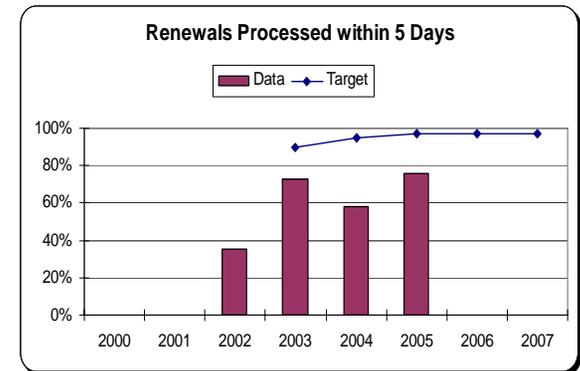
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Operational Effectiveness

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

In fiscal year 2005, 28,667 licenses were renewed by the Board of Nursing. Each license issued by the Board expires on the licensee’s birthday every two years. Renewal applications are reviewed for compliance with various practice requirements, and completeness. A LEDS (Law Enforcement Data System) check is performed on each renewal applicant and any discoveries of criminal background are investigated. Prior to establishing this performance measure, renewal processing times were measured on an “average” basis. Because of the large number of applications processed, the “average” was not as sensitive a measure as we desired. The current measure is more reflective of its link to customer service as each renewal “counts” against the total and either makes it within the standard of performance or does not.



Compare actual performance to target and explain any variance.

Overall progress from FY2004 to FY2005 was significant. Although the results are below targets, steady improvement can be seen. Technological process changes in 2004 are bearing fruit currently, which should result in major progress seen in 2006 data. 95% of the August 2005 renewals (2794) were processed within 5 business days. Exception processing for paper applications constitutes a major portion of the time spent on their processing and significantly impacts the timeliness of processing. The advent of the on-line renewal process has, and will continue to significantly impact our future results, since there is little exception processing in these type of applications.

Summarize how actual performance compares to any relevant public or private industry standards. The National Council of State Boards of Nursing reported in 2002 that the average time for processing renewal applications for 18 boards of nursing was 12 days for RN applications and 11 days for LPN applications.

What is an example of a department activity related to the measure?

Utilization of reports and daily debriefings to indicate backlogs and process flow has been beneficial.

What needs to be done as a result of this analysis? Past performance indicates that progress towards this goal must be monitored on a daily basis if progress is to be made. Continued orientation and cross-training with staff to backfill for absences, and other process improvements.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#5 - Percent of initial applications processed within 5 working days. (Defined as reviewing and either issuing the license, notifying the person of application deficiencies, or scheduling the person for testing.)	Target					75%	85%	97%	97%	97%
	Data		N/A	49%	52%	63%	79%	81%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Operational Effectiveness

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

In fiscal year 2005, 6,846 initial licenses were issued by the Board of Nursing. Each application has specific requirements based on the type of license and the type of application (whether they have practiced nursing in another state or if this is the first time they have been licensed.) Applications are reviewed for compliance with various educational and practice requirements and completeness. A LEDS (Law Enforcement Data System) check is performed on each applicant and any discoveries of criminal background are investigated. This performance measure is important in meeting customer service goals of the agency. In this time of acute nursing and nursing assistant shortages, timeliness in issuing new licenses directly impacts employers, patients, as well as the licensees.

Compare actual performance to target and explain any variance.

Steady progress and improvement has been made from FY2004 to FY2005. OSBN experienced a significant drop in performance for a 2 month period from Sept. 2004 to Oct. 2004 due to a vendor change for CNA testing. Since that transition, the initial testing performance has been at or above 85% for 6 out of 8 months.

Summarize how actual performance compares to any relevant public or private industry standards.

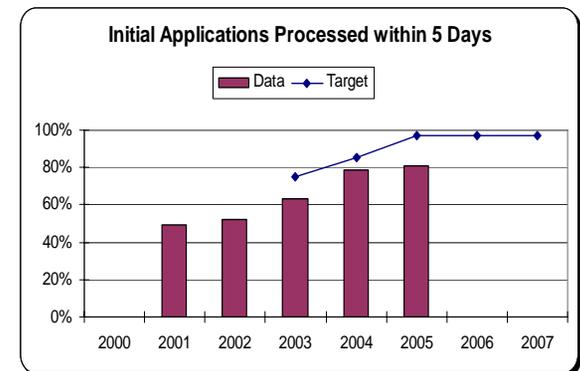
The National Council of State Boards of Nursing reported that in 2002 the average time for processing initial applications for 18 boards of nursing was 25 days for RN examination applications, 17 days for LPN examination applications, and 18 days for endorsement applications.

What is an example of a department activity related to the measure?

Automated CNA test results processing has been completed. A significant portion of “notification letters” were manually processed within acceptable timeframes, but not designated as such in the database, thus counting as a “not met”. This has been addressed.

What needs to be done as a result of this analysis?

Continue plans to cross-train staff to backfill for absences, and other process improvements. Continue to monitor.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2004- 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#6 – Average number of daily visits to agency web site.	Target					350	400	500	550	600
	Data		N/A	220	325	474	1055	1208		

Data Source:

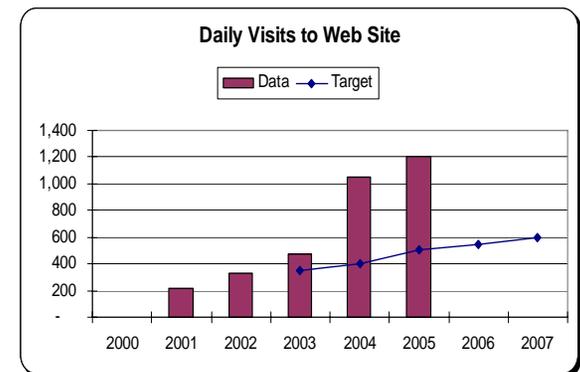
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Accessibility of Board Information to Constituents

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Board of Nursing relies on our website as a primary source of information to licensees, employers, and the public. The fact that we regularly exceed our target indicates that our audiences rely on our website to obtain the information they need and have confidence in its accuracy. This performance measure links to our customer service goals, particularly to accessibility of information. In an environment that changes constantly, those who access information through our web site are receiving more up-to-date information than those who rely on printed information, which can easily become out-of-date.



Compare actual performance to target and explain any variance.

As in 2004, the spike in 2005's figure is most likely attributed to our switch to the Brand Oregon design, and the revamping of the whole of Oregon's state agency websites (which offer more connectivity among agency websites).

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this, or similar activities.

What is an example of a department activity related to the measure?

The Public Information Officer regularly updates the website according to agency needs. In addition to general information, the site offers access to Oregon statutes and administrative rules governing nurses and nursing assistants, workforce statistics, a license verification program (discussed in PM #3), and the on-line license renewal program (discussed in PM #8.)

What needs to be done as a result of this analysis?

The data seems to indicate that the website is a trusted informational source for our audiences, and will only become more so over time. We plan to use this as an internal measurement in the future, as opposed to including it among Key Performance Measures.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#7 – Average number of people reached by informational presentations by staff per month.	Target					200	250	300	300	300
	Data		214	219	185	140	176	273		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Accessibility of Board Information to Constituents

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

An important activity for most of the nurses on the Board staff is the presentation of information to large and small groups around the state. Some of these presentations are in-services sponsored by employers; others are made to classrooms of student nurses. Direct contact with stakeholders is an important function of a regulatory agency, and this performance measure was established to track how well we accomplish that.

Compare actual performance to target and explain any variance.

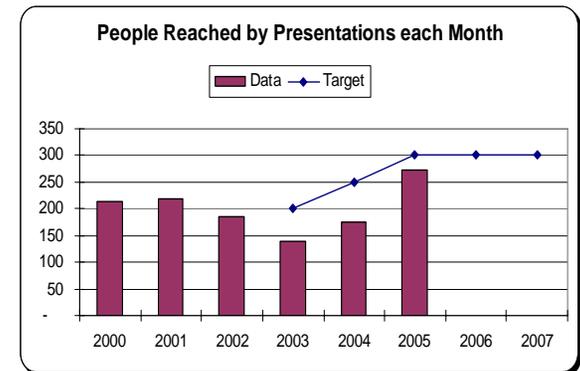
The agency nearly met the target, and showed marked improvement over 2004. The agency changed the way it recorded informational presentations in early 2004, creating more accurate statistics.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? In addition to individual presentations throughout the state, agency staff made two concentrated outreach tours, in Fall 2004 and in Spring 2005. The Fall 2004 Tour was a general outreach tour to the eastern, southern, coastal, central and metro-areas of the state. The Spring 2005 Tour focused mainly along the I-5 corridor.

What needs to be done as a result of this analysis?

A discussion will be conducted to evaluate the continued usefulness of this measure and possibilities for expansion.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004- 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#8 – Percent of e-commerce RN renewals compared to total RN renewals (implemented June 2004)	Target					10%	25%	50%	60%	70%
	Data		N/A	N/A	N/A	N/A	0.6%	29.91%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Efficiency of e-commerce operations

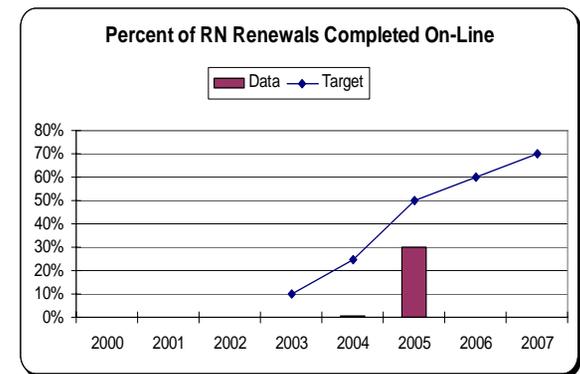
What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The ability to renew nursing licenses and nursing assistant certificates on-line was implemented June 15, 2004. This performance measure was adopted as one way to measure and improve customer service to licensees. Providing a more efficient, swifter renewal process to licensees and convincing them to use the process reduces costs and improves timeliness, which in turn improves customer satisfaction. Improvement in this performance measure will also positively impact measure #4, discussed previously.

Compare actual performance to target and explain any variance.

Although the agency didn't meet its stated goal of 50% of on-line RN/LPN renewals compared to total RN/LPN renewals, we are confident that we will meet the FY 2006 goal. The goals stated above were set in 2003, with the expectation that our on-line capabilities would be in place that Fall. Since on-line renewals didn't become available until June 2004, we are essentially a year behind where we thought we'd be. The strong progress we've made in recent months, however, indicates we are back on track—in June 2005 alone, 48.13% of all RN/LPN renewals were processed on-line.



Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities. Informal discussions with other state boards of nursing who have previously implemented on-line renewals suggest that a rate of 30% could be expected after the first year.

What is an example of a department activity related to the measure? We have asked employers to set aside computer stations for licensees who don't have computer access at home to use. The agency now distributes reminder postcards instead of paper renewal applications to those licensees who are due to renew within 60 days, thus encouraging on-line processing.

What needs to be done as a result of this analysis?

The high rate of internet-savvy, "wired" homes in Oregon may account for our initial success with this program. Future plans for increasing participation include continued publicity regarding the availability of on-line renewals through newsletters, renewal notices, and presentations.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#9 – Percent of cases investigated and referred to Board within 120 days of receipt of complaint. (Cases that do not require an extension.)	Target							98%	50%	60%
	Data				18%	31%	21%	29%		

Data Source:

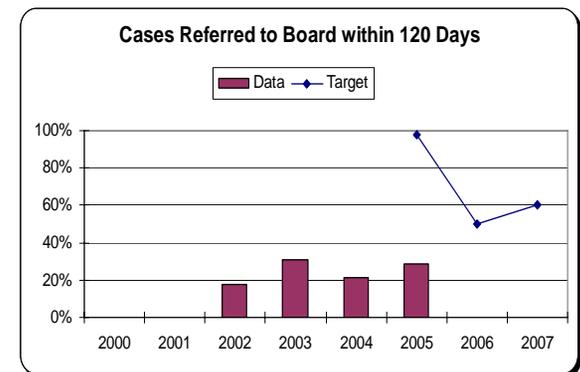
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Timeliness of complaint resolution

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This performance measure was selected to correlate with the requirements of ORS 676.165 which requires health professional regulatory boards to receive investigative reports from their staff within 120 days of receipt of the complaint. These cases involve complaints of poor nursing conduct or behavior. The complaints are made by patients, family members, co-workers and employers. The investigation of these complaints is critical to the Board’s mission of protecting the public by identifying and providing the basis for disciplining poor practitioners.



Compare actual performance to target and explain any variance.

The Board began using a new database in 2000 which now permits the Board to realistically track and analyze data related to case investigation timeframes. The target for this measure has historically been for 98% based on an ideal level of performance rather than on what could reasonably be achieved. Given our staffing resources, this target is overly ambitious and has yet to be attained. Accordingly, the Board has revised the previously stated measures for FY 2002 and FY 2003 on this point to reflect the improved information. The Board has also revised the target for the measure to be more realistic. Although we have achieved marked improvement in this measure, an 8% increase over last year, there is still much more improvement needed. The lack of staffing resources has been addressed through the 2005 Legislative session by the addition of two investigator positions. It is hoped that this will allow us to achieve our goal; however, it is too soon for these positions to have an impact on our ability to meet this goal.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

The Board investigated approximately 770 cases involving complaints of poor nursing practice in FY 2005. This is an increase of 10% over FY 2004 and an 18% increase over FY 2003 levels. The Board is continues to experience a severe backlog of cases due to the increasing number of cases and a lack of staffing to perform investigations. The Board is responsible not only for investigating these 700 complaint cases, but is also responsible for conducting criminal background checks on all applicants. This combines for a total of over 2,800 investigations conducted each year. Analysis shows that Board staff is already at a maximum capacity for individual investigators.

What needs to be done as a result of this analysis?

The Board obtained two new investigator positions during the 2005 Legislative session. Once these positions are filled and the individuals trained, the Board expects to not only see an improvement in meeting the 120-day goal, but also a steady decline in its backlogged cases.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10 – Percent of disciplined licensees with a new complaint within one year of Board closing original case with a disciplinary action. (“Repeat offenders” –Licensees who continue to receive complaints despite having been disciplined or remediated.)	Target							1%	1%	1%
	Data		3%	4%	3%	4.5%	1.5%	4.9%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of the investigative process, discipline and remediation actions.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The purpose of this performance measure is to judge the effectiveness of the Board’s disciplinary actions. Disciplinary actions include letters of reprimand, periods of probation, suspension, and revocation of licensure. The measure is based on the assumption that if a licensee is given appropriate remedial or disciplinary action that the underlying conduct issue will be positively resolved and no further complaints would be received.

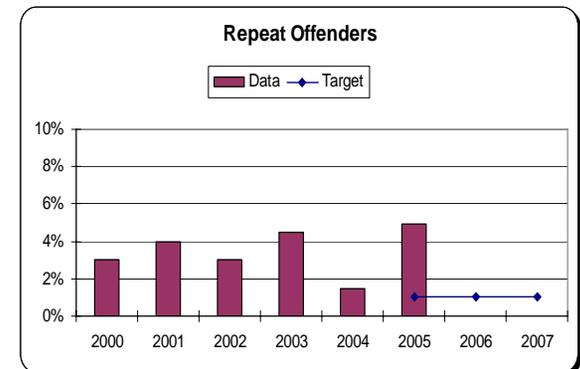
Compare actual performance to target and explain any variance.

The Board has seen an increase in the number of repeat offenders. In FY 2003 4.5% of offending licensees had new complaints lodged against them compared to only 1.5% for FY 2004. The 4.9% realized in FY 2005 is more in keeping with historic performance levels but represents a step backwards in achieving our goal. This increase is due in large part to the staffing shortage that has hampered the Board’s ability to fully investigate and resolve conduct complaints. As discussed in Performance Measure 9, the addition of two new investigator positions should help resolve this problem. The future target of 1% for FY 2006 is perhaps a bit ambitious given the time necessary to fill and train individuals for these new positions such that a decrease in this measurement would be realized in FY 2006. Nonetheless, it is a laudable goal and one the Board will strive to achieve.

Summarize how actual performance compares to any relevant public or private industry standards. The National Council of State Boards of Nursing survey (2002) of 12 state boards of nursing indicated that licensees with new complaints while under investigations was less than 1%.

What is an example of a department activity related to the measure? Many times an individual violates the Nurse Practice Act due to lack of knowledge rather than intent to harm another. The Board’s disciplinary approach includes the evaluation of competence and correction of deficiencies. Correction of deficiencies, when appropriate, should reduce recidivism, as should the removal from practice of those who cannot be remediated.

What needs to be done as a result of this analysis? The Board obtained two new investigator positions during the 2005 Legislative session. Once these positions are filled and the individuals trained, the Board expects to see a decline in recidivism as more in-depth root cause analysis for poor competency conduct can be conducted. Continued monitoring for trends among specific groups may point to additional steps that could be implemented in the future.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#11 – Percent of complaints that were resolved via stipulated agreement or default on notices in lieu of contested case hearing. (The respondent accepted the decision and/or action of the agency.)	Target					99%	99%	99%	99%	99%
	Data		98%	99%	99.5%	99.2%	98.9%	96.2%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness/efficiency of disciplinary process.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This measure is used to evaluate the effectiveness of the Board in resolving complaints against licensees. Complaints are either dismissed or resolved by stipulation or through the contested case process. Of these three avenues, resolution by hearing is the most time consuming and expensive.

Compare actual performance to target and explain any variance.

The overall purpose of the Board’s disciplinary action is to protect the public from poor practitioners. This is done on the basis of solid investigative work and discussing the issues with the licensee in question. The Board strives to find good solutions that are not only in the interest of the public but that also are fair and equitable to the licensee. As a result, the Board has a high number of cases that are resolved by stipulation or are not challenged by the licensee. Of the 212 cases in which the Board found it necessary to take some type of disciplinary action, only 8 required a hearing for resolution.

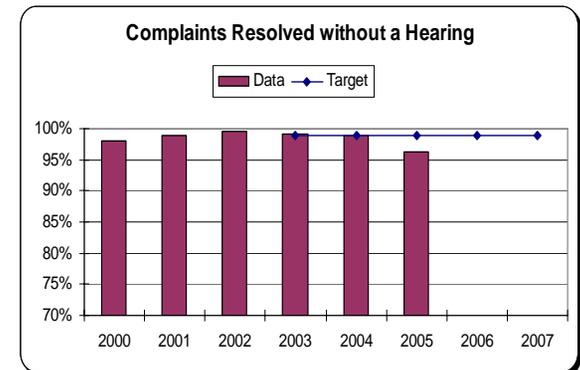
Summarize how actual performance compares to any relevant public or private industry standards.

No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? The Board uses a formal discipline model in its evaluation of each case it considers. A consistent approach to the application of discipline contributes to equitable resolutions.

What needs to be done as a result of this analysis?

This measure, coupled with measure number 10 above, indicates not only that the Board has found solutions that are deemed equitable by the licensee but that the solution has been effective in remediating or deterring poor nursing behavior.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#12 – Percent of successful participants in the 5-year Nurse Monitoring Program. (Participants who graduated or are still participating in the program in good standing.)	Target					80%	85%	90%	80%	80%
	Data		81%	79%	79%	75.6%	75.7%	78.5%		

Data Source:

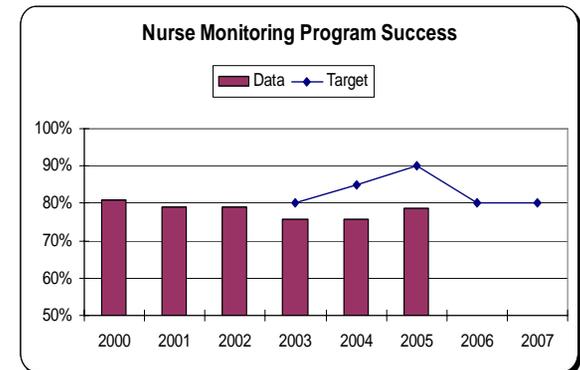
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of nurse monitoring program.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Nurse Monitoring Program is an alternative to disciplinary action for those licensees that have diagnosed chemical dependence, mental health or physical ailments which impair their ability to practice nursing safely. With appropriate treatment by health care providers and monitoring by the Board, these licensees may continue to practice nursing, although perhaps in a more limited manner, while continuing with their treatment or recovery. Licensees participate for up to five years after admission into the Program. This performance measure is used to evaluate the success rate of participants by either completing the Program or maintaining compliance with the requirements of the Program.



Compare actual performance to target and explain any variance. As noted below, the methodology used for this measure fails to adequately evaluate annual success rates, thus the figure only details whether the year was within the program’s historic norms. One would not expect a 5% increase in performance as set forth by the target absent rather extraordinary circumstances. No such extraordinary event occurred and the year’s figures are within the expected historical norms. Without changes in the methodology of the measure, one cannot ascertain a year’s particular success or failure. Until such time as the measure is fully revised, we will report using this methodology to determine if the program, overall, has been a successful means of rehabilitating nurses with impairment issues while maintaining public safety.

Summarize how actual performance compares to any relevant public or private industry standards. Although many states engage in similar activities, no industry standards are known of for this activity.

What is an example of a department activity related to the measure? All participants receive a level of monitoring appropriate to their current status in the program. A tailored, progressive system of monitoring, allowing for a learning process among participants, appears to improve success for the individual.

What needs to be done as a result of this analysis?

The Board has determined that the methodology used to compile this measure results in a number that reflects how well all participants who have ever been admitted into the Program have performed. Thus, although it is an indicator of the success of the Program from its inception, it fails to measure how well the Program has done in any particular year. As a result, the figures show a fairly static success rate.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)	Target	1999	2000	2001	2002	2003	2004	2005	2006	2007
#13 – Percent of all renewal applications that are processed through the Law Enforcement Data System (LEDS) and have any arrests, convictions, or other court actions recorded. (A successful screening process will reduce the number of repeat offenders licensed by the Board.)	Target					1%	1%	1%	1%	1%
	Data		2%	N/A	1.11%	1.15%	0.79%	1.09%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of LEDS screening.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Board performs LEDS inquiries on every applicant for initial licensure and again at the time of each renewal. The purpose of the LEDS screening is to identify those individuals who pose a risk, as evidenced by their criminal behavior, to the vulnerable patients that would come under their care.

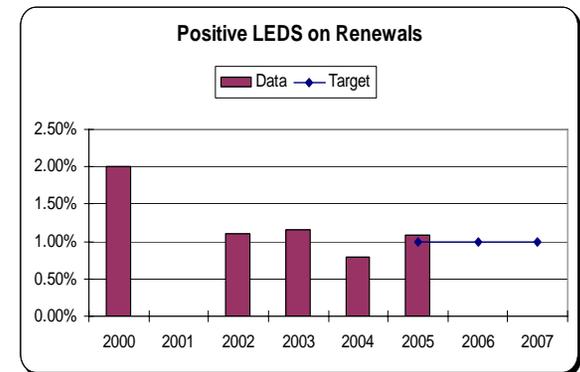
Compare actual performance to target and explain any variance.

LEDS checks run at the time of renewal indicate if the individual has continued any criminal activity after being licensed. It also indicates if the initial screening of the individual was appropriate. As a result, a lower performance measure number denotes a more successful initial screening. For this last fiscal year, the Board attained a mark of 1.09% of positive LEDS reports at renewal. This is up from 0.79% the prior year but is fairly consistent with prior years. The target set for next year at 1% thus seems reasonable. Licensees renew on a two year cycle, so the population to compare in 2005 last renewed in 2003. 2004 should be compared to 2002. In both cases, the percent of positive LEDS checks has dropped. In a application population of over 30,000, the 0.9% over our target equates to only 27 people.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? Every applicant whose LEDS report shows prior criminal activity is individually investigated and evaluated for licensure. Those individuals whose criminal records do not support the fitness requirements for nursing and pose too great a risk to the public are denied.

What needs to be done as a result of this analysis? At this time, the actions taken by the Board and its staff seem to be achieving the desired results. Continued monitoring for trends among specific groups may point to additional steps that could be implemented in the future.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#14 – Percent of RN programs with a passing rate above 85% on the national exam.	Target		100%	100%	100%	100%	100%	100%	100%	100%
	Data		81%	88%	94%	76%	77.78%	88.2%		

Data Source:

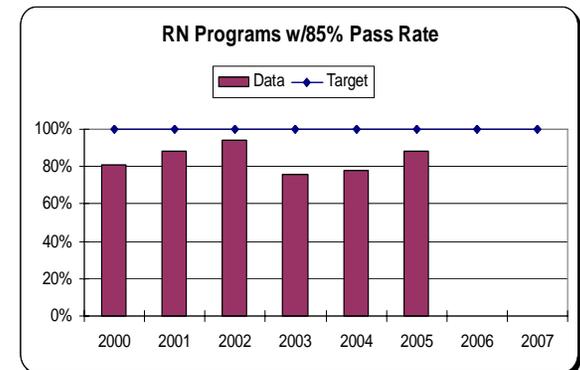
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Education Consultant Services.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

All RNs (Registered Nurses) licensed in the United States must pass a national exam called the NCLEX-RN. The Board of Nursing is responsible for approving nursing programs in Oregon, ensuring that students of approved programs will receive the education necessary to be successful on the national exam and be able to become licensed. Since the mid-1990's, the Board has required schools of nursing to provide a corrective action plan if the school's pass rate drops below 85% for more than a year. This performance measure was established to track how well schools are doing, which reflects on the quality of education nursing students are receiving. Since each school, regardless of size, is counted as one entity, the measurement data does not reflect the overall pass rate for RN candidates. There are currently 18 RN nursing programs in Oregon.



Compare actual performance to target and explain any variance.

Data for FY 05 demonstrates improvement in the percentage of RN programs with a passing rate above 85% on NCLEX-RN. Two nursing programs did not achieve the 85% NCLEX-RN pass rate during FY 05, the remainder did achieve this target. Although the percentage of nursing programs achieving an 85% or greater pass rate is below the target of 100%, the overall first-time NCLEX-RN pass rate for graduates of Oregon nursing programs is high (90.83%), or 2nd highest nationally. Nationally, the first-time NCLEX-RN pass rate is 86.15% for FY 05.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? All programs that demonstrate continuing low pass rates must present improvement plans to the Board. Although all affected programs have presented improvement plans, achieving the desired outcome (pass rate > 85%) often requires several years of implementation of the plan, e.g. when a change in program entrance criteria is an integral part of the plan to improve the pass rate of graduates. One program that has had difficulty achieving the benchmark for the past 4 years has significantly improved its pass rate for the graduating class of 2005.

What needs to be done as a result of this analysis?

Plan of Action:

- a. Continue to monitor this performance measure to show trends in the performance of Oregon graduates from RN programs.
- b. Closely monitor nursing programs that fail to achieve the 85% or higher pass rate standard.
- c. Collect data to identify possible correlating factors to continued low program pass rates.
- d. Use data to help develop evidence-based education rules.
- e. Explore potential Board actions/requirements for programs with continued low NCLEX pass rates.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2004– 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#15 - Percent of LPN programs with a passing rate above 85% on the national exam.	Target		100%	100%	100%	100%	100%	100%	100%	100%
	Data		100%	100%	100%	100%	100%	100%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Education Consultant Services.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

All LPNs (Licensed Practical Nurses) licensed in the United States must pass a national exam called the NCLEX-PN. The Board of Nursing is responsible for approving nursing programs in Oregon, ensuring that students of approved programs will receive the education necessary to be successful on the national exam and be able to become licensed. Since the mid-1990's, the Board has required schools of nursing to provide a corrective action plan if the school's pass rate drops below 85% for more than a year. This performance measure was established to track how well schools are doing, which reflects on the quality of education nursing students are receiving. Since each school, regardless of size, is counted as one entity, the measurement data does not reflect the overall pass rate for PN candidates. There are currently 7 LPN nursing programs in Oregon.

Compare actual performance to target and explain any variance.

With a first-time pass rate of 99.63%, Oregon ranks #3 in NCSBN (National Council of State Boards of Nursing) member jurisdictions for NCLEX-PN. It is interesting to note, however, that the Oregon pass rate is based on 272 candidates, whereas the total number of candidates for the two jurisdictions achieving a higher pass rate (100%) is 29 (1 in Northern Mariana Island and 28 in Maine).

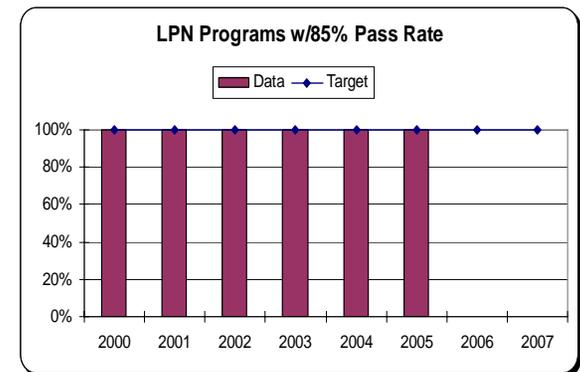
All LPN nursing programs in Oregon continue to achieve an 85% pass rate. All but one of the LPN programs in Oregon are part of "ladder" programs: The LPN program is the first year of an RN nursing program. This means that the students must be accepted as RN candidates by the school in order to be enrolled in the LPN program. The one "stand alone" LPN program is relatively new, so comparisons between types of LPN programs is premature.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this, or similar activities.

What is an example of a department activity related to the measure? All programs that demonstrate continuing low pass rates must present improvement plans to the Board.

What needs to be done as a result of this analysis?

As stand-alone PN programs develop and expand, we intend to compare NCLEX-PN performance with that of graduates of current programs.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#16 - Percent of nursing assistant programs with a passing rate above 85% for both written and skill examinations.	Target					95%	95%	95%		
	Data		45%	72%	74%	78%	74%	40%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Assistant Program Consultant Services.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The nursing assistant certification examination is a measurement of a candidate’s essential knowledge, skills, and abilities in regards to the role and duties of a nursing assistant. One quality indicator of nursing assistant training is the percentage of candidates who are successful on the state certification examination. Data collected, whether good or bad, reflects the quality of training that nursing assistant candidates are receiving in Oregon which ultimately impacts both the quality of care of Oregonians and the financial burden of employers and candidates.

Compare actual performance to target and explain any variance.

We have not met the current goal; however, analysis of the data has given us extensive insight into factors affecting performance. The percentage of nursing assistant training programs with a passing rate above 85% for both the written and skill portions of the examination for FY2005 is 40%. 58% of the nursing assistant training programs have a passing rate above 75% and 72% have a passing rate above 65% for both the written and skill portions of the examination. The target, set in 2002, is 95%. The target was originally determined based on data that has since been revised. While our goal is still to have all training programs reach the 85% pass rate, the obstacles to this continue to make 95% unrealistic in the near future.

The barriers challenging the programs’ pass rates include:

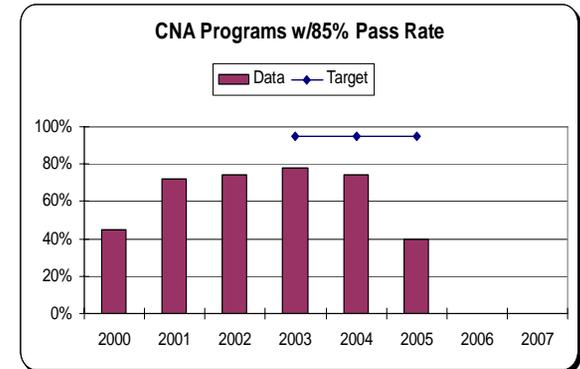
- A decrease in the number of experienced instructors due to the nursing shortage.
- An increase in the number of responsibilities added to the instructor role so there is less time to concentrate on the training.
- An increase in the turnover of instructors within the programs - FY 2005 had 71 Primary Instructors approved and 94 Clinical Instructor/Preceptor(s) approved compared to FY 2004 which had 49 Primary Instructors approved and 48 Clinical Instructor/Preceptor(s) approved.
- New certification exam as of October 2004- Traditionally, there is a decrease in the pass rate the first year after a new test is implemented as noted in FY 2000.
- Limited train-the-trainer courses available.
- An increase in the number of students where English is a second language.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? Instructor orientations and monthly newsletters have been effective in communicating standards to instructors.

What needs to be done as a result of this analysis?

- Investigate challenges to ESL students and what we can do to help
- Research opportunities for train-the-trainer classes
- Change policy to require the train-the-trainer before approval of instructor



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#17 – Percent of agency Administrative Rules that are periodically reviewed and evaluated within 3 years (statutory requirement) for unnecessary barriers that might prevent eligible nurses/nursing assistants from practicing nursing in Oregon.	Target			80%	85%	90%	95%	100%	90%	90%
	Data		67%	85%	70%	81%	80%	67%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Regulate in a manner that sustains a maximum number of nurses available to the workplace without jeopardizing public safety: Effectiveness of Board’s commitment to evidence-based regulation.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This measure documents the agency commitment to reviewing their rules to ensure that agency regulations do not present undue barriers to the practice of nursing in the state. It reflects the Board’s commitment to guard against limiting access to nursing services by setting unnecessarily high or inappropriate standards. Professional regulation should be explicit enough to achieve the agency’s mission of public safety while allowing the flexibility of the profession to respond to rapid social, political and economic changes.

Compare actual performance to target and explain any variance.

The agency met the goal of the three-year review in regard to examining its rules for unnecessary barriers for 67% of its administrative rules, but did not reach the target goal of 95%. However, this performance goal does not reflect the fact that although the agency did not do a comprehensive review of all scheduled divisions, in several cases it made minor changes in the rule chapter in response to specific issues that were brought to the Board’s attention during the year. In addition, in several cases, review is underway and task forces are meeting, but the work had not been completed by end of FY 2005. Finally in some cases, no stakeholders had raised any questions or concerns so the agency determined to spend its time and resources with other rule chapters that had more urgent public policy interests.

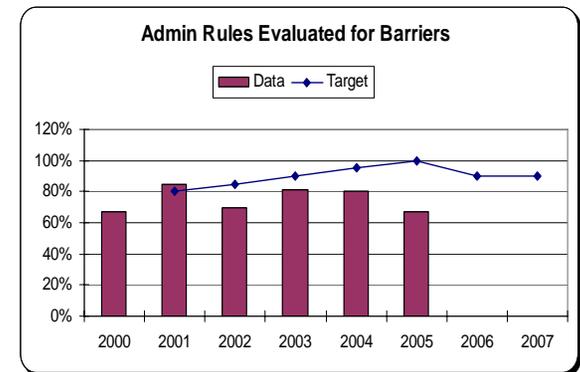
Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

The Board is working on a periodic review of the rule chapter that addresses the standards and scope of practice for registered nurses and licensed practical nurses and what constitutes conduct derogatory to the practice of nursing. This review has generated a great deal of interest among a variety of stakeholders in the state. A series of statewide presentations were conducted in the Summer of 2005 and a task force has been established. The Board is committed to taking as much time as necessary with this rule revision to ensure that all stakeholder voices are heard and considered.

What needs to be done as a result of this analysis?

The Board needs to develop a tracking sheet for monitoring the year each administrative rule chapter is due for a comprehensive review to ensure that the review is completed in a timely manner. The Board needs to continue moving towards a model of evidence-based regulation and use evidence-based information and research to inform the development and application of regulatory rules and practices.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#18 – Percent of emerging public policy issues resolved within 6 months of coming to the Board’s attention.	Target					100%	100%	100%	90%	90%
	Data		N/A	75%	78%	80%	80%	83%		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Regulate in a manner that sustains a maximum number of nurses available to the workplace without jeopardizing public safety: Responsiveness to constituents for Board policy direction.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This performance measure documents the agency’s commitment to collaboration and partnerships. It reflects the agency’s belief that the public has a legitimate interest in its affairs and that the agency is responsive and timely to constituent’s needs within the regulatory framework.

Compare actual performance to target and explain any variance.

The agency met its goal 83% of time and is trending toward the 2005 goal. Since the Board only meets five time a year (February, April, June, September and November) to deliberate on public policy issues, the agency continues to question whether the six-month timeline is realistic. Usually an issue is brought to the Board’s attention at one meeting, and then it takes 1-2 additional meetings to gather information, establish a task force, receive its recommendations and schedule a public hearing on the issues. This time sequence can take up to six months or more but it results in maximum public notification and comment.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this, or similar activities.

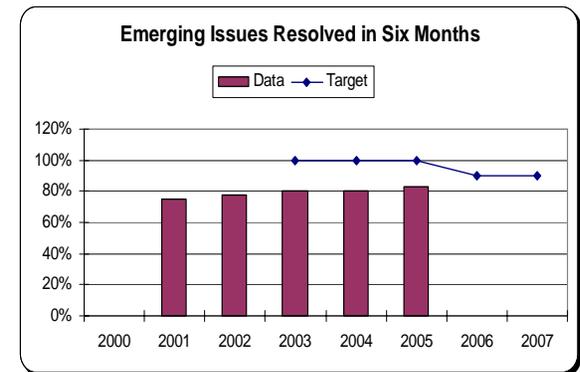
What is an example of a department activity related to the measure?

The Board was asked to take a position on a legislative bill scheduled for a legislative hearing between board meetings. The Board noticed a public meeting and held a Board meeting via conference call to discuss the issue in order to be responsive to their request.

On two occasions the Board was asked by two different nursing organizations to consider revising their rules to correct a barrier to practice for the advanced practice nurses. In both situations, the Board was able to determine that there was no opposition to these revisions, that the revisions were consistent with the Board mission, and consequently the Board was able to revise their rules within a five month period of time to be responsive to their request.

What needs to be done as a result of this analysis?

The agency needs to continue to create a nimble organization that allows it to respond in a timely manner to public policy issues that come before it, while still offering adequate opportunities for public participation by all stakeholders. The agency should look at using different methods of technology (i.e. teleconferencing of Board meetings/committees, web-based surveys, etc.) as a means of quickly gathering information/feedback from stakeholders on public policy issues. The agency is also exploring a framework to guide the dialogue and deliberations of public policy issues. Finally Board agendas should reflect that the majority of Board meeting time is taken up with dialogue, deliberation and decision making about issues of strategic direction and/or policy.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2004 – 2005

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#19 – Number of basic RN students graduated from Oregon nursing education programs and practicing in Oregon.	Target					750	800	900	900	950
	Data		681	609	700	740	705	999		

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Effectiveness of joint efforts of the agency, statewide educators & business community to address nursing shortage.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The statewide, nationwide, worldwide nursing shortage presents a significant public safety issue to Oregonians. Within the workplace, a shortage of qualified staff not only means that there aren't enough nurses to give patient care, but that more errors can be made by overstressed, overstretched people. In the past, most of the nurses licensed in Oregon had been educated in other states but then choose to come to Oregon to work. With a worldwide shortage, Oregon cannot count on receiving enough nurses from other states and countries to fill its needs. The Board of Nursing, in partnership with others representing education, labor, and employers of nurses, is working to increase the number of new nurses "made in Oregon." This performance measure measures the effectiveness of joint efforts to address the nursing shortage. The nurses measured here both graduated from Oregon nursing programs and were licensed and are practicing in Oregon. Graduates who leave the state or do not have Oregon licenses are not counted.

Compare actual performance to target and explain any variance.

The target of 900 nurses from Oregon nursing education programs was achieved and exceeded. This reflects significant recruiting and enrollment effort on the part of a number of different groups: colleges and universities, regulatory agencies, including OSBN, the Oregon Nursing Leadership Council, and the Oregon Center for Nursing. Nearly all nursing programs in Oregon have increased enrollment within the past two years. Many of these graduates will apply for RN licensure in FY 06. Two new baccalaureate nursing programs will be enrolling students during FY 06; these students can be expected to graduate and apply for licensure in FY 07.

Two conditions must be met for a licensee to be counted in this data: 1) graduation from an Oregon RN program and 2) licensure within the fiscal year. Many of the licensees reflected in the numbers for FY 05 actually graduated in FY 04, but the majority of graduates do not take the national exam and become licensed until after June 30th.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

The Board, as well as other nursing community partners, will continue to monitor trends.

What needs to be done as a result of this analysis?

Initiatives are in process to further expand the capacity of nursing schools and increase the number of available nursing faculty members. The Board will continue to find ways to break down educational and licensing barriers, while maintaining the high standards of education and licensure currently found within Oregon.

