



Oregon State Board of Nursing

Six-Year Strategic Plan 2008-2014

Governance Goal: Assure the Governance Framework Supports the Board’s Mission and Vision

Objective	Measure	Strategies	Responsibility	Timeframe
1. <i>Promote a model of policy governance.</i>	<i>Board achieves 100% on self assessment criteria.</i>	<ol style="list-style-type: none"> 1. <i>Ensure board members are educated on principles of policy governance.</i> 2. <i>Ensure statutes, rules, policies, procedures and directives are consistent with the Board’s mission and vision.</i> 3. <i>Improve evidence-based decision-making by integrating data-driven processes.</i> 4. <i>Prepare report quarterly with supporting documentation and data and present to Board biannually.</i> 	<ol style="list-style-type: none"> 1. <i>Board & staff</i> 2. <i>Board & Board Governance committee.</i> 3. <i>Board & staff</i> 4. <i>Staff</i> 	<ol style="list-style-type: none"> 1. <i>Introduce at Sept. ‘08 Board meeting; ongoing thereafter.</i> 2. <i>FY 2009; ongoing.</i> 3. <i>FY 2009; ongoing.</i> 4. <i>First draft presented to Nov. ‘08 Board meeting; quarterly thereafter.</i>
2. <i>Collaborate and strengthen relationships with stakeholders.</i>	<i>Communication and outreach report reflects growth in collaboration.</i>	<i>Develop “Communication and Outreach” report and review quarterly.</i>	<i>Staff and board</i>	<i>First report presented to Board during first quarter of 2009; thereafter submitted biannually.</i>
3. <i>Increase transparency.</i>	<i>Communications and outreach report reflects increased information.</i>	<ol style="list-style-type: none"> 1. <i>Develop quarterly on-line newsletter.</i> 2. <i>“Road trips”</i> 3. <i>Webcasts?</i> 4. <i>Surveys</i> 	<i>Staff</i>	<i>First newsletter targeted for July ‘09 and quarterly thereafter.</i>

Licensure Goal: To License Qualified Personnel and Assure Public Safety

Objective	Measure	Strategies	Responsibility	Timeframe
<p>1. Improve processes for licensure</p> <ul style="list-style-type: none"> ◆ Improve efficiency in processing applications for licensure through continuous process improvement. ◆ Increase public safety through application screening for applicant requirements and criminal background history. ◆ Establish and update licensing policy and procedures. 	<p>1. Process* 75% of licenses within five business days.</p> <p>2. Establish standardized parameters (grid) for referral of applications to investigations from licensing by December 2008.</p> <p>3. Benchmark operational practices for licensure through NCSBN. Establish and update licensing policy (biannually) and procedures (annually).</p> <p>* Process = Issue license or notify applicant of deficiencies.</p>	<p>1. Develop and implement budgetary strategy to support continued operations (including training).</p> <p>2. Management report to track licenses processed.</p> <p>3. Benchmark best operational practices for licensure.</p> <p>4. Use process improvement to map & streamline operations.</p> <p>5. Maximize use of technology for licensing application, information and verification.</p> <p>6. Develop and implement overall OSBN criminal background check strategy as a licensure process.</p> <p>7. Ensure referrals to investigations from Licensing are appropriate.</p>	<ul style="list-style-type: none"> ◆ Licensing Mgr ◆ Compliance Mgr ◆ Administrative Services staff. 	FY 2008-2009
<p>2. Assure the continued competence of licensees.</p>	<p>Audit for compliance:</p> <ol style="list-style-type: none"> 1. 10% for completion of Pain Management requirement. 2. 10% of CE's For CMA/Advanced Practice. 3. 5% for meeting practice hour requirement. 	<ol style="list-style-type: none"> 1. Develop/implement process for documentation of audits. 2. Develop/implement process for referral to disciplinary process for non-compliance. 	<ul style="list-style-type: none"> • Licensing Manager • Consulting staff • Compliance staff 	FY 2010
<p>3. Review models of continued competency.</p>	<p>Draft report of current and potential models of competency. Include options for the Board to evaluate and give direction.</p>	<p>Explore and evaluate efficacy of models for measuring continued competence for licensing and remediation, including:</p> <ol style="list-style-type: none"> 1. Continuing Education. 2. Auditing. 3. Compliance/Civil penalty. 4. Non-traditional Education. 5. Active Nursing Practice (current measure). 6. Re-entry for advanced practice. 7. Non-US educated nurses. 	<ul style="list-style-type: none"> • Consultant staff • Licensing Manager • Compliance staff 	FY 2011
<p>4. Participate in RN/LPN interstate licensure.</p>	<p>Stakeholder meeting.</p>			

Compliance Goal: Protect the Public Through Communication and Enforcement of the NPA and Address Inappropriate Conduct.

Objective	Measure	Strategies	Responsibility	Timeframe
1. Provide an effective alternative to discipline program. (NMP)	<ol style="list-style-type: none"> 1. 98% compliance for all participants on average at any given time (in accordance with 18 points). 2. 2% out-of-compliance response within 5 business days. 	<ol style="list-style-type: none"> 1. Weekly triggering reports, etc. 2. Review of monitoring report monthly. 3. LEDS reports quarterly move to monthly as staffing permits (certify NM support to run LEDS). 	<p>NMP Staff</p> <p>Compliance Manager</p> <p>NMP Staff</p>	FY 2008-2009
2. Violations of the statute and rules are identified, investigated and adjudicated consistently.	<ol style="list-style-type: none"> 1. 75% of cases meeting statutory guideline (120 days) for 2008; 85% in 2009; 90% in 2010. 2. Random monthly audits of investigation files for timeliness, referrals, and appropriate adjudication. 3. Review reports monthly of; <ul style="list-style-type: none"> • Time to process • Aging investigations 	<ol style="list-style-type: none"> 1. Develop a sanctions grid and disciplinary guidelines for board and staff use. 2. Implement consistent application of the sanction grid utilizing precedent. 3. Standardize NPA discipline with HIPDB codes and reporting. 4. Request extensions to 120-day limit as needed. 	<p>Investigations Staff</p> <p>Board & Investigations Staff</p> <p>Administration Staff</p>	FY 2008-2010
3. Improve processes for investigations and compliance.	Establish and update investigations and compliance policy (biannually) and procedures (annually).	<ol style="list-style-type: none"> 1. Develop improvement processes for investigative procedures. 2. Establish timelines for non-conduct investigations. 	OSBN Staff	FY 2008- 2011
4. Provide an effective probation program for those licensees that need monitored practice as a part of discipline.	<ol style="list-style-type: none"> 1. 98% compliance for all participants on average at any given time (in accordance with probation stipulation). 2. 2% out-of-compliance response within five business days. 	<ol style="list-style-type: none"> 1. Weekly triggering reports, etc. 2. Review of probation report monthly. 	Compliance Monitor	FY 2008-2011

Policy, Education & Practice Goal: Develop, Communicate, Evaluate, and Enforce Standards for Policy, Education and Safe Practice

Objective	Measure	Strategies	Responsibility	Timeframe
<p>1. Educational programs shall meet Board approved standards and criteria.</p>	<p>1. Number of programs that meet 95% of the Board standards as shown through survey.</p> <p>2. Adoption of rules and standards for APRN and RN-BSN programs by Board in Fall 2009.</p>	<p>1. Analyze program criteria defined by the Board, Federal Regulation, the State Board of Education, nursing education accrediting organizations and others for evidence-based practices.</p> <p>2. Review and approve or deny nursing educational programs consistent with Board rules.</p> <p>3. Establish and review procedures to determine program compliance with OSBN criteria.</p> <p>4. Develop and implement policies and procedures for conducting evaluations of RN-BS and advanced practice nursing programs.</p> <p>5. Develop regulations to evaluate and approve APRN and RN-BSN programs.</p>	<ul style="list-style-type: none"> • Board & Consultants • Board & Advanced Practice, Education, & Nursing Assistant Consultants • Board & Consultants • Advanced Practice & Education Consultants • Advanced Practice & Education Consultants 	<ul style="list-style-type: none"> • Ongoing • FY 2009 for APRN and ongoing • FY 2009 and ongoing • FY 2009 • FY 2009
<p>2. Promote reduction of nursing practice errors.</p>	<p>1. TERCAP implemented by 2011.</p> <p>2. Board educational presentations are accessible through on-line teaching/learning modules.</p>	<p>1. Educate Board on Just Culture.</p> <p>2. Explore the possibility of Just Culture implementation.</p> <p>3. Research Quality and Safety Education for Nurses (QSEN).</p> <p>4. Implement Taxonomy of Error Root Cause Analysis and Practice (TERCAP) responsibility. Identify nursing practice errors and implement strategies to address root causes.</p> <p>5. Develop and implement on-line teaching/learning modules.</p>	<p>1. Board & Staff</p> <p>2. Board & staff</p> <p>3. Consultant staff</p> <p>4. Consultant Staff</p> <p>5. Consultant staff</p>	<ul style="list-style-type: none"> • FY 2009-2010 • FY 2009-2014 • FY2009-2010 • FY 2009-2014 • • FY 2009 & ongoing.
<p>3. Collaborative input sought and strategic alliances are strengthened with relevant nursing, healthcare, legislative and regulatory entities.</p>	<p>1. Task Force participation/input reflects an appropriate and geographically diverse mix of educational programs, agencies and stakeholders.</p> <p>2. Quarterly summary of outreach activities reflect participation in local, regional, state, and national healthcare related activities.</p>	<p>1. Develop list serve process to disseminate information and improve contact with interested parties.</p> <p>2. Enhance use of technology to increase access for interested parties.</p> <p>3. Develop and provide educational outreach activities related to nursing regulation in Oregon.</p>	<ul style="list-style-type: none"> • Communications & Policy Manager • IT Staff • Consultant Staff 	<ul style="list-style-type: none"> • FY 2009 • FY 2009-2014 • Ongoing

		4. Provide staff and budget resources for participation in healthcare-related activities to promote Board initiatives.	<ul style="list-style-type: none"> Board & Executive Director 	<ul style="list-style-type: none"> Ongoing
4. Education program standards direct quality education regardless of educational delivery method.	Graduates of approved programs demonstrate beginning level competence as evidenced by first-time pass rate & low-incidence of graduates reported to Board within two years of licensure/certification.	<ol style="list-style-type: none"> Review/revise rules in relation to NCSBN model rules, distance, on-line, traditional and nontraditional programs. Promulgate APRN and RN/BSN rules. Utilize Test Advisory Panel for Nurse Aide and Medication Aide Exam development. Monitor new graduate complaints, evaluate for trends, and report to schools as appropriate. Obtain clinical placement data from student-max and incorporate into program evaluation standards. 	<ul style="list-style-type: none"> Consultant Staff Board & Staff Nursing Assistant Program Consultant Consultant team Consultant team 	<ul style="list-style-type: none"> FY 2012 & ongoing FY 2012 & ongoing FY 2010 FY 2010 FY 2010
5. Standards of licensure are evidence-based, current, relevant and responsive to changes in the healthcare environment	<ol style="list-style-type: none"> Key issues affecting nurse licensure are addressed by the Board as evidenced in meeting minutes, reports and reflected in statute, rule, and policy. Evidence used to generate policymaking is clearly referenced and ranked by quality/strength of recommendation. Number of website hits per quarter stratified by Board policy, rule, and statute type. 	<ol style="list-style-type: none"> Develop a plan for rule and policy review. Review and update rules and policies regularly. Facilitate development of a statewide plan for practical nursing education. Identify emerging topics that impact licensing (e.g. UAP) and provide ongoing analysis of current processes to ensure congruence with public safety. Establish a Board practice committee. Use evidence-based processes/resources when developing, modifying and revising Board rules and policies. Analyze trends and identify research topics related to nursing and develop strategies. 	<ul style="list-style-type: none"> Consultant team Board & Consultants Education and RN/LPN Practice Consultants Consultant team Board Board & Consultants Consultant team 	<ul style="list-style-type: none"> FY 2010 Ongoing FY 2009- 2012 FY 2009- 2014 FY 2009-2010 FY 2009 & ongoing FY 2009- ongoing