

# OREGON STATE BOARD OF NURSING

## Annual Performance Progress Report (APPR) for Fiscal Year 2005-06

2007-09 Budget Form 107BF04c

Due: September 30, 2006

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To obtain additional copies of this report, contact Pat Miles of Oregon State Board of Nursing at 800 NE Oregon St, Ste 465, Portland, OR 97232, (971)673-0640, or visit [http://www.oregon.gov/DAS/OPB/GOVresults.shtml#Annual\\_Performance\\_Reports](http://www.oregon.gov/DAS/OPB/GOVresults.shtml#Annual_Performance_Reports).

### 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.

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# ABOUT THIS REPORT

## Purpose of Report

The purpose of this report is to summarize the agency's performance for the reporting period, how performance data are used and to analyze agency performance for each key performance measure legislatively approved for the 2005-07 biennium. The intended audience includes agency managers, legislators, fiscal and budget analysts and interested citizens.

1. PART I: EXECUTIVE SUMMARY defines the scope of work addressed by this report and summarizes agency progress, challenges and resources used.
2. PART II: USING PERFORMANCE DATA identifies who was included in the agency's performance measure development process and how the agency is managing for results, training staff and communicating performance data.
3. PART III: KEY MEASURE ANALYSIS analyzes agency progress in achieving each performance measure target and any corrective action that will be taken. This section, the bulk of the report, shows performance data in table and chart form.

## KPM = Key Performance Measure

The acronym "KPM" is used throughout to indicate **Key Performance Measures. Key performance measures are those highest-level, most outcome-oriented performance measures that are used to report externally to the legislature and interested citizens. Key performance measures communicate in quantitative terms how well the agency is achieving its mission and goals. Agencies may have additional, more detailed measures for internal management.**

## Consistency of Measures and Methods

Unless noted otherwise, performance measures and their method of measurement are consistent for all time periods reported.

# TABLE OF MEASURES

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.

2005-07 KPM#	2005-07 Key Performance Measures (KPMs)	Page #
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# 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: Pat Miles	Phone: 971-673-0640
Alternate: Joan Bouchard	Phone: 971-673-0639

## 1. SCOPE OF REPORT

- Most major agency programs and services are addressed by these key performance measures: customer service, investigative and disciplinary functions, and consulting with education and training programs.
- Some important agency services are not addressed by these key performance measures, although they are addressed by internal agency measurements: the Nurse Monitoring Program; the Licensing and Certification process; consulting services for specific license types; and administration/business functions such as fiscal, payroll, personnel and budgeting,

## 2. THE OREGON CONTEXT

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. We partner with many organizations in order to achieve our mission: the Oregon Nursing Leadership Council (ONLC), the Oregon Nurses Association (ONA), the Oregon Center for Nursing (OCN), numerous health care organizations and agencies, state universities and community colleges, and consumers of nursing care. Our goal is to protect the public by ensuring that only safe and competent nurses are allowed to practice and we continually seek new and innovative mechanisms to effectively and efficiently provide excellence in nursing regulation in Oregon.

## 3. PERFORMANCE SUMMARY

KPM Progress Summary	Key Performance Measures (KPMs) with Page References	# of KPMs
KPMs MAKING PROGRESS at or trending toward target achievement	TIMELY CUSTOMER SERVICE (page 5), LICENSE VERIFICATION INFORMATION CURRENT (page 7), E-COMMERCE PARTICIPATION (page 9), TIMELY RESOLUTION OF COMPLAINTS (page 11), REDUCTION OF RECIDIVISM (page 13), RN EXAM PASS RATE (page 17), LPN EXAM PASS RATE (page 19), INCREASE RN POPULATION IN OREGON (page 23), CUSTOMER SERVICE (Overall)(page 25), CUSTOMER SERVICE (page 25)	10
KPMs NOT MAKING PROGRESS not at or trending toward target achievement	MINIMAL CONTESTED CASE HEARINGS (page 15), CNA EXAM PASS RATE (page 21)	2
KPMs - PROGRESS UNCLEAR target not yet set		
Total Number of Key Performance Measures (KPMs)		12

# 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.

## 4. CHALLENGES

- In the midst of an escalating nursing shortage, unique demands are placed on the agency to get nurses licensed and on the job as quickly as possible. Recruiting an adequate number of well-trained, consistent staff and providing adequate technological resources are a major challenge.
- An increased number of complaints and an increase in the complexity of complaints has made it impossible for our investigative department to resolve complaints within a 120 day time limit. Resolution of this problem is paramount for public safety.
- The nursing shortage is putting increased pressure on Oregon nursing education programs to graduate more students. Challenges are numerous – including lack of faculty, lack of classroom capacity and lack of sites for clinical experiences. These issues need to be addressed before we can significantly increase the number of new nurses in Oregon.

## 5. RESOURCES USED AND EFFICIENCY

The agency budget for fiscal year 2006 was: \$4,338,599. Actual expenditures were: \$ 3,796,475.

The first 4 KPMs are efficiency measures:

1	TIMELY CUSTOMER SERVICE - Percent of all ACD calls ( Automatic Call Distributor) telephone calls answered by a live representative and not abandoned by the caller.
2	LICENSE VERIFICATION INFORMATION CURRENT - Percent of business days in which the license verification hotlines (telephone and internet) are, at close of business, current to the previous business day
3	E-COMMERCE PARTICIPATION - Percent of e-commerce RN renewals compared to total RN renewals
4	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.

The first 3 achieved results at or above their targets. We are making progress on the Timely Resolution of Complaints, but improving the efficiency of the operation must be balanced with the effectiveness of the process: pushing through investigations without regard to due process and complete information may improve efficiency, but will not serve either the public or the licensee.

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**The following questions indicate how performance measures and data are used for management and accountability purposes.**

<p>1 INCLUSIVITY Describe the involvement of the following groups in the development of the agency’s performance measures.</p>	<ul style="list-style-type: none"> <li>• Staff: One quarter of the agency staff was involved in developing the agency’s original performance measures. Five managers were involved: Licensing, Investigation, Nursing Education and CNA Consultants, Public Information Officer, and Business Manager were responsible for gathering data and writing specific narratives</li> <li>• Elected Officials: Member of Ways and Means reviewed, eliminated, added, and changed proposed measures during the 2005 Legislative Session.</li> <li>• Stakeholders: Stakeholders were involved with the Customer Satisfaction performance measures and nursing education measurements.</li> <li>• Citizens: Various members of the public were involved with KPM#10 relating to the nursing shortage.</li> </ul>
<p>2 MANAGING FOR RESULTS How are performance measures used for management of the agency? What changes have been made in the past year?</p>	<p>The management team makes program decisions based on performance measurement data. Performance measurements are used to identify causes of lower than expected results and institute corrective actions to improve performance. For example, as a result of difficulties in achieving our goals in timely resolution of complaints, the Board sought, and was given, the authority to hire more investigators this biennium. The need for frequent monitoring of performance measure data has led to the development of more management data tools as well.</p>
<p>3 STAFF TRAINING What training has staff had in the past year on the practical value and use of performance measures?</p>	<p>This year we began discussions with work units in developing internal performance measures for each unit’s processes. This is a multi-year project intended to ultimately provide both early detection of problems and detailed data that can be used in analyzing agency-wide measures.</p>
<p>4 COMMUNICATING RESULTS How does the agency communicate performance results to each of the following audiences and for what purpose?</p>	<ul style="list-style-type: none"> <li>• Staff: Performance measure results are shared with staff at manager and departmental meetings. Information is used to help prioritize workload on a daily basis.</li> <li>• Elected Officials: Results are communicated through annual reporting and budget presentations for the purpose of informing Officials about agency priorities and operations.</li> <li>• Stakeholders: Depending on the stakeholder, results are provided by direct reporting of specific data. For example, schools and training programs receive pass rate data in order to improve their individual performances.</li> <li>• Citizens: Annual reports are primarily provided through our web site. Individual data is also provided as requested.</li> </ul>

### III. KEY MEASURE ANALYSIS

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.

KPM #01	TIMELY CUSTOMER SERVICE - Percent of all ACD calls ( Automatic Call Distributor) telephone calls answered by a live representative and not abandoned by the caller.		Measure since: 2005
<b>Goal</b>	Excellent Customer Service: Responsiveness to Customers		
<b>Oregon Context</b>	Mission		
<b>Data source</b>	ACD computer program statistics.		
<b>Owner</b>	Customer Service Center, DeWayne Hatcher, 971-673-0659		

**1. OUR STRATEGY**

OSBN uses an Automatic Call Distributor (ACD) to ensure call-in customers are served promptly. Excellent customer service is an essential element in the relationship between the Board, its licensees, and the public. Answering calls promptly is the first step in providing excellent service.

**2. ABOUT THE TARGETS**

The targets are set high, as we desire most, if not all, calls to be answered by our staff. We do not set the target at 100%, however, as the only way to achieve that is to overstaff the call center, and we must balance our use of resources.

**3. HOW WE ARE DOING**

OSBN met the calls answered and not abandoned target of 95%. Performance dipped marginally below 95% (less than 1%) during Sept 05 through Feb of 06, but recovered to meet the overall target at 95.1% for the reporting period.

**4. HOW WE COMPARE**

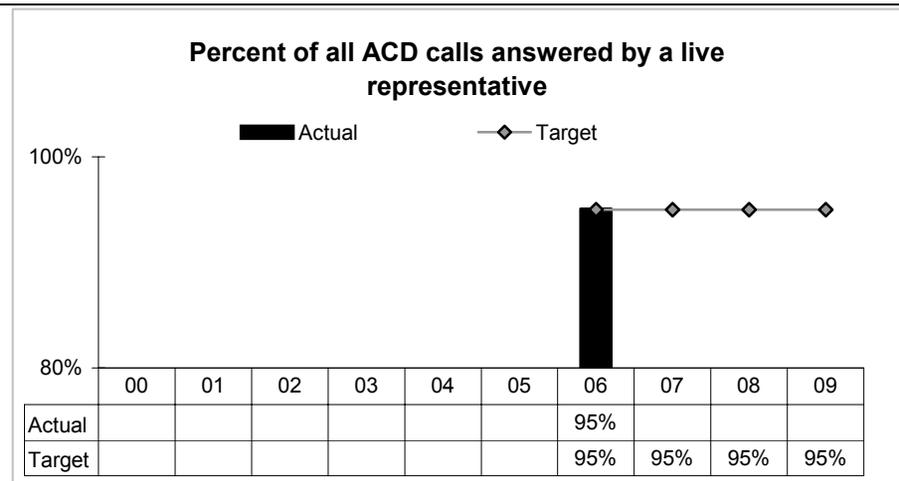
Benchmarks include the International Customer Service Institute, who uses a 5% abandoned call rate (95% answered) as its target, as well as the Vermont Department of Public Service and the Washington Utilities and Transportation Commission. Widener University in Pennsylvania has benchmarked the average abandoned call rate at 5.58 %.

**5. FACTORS AFFECTING RESULTS**

Staff vacancies and leave time affect this measure more than any other factor. Significant turnover occurred in mid-FY06 in both the call center and the licensing and certification unit, which impacted performance until recruitment and training were completed for the vacancies.

In June 2005, OSBN converted to a new computer server and a new type of ACD software. The new software allows call center representatives to monitor call volumes and individual performance from their desktops, which allows them to respond immediately to call volume issues.

**6. WHAT NEEDS TO BE DONE**



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Data will continue to be monitored for trends. Current staffing levels must be maintained, and short- and long-term absences managed proactively to avoid performance problems.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. During the software conversion on July 15, 2005, historical data from the replaced ACD system was deemed unrecoverable. The data for this fiscal year covers July 15<sup>th</sup>, 2005 to June 30, 2006. Management reports are now available on demand, and can be requested at the daily, weekly, monthly, or yearly level.

### III. KEY MEASURE ANALYSIS

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<b>KPM #02</b>	<b>LICENSE VERIFICATION INFORMATION CURRENT - Percent of business days in which the license verification hotlines (telephone and internet) are, at close of business, current to the previous business day</b>	<b>Measure since: 2002</b>
<b>Goal</b>	Excellent Customer Service: Responsiveness to Customers	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	Computer audit logs.	
<b>Owner</b>	Information Technology, DeWayne Hatcher, 971-673-0659	

**1. OUR STRATEGY**

Employers, licensees and other agencies need timely and up-to-date information on license statuses in order to do business efficiently and fulfill public safety requirements. The Board of Nursing provides license verifications though 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.

**2. ABOUT THE TARGETS**

Everyone using our verification systems expects to receive current information. These consumer reporting systems are highly utilized and have a direct correlation to public safety; therefore we strive to keep our information current more than 99% of the time.

**3. HOW WE ARE DOING**

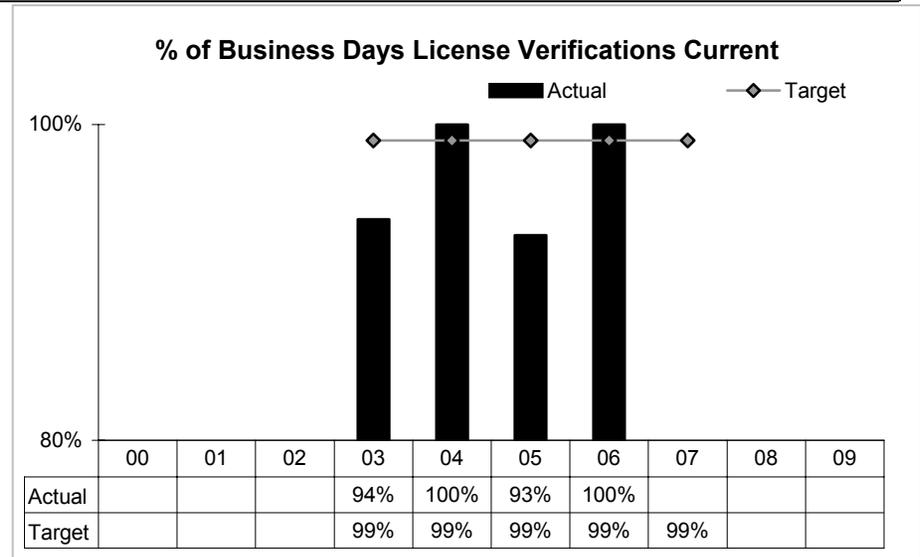
2006 data shows that Targets were exceeded at 100%. There were no days in this reporting period when either system was reported disabled for more than a few hours for updates or programming changes.

**4. HOW WE COMPARE**

At this time we know of no other benchmarks.

**5. FACTORS AFFECTING RESULTS**

Changes and problems in technology can affect results. For example, in FY 2005, a security problem with the web lookup program, maintained in Salem, was identified and the system was taken down for 24 days while the problem was corrected. On the positive side, the automated system ensures that the web based system is consistently up to date, illustrated in the change in results from FY03 during which the system was implemented, to FY04 when the system was fully functional for the entire year.



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**WHAT NEEDS TO BE DONE**

The tight correlation between technology and our ability to provide this service means that we need to keep the operation of those systems as our highest technology priority. This function has been selected as our first Business Continuity Planning function. Our goal is that this function will never be down more than 2 days, even in an emergency.

**6. ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. The status of updates to our system is monitored by daily computer log files and customer feedback. The data is compiled by noting any days the updated information is not available.

### III. KEY MEASURE ANALYSIS

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<b>KPM #03</b>	<b>E-COMMERCE PARTICIPATION - Percent of e-commerce RN renewals compared to total RN renewals</b>	<b>Measure since: 2002</b>
<b>Goal</b>	Excellent Customer Service: Efficiency of e-commerce operations	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	Web software/licensing database query.	
<b>Owner</b>	Licensing and Certification, DeWayne Hatcher, 971-673-0659	

**1. OUR STRATEGY**

OSBN launched an on-line renewal application on 6/15/2004. Use of the on-line application instead of a mailed-in, paper form, reduces processing time, reduces delays caused by the mailing process, improves data integrity, and is more sustainable due to the reduced paper needed. An efficient e-commerce operation will lead licensees to use the system.

**2. ABOUT THE TARGETS**

The highest percentage of utilization possible is desired, however we understand that 100% utilization will not be possible until paper forms are no longer available as an option.

**3. HOW WE ARE DOING**

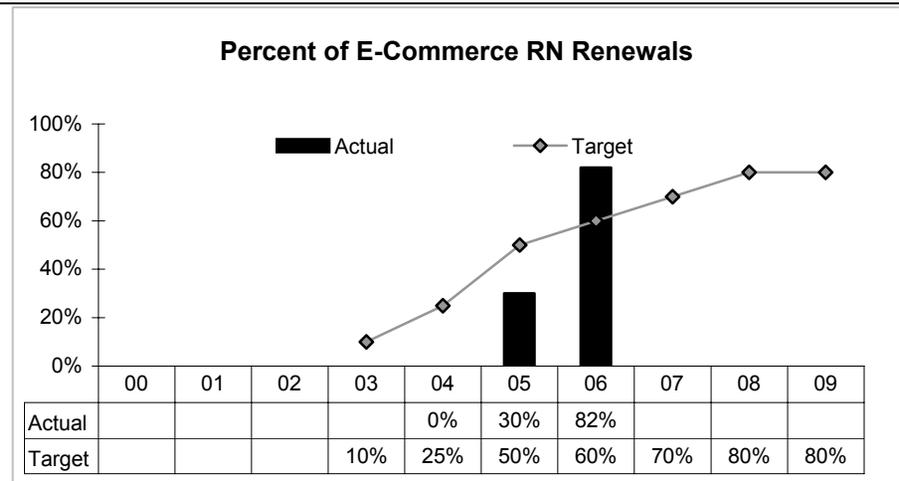
In FY 2006, we received 14,832 RN renewal applications through e-commerce, while only 3,313 were submitted on paper forms, resulting in an 82% adoption rate. The percentage adoption rate for all license types was 76%. Our target of 60% utilization in 2006 was met and exceeded. These rates continue to improve in FY 2007.

**4. HOW WE COMPARE**

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, with an increase to 60-70% in subsequent years.

**5. FACTORS AFFECTING RESULTS**

Initially, participation was encouraged through inserts in renewal form packets, newsletter articles, and the OSBN web site. This resulted in an adoption rate of only about 30%. In the spring and summer of 2005, we began mailing postcard reminders instead of renewal forms for all licensees living in the U.S. Licensees were given the option of renewing on-line, downloading a paper form from the internet, or calling the OSBN office to request a paper form. This resulted in a dramatic increase in participation.



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Currently, applicants who disclose disciplinary or other issues which need further evaluation are still processed by exception through a paper application process. This affects about 5% of our licensees, and creates a barrier to full participation.

**6. WHAT NEEDS TO BE DONE**

As with any technology, we continue to identify problems and potential improvements to the system. Currently we are in the process of identifying and prioritizing changes needed in the program that should reduce user frustrations and further improve our e-commerce adoption rate.

**7. ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. Statistics are available through date-range reports in our licensee database. When first developed, these reports were reconciled with hand-computed data to ensure accuracy.

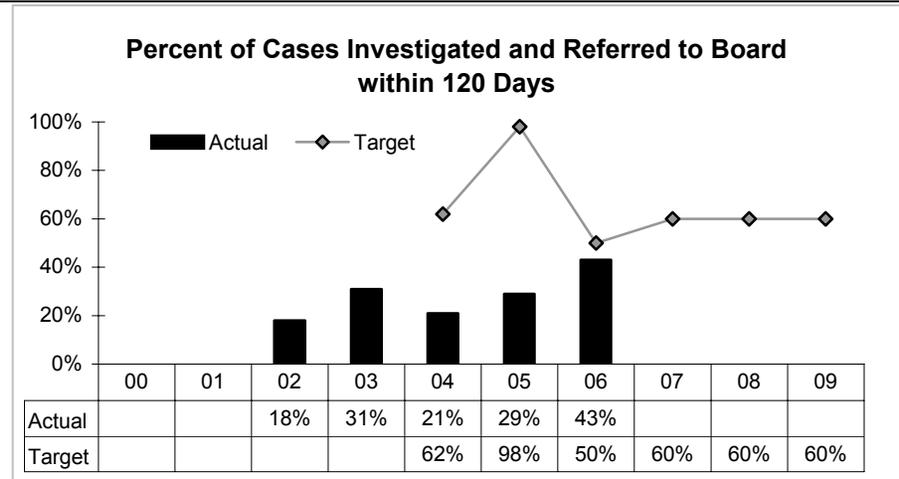
### III. KEY MEASURE ANALYSIS

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<b>KPM #04</b>	<b>TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.</b>	<b>Measure since: 2003</b>
<b>Goal</b>	Ensure the safety of those Oregonians who are cared for by nurses: Timeliness of complaint resolution	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	Database query, board meeting documents	
<b>Owner</b>	Investigations and Compliance, Kim Cobrain, 971-673-0648	

**1. OUR STRATEGY**

The Board staff seeks to complete its investigations and report to the Board in as timely a manner as possible. Board staff is responsible for 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 was established in 1997 by the Legislature in enacting ORS 676.165. It provides that all complaints received by the Board regarding nursing conduct must 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 time period beyond the 120 days, the Board uses the base requirement as a means of indicating how efficiently we are able to process complaints.



**2. ABOUT THE TARGETS**

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

**3. HOW WE ARE DOING**

In FY 2006 we closed 43.2% of the conduct complaint cases that were subject to the 120-day rule requirements within the initial 120-day period. This represents a small increase in the percent of cases closed as compared to FY 2005. Additionally, the actual volume number of cases closed within the 120 days increased 18% over last year. Thus, not only did we improve as a percentage of cases, we also improved in the volume of cases processed. Also, given the length of time currently needed to complete an investigation, the Board did an analysis of the number of second complaints that are received while the initial complaint is under investigation. This analysis included all investigations conducted by the Board, not just those subject to the 120-day rule. That figure came to 3%: during the course of conducting 717 nursing conduct investigations, the Board received only 21 second complaints.

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4. **HOW WE COMPARE**

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

5. **FACTORS AFFECTING RESULTS**

In the last legislative session the Board received approval for two new investigator/advisor positions to handle the overwhelming caseload it faced. The Board had significant difficulty in filling these positions given the state pay scales compared to the salaries nurses can command in the open market and was actually understaffed by 3 positions (30%) until May 2006. The additional staff has helped increase productivity since that time, and we expect improvement for the FY2007 report. In addition, the Board has worked over the course of the last year to standardize and automate certain aspects of the investigation process to increase efficiencies. Implementing the tracking of letters requesting information or interviews has helped to deal with the increased workload this year. An interface between the licensing database and investigator report writing, implemented in the summer of 2006 is expected to further increase efficiency in FY2007.

6. **WHAT NEEDS TO BE DONE**

We need to continue to recruit and retain qualified staff. We also need to continue to improve the uses of our database and analytical tools. Over the summer of 2006, the Board had an external auditor conduct an evaluation of its investigation processes. Recommendations flowing from their report will be considered by the Board and OSBN staff and will be presented to the legislature at appropriate times.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. For FY 2006 we were able to develop and use a more sophisticated data query of complaint timelines than was used previously. With the development of the automated query, statistical data can be provided for any given timeframe.

### III. KEY MEASURE ANALYSIS

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<b>KPM #05</b>	<b>REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within one year of Board closing original case with a disciplinary action.</b>	<b>Measure since: 2003</b>
<b>Goal</b>	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of the investigative process, discipline and remediation	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	Database query for multiple complaints.	
<b>Owner</b>	Investigations and Compliance, Kim Cobrain, 971-673-0648	

1. **OUR STRATEGY**

Recidivism relates to the number of licensees and certificate holders who are reported to the Board for practice misconduct despite having had disciplinary action taken against them within the preceding 12 months. 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.

2. **ABOUT THE TARGETS**

A low rate of recidivism is our goal. The 2006 target was set at 1% based upon the average number of licensees with new complaints while under investigation as set forth by the National Council State Boards of Nursing 2002 survey of 12 state boards.

3. **HOW WE ARE DOING**

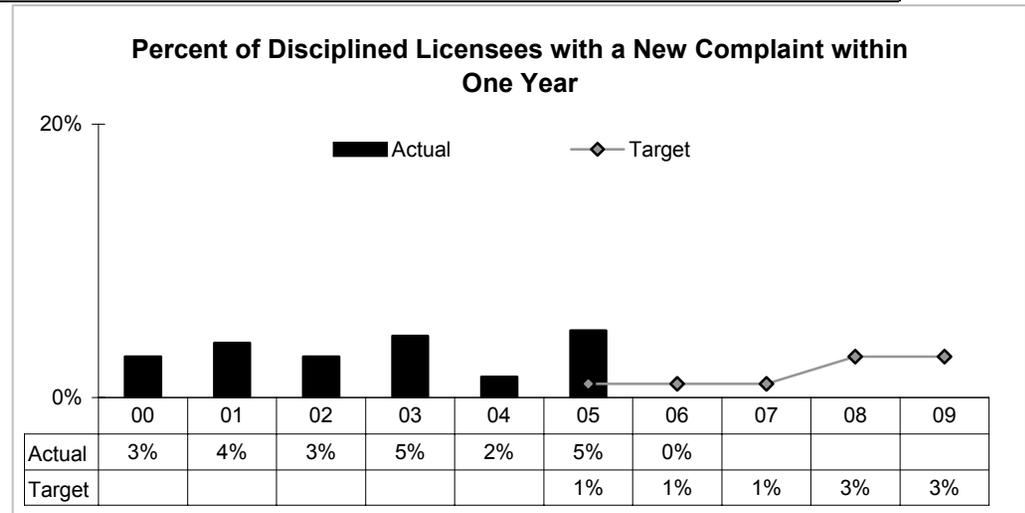
Currently, we are surpassing our target at 0%. Of the 271 disciplinary actions taken by the Board in the 12 months preceding FY 2006 none of the licensees or certificate holders were again reported to the Board within 12 months of the original sanction.

4. **HOW WE COMPARE**

The National Council of State Boards of Nursing reports that the average recidivism rate as a result of nursing board disciplinary action is 1%. The Oregon Board is thus achieving results above the national average in its success rate.

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.



### III. KEY MEASURE ANALYSIS

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6. **WHAT NEEDS TO BE DONE**

The Board will continue to seek ways in which to successfully remedy poor nursing practice. The advent of simulation clinics may provide additional options for education and training as a means of re-establishing competency.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. The data is derived from an improved database query and is more accurate than in years past where the tabulations and data were reviewed manually. This same program will continue to be used in future so as to maintain the integrity of the measure.

### III. KEY MEASURE ANALYSIS

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<b>KPM #06</b>	<b>MINIMAL CONTESTED CASE HEARINGS - Percent of complaints that were resolved via stipulated agreement or default on notices in lieu of contested case hearing.</b>	<b>Measure since: 1996</b>
<b>Goal</b>	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness/efficiency of disciplinary process.	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	Investigative records, board meeting minutes.	
<b>Owner</b>	Investigations and Compliance, Kim Cobrain, 971-673-0648	

1. **OUR STRATEGY**

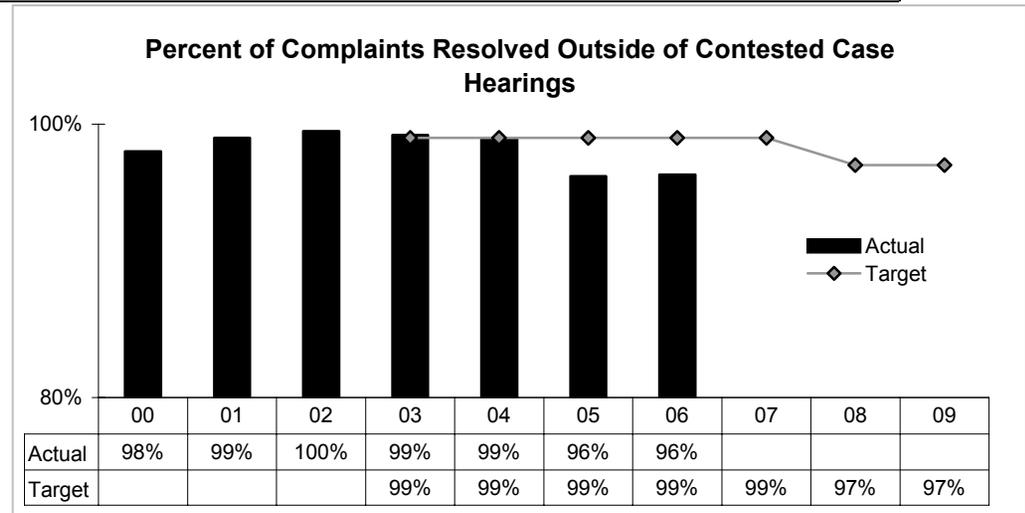
Contested case hearings are conducted at the request of a licensee/certificate holder to challenge proposed disciplinary action. These requests are prompted either by a disagreement as to the underlying facts, whether such facts constitute a violation of the Nurse Practice Act, or objection as to the level of proposed sanction. Our strategy is to conduct thorough investigations such that the facts are clear to all parties and not a source of disagreement, to articulate how such facts are a violation of law and to explain to the licensee/certificate holder why the Board is proposing a particular level of sanction. The Board works with licensees and their legal counsel to remediate conflicts to the greatest extent possible without compromising public safety. (See related Performance Measure #5, Recidivism)

2. **ABOUT THE TARGETS**

Historically, the Board has been able to resolve complaints through a stipulated agreement or no-contest acceptance of terms approximately 99% of the time, and targets have been set accordingly. However, beginning with changes to the administrative law process in 2004 we have seen a decline in this figure. More licensees are requesting hearings and more are actually being conducted. (11 requests for hearing were made in FY 2005; 19 in FY 2006). Although the cost of conducting hearings continues to increase, the Board has refused to negotiate a settlement to the detriment of public safety. While the Board is desirous of re-achieving the historical 99% target, it is unlikely to do so in the current climate. As this is the second year of a settlement rate in the 96 percentile, it may be an indicator of a need to re-adjust the target to make it more reflective of best possible efforts.

3. **HOW WE ARE DOING**

We have achieved essentially the same degree of success as last year. Of the 271 cases for which the Board found disciplinary action necessary, only 10 cases required a hearing for resolution. There is a trend toward more hearings, but there are still so few that it is difficult to identify if the volume will continue to increase or stabilize. As noted above, further analysis is needed to determine if the target requires revision, or if there are factors, previously unrecognized, which could be influenced by the Board for better performance.



### III. KEY MEASURE ANALYSIS

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.

4. **HOW WE COMPARE**

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

5. **FACTORS AFFECTING RESULTS**

Changes in the administrative law process for contested cases have made challenges to Board action easier. Specifically, licensees have greater access to investigative files, and discovery requests have increased. This results in more requests for hearing as a prelude for settlement as well as more cases going to hearing rather than settling.

6. **WHAT NEEDS TO BE DONE**

Continuing outreach efforts to educate licensees on the appropriate standards and Board expectations is important as a means of gaining a greater breadth and depth of licensee understanding of both the investigative and disciplinary process and the rationale of Board sanctions. Greater understanding of the nature of investigative findings and potential consequences and options for the licensee should reduce the possibility for hearings.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. The data is derived from an actual count of hearings held in FY 2006 and the number of disciplinary actions the Board took during that same period.

### III. KEY MEASURE ANALYSIS

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.

<b>KPM #07</b>	<b>RN EXAM PASS RATE - Percent of RN programs with a passing rate above 85% on the national exam.</b>	<b>Measure since: 2002</b>
<b>Goal</b>	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Education Consultant Services.	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	National Exam Service (NCLEX) reports	
<b>Owner</b>	Consultant Group, Karen Burke, 971-673-0637	

1. **OUR STRATEGY**

The OSBN establishes standards for nursing education in Oregon, approves nursing programs, and monitors achievement of those standards by educational programs. The national licensing examination for registered nursing provides a mechanism not only for evaluating the competence and readiness for practice of nursing program graduates, but also the effectiveness of the nursing programs in preparing graduates to meet this standard and safely enter into nursing practice. The Education Consultants for the Board monitor and work with educational programs to meet the standards and to identify corrective actions if programs fail to meet passing standards.

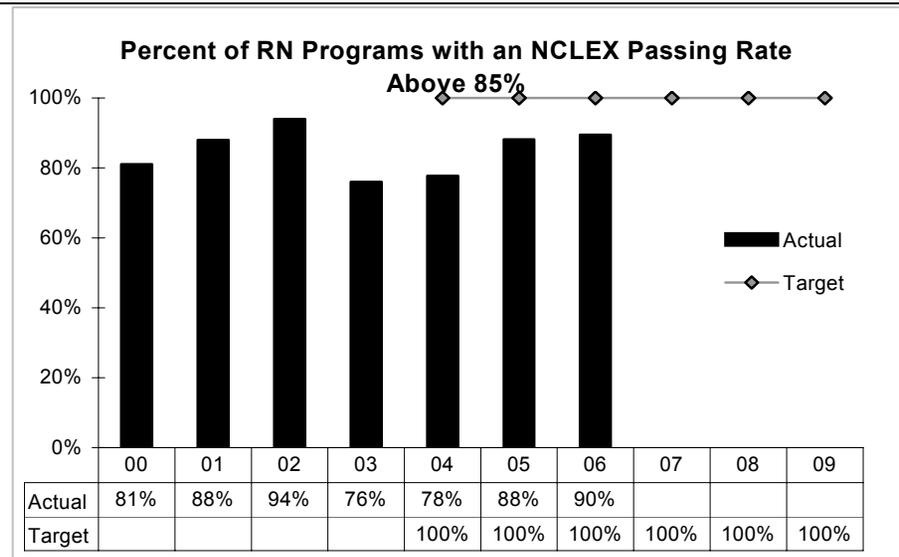
2. **ABOUT THE TARGETS**

It is our belief that all nursing programs should achieve the standard of an 85% pass rate for their graduates on their first try, so our target continues to be set at 100%. 85% is the approximate national pass rate. It is our goal that all Oregon schools should meet or exceed that rate. The target was set by a task force that included educators from various programs throughout the state.

3. **HOW WE ARE DOING**

89.5% of RN educational programs had pass rates above 85%. There are 19 RN educational programs in Oregon, 2 of which had pass rates below 85% for FY 2006. While we still have two programs not meeting the passing standard, we increased the number of programs exceeding the 85% goal. Although the target of 100% has not yet been met, a clearly improving trend is evident. Of the two programs not in compliance in FY06, one had met the 85% pass rate in FY05, and there is no reason to believe that they will not meet it again in FY07.

4. **HOW WE COMPARE**



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.

Most other states set similar goals for nursing education programs, but the percent pass rates are not the same from state to state. Oregon's 85% is among the highest in the country.

As a whole, Oregon NCLEX-RN pass rates are consistently in the top 10-15% nationally. The national pass rate for first time test takers on the NCLEX-RN exam for FY 05-06 is 87.52%; Oregon's is 91.61%, ranking #2 nationally.

5. **FACTORS AFFECTING RESULTS**

Small programs (those with less than 40 graduates per year) and those with significant faculty turnover continue to struggle to meet the 85% first-attempt pass rate goal for their graduates. In many cases, these programs serve rural communities where it is more difficult to attract a large applicant pool and more difficult to recruit and retain qualified, experienced nursing faculty. In addition, due to the 05-06 academic calendar for schools on the quarter system, many candidates did not test by the end of the fiscal year. NCLEX-RN results for one of the programs not achieving the 85% first-time pass rate were significantly impacted by this: none of their 06 graduates had tested by June 30.

6. **WHAT NEEDS TO BE DONE**

The Education Consultants for the Board continue to work closely with nursing programs, particularly those in the process of development and those that fail to meet the 85% benchmark for more than one year. When necessary, programs are required to analyze contributing factors and present a plan of improvement to the Board. This has consistently resulted in improved pass rates over time. The Board will continue to monitor and report data.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. Quarterly and yearly reports are provided by the National Council of State Boards of Nursing and the contracted testing corporation. Every effort is made by these bodies to ensure the reliability and validity of the data. Annual statistics on each program (by academic year) are available on the OSBN web site.

### III. KEY MEASURE ANALYSIS

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.

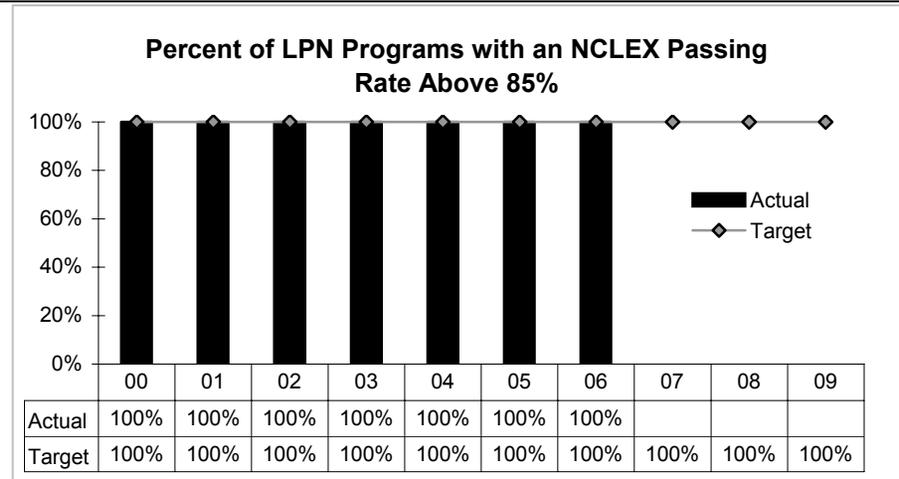
<b>KPM #08</b>	LPN EXAM PASS RATE - Percent of LPN programs with a passing rate above 85% on the national exam.	<b>Measure since: 2002</b>
<b>Goal</b>	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Education Consultant Services.	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	National Exam Service (NCLEX) reports	
<b>Owner</b>	Consultant Group, Karen Burke, 971-673-0637	

1. **OUR STRATEGY**

The OSBN establishes standards for nursing education in Oregon, approves nursing programs, and monitors achievement of those standards by educational programs. The national licensing examination for practical nursing provides a mechanism not only for evaluating the competence and readiness for practice of nursing program graduates, but also the effectiveness of the program in preparing graduates to meet this standard and safely enter into nursing practice. The Education Consultants for the Board monitor and work with educational programs to meet the standards.

2. **ABOUT THE TARGETS**

It is our belief that all nursing programs should achieve the standard of an 85% first-attempt pass rate for their graduates, so our target continues to be set at 100%. 85% is the approximate national pass rate. It is our goal that all Oregon schools should meet or exceed that rate. The target was set by a task force that included educators from various programs throughout the state.



3. **HOW WE ARE DOING**

The target of 100% of practical nursing programs with a first-time pass rate of 85% on NCLEX-PN has been achieved.

4. **HOW WE COMPARE**

Most other states set similar goals for nursing education programs, but the percent pass rates are not the same from state to state. Oregon’s 85% is among the highest in the country. As a whole, Oregon NCLEX-PN pass rates are consistently in the top 5% nationally. The national pass rate for first time test takers on the NCLEX-PN exam for FY 05-06 is 88.22%; Oregon’s is 99.5%, ranking #1 nationally.

### III. KEY MEASURE ANALYSIS

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.

5. **FACTORS AFFECTING RESULTS**

In Oregon, practical nursing education has traditionally occurred within the setting of community college nursing programs. The majority of active PN programs in Oregon 11 are incorporated as the first year of an associate degree RN program, and applicants must meet admission standards for ADN programs. As more "stand-alone" LPN programs are developed in Oregon, we may see that as the candidate pool increases, the high pass rates may be more difficult to maintain.

6. **WHAT NEEDS TO BE DONE**

The Education Consultants are working closely with five new practical nursing programs which are currently enrolling students or in the process of program development. Four of these programs are in proprietary career colleges that are new to nursing education. These recent developments could, in the future, affect achievement of this target. The Board will continue to monitor and report data.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. The data is provided by the National Council of State Boards of Nursing and the contacted testing corporation. Every effort is made by these bodies to ensure the reliability and validity of the data. It is reported to the Board and to nursing educational programs quarterly and summarized annually. Annual statistics on each program (by academic year) are available on the OSBN web site.

### III. KEY MEASURE ANALYSIS

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.

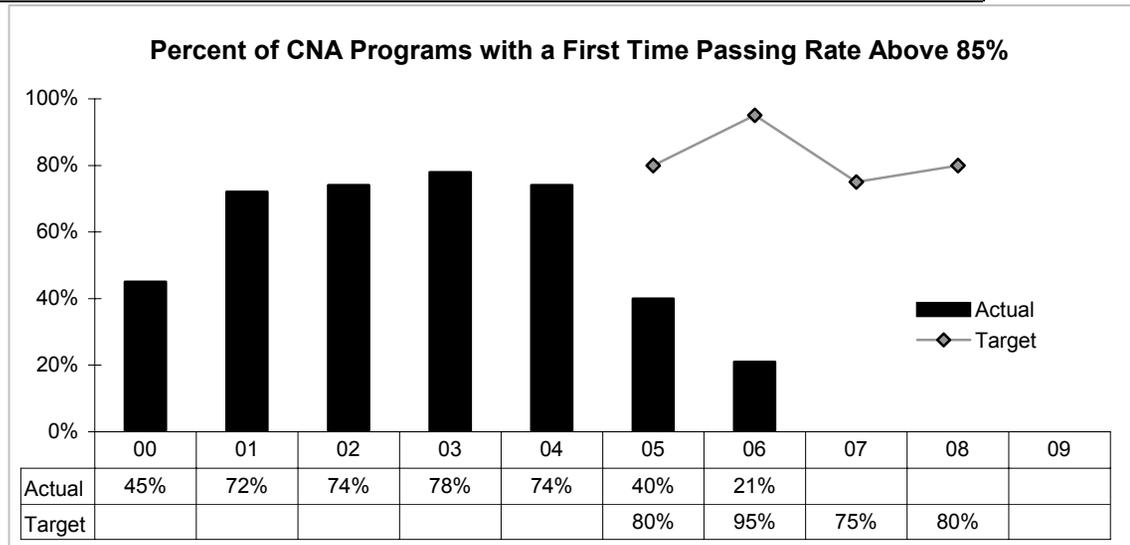
<b>KPM #09</b>	<b>CNA EXAM PASS RATE - Percent of nursing assistant training programs with a passing rate, for first-time test takers, above 85% for both the written and skill portions of the examination.</b>	<b>Measure since: 2005</b>
<b>Goal</b>	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Assistant Program Consultant Services.	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	CNA exam service vendor reports	
<b>Owner</b>	Consultant Group, Debbie Buck, 971-673-0636	

1. **OUR STRATEGY**

OSBN establishes standards for nursing assistant training in Oregon, approves training programs, and monitors achievement of those standards. The certifying examination for nursing assistants provides a mechanism not only for evaluating the competence of nursing assistants, but also the effectiveness of the training programs in preparing their students. The quality of training for nursing assistants directly affects the number of qualified nursing assistants in the workforce, and the cost of healthcare, as most training costs are borne by employers.

2. **ABOUT THE TARGETS**

While we would like to have all training programs reach the 85% pass rate, the obstacles to this continue to make that goal unrealistic in the near future. We are currently striving to have over half of our programs achieve this goal, based on past experience. The 85% pass rate was selected to reflect the nursing pass rate. The difference is that the CNA exam is composed of both a written and clinical part, both of which must be passed.



3. **HOW WE ARE DOING**

We did not meet the current goal of 95% for FY 2006. The percentage of nursing assistant training programs with a passing rate above 85% for first time test takers on both the written and skill portions of the examination for FY2006 was only 21%. There were 68 training programs in FY 2006. 99% of those programs had a greater than a 95% pass rate for first time test takers on the written portion of the examination, but, overall, Oregon nursing assistant candidates pass the entire exam on the first try 73% of the time. First time failures occur generally because they do not pass the clinical portion of the exam where the candidate demonstrates the proper procedures for patient care.

50% of the nursing assistant training programs have a passing rate above 75% for both the written and skill portions of the examination. Approximately half of the 2,368 candidates trained in Oregon (1,195) were trained in programs with a 75% or better passing rate.

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.

**4. HOW WE COMPARE**

While we are using a national testing vendor, there is not a reasonable comparison between Oregon and the other states using the same testing vendor because the administration of the examination varies from state to state. For example, each state selects which skills they test on. Also, other states publish the specific criteria for the skills exam. In Oregon, the candidates are taught steps for the skills that include the criteria built into the procedure, but are not given the specific "answers" prior to taking the exam.

**5. FACTORS AFFECTING RESULTS**

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. In FY 2006, 41% of the nursing home based training programs, 33% of the high school based training programs, and 31% of the community college based programs had a change of primary instructor.
- A new skills portion of the certification exam was implemented as of January 2006. Traditionally, there is a decrease in the pass rate the first year after a new test is implemented as noted when the current testing vendor started in October 2004.
- Limited train-the-trainer courses are available in Oregon; and the ones available are not specific to teaching the nursing assistant content.
- An increase in the number of students where English is a second language.

**6. WHAT NEEDS TO BE DONE**

We believe that there are several activities that could improve performance:

- 1) Revision of the current skill procedure steps would add clarity for instructors and students.
- 2) New instructors need training on effective teaching strategies and adult learning principles. We have started working in cooperation with outside vendors to have this training more readily available in Oregon.
- 3) An annual workshop for instructors would give them an opportunity to share best practices, teaching strategies, and receive information on the certification and examination processes.
- 4) Increased on site support for the training programs is needed. A site visit by Board staff once every two years does not meet the needs of the instructors with the constant turnover.

**7. ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. Results are computed using reports produced by the CNA testing contractor. Data is available on a quarterly, as well as annual basis.

### III. KEY MEASURE ANALYSIS

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.

<b>KPM #10</b>	<b>INCREASE RN POPULATION IN OREGON - Number of basic RN students graduated from Oregon nursing education programs and practicing in Oregon.</b>	<b>Measure since: 2002</b>
<b>Goal</b>	Effectiveness of joint efforts of agency, statewide educators & business community to address nursing shortage.	
<b>Oregon Context</b>	Mission	
<b>Data source</b>	Licensing database query.	
<b>Owner</b>	Administration, Joan Bouchard, 971-673-0639	

1. **OUR STRATEGY**

The OSBN works with nursing leadership organizations, particularly the Oregon Nursing Leadership Council, and nursing education programs to increase the number of practicing nurses in Oregon. The world-wide shortage of nurses means that we must expand efforts to educate new nurses and retain them in Oregon after they graduate. The aging of the Oregon population will create demands beyond the current workforce’s ability to supply nurses. A shortage of nurses is a strong factor in reducing patient safety, so overall efforts to prevent the shortage fulfill our agency’s mission.

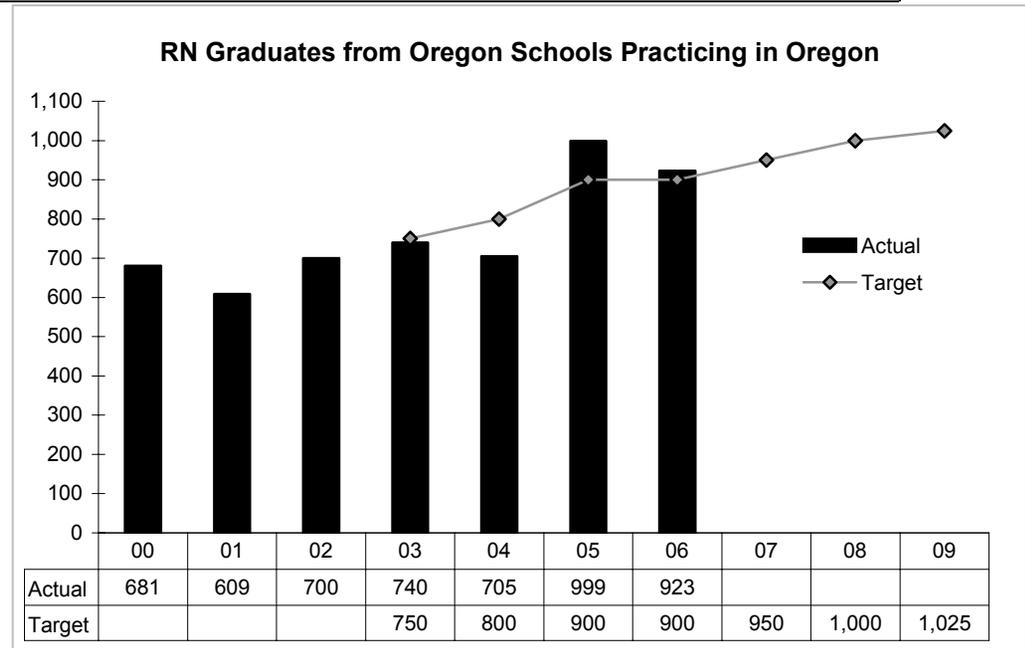
2. **ABOUT THE TARGETS**

The Oregon Nursing Leadership Council, made up of leaders from education, government, labor, and employers, set a goal in their 2001-04 strategic plan to double enrollment in Oregon schools by 2004; an extremely ambitious goal. Our targets are set to show the advancement of that goal, coupled with the retention of those nurses in Oregon workplaces. Enrollment in Oregon schools was 1,425 for RN programs in 2000. Doubling enrollment will result in a graduating class of 979 per year when fully realized (forecasted for FY 2008).

3. **HOW WE ARE DOING**

In FY 2006, we exceeded our goal of 900 nurses. There is a cyclical nature to graduating classes in the state: a school with the capacity for 50 students may have 30 in one graduating class, then 20 in the following year. Although the numbers from this fiscal year reflect a decrease, the overall trend is increasing numbers of Oregon licensed RNs who graduated from an Oregon nursing education program. Graduate data provided by Oregon nursing programs indicate an increase from 915 graduates in 2004 to 1080 graduates in 2005. This data for 2006 is not yet available.

4. **HOW WE COMPARE**



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.

It is difficult to find national data with which to compare Oregon's numbers. All states are either experiencing or anticipating a nursing shortage; therefore, most states are engaging in or supporting measures to improve the number of RNs being educated and licensed. Our only comparison is to the expected result of reaching the ONLC admissions goal.

5. **FACTORS AFFECTING RESULTS**

Although virtually all nursing programs in Oregon have increased their enrollment in recent years, the data for FY 05-06 does not fully reflect this increase. Schools on the quarter system (as all public colleges and universities in Oregon are) had a late graduation in 2006 (~ June 17). As a result, few graduates took the licensing examination prior to the end of the fiscal year on June 30. The majority of those candidates will be reflected in next year's data.

In the long-term, however, the factors affecting results include the ability of Oregon nursing programs to expand capacity and the ability of Oregon employers to attract Oregon graduate nurses and retain them in the state.

6. **WHAT NEEDS TO BE DONE**

The Education Consultants for the Board continue to work closely with nursing programs, particularly those in the process of development. Five new practical nursing programs are currently enrolling students or in the process of program development. One new associate degree and two new baccalaureate nursing programs have enrolled nursing students, but have no graduates yet. The Board will continue to support efforts to increase the supply of nursing faculty and nurses in Oregon.

7. **ABOUT THE DATA**

The data is reported on an Oregon fiscal year basis. The data is obtained from the Oregon State Board of Nursing license data base through a query of graduates of Oregon schools who have become licensed in Oregon by examination within the reported year. Late graduation dates (or early ones) create a shift from fiscal year to fiscal year because of the June 30<sup>th</sup> end of fiscal year which does not allow time for all June graduates to take the national examination and become licensed by the June 30 date.

### III. KEY MEASURE ANALYSIS

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KPMs #11 & #12	CUSTOMER SERVICE : Percent of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information	Measure since: 2006
Goal	Excellent Customer Service: Customer satisfaction with the licensure application process.	
Oregon Context	Mission	
Data source	Customer Service Surveys sent out with licenses.	
Owner	Customer Service Center, DeWayne Hatcher, 971-673-0659	

1. **OUR STRATEGY**

The OSBN Customer Service Survey was developed following the *Recommended Statewide Customer Service Performance Measures Guidance*. 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. As an agency supported entirely by its constituency, excellent customer service is essential to sustaining operations and meeting the agency mission.



2. **ABOUT THE TARGETS**

We set our customer service expectations high, based on previous survey results. Because this is a slightly different survey, however, targets have not been established for FY 2006. Future reports will provide a more comprehensive assessment of OSBN’s customer service performance results as compared to this year’s baseline and established performance targets. As our customer base is very large, at over 61,000 people, 100% satisfaction may not be attainable; however we have been able to progressively inch all of our satisfaction categories over 95%, so we expect no less from future surveys.

### III. KEY MEASURE ANALYSIS

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.

3. **HOW WE ARE DOING**

The table below summarizes the results of the survey.

Category	Timeliness	Ability	Helpfulness	Expertise	Information Availability	Overall
Poor	0.99%	0.88%	0.32%	0.57%	0.59%	0.21%
Fair	1.66%	2.23%	3.19%	1.94%	3.44%	1.67%
Good & Excellent	97.35%	96.90%	96.49%	97.49%	95.97%	98.13%

4. **HOW WE COMPARE**

Customer satisfaction is highly subjective, at least from one population to another. We are unaware of any comparison data either in other state boards of nursing or other Oregon agencies. Future reports will provide a more comprehensive assessment of customer service performance results as compared to this year’s baseline and established performance targets.

5. **FACTORS AFFECTING RESULTS**

Many factors can affect results in customer satisfaction. Adequate and well-trained staff, technology that enables customers to interact with us in a variety of ways, and clear guidelines that can be communicated simply and understandably to licensees are major contributors to our high ratings. Significant improvements in satisfaction have changed historically in response to 1) establishing a customer service center, 2) implementing e-commerce renewals, and 3) cross-training employees.

6. **WHAT NEEDS TO BE DONE**

Continue to provide opportunities for staff to provide excellent service through training and feedback. Promote awareness of customer service principles and values throughout the agency so that service continues to be viewed as a core competency. Continue to seek opportunities to implement technology that enhances, rather than hamper, customer service.

7. **ABOUT OUR CUSTOMER SERVICE SURVEY**

5000 surveys were sent out between 3/22/06 and 6/14/06 to anyone receiving a new or renewal license. Initial applications for licensure are on demand, and renewals are biennial and by birth date, therefore the sampling is random. This was a convenience sample of 8% of the total population. We received 1526 return surveys, or 30.52 %. Those surveyed were provided with a postage paid return envelope.

The survey questions were exactly as recommended in the *Statewide Customer Service Performance Measures Guidance*, and as follows:

- How do you rate the timeliness of the services provided by the OSBN?
- How do you rate the ability of the OSBN to provide services correctly the first time?
- How do you rate the helpfulness of OSBN employees?
- How do you rate the knowledge and expertise of OSBN employees?

### III. KEY MEASURE ANALYSIS

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.

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

The statistical model used was as recommend in the *Statewide Customer Service Performance Measures Guidance* [http://www.polarismr.com/education/tools\\_stat\\_moe\\_prop.html](http://www.polarismr.com/education/tools_stat_moe_prop.html) with the following results.

<b>Confidence Level</b>	<b>95%</b>	<b>99%</b>
<b>Proportion</b>	<b>30.5%</b>	<b>30.5%</b>
<b>Sample Size</b>	<b>5000</b>	<b>5000</b>
<b>Population Size</b>	<b>61628</b>	<b>61628</b>
<b>Margin of Error</b>	<b>1.2%</b>	<b>1.6%</b>