

NURSING, BOARD of

Annual Performance Progress Report (APPR) for Fiscal Year (2007-2008)

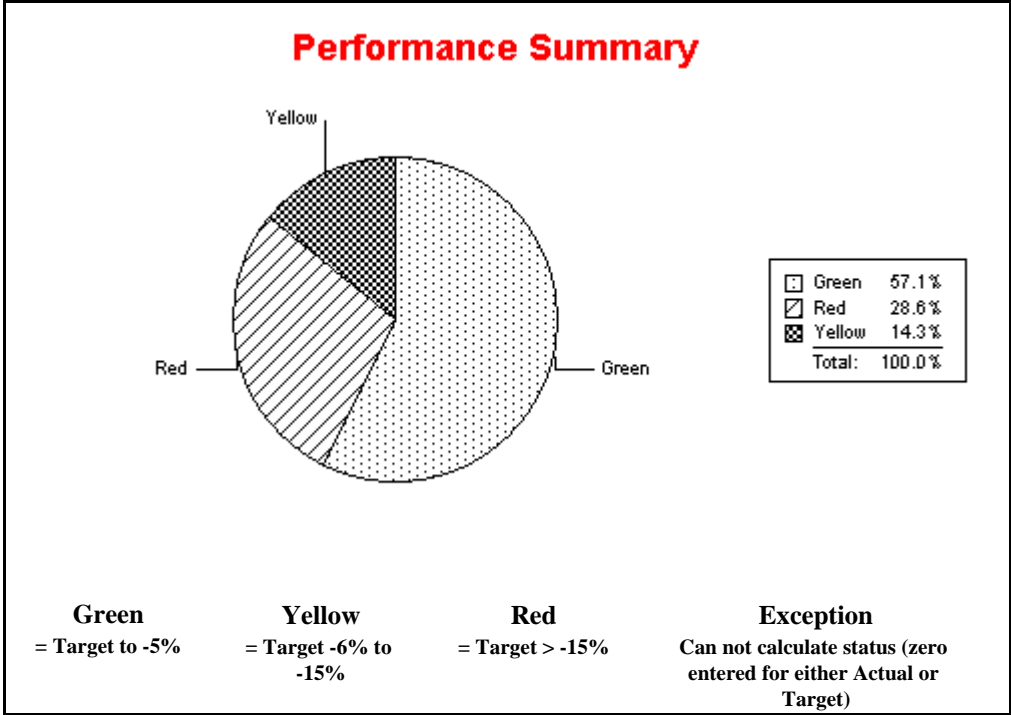
Proposed KPM's for Biennium (2009-2011)

Original Submission Date: 2008

2007-2008 KPM #	2007-2008 Approved Key Performance Measures (KPMs)
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.
5	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within one year of Board closing original case with a disciplinary action.
6	EFFECTIVE GOVERNANCE – Percent of total best practices met by the Board.
7	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.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2009-2011
NEW	<p>Title: ON-LINE TRANSACTIONS: Percent of business transactions completed on-line.</p> <p>Rationale: Better reflects the Board's results at efforts to offer more services, such as licensing renewals, available on-line.</p>
NEW	<p>Title: TIMELY LICENSING: Percent of licensing applications processed within target.</p> <p>Rationale: This measure is being added because the Nursing Board has agreed to participate in a pilot process whereby performance data is gather on key business processes and used to not only to report externally, but to continuously improve the key business processes. The Department of Administrative Services and Legislative Fiscal Office are supporting this pilot.</p>
DELETE	<p>Title: 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.</p> <p>Rationale: This measure does not rise to the level of a KPM; it will be retained as an internal agency measure.</p>
DELETE	<p>Title: E-COMMERCE PARTICIPATION - Percent of e-commerce RN renewals compared to total RN renewals.</p> <p>Rationale: This measure is being expanded to better represent the agencies strategic priority to convert more business transactions to being conducted on-line.</p>
DELETE	<p>Title: TIMELY CUSTOMER SERVICE - Percent of all ACD calls (Automatic Call Distributor) telephone calls answered by a live representative and not abandoned by the caller.</p> <p>Rationale: This measure does not rise to the level of a KPM; it will be retained as an internal agency measure.</p>

NURSING, BOARD of	I. EXECUTIVE SUMMARY
Agency Mission: The mission of the Oregon State Board of Nursing is to safeguard the public's health and well-being by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice.	
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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 compliance, 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 Council, the Oregon Nurses Association, the Oregon Center for Nursing, colleges and universities, employers and the public.

3. PERFORMANCE SUMMARY

KPMs at or trending toward the set goal: #3—E-Commerce Participation, #4—Timely Resolution of Complaints, and #7—Overall Customer Service.

KPMs not at or trending toward the set goal: #1—Timely Customer Service, #2—License Verification Information Kept Current, #5—Reduction of Recidivism, and #6—Effective Governance.

Total number of Key Performance Measures: 7

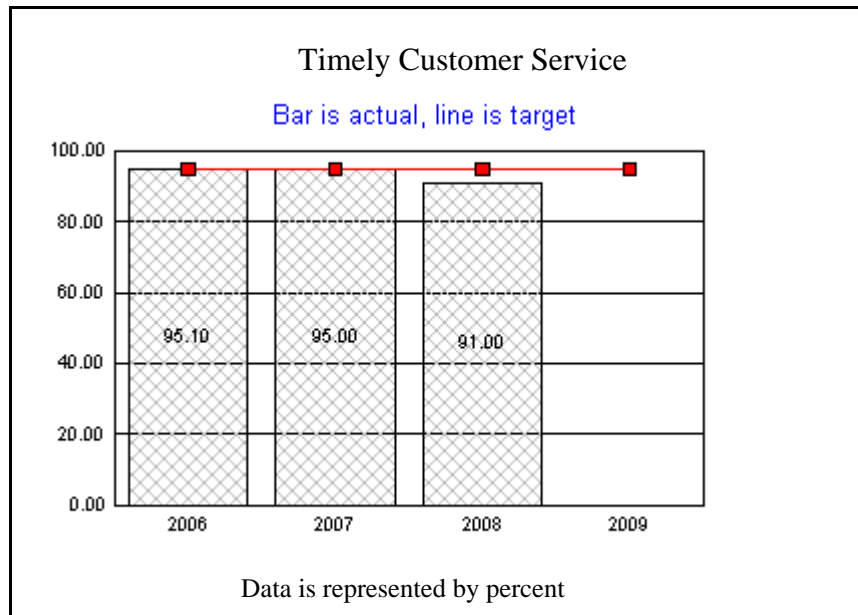
4. CHALLENGES

The Board of Nursing experienced a period of intense transition and turmoil in 2007 that crossed over into early 2008, and was reflected in the agency's performance measure data. Although the agency met only three of its seven KPM goals, we have made great strides in several areas; the percentage of licensees participating in e-commerce is a particularly bright spot. The Board must stabilize several infrastructure areas, including licensing and technology, and improve the existing agency services to make further KPM progress.

In response to the nursing shortage, nursing programs are seeing an increase in students entering the profession. Challenges are numerous—including lack of faculty, lack of classroom capacity and lack of sites for clinical experiences. The Board has worked closely with the nursing programs in the state and the Oregon Consortium of Nursing Education to develop a new model of nursing education and to facilitate the use of clinical simulation centers that will revolutionize nursing education.

5. RESOURCES AND EFFICIENCY

KPM #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.	2005
Goal	Excellent Customer Service: Responsiveness to Customers	
Oregon Context	Mission	
Data Source	ACD computer program statistics	
Owner	Licensing Manager: DeWayne Hatcher	



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% in FY 2007. Performance dipped substantially in FY 2008 primarily due to the increased call volume resulting from implementation of fingerprinting.

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

Because the fingerprinting process was new to the agency as of January 2008 and the process delays the licensure process by up to three weeks, the call center representatives spent more time explaining the process which impacted length and volume of calls.

6. WHAT NEEDS TO BE DONE

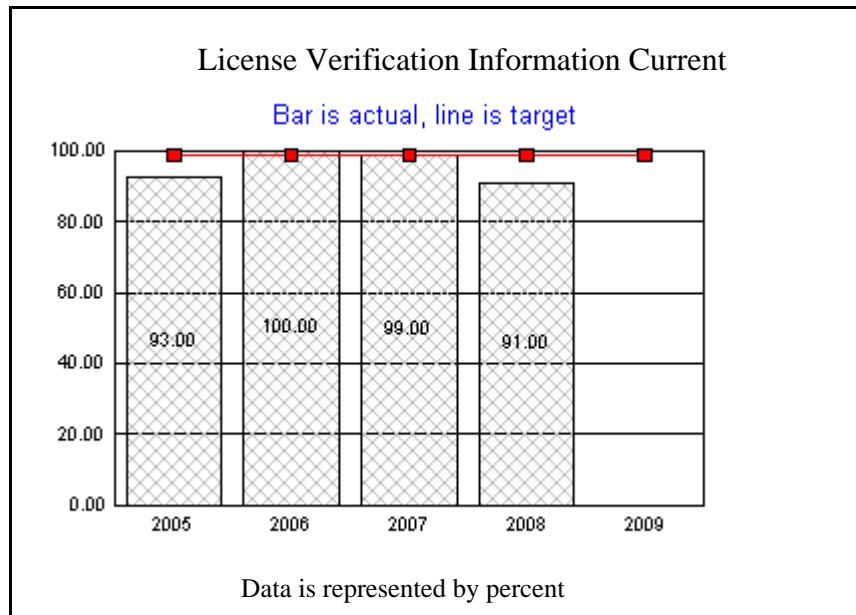
It is anticipated that as the fingerprinting process become more familiar to licensees and the agency, communication regarding this process will be streamlined. For example, the agency has developed a Frequently Asked Questions web page dedicated to questions about the fingerprinting process. Additionally, the agency has requested another FTE in the licensing division to address some of the backlog and delay issues surrounding the fingerprinting process. It is anticipated that this metric will improve in the next biennium.

7. ABOUT THE DATA

The data is reported on an Oregon fiscal year basis. During a hardware conversion on June 12, 2007, 17 business days of historical data from the upgraded ACD system were unrecoverable and 13 days reported here. The data for this fiscal year covers July 1, 2006 to June 30, 2007.

Management reports are now available on demand, and can be requested at the daily, weekly, monthly, or yearly level.

KPM #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.	2002
Goal	Excellent Customer Service: Responsiveness to Customer	
Oregon Context	Mission	
Data Source	Computer Audit Logs	
Owner	Licensing Manager: DeWayne Hatcher	



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 and 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

2007 data shows that OSBN met the target of 99%. In 2008, however, OSBN performance dipped substantially to 91%.

4. HOW WE COMPARE

At this time we know of no other benchmarks.

5. FACTORS AFFECTING RESULTS

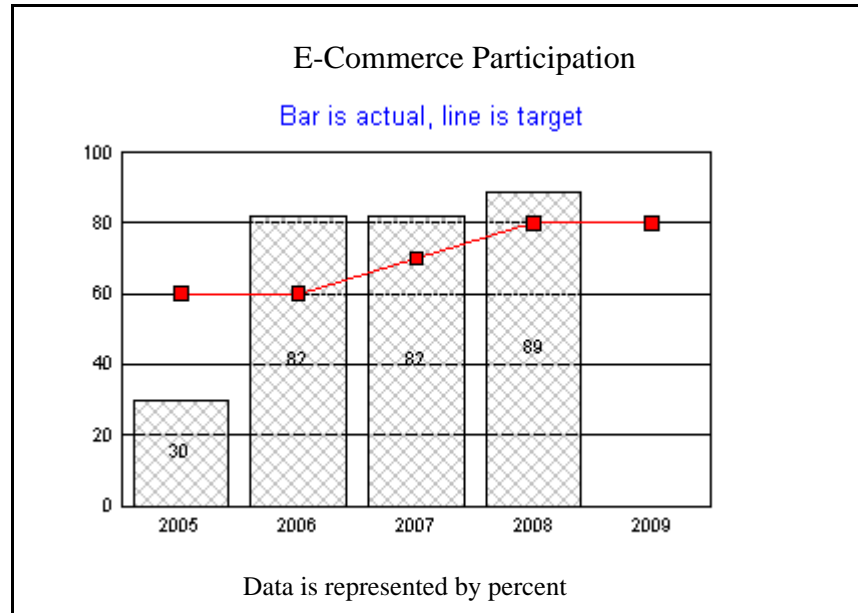
In FY 2008, the Interactive Voice Response (IVR) system was not functioning for over 30 days due to a malfunction of the hardware. Although stakeholders could access the on-line web based system for license verification during this time, the IVR was not available. Since the performance measure indicates that both systems are available simultaneously, the agency did not meet its target in FY 2008.

6. WHAT NEEDS TO BE DONE

7. 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.

KPM #3	E-COMMERCE PARTICIPATION - Percent of e-commerce RN renewals compared to total RN renewals.	2002
Goal	Excellent Customer Service: Efficiency of E-Commerce Operations	
Oregon Context	Mission	
Data Source	Web software/licensing database query	
Owner	Licensing Manager: DeWayne Hatcher	



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 2007, we received 19,840 RN renewal applications through e-commerce, while only 2,851 were submitted in paper forms, resulting in an 86% adoption rate. In FY 2008, we received 19,541 RN renewal applications through e-commerce, while only 2,230 submitted in paper forms, resulting in an 89% adoption rate. In the past two years, OSBN has exceeded its target.

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

OSBN continues to “market” on-line renewals through web based information. 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. (Note: Upcoming changes in renewal system will positively impact this.)

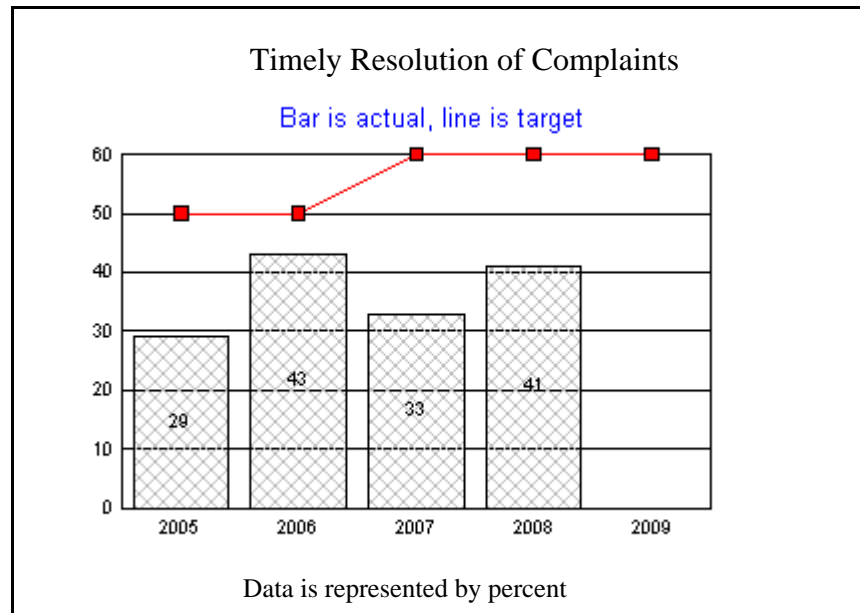
6. WHAT NEEDS TO BE DONE

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.

KPM #4	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.	2003
Goal	Ensure the safety of those Oregonians who are cared for by nurses: Timeliness of complaint resolution.	
Oregon Context	Mission	
Data Source	Database query, Board meeting documents	
Owner	Compliance Manager: Linda Fisher-Lewis	



1. OUR STRATEGY

The Investigations and Compliance department completes its investigations and reporting 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 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 2008, 41% of cases met the 120-day reporting requirement. This is an 8% increase over FY 2007.

4. HOW WE COMPARE

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

5. FACTORS AFFECTING RESULTS

Recruitment and retention of investigators has been a major issue for the department. This is a very stressful career, and historically turnover has been high. Out of 10 investigator positions, only 5 investigators remained working for OSBN during the entire 2005-2007 biennium. However, the turnover rate stabilized a bit during 2008. In addition, the mix of investigators is now split between nurse investigators and non-nurse investigators. Non-nurse investigators are generally easier to recruit for this job class.

Two other factors contributed to the improved performance in FY 2008. The agency gained three additional interview rooms, making the scheduling of interview much easier. Also, the Board increased the number of disciplinary Board Meetings to 11 times a year, which enabled more timely resolution of cases.

6. WHAT NEEDS TO BE DONE

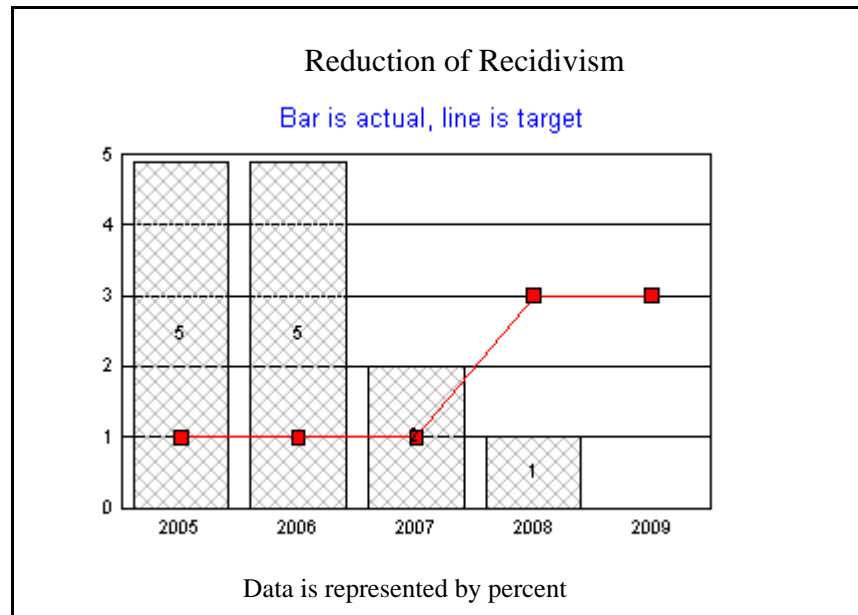
Several policies are poised for implementation in FY 2009, which will create more consistency within the department and streamline operations. A

departmental review also is planned for late next year to identify other areas for improvement.

7. ABOUT THE DATA

The data is reported on an Oregon fiscal-year basis. Our agency database is queried for complaint timelines.

KPM #5	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within one year of Board closing original case with a disciplinary action.	2003
Goal	Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of the investigative process, discipline and remediation.	
Oregon Context	Mission	
Data Source	Database query for multiple complaints.	
Owner	Compliance Manager: Linda Fisher-Lewis	



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.

3. HOW WE ARE DOING

The OSBN surpassed its target of 3%. Of 746 disciplinary actions taken to the Board in the 12 months preceding FY 2007, four licensees were taken back to the Board for a similar offense the following year resulting in a .005 recidivism rate. Of the 811 cases taken to the Board in FY 2008, seven licensees were taken back to the Board for a similar offense the following year, resulting in a .008 recidivism rate.

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 of Nursing's rate of .008 is therefore better than the national average.

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.

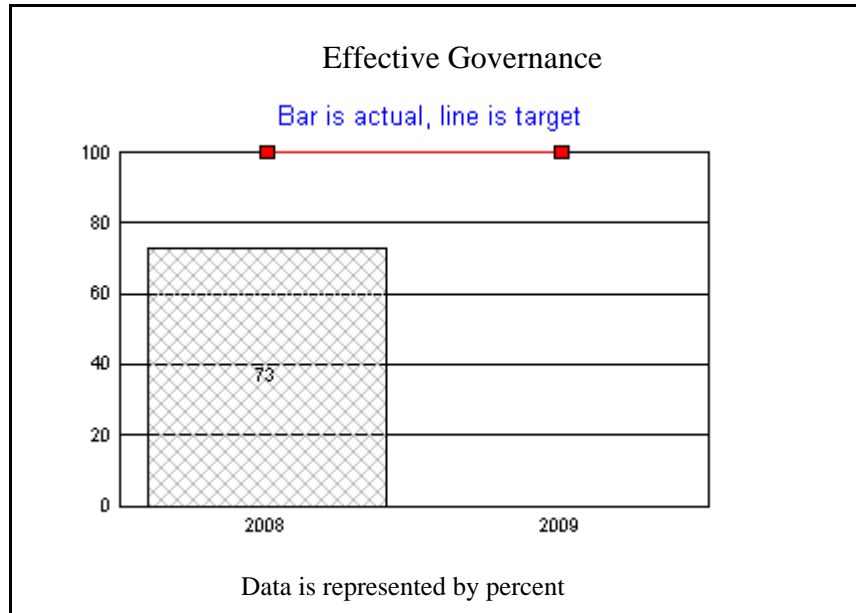
6. WHAT NEEDS TO BE DONE

Through its strategic plan, the Board has identified ways in which to identify root cause of errors. During the 2009-2011 biennium, the Board plans to develop the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP) tool to help identify the cause of practice errors. The Board will use this data to educate employers and licensees about practice error trends and how to prevent errors from occurring.

7. ABOUT THE DATA

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

KPM #6	EFFECTIVE GOVERNANCE – Percent of total best practices met by the Board.	2007
Goal	Strategic Board Leadership	
Oregon Context	Mission	
Data Source	Annual Board Self-Evaluation	
Owner	Executive Director: Holly Mercer	



1. OUR STRATEGY

In its 2008-2014 Strategic Plan, the Board established a target of 100% 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% on this key measure.

3. HOW WE ARE DOING

As of July 2008, the Board conducted a self-assessment of its performance and found an achievement rate of 70%. The Board did not meet its goal in the following areas:

Executive director receives performance feedback

The Board reviews the Annual Performance Progress Report.

The Board members identify and attend appropriate training sessions.

The Board reviews its management practices to ensure best practices are utilized.

4. HOW WE COMPARE

Since this measure was recently implemented, the Board has insufficient comparative data.

5. FACTORS AFFECTING RESULTS

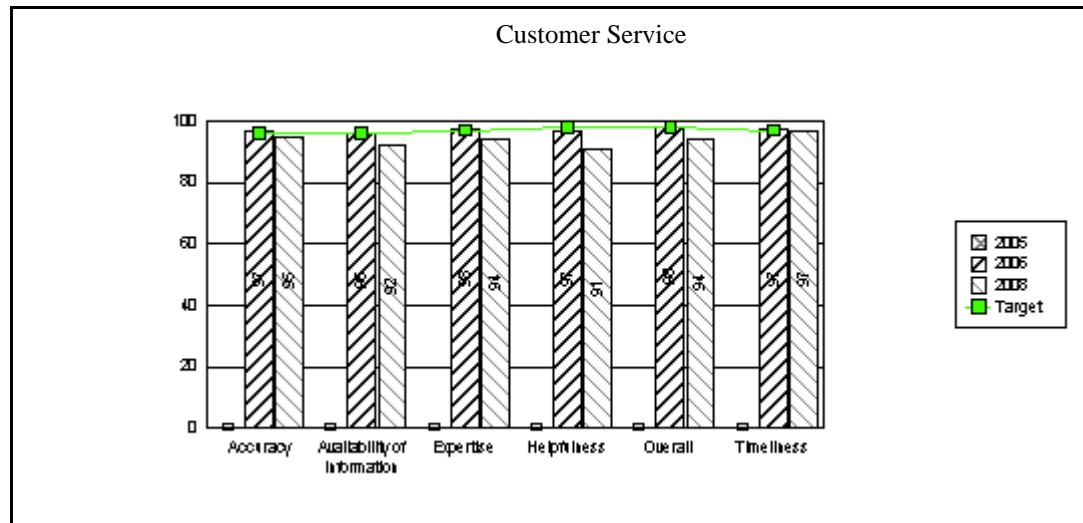
Historically, the board has not been sufficiently apprised of the operations of the agency. Although some management reports were given to the Board during Board meetings, the reports were not focused on operational performance measures.

6. WHAT NEEDS TO BE DONE

Through its strategic plan, the Board has identified areas needing additional review, analysis and oversight. In the past, the Board has not required management staff to provide periodic performance reports. Going forward, the Board will require management staff to periodically provide concise standardized reports detailing performance in the licensing, compliance, and administrative services sections. Additionally the Board will review performance of the Executive Director annually, taking into account feedback from staff and stakeholders.

7. ABOUT THE DATA

KPM #7	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”: overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	1996
Goal	Excellent Customer Service: Customer satisfaction with the licensure application process.	
Oregon Context	Mission	
Data Source	Customer Service surveys distributed with licenses.	
Owner	Licensing Manager: DeWayne Hatcher	



1. OUR STRATEGY

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. As an agency supported entirely by its constituency, excellent customer service is essential to sustaining operations and meeting the agency mission. Surveys have historically been performed biennially. The next scheduled survey is 2010.

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' 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.

3. HOW WE ARE DOING

Surveys are performed biennially. Although the agency surveyed licensees in 2002 and 2004, the questions were changed for the 2006 survey to match the Recommended Statewide Customer Service Performance Measures Guidelines, so the data doesn't quite compare to the previous years.

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

We conduct a survey every other year. It is our intent to conduct a survey in the Fall of 2010.

7. ABOUT THE DATA

2267 surveys were sent during December 2008 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 3.47% of the total population. We received 343 return surveys, or 15%. The online survey was conducted via SurveyMonkey. 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?

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 with the following results:

Confidence Level: 95%

Proportion: 30.5%

Sample Size: 5000

Population Size: 61,628

Margin of Error: 1.2%

NURSING, BOARD of	III. USING PERFORMANCE DATA
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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.	
<p>1. INCLUSIVITY</p>	<p>* Staff : 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 and key managers wrote specific narratives.</p> <p>* Elected Officials: Members of the state Joint Ways and Means committee reviewed all and eliminated several proposed measures during the 2007 Legislative Session.</p> <p>* Stakeholders: Stakeholders will be involved with the upcoming Customer Satisfaction survey.</p> <p>* Citizens:</p>
<p>2 MANAGING FOR RESULTS</p>	<p>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. For example, new agency management identified a need for additional investigators and support staff to more efficiently handle disciplinary cases and meet KPM #4, Timely Resolution of Complaints.</p>
<p>3 STAFF TRAINING</p>	<p>Departmental managers have worked with their staffs 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.</p>
<p>4 COMMUNICATING RESULTS</p>	<p>* Staff : Performance measure results are shared with staff at manager and departmental meetings. Information is used to help prioritize workload.</p> <p>* Elected Officials: Results are communicated through annual reporting and budget presentations.</p> <p>* Stakeholders:</p>

	<p>Depending on the stakeholder, results are provided by direct reporting of specific data.</p>
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* **Citizens:** Annual reports are provided primarily through the agency website. Individual data also is provided as requested.