

NURSING, BOARD of

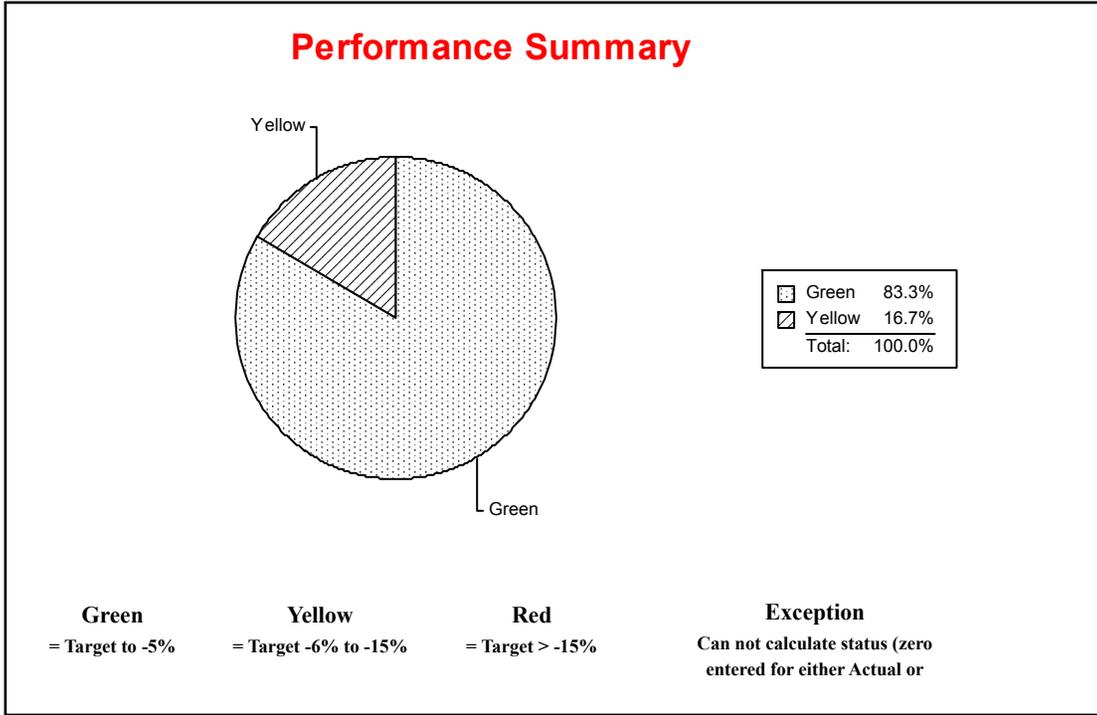
Annual Performance Progress Report (APPR) for Fiscal Year (2012-2013)

Original Submission Date: 2013

Finalize Date: 8/30/2013

2012-2013 KPM #	2012-2013 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.

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.	
Contact: Barbara Holtry	Contact Phone: 971-673-0658
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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

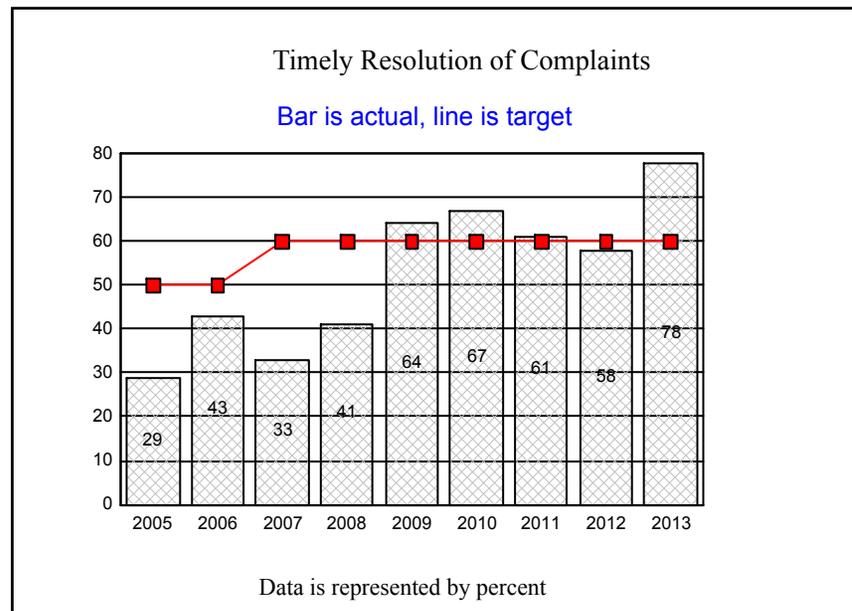
The agency met almost all of its targets. We were slightly deficient on the Effective Governance and Customer Service measures.

4. CHALLENGES

The Board of Nursing experienced a period of intense transition in 2007 and 2008. Since that time, the agency has worked diligently to stabilize its infrastructure and staff, and improve the existing agency services to meet KPM targets. We will continue during the next biennium to implement operational policy, procedure and culture changes that will improve our performance.

5. RESOURCES AND EFFICIENCY

KPM #1	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	Investigations Manager: Jeff McVay	



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, and 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, the Board completed 78 percent of its cases in FY 2013, exceeding its goal 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 2011, which gave staff more tools to manage their caseloads. The Board also implemented new criteria to prioritize cases more efficiently.

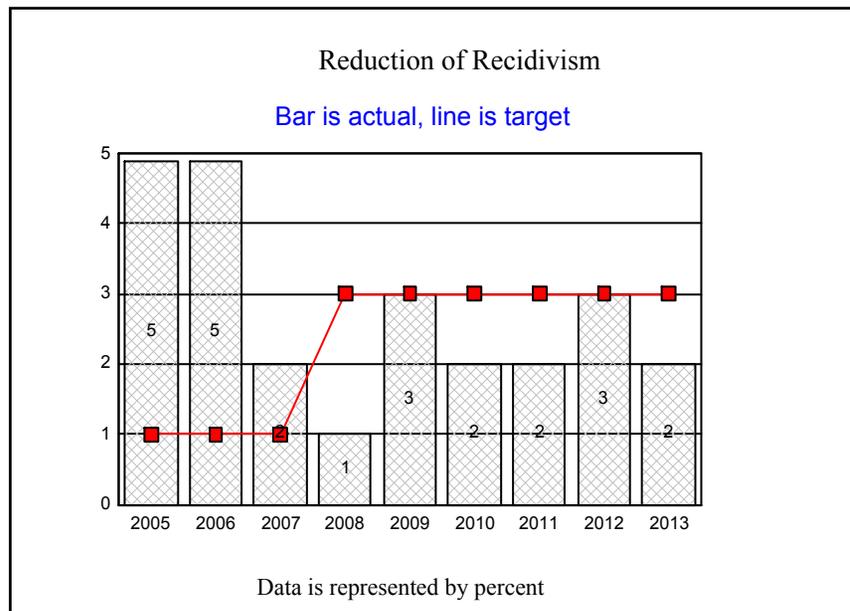
6. WHAT NEEDS TO BE DONE

Staff need 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.

KPM #2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years 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	Investigations Manager: Jeff McVay	



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 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.

2. ABOUT THE TARGETS

A low rate of recidivism is our goal.

3. HOW WE ARE DOING

The OSBN's rate of 2 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 2010, 2011, or 2012, and were reported to the Board for any offense during FY 2013.

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%. Oregon's rate is slightly higher than that.

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.

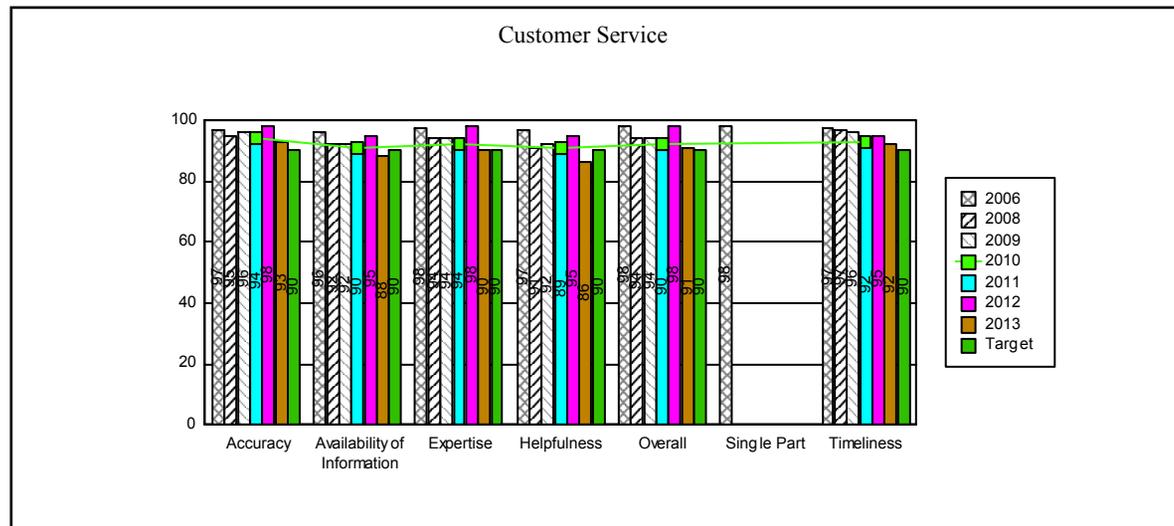
6. WHAT NEEDS TO BE DONE

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.

KPM #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.	1996
Goal	Excellent Customer Service: Customer satisfaction with the licensure application process.	
Oregon Context	Mission	
Data Source	Customer Service survey links distributed via e-mail. Survey done through SurveyMonkey.	
Owner	Licensing Manager: DeWayne Hatcher	



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 2014.

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. However, we consistently rated higher than 90% in all but two of our satisfaction categories (Availability of Information and Helpfulness) in FY 2013, so we expect no less from future surveys.

3. HOW WE ARE DOING

The agency's Helpfulness and Availability of Information ratings slipped slightly below our target in FY 2013. With continued staff training, and the recent addition of the CRM database in the Licensing department, we expect to receive future high marks in all categories.

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

Many factors can affect results in customer satisfaction. Adequate and welltrained 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. We credit our high customer service rankings to our wellrun customer service center, the recent enhancement of our successful online renewal system, and a stronger emphasis on staff accountability across the agency.

6. WHAT NEEDS TO BE DONE

As stated above, with continued staff training and the addition of the recently implemented CRM database in Licensing, and we expect to achieve or exceed our targets in all categories in FY 2014.

7. ABOUT THE DATA

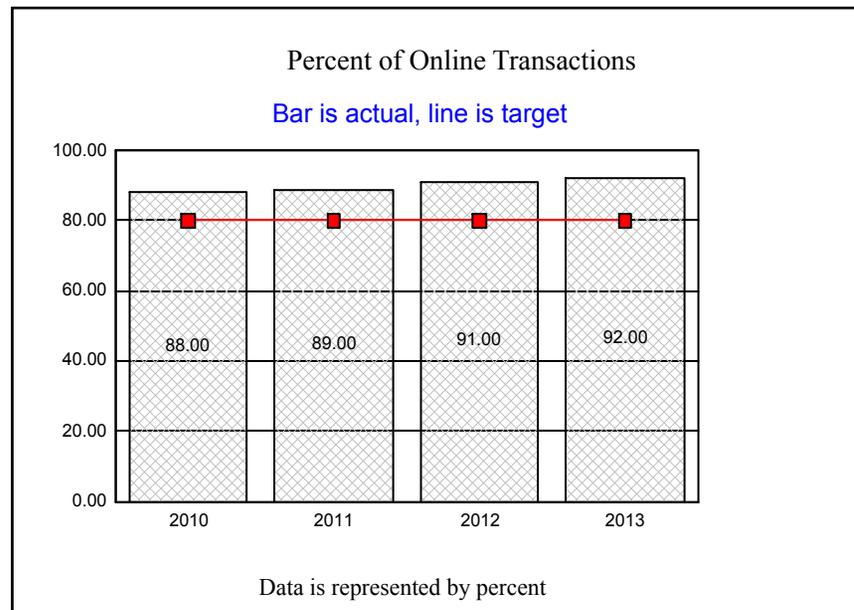
4,644 surveys were sent during August 2013 to anyone receiving a new or renewal license. Initial applications for licensure are on demand, and renewals are biennial and by birth date, therefore the sampling is random. We received 1,714 return surveys, or 15%. The online survey was conducted via

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.

KPM #4	ON-LINE TRANSACTIONS: Percent of business transactions completed on-line.	2009
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

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 by Spring 2014.

2. ABOUT THE TARGETS

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

3. HOW WE ARE DOING

The Oregon State Board of Nursing met its target. As stated above, 100% utilization won't occur until paper forms are no longer accepted.

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 70%.

5. FACTORS AFFECTING RESULTS

Applicants who disclose disciplinary or other issues that need further evaluation are still processed by exception via paper applications. This affects about 5 % of our licensees and prevents full participation.

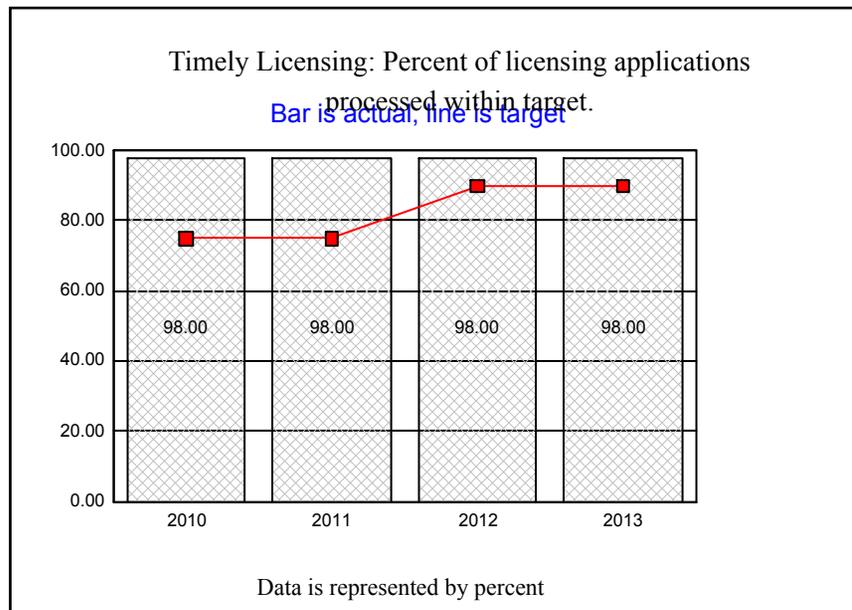
6. WHAT NEEDS TO BE DONE

The agency launched an online process for accepting RN and LPN applications for licensure through endorsement in September 2010. The agency is planning to develop an online process for acceptance of RN and LPN applications for licensure through exam in Spring 2014.

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.

KPM #5	TIMELY LICENSING: Percent of licensing applications processed within target.	2009
Goal	Timely Licensing: Percent of licenses processed within five business days.	
Oregon Context	Mission	
Data Source	Licensing database query.	
Owner	Licensing Manager: DeWayne Hatcher	



1. OUR STRATEGY

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

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

In FY 2013, the Board achieved the extremely high result of 98 percent, the same as in FY 2012.

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

Several factors affect results in licensing. Maintaining an adequate amount of welltrained staff, technology such as our online renewal and endorsement systems, and clear guidelines that can be communicated simply to licensees are major contributors to our good results.

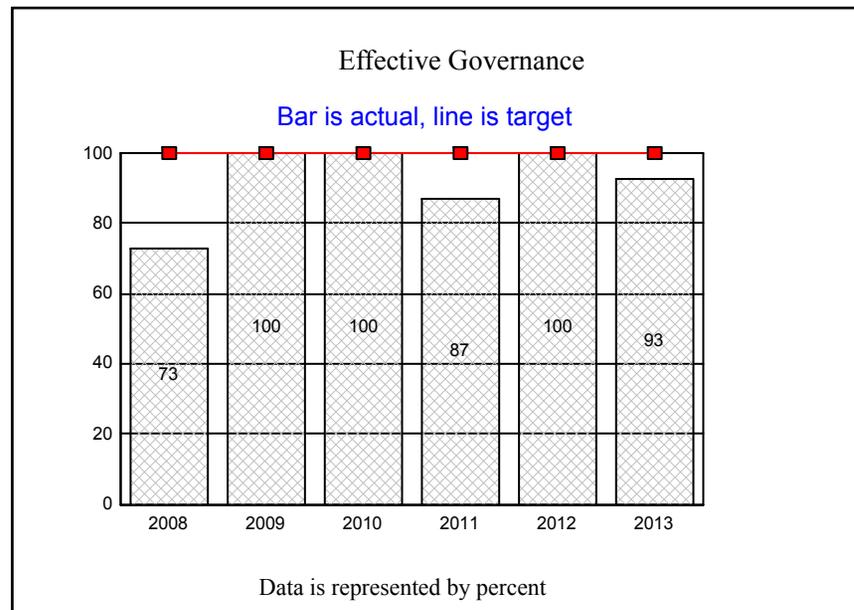
6. WHAT NEEDS TO BE DONE

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.

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	Interim Executive Director: Margaret Semple	



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

The Board's 93 percent compliance rate almost met its goal of 100% 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 Executive Director left the agency in November 2012 before an annual performance appraisal could be accomplished. The current Interim Executive Director has only been in the position four months, so an annual appraisal isn't warranted. The Board is currently evaluating its options and plans to recruit for a new Director by the end of 2013.

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.

NURSING, BOARD of	III. USING PERFORMANCE DATA
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.

1. INCLUSIVITY	<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.</p> <p>* Elected Officials: Members of the state Joint Ways and Means committee reviewed all and eliminated some proposed measures during the 2011 Legislative Session.</p> <p>* Stakeholders: Some stakeholders are involved with the annual Customer Satisfaction survey.</p> <p>* Citizens:</p>
2 MANAGING FOR RESULTS	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.
3 STAFF TRAINING	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.
4 COMMUNICATING RESULTS	<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: Depending on the stakeholder, results are provided by direct reporting of specific data.</p> <p>* Citizens: Annual reports are provided primarily through the agency website. Individual data also is provided as requested.</p>