

**NURSING, BOARD of**

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

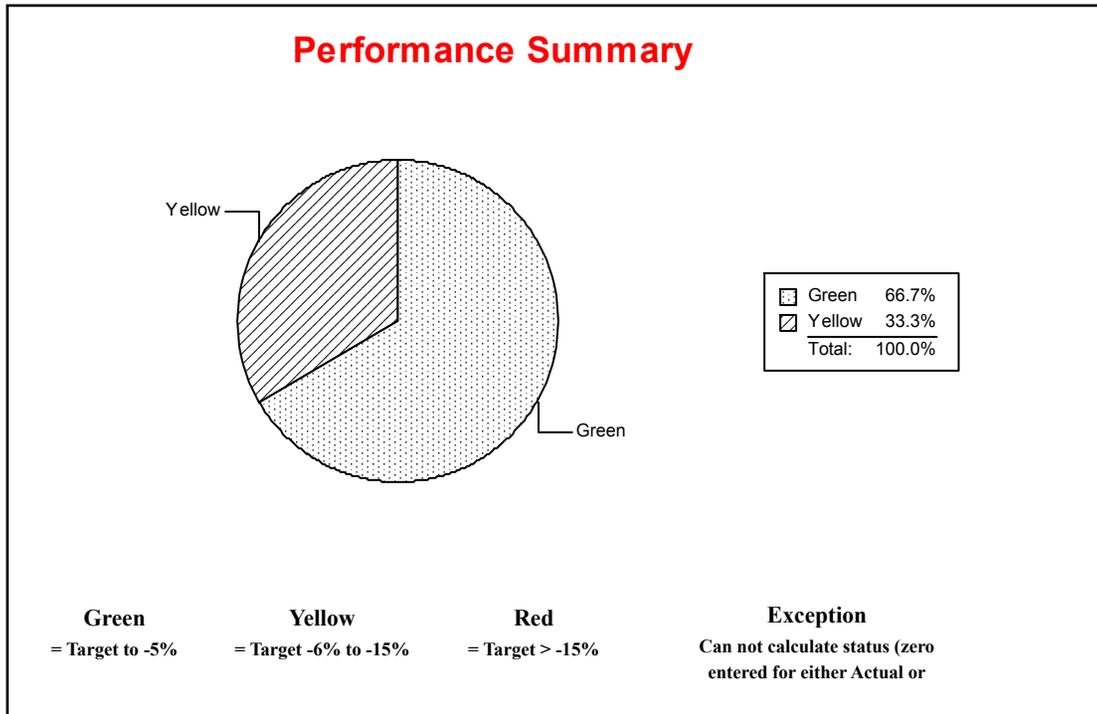
Original Submission Date: 2014

Finalize Date: 7/29/2014

2013-2014 KPM #	2013-2014 Approved Key Performance Measures (KPMs)
1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.
2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original case with a disciplinary action.
3	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
4	ON-LINE TRANSACTIONS: Percent of business transactions completed on-line.
5	TIMELY LICENSING: Percent of licensing applications processed within target.
6	EFFECTIVE GOVERNANCE – Percent of total best practices met by the Board.

<b>New Delete</b>	<b>Proposed Key Performance Measures (KPM's) for Biennium 2015-2017</b>
	<b>Title:</b>  <b>Rationale:</b>

<b>NURSING, BOARD of</b>	<b>I. EXECUTIVE SUMMARY</b>
<b>Agency Mission:</b> 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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**1. SCOPE OF REPORT**

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

**2. THE OREGON CONTEXT**

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

### **3. PERFORMANCE SUMMARY**

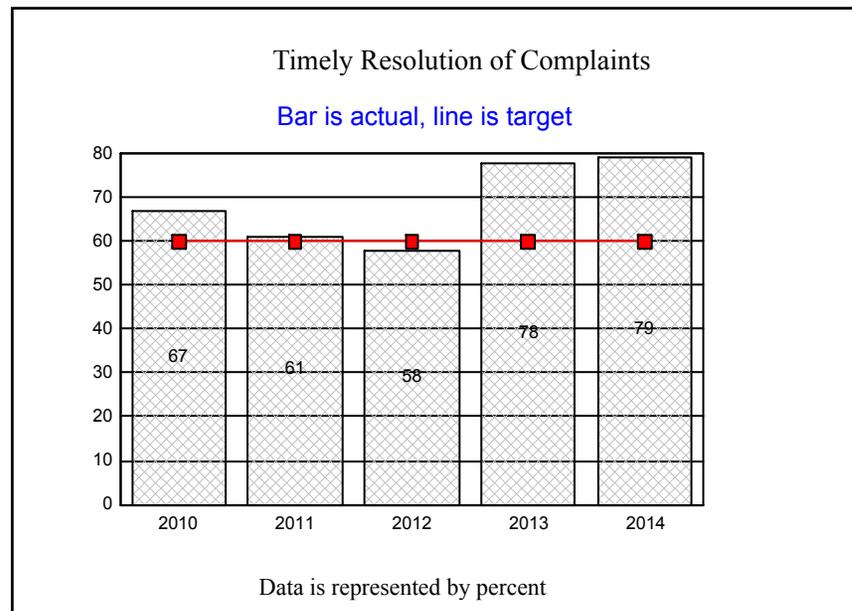
The agency met the majority of its targets. However, a major conversion to a new database in the Licensing department adversely influenced our processes during a four month period at the beginning of the fiscal year, which affected the Licensing measures. In addition, we were slightly deficient in our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

### **4. CHALLENGES**

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

### **5. RESOURCES AND EFFICIENCY**

<b>KPM #1</b>	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.	2003
<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 Manager: Jacy Gamble	



**1. OUR STRATEGY**

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

Practice Act. A timely process removes violators from the workplace when and where appropriate, protecting patients from future incidents. The timeframe of this measurement is based on ORS 676.165, which provides that all complaints received by the Board regarding nursing conduct be assigned to an investigator, investigated and reported to the Board within 120 days of receipt. Although the statute provides a mechanism to extend the period beyond the 120 days when needed, the Board encourages staff to use extensions sparingly.

## 2. ABOUT THE TARGETS

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

## 3. HOW WE ARE DOING

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

## 4. HOW WE COMPARE

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

## 5. FACTORS AFFECTING RESULTS

The agency implemented several internal policies since 2009 to increase the accountability of staff, increase consistency within the department and enhance workflow. The greatest factor was the implementation of the CRM database in January 2010, which gave investigative staff more tools to manage their caseloads. The Board also implemented new criteria to prioritize cases more efficiently.

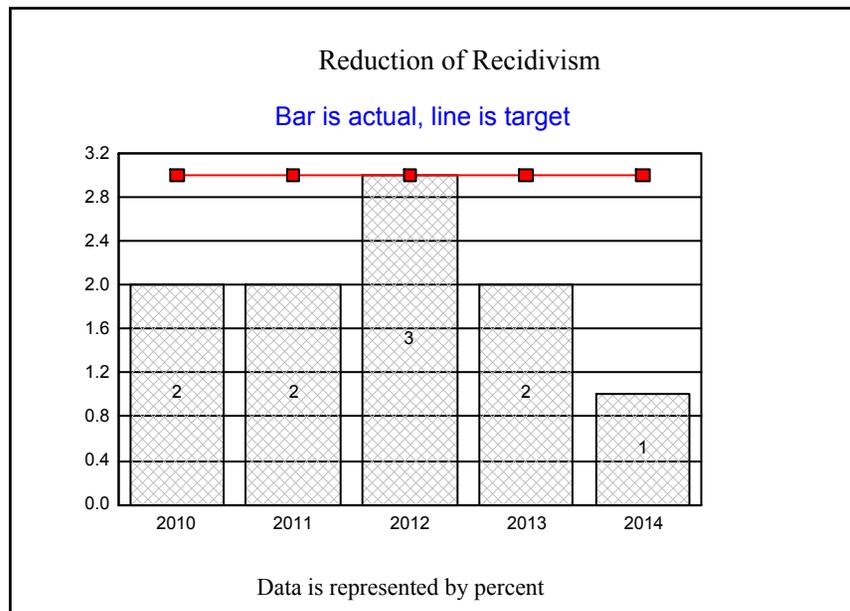
## 6. WHAT NEEDS TO BE DONE

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

## 7. ABOUT THE DATA

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

<b>KPM #2</b>	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original case with a disciplinary action.	2003
<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 Manager: Jacy Gamble	



**1. OUR STRATEGY**

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

the concept that individuals will not be reported to the Board a second time if the original sanction was appropriate to resolve the underlying misconduct. Although true recidivism would be if a licensee was reported to the Board within the timeframe for the same type of offense, the legislature indicated in 2009 that it prefers a broader interpretation.

## 2. ABOUT THE TARGETS

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

## 3. HOW WE ARE DOING

The OSBN's rate of 1 percent exceeded its target of 3 percent. Prior to FY 2010, this KPM only measured one year after a licensee was disciplined. Direction from the 2009 Legislative Session broadened this to individuals who were reported to the Board again for any offense within three years of being disciplined by the Board. Therefore, we measured the number of individuals who were disciplined in FY 2011, 2012, or 2013, and were reported to the Board for any offense during FY 2014.

## 4. HOW WE COMPARE

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

## 5. FACTORS AFFECTING RESULTS

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

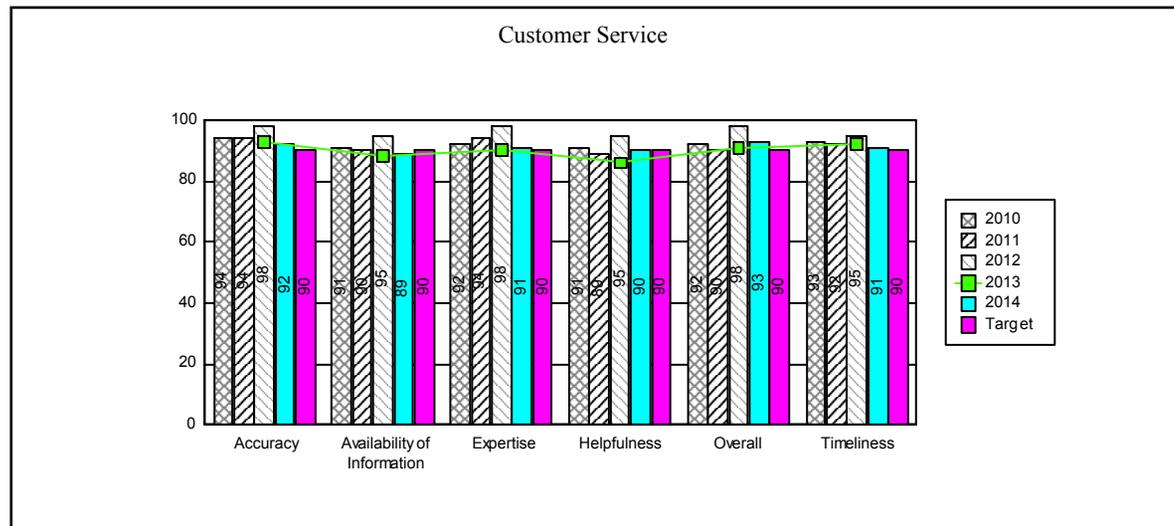
## 6. WHAT NEEDS TO BE DONE

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

**7. ABOUT THE DATA**

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

<b>KPM #3</b>	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”: overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	1996
<b>Goal</b>	Excellent Customer Service: Customer satisfaction with the licensure application process.	
<b>Oregon Context</b>	Mission	
<b>Data Source</b>	Customer Service survey links distributed via e-mail. Survey done through SurveyMonkey.	
<b>Owner</b>	Interim Licensing Manager: Helen Bamford	



1. OUR STRATEGY

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

measure has been standardized and implemented state-wide, OSBN has been conducting similar surveys since 1996. Previously to 2008, surveys were performed biennially. Since launching the improvements to our online renewal system in April 2009, we have been able to greatly increase the accuracy of our data regarding licensees. We now conduct this survey electronically on an annual basis. The next scheduled survey is 2015.

## 2. ABOUT THE TARGETS

We set our customer service expectations high, based on previous survey results. As our customer base is very large, at more than 70,000 people, 100% satisfaction may not be attainable.

## 3. HOW WE ARE DOING

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

## 4. HOW WE COMPARE

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

## 5. FACTORS AFFECTING RESULTS

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

## 6. WHAT NEEDS TO BE DONE

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

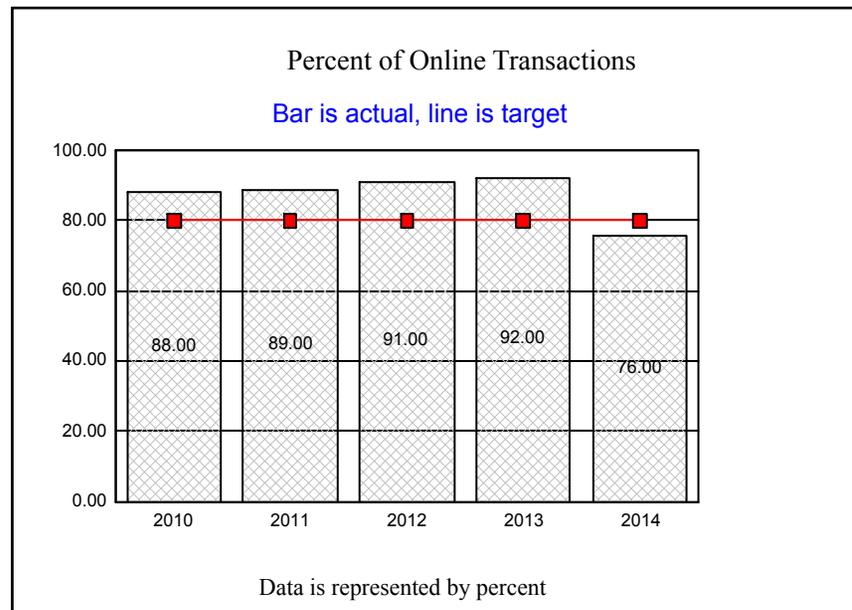
## 7. ABOUT THE DATA

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

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

Answer choices were as follows: Poor, Fair, Good, Excellent, Don't Know.

<b>KPM #4</b>	ON-LINE TRANSACTIONS: Percent of business transactions completed on-line.	2009
<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>	Interim Licensing Manager: Helen Bamford	



**1. OUR STRATEGY**

The Board’s online renewal system has been a success since it was launched in 2004. A significant upgrade to the system was done in April 2009, and further enhancements were launched in August 2010. We expect to implement further changes in 2015 to take full advantage of the capabilities of the agency's new

licensing database.

## 2. ABOUT THE TARGETS

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

## 3. HOW WE ARE DOING

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

## 4. HOW WE COMPARE

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

## 5. FACTORS AFFECTING RESULTS

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

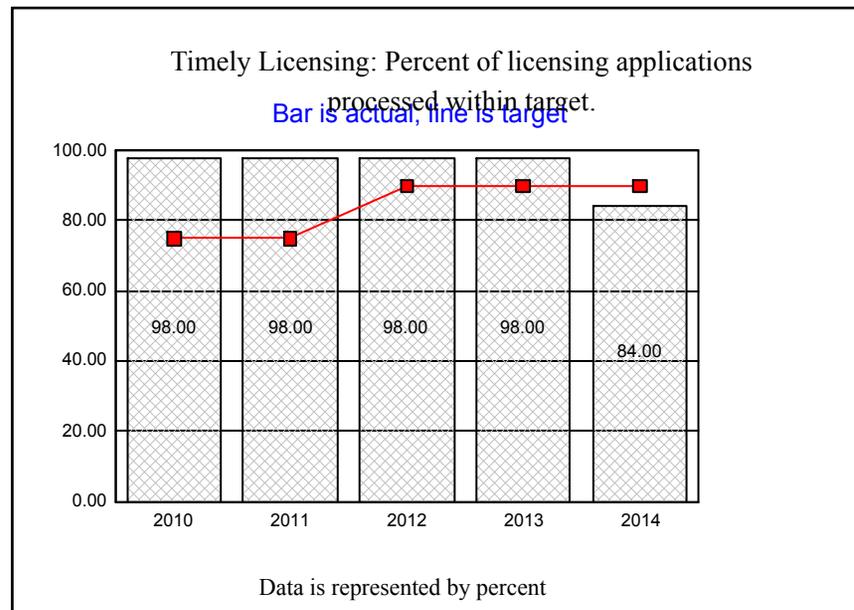
## 6. WHAT NEEDS TO BE DONE

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

## 7. ABOUT THE DATA

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

<b>KPM #5</b>	TIMELY LICENSING: Percent of licensing applications processed within target.	2009
<b>Goal</b>	Timely Licensing: Percent of licenses processed within five business days.	
<b>Oregon Context</b>	Mission	
<b>Data Source</b>	Licensing database query.	
<b>Owner</b>	Interim Licensing Manager: Helen Bamford	



**1. OUR STRATEGY**

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

**2. ABOUT THE TARGETS**

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

**3. HOW WE ARE DOING**

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

**4. HOW WE COMPARE**

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

**5. FACTORS AFFECTING RESULTS**

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

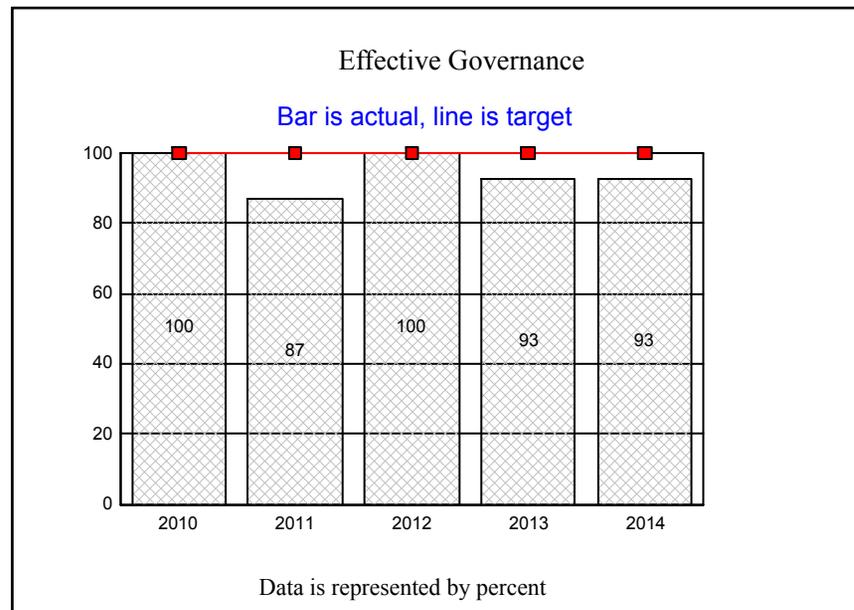
**6. WHAT NEEDS TO BE DONE**

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

**7. ABOUT THE DATA**

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

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



**1. OUR STRATEGY**

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

these management reports to the Board and staff.

## 2. ABOUT THE TARGETS

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

## 3. HOW WE ARE DOING

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

## 4. HOW WE COMPARE

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

## 5. FACTORS AFFECTING RESULTS

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

## 6. WHAT NEEDS TO BE DONE

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

## 7. ABOUT THE DATA

The 15 Best Practices for Effective Governance:

- 1.Executive director's performance expectations are current.
- 2.Executive director receives annual performance feedback.
- 3.The agency' mission and high-level goals are current and applicable.
- 4.The board reviews the Annual Performance Progress Report.
- 5.The board is appropriately involved in review of agency key communications.

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

<b>NURSING, BOARD of</b>	<b>III. USING PERFORMANCE DATA</b>
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**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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**The following questions indicate how performance measures and data are used for management and accountability purposes.**

<b>1. INCLUSIVITY</b>	<p>* <b>Staff:</b> One quarter of the agency staff was involved in developing the agency's original performance measures. The entire management team was involved in gathering data.</p> <p>* <b>Elected Officials:</b> Members of the state Joint Ways and Means committee reviewed all and eliminated some proposed measures during the 2011 Legislative Session.</p> <p>* <b>Stakeholders:</b> Some stakeholders and licensees are involved with the annual Customer Satisfaction survey.</p> <p>* <b>Citizens:</b></p>
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<b>2 MANAGING FOR RESULTS</b>	The management team makes program decisions based on performance measure data. Performance measures are used to identify causes of lower-than-expected results and to institute corrective actions to improve performance.
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<b>3 STAFF TRAINING</b>	Departmental managers have worked with their staff members during the past year to communicate the value of performance measures to the agency's success and solicit ideas as to how to better meet our goals. Additional information has been distributed during all-staff meetings, as well.
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<b>4 COMMUNICATING RESULTS</b>	<p>* <b>Staff:</b> Performance measure results are shared with staff at manager and Board meetings. Information is used to help prioritize workload.</p> <p>* <b>Elected Officials:</b> Results are communicated through annual reporting and budget presentations.</p> <p>* <b>Stakeholders:</b> Annual reports are provided through the agency website. Individual data also is provided as requested.</p> <p>* <b>Citizens:</b> Annual reports are provided through the agency website. Individual data also is provided as requested.</p>
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