

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

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 the Oregon Board of Examiners of Nursing Home Administrators

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Agency Mission

The Mission of the Board of Examiners of Nursing Home Administrators is to protect the public by developing, imposing, and enforcing standards which shall be met by individuals in order to receive and retain a license as an Oregon nursing home administrator.

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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.

BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

TABLE OF MEASURES

Agency Mission: The mission of the Board of Examiners of Nursing Home Administrators (BENHA) is to protect the public by developing, imposing, and enforcing standards which shall be met by individuals in order to receive and retain a license as an Oregon nursing home administrator.

2005-07 KPM#	2005-07 Key Performance Measures (KPMs)	Page #
1	ADMINISTRATOR-IN-TRAINING SATISFACTION Percent of Administrators-In-Training (AIT) that report a satisfactory training experience/program.	7
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BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

I. EXECUTIVE SUMMARY

Agency Mission: The mission of the Board of Examiners of Nursing Home Administrators (BENHA) is to protect the public by developing, imposing, and enforcing standards which shall be met by individuals in order to receive and retain a license as an Oregon nursing home administrator.

Contact: Janet Bartel, Executive Director	Phone: 971-673-0196
Alternate: N/A	Phone: N/A

1. SCOPE OF REPORT

- The Board of Examiners of Nursing Home Administrators consists of one program that insures education, training, and examination requirements are satisfied prior to licensure and that continuing education requirements are completed prior to license renewal. Additionally, the Board reviews and investigates complaints against licensees that may result in disciplinary action ranging from a civil penalty to licensure revocation.
- The approved KPMs sufficiently represent the essential operations of the program and support the Board’s mission and goals.

2. THE OREGON CONTEXT

- A nursing home administrator is responsible for planning, organizing, directing and controlling the operation of the nursing home, and they have substantial influence over the quality of care provided in nursing homes. The Board insures that licensees are qualified to serve in such positions and develops standards of professional conduct in order to maintain a high level of integrity and performance in the practice of nursing home administration. Nursing home administrators are critical players in the long-term care system with a mandated licensing requirement since 1967, both statutorily and federally through the Social Security Act, Title 19; Sec. 1902 [42 U.S.C. 1396a]. The Board works with the Department of Human Services and the Office of the Long-Term Care Ombudsman to protect the residents of Oregon nursing homes.

3. PERFORMANCE SUMMARY

KPM Progress Summary	Key Performance Measures (KPMs) with Page References	# of KPMs
KPMs MAKING PROGRESS at or trending toward target achievement	<ul style="list-style-type: none"> • Administrator-in-Training Satisfaction (page 7) • Nursing Homes Receiving Substandard Letters (page 9) • Complaint Review and Response (page 11) • Administrator-in-Training Program Hours (page 13) • Continuing Education Requirement (page 15) • Customer Satisfaction (page 17) 	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>
KPMs NOT MAKING PROGRESS not at or trending toward target achievement	N/A	
KPMs - PROGRESS UNCLEAR target not yet set	N/A	
Total Number of Key Performance Measures (KPMs)		6

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4. CHALLENGES

The Board continues to face budget challenges due to a small license pool and limited revenue sources. Given that, the Board continues to explore ways to improve and increase the efficiency of services while staying within budget limitation.

The Board employs one FTE who is responsible for all administrative support and operations of the program. Accordingly, a heavy workload and competing priorities present an ongoing challenge to Board staff.

The Board is continually challenged with an ever-changing profession and in developing a program that sufficiently prepares entry-level nursing home administrators to meet the needs of a diverse staff and residents and the challenges of a highly regulated environment.

With the increasing age of the baby-boom generation, the recruitment and retention of nursing home administrators while not necessarily a responsibility of the Board is nonetheless of paramount concern as the pool of qualified licensees continues to diminish.

5. RESOURCES USED AND EFFICIENCY

Perhaps the most beneficial and cost savings partnership realized is the co-located Health-Related Licensing Boards' sharing of resources and costs. The Board's increased reliance on electronic correspondence over traditional mail service continues to provide additional savings with improved efficiency. The Board's website continues to be a valuable resource for licensees and interested citizens with readily available information, forms, and applications.

The Board's efficiency measure relates to Customer Satisfaction with customers consistently reporting a high level of satisfaction in the years measured (FY 2003-06).

2005-07 Legislatively Approved Budget: \$201,982. (Other Funds)

BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

II. USING PERFORMANCE DATA

Agency Mission: The mission of the Board of Examiners of Nursing Home Administrators (BENHA) is to protect the public by developing, imposing, and enforcing standards which shall be met by individuals in order to receive and retain a license as an Oregon nursing home administrator.

Contact: Janet Bartel, Executive Director	Phone: 971-673-0196
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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"> • Staff: The agency's Executive Director and the nine members comprising the Board considered the agency's mission and goals during the development of its performance measures. Emphasis was placed on public protection, agency efficiency, and customer satisfaction. • Elected Officials: Agency KPMs were reviewed and approved by the 2005 Oregon Legislative Assembly. • Stakeholders: The agency conducts an annual review of KPMs during its quarterly meeting which is open to the public. Stakeholders and Citizens are welcome to attend and invited to express their views and opinions as time allows. Additionally, the agency considers Stakeholders' survey responses when developing agency performance measures. • Citizens: The agency considers Citizens' survey responses when developing agency performance measures.
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<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>Performance Management Agency KPMs demonstrate program accomplishments, identify areas for increased efficiencies, and confirm that results are being achieved and expectations met, both within and without. KPMs are utilized with other relevant factors to determine distribution of agency funds and resources, to identify areas for improvement, and to evaluate program effectiveness.</p> <p>Past Year Changes A Board review of KPM surveys identified areas for improvement within the Administrator-in-Training (AIT) program. In response, the Board initiated an extensive review of its training guidelines and comparison with other states' training programs. Additionally, the Board conducted a series of interviews involving interested stakeholders that resulted in the formation of a Rules Advisory Committee and significant amendments to the AIT rules. During this time, the Board publicized its focus on improving the AIT program and intensified its training efforts for preceptors (trainers of AITs). The increased focus on the AIT program fostered an awareness of the importance and value in properly trained entry level administrators. This past year's survey results and examination scores clearly demonstrate the immediate success related to this measure. However, the Board anticipates the long-term success to be ultimately realized in the quality of entry level professionals and increased retention of nursing home administrators.</p> <p>The program recently added an online customer service survey to its website ensuring customers' anonymity and increasing the efficiency and integrity of data collected. Every email transmittal by the program includes a link to the online customer service survey providing equal and ample opportunity for customers to share their opinion on the level of service received.</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>Agency staff reviews the performance measurement information, recommendations, and guidelines developed by the Oregon Progress Board. Additional information is gathered through Internet research, and agency staff is exploring the feasibility of performance measurement Webinar offerings (www.performancesoft.com).</p>

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<p>4 COMMUNICATING RESULTS</p> <p>How does the agency communicate performance results to each of the following audiences and for what purpose?</p>	<p>Audience</p> <ul style="list-style-type: none">• Staff: The agency’s budget authorizes employment of one FTE, the Executive Director who is responsible for the dissemination of KPM surveys and the collection, compilation, and reporting of survey results. The Executive Director assists the Board with the development and review of agency KPMs.• Elected Officials: The agency prepares and submits annual KPM progress reports to Oregon Progress Board and includes the most recent progress report in its biennial budget request document.• Stakeholders: The agency announces within its quarterly newsletter to licensees the posting of KPM progress reports on its website. Individual KPM results may be discussed in various newsletter articles and in emailed notices to licensees.• Citizens: The agency posts a link to past and current KPM progress reports on the home page of its website. <p>Purpose</p> <p>KPMs are utilized with other relevant factors to determine distribution of agency funds and resources, evaluate program effectiveness, and to illustrate the benefit to licensees, stakeholders, and citizens.</p>
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KPM #1	ADMINISTRATOR-IN-TRAINING SATISFACTION	Measure since: 2003
	Percent of Administrators-In-Training (AIT) that report a satisfactory training experience/program.	
Goal	SERVE & PROTECT: Protect nursing home residents from unethical and/or incompetent nursing home practices.	
Oregon Context	Agency Mission	
Data source	Midway and final AIT interviews and surveys collected from AIT participants	
Owner	Janet Bartel, Executive Director Ph: 971-673-0196	

1. **OUR STRATEGY**

Maintain record of AIT interview recommendations and collect AIT surveys to identify training program strengths and weaknesses

2. **ABOUT THE TARGETS**

Initial targets appeared high thus adjustments were approved during the 2005 legislative session. In the interim, program guidelines were amended resulting in increased program satisfaction. Accordingly, the 2008 and 2009 targets were raised back to the original level. The higher target is desirable with this KPM.

3. **HOW WE ARE DOING**

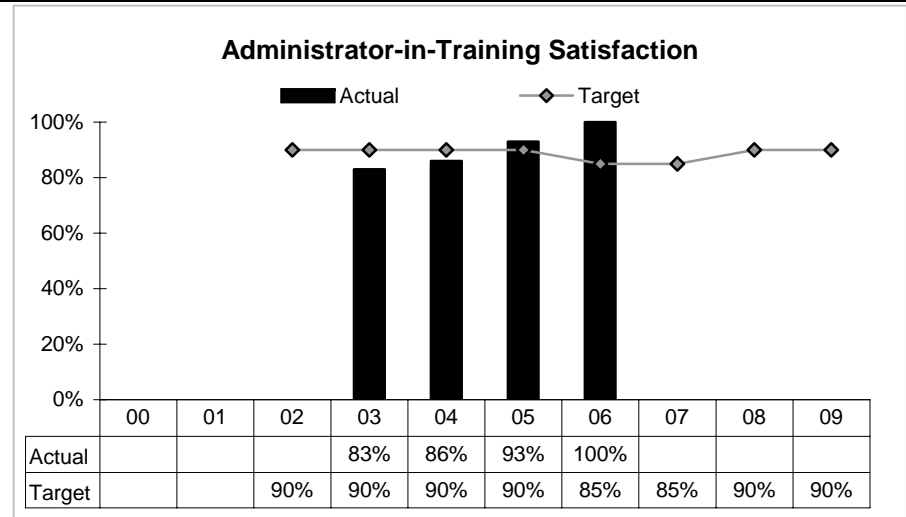
FY 2003 survey responses revealed an average 83 percent satisfaction rating for the AIT program. In response, the Board launched an extensive review of program guidelines and training practices occurring within the profession. The Board invited stakeholders to participate in the information gathering process, which ultimately resulted in significant changes to the Board’s administrative rules. Trainee satisfaction has steadily increased since FY 2003, with FY 2005 and FY 2006 realizing a 7 percent annual increase. FY 2006 peaked with 100 percent of the respondents reporting a satisfactory training experience/program.

4. **HOW WE COMPARE**

It is difficult to locate a comparable example due to the variations in similar licensing Board’s training programs. There is no current model AIT program, and many states’ AIT programs have digressed significantly from the original model of years past. While the Board is not aware of any comparable measure in public or private industry, it is possible that other states with AIT programs may have similar measures.

5. **FACTORS AFFECTING RESULTS**

AIT satisfaction ratings are based on a limited number of survey responses thus a single response may impact the overall rating. Clearly the increased focus and recent administrative rule changes have improved trainee satisfaction.



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6. WHAT NEEDS TO BE DONE

The Board will continue to monitor the program and the impact of the recent rule amendments in order to identify the level of success or failure associated with the changes.

7. ABOUT THE DATA

Reporting Cycle: Oregon fiscal year

The program has changed its survey process since 2003, which has resulted in an increased number of survey responses. Nonetheless, survey responses remain low due to the limited number of AIT participants (30-50 per biennium). Program data is collected and entered by board staff and maintained within a database, thus the information is assumed reliable. Survey responses are available for review upon request at the board office located in the Portland State Office Building.

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KPM #2	NURSING HOMES RECEIVING SUBSTANDARD LETTERS Percent of surveyed nursing homes with administrators on the job for at least two years that receive substandard letters from DHS, Seniors and People with Disabilities.	Measure since: e.g. 2003
Goal	SERVE & PROTECT: Protect nursing home residents from unethical and/or incompetent nursing home practices.	
Oregon Context	Agency Mission	
Data source	Civil penalty and nursing home survey data received from the Department of Human Services, Seniors and People with Disabilities	
Owner	Janet Bartel, Executive Director Ph: 971-673-0196	

1. **OUR STRATEGY**

Maintain record of civil penalties and survey data to identify need for improved or increased administrator training.

2. **ABOUT THE TARGETS**

The initial targets established for this KPM were flawed in that they should have decreased rather than increased over time. Given that, the 2005 legislature approved adjustments decreasing the 2006-07 targets. The 2008-09 targets provide for a continued decline in the number of substandard survey letters. The lower target is desirable with this KPM.

3. **HOW WE ARE DOING**

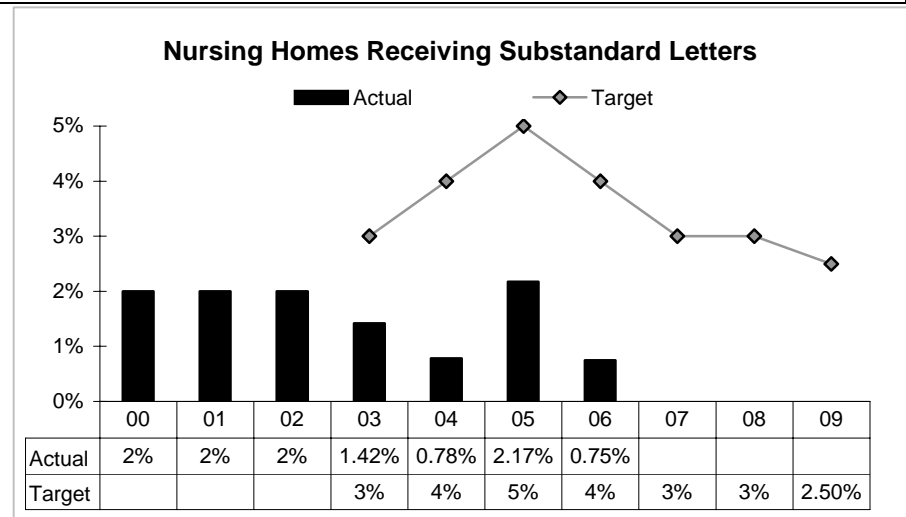
The data reveals a relatively small percentage of substandard survey letters with minor fluctuation. The percentage of substandard letters has consistently fallen below established targets in fiscal years 2003 through 2006.

4. **HOW WE COMPARE**

This measure indicates a relatively high level of administrator competency and facility compliance. However, it may not prove practical to compare this measure to other states because of the differing guidelines that warrant substandard letters. Additionally, the majority of Oregon’s substandard letters relate to direct patient care, which is not typically provided by the administrator.

5. **FACTORS AFFECTING RESULTS**

While administrators are undoubtedly key players in fostering the environment within a nursing home, it is important to understand that they often lack the corporate support and financial resources to elicit improvements that would likely reduce the number of substandard survey letters. Additionally, there is a fairly high turnover rate in nursing home administrators and the measure’s two-year tenure stipulation restricts the amount of measurable data.



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6. WHAT NEEDS TO BE DONE

This KPM is not a fair measure of the program's success in developing adequately trained administrators due in part to the aforementioned factors that are not within the administrator's control or the Board's jurisdiction. The language of the measure would provide more data if it were amended to better align with the high turnover rate of administrators while allowing adequate time for changes within the facility.

7. ABOUT THE DATA

Reporting cycle: Oregon fiscal year

The survey and substandard letter data is provided by the Department of Human Services, Seniors and People with Disabilities section. Administrator licensing and employment tenure records are maintained by the Board. There is no identified weakness in the survey and substandard letter data and the data is assumed reliable; however, administrator tenure records are based on employment change notifications and may not accurately reflect employment tenure in some cases. Nursing home survey and administrator employment data is available for review upon request at the board office located in the Portland State Office Building.

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KPM #3	COMPLAINT REVIEW AND RESPONSE	Measure since: 2003
	Average time to review and act on a complaint.	
Goal	SERVE & PROTECT: Protect nursing home residents from unethical and/or incompetent nursing home practices	
Oregon Context	Agency Mission	
Data source	Agency investigation files and investigation log	
Owner	Janet Bartel, Executive Director Ph: 971-673-0196	

1. **OUR STRATEGY**

Immediate review by staff to determine warranted action or referral with a full Board review as needed.

2. **ABOUT THE TARGETS**

The initial targets were established at 120 days and based on the average time to complete an investigation from the receipt of a complaint. The Board determined this to be a flawed measure in that the length of investigation is largely outside of its control. Given that, the measure’s language was amended by the 2005 legislature and the focus realigned to consider the time to review and act on a complaint. Accordingly, the targets were adjusted down to 90 days, the average length of time between quarterly board meetings. The lower target is desirable with this KPM.

3. **HOW WE ARE DOING**

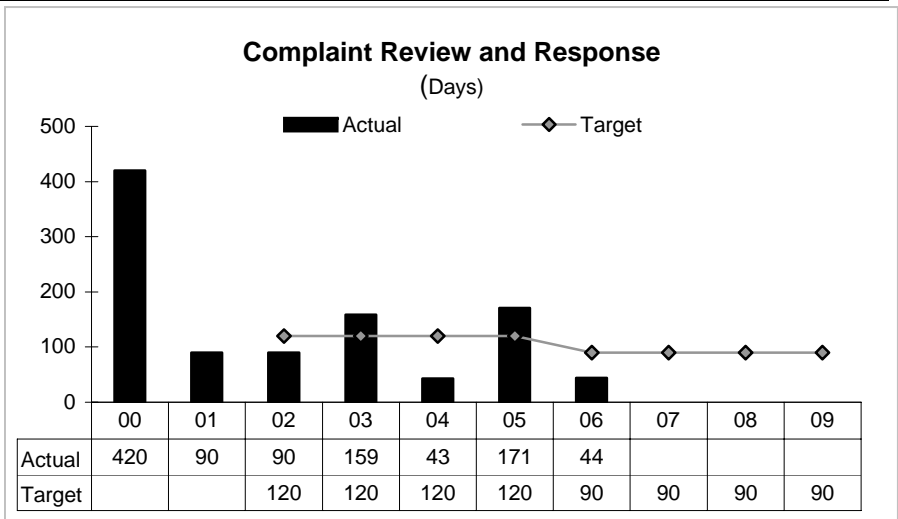
In most years, the program has stayed below the target indicating that it is efficiently addressing complaints received. Lengthy investigations that concluded in fiscal years 2003 and 2005 impacted the results for those years. The Board anticipates that it will consistently stay within target in coming years due in part to the amended language that was implemented in fiscal year 2006.

4. **HOW WE COMPARE**

No public or private comparison has been performed. The program responds to complaints in the most expedient manner allowable; however, the Board meets quarterly, which often delays the review and processing of complaints. Regardless, the program continually strives to expedite its response and processing of citizens’ complaints.

5. **FACTORS AFFECTING RESULTS**

The program investigates a relatively low number of complaints due to its limited jurisdiction and the types of complaints received. Citizens and employees frequently call with concerns that do not involve the licensed nursing home administrator. The board office regularly receives complaints involving Assisted Living and Residential Care facilities. Administrators for these facilities are not licensed and therefore fall outside the Board’s jurisdiction. However, the board office routinely provides referrals and assistance to these complainants recognizing that their concerns warrant consideration and the appropriate action of agencies with jurisdiction.



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6. WHAT NEEDS TO BE DONE

While the time to review and act on a complaint is a good indicator of program responsiveness, the outcome is equally important but not effectively captured with this KPM. The Board strives to resolve complaints by means other than formal administrative hearing through mediation, consent order, settlement, and education alternatives. Given that, it may prove beneficial to examine the outcome of investigations as well (e.g., percent of complaints resolved by means other than formal administrative hearing). Additionally, there would appear to be a benefit to the public in the licensing or at the least increased regulatory oversight of Assisted Living and Residential Care facility administrators.

7. ABOUT THE DATA

Reporting cycle: Oregon fiscal year

A relatively low number of qualifying complaints limit the data considered. Given that, a single outlier may adversely impact the entire report year. Complaint and case data is collected and entered by board staff and maintained within a complaint/compliance log, thus the information is assumed reliable. Confidential complaint data is not made available for public inspection; however, non-protected data may be viewed upon request at the board office located in the Portland State Office Building.

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KPM #4	ADMINISTRATOR-IN-TRAINING PROGRAM HOURS	Measure since: 2006
	Percent of Administrators-In-Training (AIT) that complete more training than the required 960 hours.	
Goal	SERVE & PROTECT: Protect nursing home residents from unethical and/or incompetent nursing home practices.	
Oregon Context	Agency Mission	
Data source	AIT and licensee records	
Owner	Janet Bartel, Executive Director Ph: 971-673-0196	

1. **OUR STRATEGY**

Monitor and collect reported training hours and utilize data to determine adequacy of existing training requirement.

2. **ABOUT THE TARGETS**

This is a new KPM approved by the 2005 legislature. Given that, the targets were established at 50 percent, a relatively conservative level. A majority of the program’s trainees voluntarily exceeded the training requirements in both fiscal year 2005 and 2006 indicating that the targets should be adjusted to a higher expectation. The higher target is desirable with this KPM.

3. **HOW WE ARE DOING**

The program clearly exceeded expectation in fiscal years 2005 and 2006. This trend is expected to continue with 70 to 80 percent of trainees exceeding the 960-hour training requirement. The program assumes that some trainees do not report hours exceeding the requirement merely because it is not required.

4. **HOW WE COMPARE**

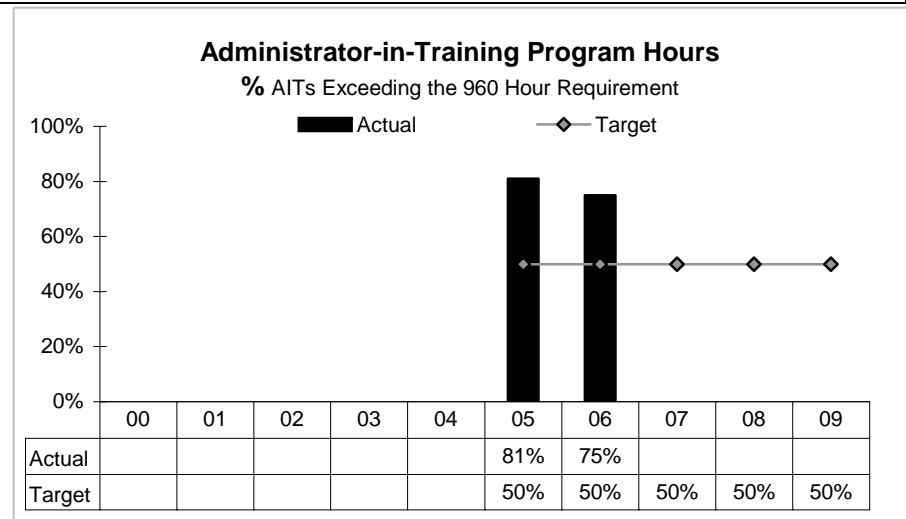
Nationwide, the AIT training hours required are often reduced by prior experience or advanced degrees. As a result, training hours required vary considerably from state to state (from 200 to over 2000 hours) depending on the qualifications of the candidate and the requirements of the licensing board. A 2004 report prepared by the Center for Health Workforce Studies identified 31 states requiring experience and 47 states requiring some hours in an AIT program.

5. **FACTORS AFFECTING RESULTS**

Corporate training programs that limit the training hours to the minimum required may be a factor in some training programs; however, a number of corporate training programs exceed the required 960 hours. Additionally, trainees are not required to report hours exceeding the 960-hour requirement.

6. **WHAT NEEDS TO BE DONE**

The Board will continue to encourage trainees and corporations to view the 960-hour requirement as a minimum recognizing that most trainees would benefit from additional training. The Board will encourage trainees who exceed the 960-hour requirement to report those hours.



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7. ABOUT THE DATA

Reporting cycle: Oregon fiscal year

A relatively low number of trainees limit the data considered. Program data is collected and entered by board staff and maintained within a training log, thus the information is assumed reliable. Administrator-in-Training data may be viewed upon request at the board office located in the Portland State Office Building.

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KPM #5	CONTINUING EDUCATION REQUIREMENT	Measure since: 2006
	Percent of licensees that complete more continuing education than required.	
Goal	SERVE & PROTECT: Protect nursing home residents from unethical and/or incompetent nursing home practices.	
Oregon Context	Agency Mission	
Data source	Renewing licensees Continuing Education Report log and random audit records	
Owner	Janet Bartel, Executive Director Ph: 971-673-0196	

1. **OUR STRATEGY**

Collect continuing education reports to insure compliance and determine percentage of licensees exceeding requirement.

2. **ABOUT THE TARGETS**

This is a new KPM approved by the 2005 legislature. Given that, the targets were established at 50 percent, a relatively conservative level. A majority of the program’s licensees voluntarily exceeded the continuing education requirement in fiscal year 2005 indicating that the targets should be adjusted to a higher expectation. The higher target is desirable with this KPM.

3. **HOW WE ARE DOING**

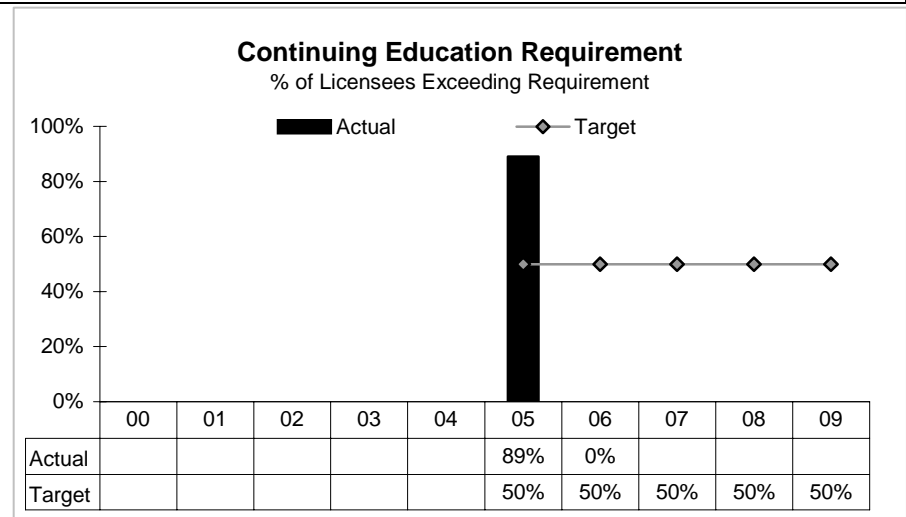
The program clearly exceeded expectations in fiscal year 2005. This trend is expected to continue with a high percentage of licensees exceeding the 30-60 hour continuing education requirement.

4. **HOW WE COMPARE**

Nationally, there is significant variation in states’ continuing education requirements for nursing home administrators with the highest requirements in the states of Oregon, Kentucky, and Louisiana (30 credits annually/60 credits biennially). Alaska, Colorado, and Hawaii have no requirements for continuing education credits.

5. **FACTORS AFFECTING RESULTS**

Regular nursing home administrator licenses are renewed biennially, thus data is limited to odd-numbered years (e.g., 2005). Additionally, ACTIVE licensees (licensees who are employed as nursing home administrators) generally encounter more opportunities to satisfy the continuing education requirements than INACTIVE licensees (licensees who are not employed as nursing home administrators). Accordingly, ACTIVE licensees’ continuing education requirement is set higher than INACTIVE licensees (60 verses 30 respectively).



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6. WHAT NEEDS TO BE DONE

The Board will encourage licensees to report their completed continuing education hours that exceed the 30-60 hour requirement. The Board will continue to allow limited rollover of continuing education hours exceeding the requirement as an added incentive to report excess hours that may be applied to the forthcoming license period.

7. ABOUT THE DATA

Reporting cycle: Oregon fiscal year

Data results consider both ACTIVE and INACTIVE license renewals occurring during renewal in odd-numbered years. Program data is collected and entered by board staff and maintained within the licensing database, thus the information is assumed reliable. Licensing, renewal, and continuing education data may be viewed upon request at the board office located in the Portland State Office Building.

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KPM #6	CUSTOMER SATISFACTION	Measure since: e.g. 2006
	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.	
Goal	SERVE & PROTECT: Protect nursing home residents from unethical and/or incompetent nursing home practices.	
Oregon Context	Agency Mission; EO 03-01 and EO 03-02	
Data source	Random and targeted surveys completed by applicants, licensees, and other agency customers	
Owner	Janet Bartel, Executive Director Ph: 971-673-0196	

1. **OUR STRATEGY**

Conduct customer service surveys, review results, determine actions to improve where needed.

2. **ABOUT THE TARGETS**

The target for fiscal year 2002 (80%) was considered a conservative estimate given the historic trend for this measure. The targets were increased to 100 percent in fiscal years 2003-05. The program achieved the 100 percent target in only one of the four reported years indicating this to be an unrealistic goal to maintain, thus the 2005 legislature approved a five percent reduction for fiscal years 2006-07. The program proposes to continue the 95 percent target into fiscal years 2008-09. The higher target is desirable with this KPM.

3. **HOW WE ARE DOING**

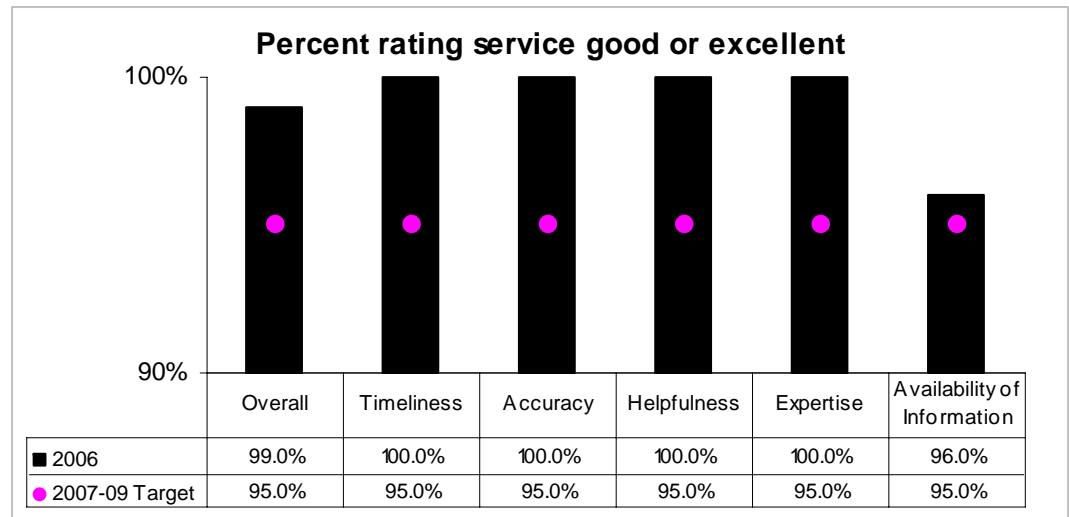
Survey results demonstrate a high level of success in the area of customer satisfaction. The program employs one FTE who is dedicated to accomplishing the program’s goal of excellent customer service. Program stakeholders and customers consistently report they are provided courteous, professional, and prompt services.

4. **HOW WE COMPARE**

Without the benefit of an actual comparison, it is estimated that the program’s customer service ratings are quite high in comparison to public and private industry standards. Technically, there should be no difference between public or private standards when it comes to customer service. While the Board does not conduct its business in the same manner and with the same outcomes as private industry, it recognizes the benefits of superior customer service in improving customer relations.

5. **FACTORS AFFECTING RESULTS**

The program’s customer base is relatively small in comparison to similar licensing boards, thus survey data is somewhat limited. Further, the program employs one FTE who is responsible for all administrative support and operations of the program. Given that, priorities are carefully considered in order to



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insure the continued optimal operation of the program. At times, a program priority may directly compete with a customer’s request calling for a discretionary decision in the matter that may not please the customer. In most cases, however, the program’s service far exceeds customer expectations.

WHAT NEEDS TO BE DONE

Until recently, the program has not specifically targeted its customer service audience choosing instead to rely on the results of randomly gathered surveys. The program recognizes that the needs of customers vary as well as their expectations. The program will continue to solicit survey responses from outside customers and recently extended survey efforts toward program licensees. Additionally, the program will further extend its survey efforts to outside stakeholders who are directly impacted by the program (e.g., professional associations, nursing home owners/operators, etc.).

6. ABOUT THE DATA

Reporting cycle: Oregon fiscal year

Program data is collected electronically via an online survey and by program staff. The program recently added an online survey feature to its website ensuring customers’ anonymity and increasing the efficiency and integrity of data collected. Every email transmittal by the program includes a link to the online customer service survey providing equal and ample opportunity for customers to share their opinion on the level of service received. Online survey and hardcopy data are entered by program staff and maintained within a customer service database, thus the information is assumed reliable. Customer service data may be viewed upon request at the board office located in the Portland State Office Building.

7. ABOUT OUR CUSTOMER SERVICE SURVEY

- Survey Name: a) Customer Service Questionnaire (hardcopy survey); b) Oregon Surveys (online version)
- Surveyor: Staff and electronic collection method
- Date Conducted: Continuous
- Population: Compliers, Consumers, Constituents
- Sampling Frame: Customers who have had recent interaction with the agency
- Sampling procedure: Convenience sample
- Sample Characteristics: N/A
- Weighting: N/A