

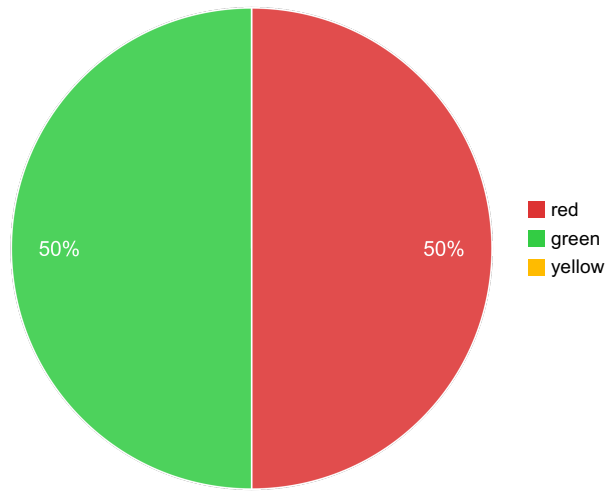
Chiropractic Examiners, Board of

Annual Performance Progress Report

Reporting Year 2022

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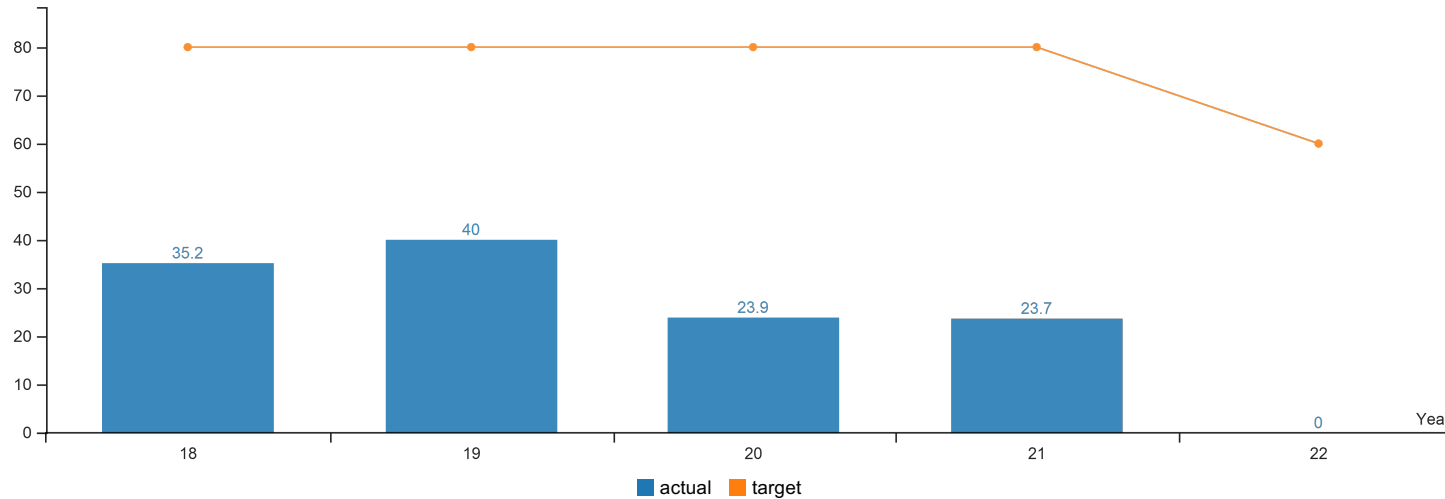
KPM #	Approved Key Performance Measures (KPMs)
1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared for Board review/action.
2	Days between investigation report finalized and presentation to the Board (investigative process step two) - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 60 days of completion.
3	Summary of investigative steps: Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 120 days. -
4	Days between Board review/initial action and case closure (investigative process step three). - Percent of cases closed within 90 days of Board review/initial action.
5	Summary of investigative steps: Average number of days to resolve a complaint. -
6	Percent of sexual misconduct/boundary complaints resolved in 180 days -
7	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
8	Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
9	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.
10	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	50%	0%	50%

KPM #1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared for Board review/action.
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Complaint receipt to investigation preparation to Board.					
Actual	35.20%	40%	23.90%	23.70%	0%
Target	80%	80%	80%	80%	60%

How Are We Doing

In our last reporting period, of the 38 complaints received, 29 of them (76.3%) included investigator's reports that were submitted in excess of 129 days from complaint received. The average days from receipt to investigator's report for hte 38 cases was 219.4 days/case. For the other cases (23.7%), the average days from receipt to investigator's report was 89.9 days/case.

The OBCE did not meet this target for this reporting period. None of the 15 cases that included an investigator's report for board review were submitted under the 120 days target timeline. The average days from receipt to investigator's report was 456 days.

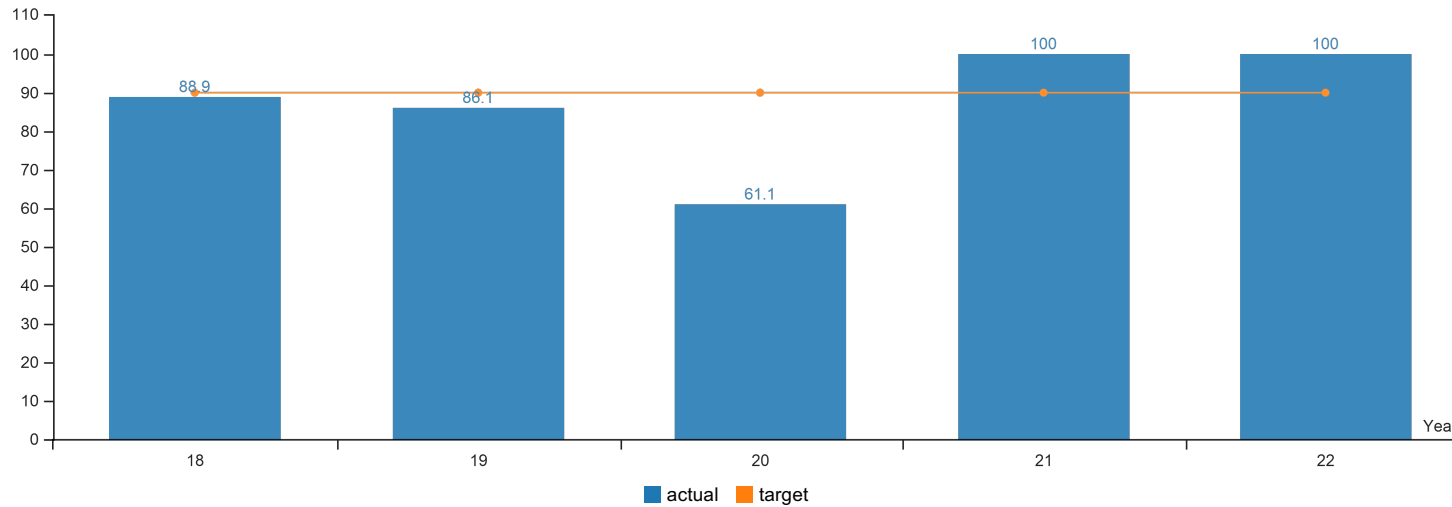
2 of these cases resulted in license revocation and 2 other cases resulted in denial of applications.

Factors Affecting Results

The lower number of cases being fully investigated and written up, and in a longer time span than previous years, is a completely anticipated outcome of having no investigator on staff for over a year and the retirement of our healthcare investigator with no replacement being hired for approximately 9 months. We are now fully staffed and anticipate an appropriate uptick in investigations being completed and to the board in alignment with our KPM.

KPM #2	Days between investigation report finalized and presentation to the Board (investigative process step two) - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 60 days of completion.
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Days between investigation preparation and presentation to the Board.					
Actual	88.90%	86.10%	61.10%	100%	100%
Target	90%	90%	90%	90%	90%

How Are We Doing

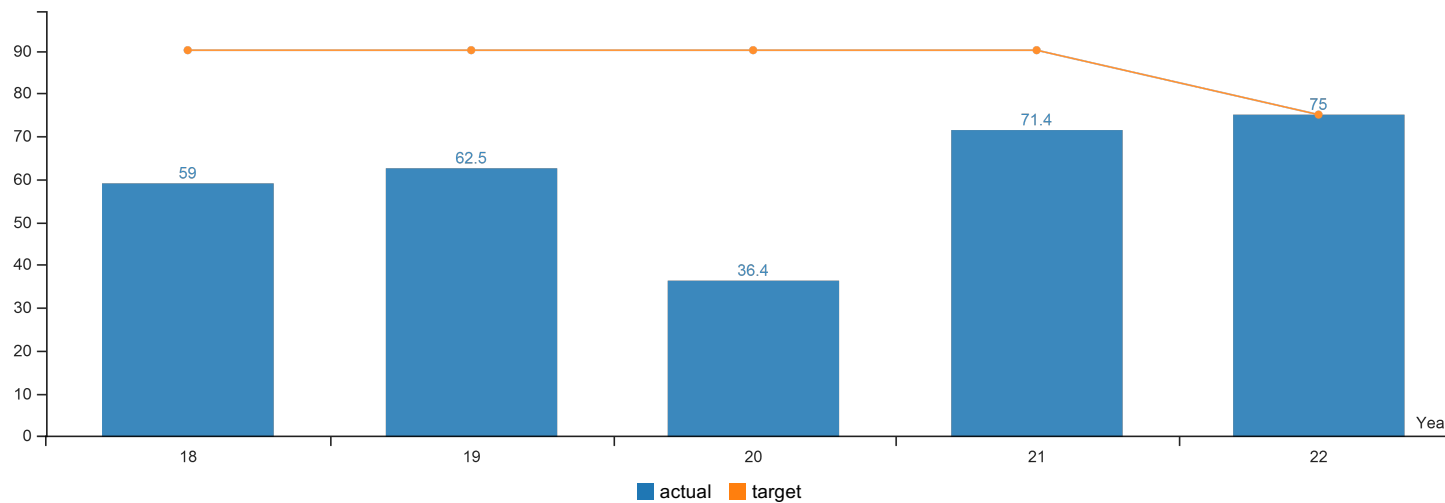
The 2021 Legislative session brought a change to this KPM, allowing 60 days instead of the original 30 days, for prepared investigations to be presented to the Board due to our agency board meetings occurring every other month.

With that change, we have exceeded our target with 100% of our cases (15/15) being presented within 60 days. Even at the original 30 day target, we would have exceeded that target at 93.3% of our cases (14/15) being presented within 30 days.

Factors Affecting Results

KPM #3	Summary of investigative steps: Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 120 days. -
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Percentage of complaints/investigations presented to the Board within 120 days					
Actual	59%	62.50%	36.40%	71.40%	75%
Target	90%	90%	90%	90%	75%

How Are We Doing

We have met this KPM this reporting period at 75%, with 4 new cases, 3 of which reported to the board at less than 120 days. Only 1 case (25%) went before the board in over 120 days.

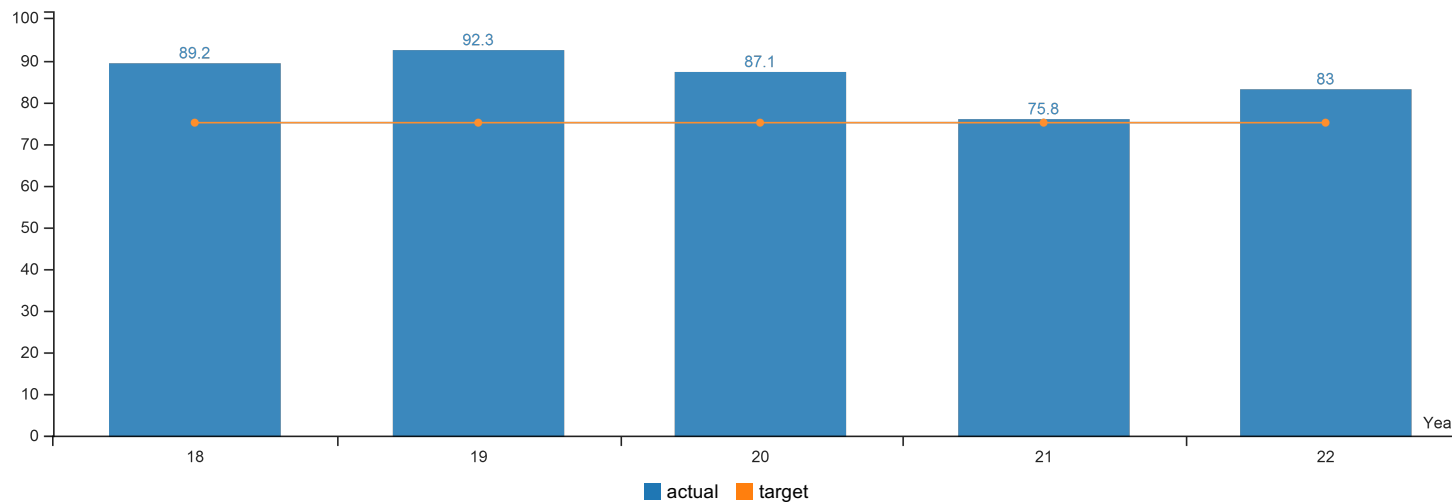
Factors Affecting Results

In 2021, we had a 68% decrease in new complaints being presented to the board during that reporting period over 2020. There was an even greater decrease in cases presented to the board this year, however we were successful in meeting our KPM target.

These results were absolutely expected due to our lack of investigation staff during much of the last two reporting periods. We are now fully staffed and anticipate an appropriate uptick in investigations being completed and to the board in alignment with our KPMs.

KPM #4	Days between Board review/initial action and case closure (investigative process step three). - Percent of cases closed within 90 days of Board review/initial action.
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Days between Board review/initial action and case closure.					
Actual	89.20%	92.30%	87.10%	75.80%	83%
Target	75%	75%	75%	75%	75%

How Are We Doing

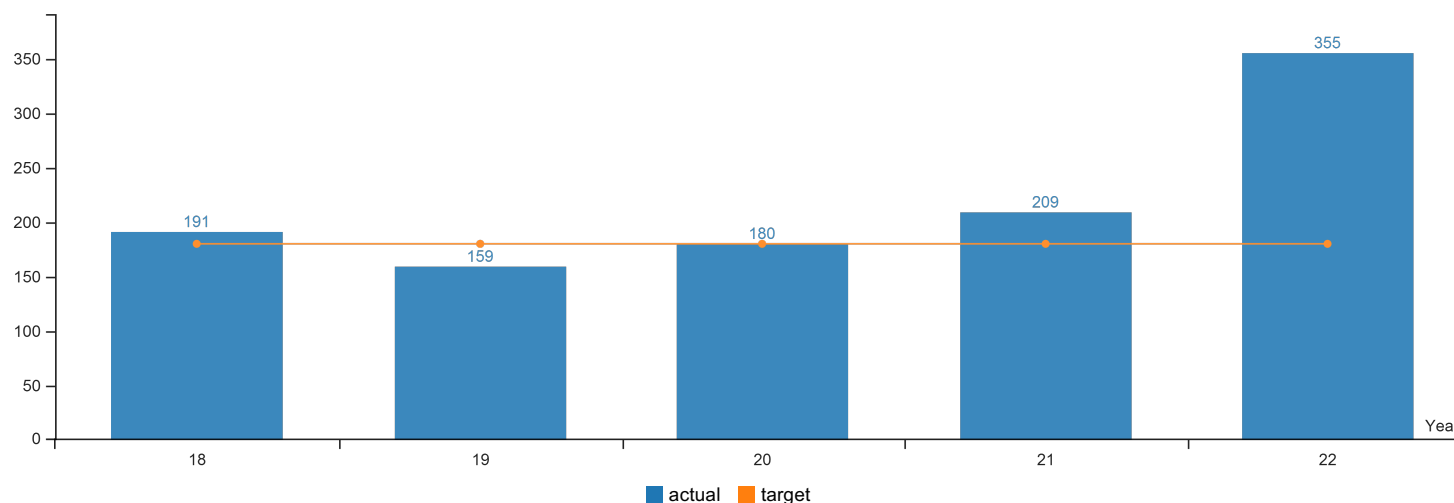
We have met the target of this KPM (83%) for this reporting period. Of the 12 cases closed, 10 of them closed within 90 days after initial board review. 2 cases (17%) exceeded the 90 day target, all of which resulted in either disciplinary action or license application denial. These outlying cases had an average of 106 days/case between initial board review and case closure.

Factors Affecting Results

While we have met this KPM, we had been previously understaffed for most, if not all, of the previous two reporting periods. We are now fully staffed and anticipate a greater number of cases and investigations being completed and closed within this KPM's 90 day target.

KPM #5	Summary of investigative steps: Average number of days to resolve a complaint. -
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = negative result



Report Year	2018	2019	2020	2021	2022
Average number of days to resolve a complaint.					
Actual	191	159	180	209	355
Target	180	180	180	180	180

How Are We Doing

The average number of days to resolve a complaint for our last reporting period (2021) was 209. 74 cases were closed during this reporting period with 29 cases closing over the 180 day target. Of these 29 cases, 22 of our Oregon licensed DCs were involved (1.1% of total 1924 licensed DCs as of 9/1/2021). The 29 cases were open for an average of 437 days.

4 Oregon licensed DCs (.2% of licensee base) were responsible for 11/298 cases (38%) that ran over the 180 day target. These 11 cases were open for an average of 583 days. One DC was responsible for the three longest running cases, which had been appealed to the Oregon Court of Appeals. The appellate court upheld the agency's Final Order. In contrast, the remaining 45 cases (60.8%) were open for an average of 62.6 days/case - an average well below our target of 180 days and below our average for this category for the last 3 reporting periods.

For our current reporting period, we have not met our target, with the average number of days to resolve a complaint being 355. 28 cases were closed during this reporting period with 23 cases closing over the 180 day target. Of these 23 cases, 18 Oregon licensed DCs were involved (0.9% of total 1981 licensed DCs as of 9/1/2022). The 23 cases were open for an average of 413 days.

2 DCs (0.1% of licensee base) were responsible for 5 cases (17.8%), which were open an average of 409 days and which resulted in license revocation and civil penalties.

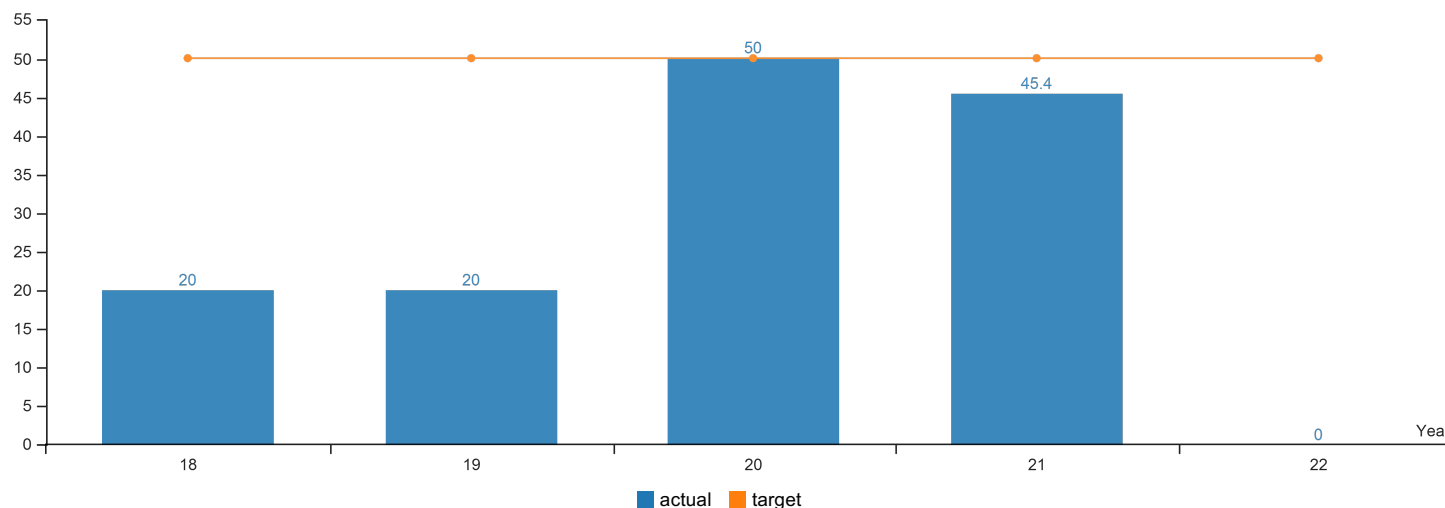
Of note for this reporting period is that we had a greater number of certified CAs or CA applicants having their certificates or applications denied based on egregious behaviors.

Factors Affecting Results

In addition to all of the unanticipated struggles that have been COVID related during these last 2 reporting periods, we were extremely shortstaffed with no investigators for most, if not all, of that time. We are now fully staffed and I look forward to improving these results once they are fully trained.

KPM #6	Percent of sexual misconduct/boundary complaints resolved in 180 days -
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Percent of sexual misconduct/boundary complaints resolved in 180 days					
Actual	20%	20%	50%	45.40%	0%
Target	50%	50%	50%	50%	50%

How Are We Doing

The OBCE has not met the target for this reporting period. There was a total of 3 sexual misconduct/boundary cases closed during this time, all of which included multiple victims and resulted in either license revocation or a stipulated agreement with fines. 2 of the 3 cases involved the same licensee. These cases were open an average of 420 days.

Factors Affecting Results

The OBCE is the only Health Professional Regulatory Board to track and report on sexual misconduct/boundary complaints/cases. This is in large part due to the very close and hands-on nature of chiropractic medicine and the possibility of professional boundaries being crossed within that realm. Because boundary and sexual misconduct cases are devastating to patients and other persons affected, we continue to include this KPM. It is within our public protection mission to continue to improve not only our resolution times in these cases, but improve the types of resolutions that we come to, as well as educating our licensee base about these dynamics within their practices in order to prevent violations from occurring in the first place.

Generally, these types of cases are much more complex and time consuming than non-sexual misconduct cases (e.g. recordkeeping, over treatment, etc.) often due to multiple and/or very traumatized victims (adults and minors) and witnesses, involvement of multiple licensing and law enforcement agencies, cross jurisdictional (state and country) issues, and engagement of expert review for psycho- or psychosexual evaluation of the perpetrating physician. During the cases that involve multiple law enforcement or state agencies (sheriff departments, local police, DHS, DOJ, county District Attorneys, school districts, etc.), our cases and investigations are often opened when we receive a complaint or notice of arrest and then often put on hold until the closure of the criminal proceedings, greatly increasing our resolution time period.

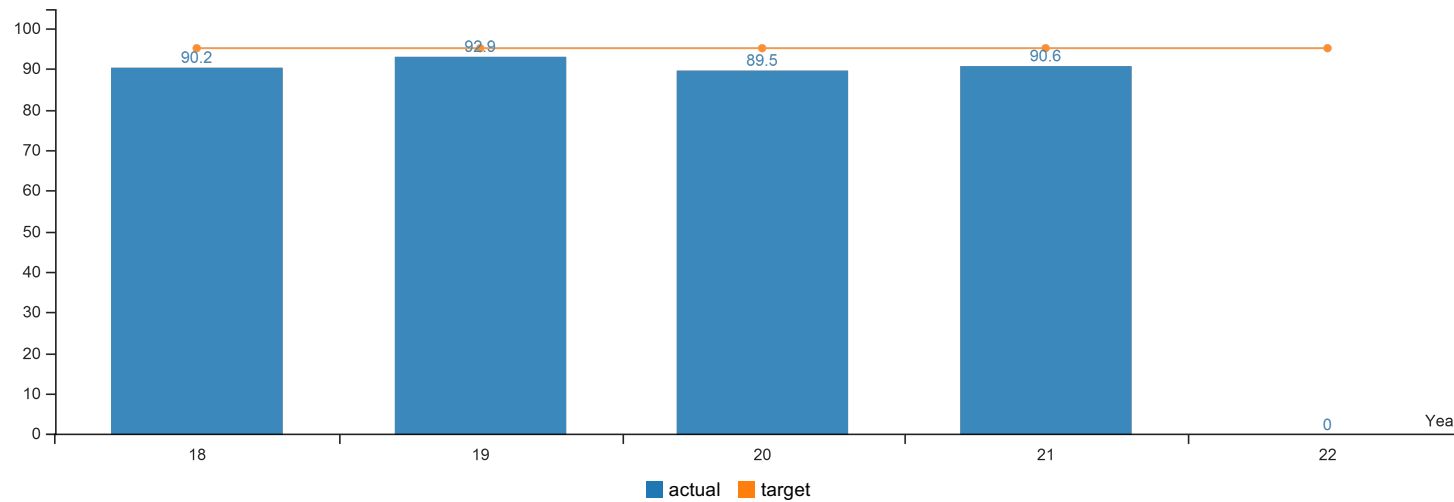
Also, because these cases involve the possibility of strong discipline - suspension or revocation of a DC's license - DCs most often hire defense counsel to represent them, which is fully within their

due process rights. The fact that defense counsel is involved, however, significantly increases the time in which these cases are resolved. Counsel often utilize all tools available to them to allow their clients to continue to work during the pendency of the disciplinary proceedings. In essence, prolonging the process before their clients are fully held accountable. This may include scheduling conflicts, filing an abundance of pleadings, cross-filing cases in multiple jurisdictions/courts regarding the same matter or parties, filing multiple motions, requesting a hearing, prolonged settlement negotiations, preparing for hearing to settle at the last minute, or going to hearing and filing for judicial review on appeal once the Final Order is issued, post-hearing. More often than not, the majority of these cases settle immediately before hearing, after prolonged pre-hearing engagement with the agency.

Our goal is to protect our public and, by thoroughly investigating all aspects of these cases, respecting our complainants and witnesses, fully respecting our licensees' due process rights, and successfully representing our agency and the public in negotiations, at hearing, and during appeal, we accomplish that end. Resolving these cases sooner is what we strive for, but not at the expense of public safety.

KPM #7	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Percentage of chiropractic physicians meeting the annual continuing education requirements.					
Actual	90.20%	92.90%	89.50%	90.60%	0%
Target	95%	95%	95%	95%	95%

How Are We Doing

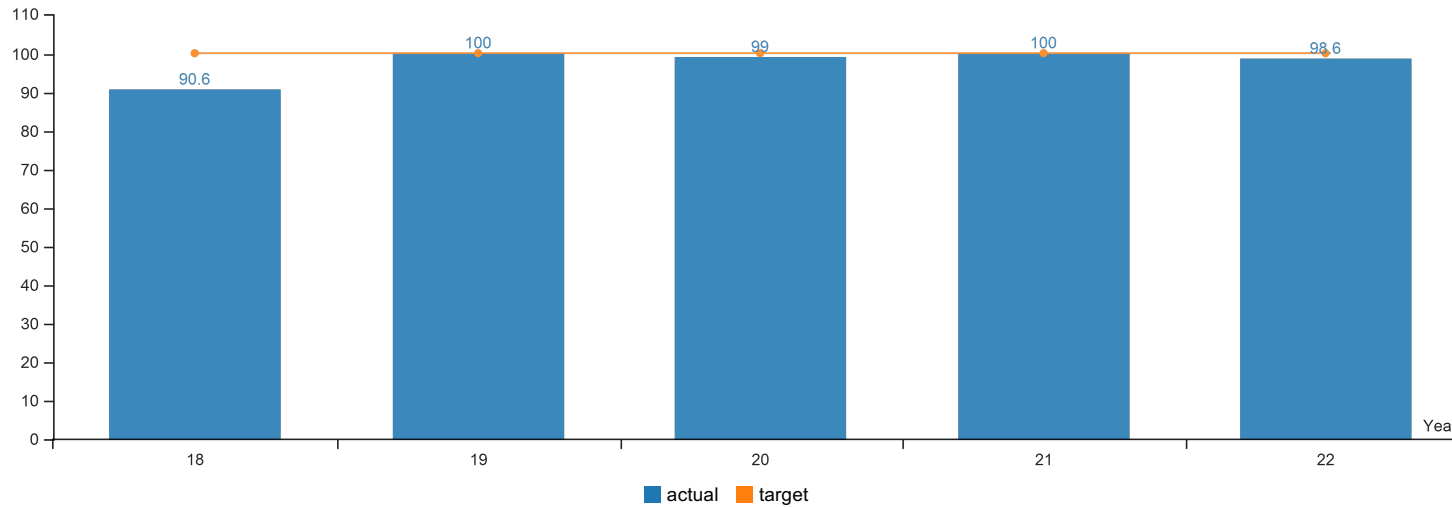
The OBCE did not meet this KPM during this reporting period.

Factors Affecting Results

Due to our shortstaffing, COVID effects on staffing, and our impending implementation of a new licensing database software, no audits on continuing education were taken during this reporting period. We look forward to the software roll out and reestablishing our audit procedures in the year to come.

KPM #8	Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Time to process chiropractor applications					
Actual	90.60%	100%	99%	100%	98.60%
Target	100%	100%	100%	100%	100%

How Are We Doing

We almost hit this target for this reporting period. 70 applications were processed with 98.6% being completed within 4 days.

The following percentages completed in the following time frames:

Same day: 71.4% (50/70)

Within 1 day: 91.4% (64/70)

Within 2 days: 92.3% (65/70)

Within 3 days: 95.7% (67/70)

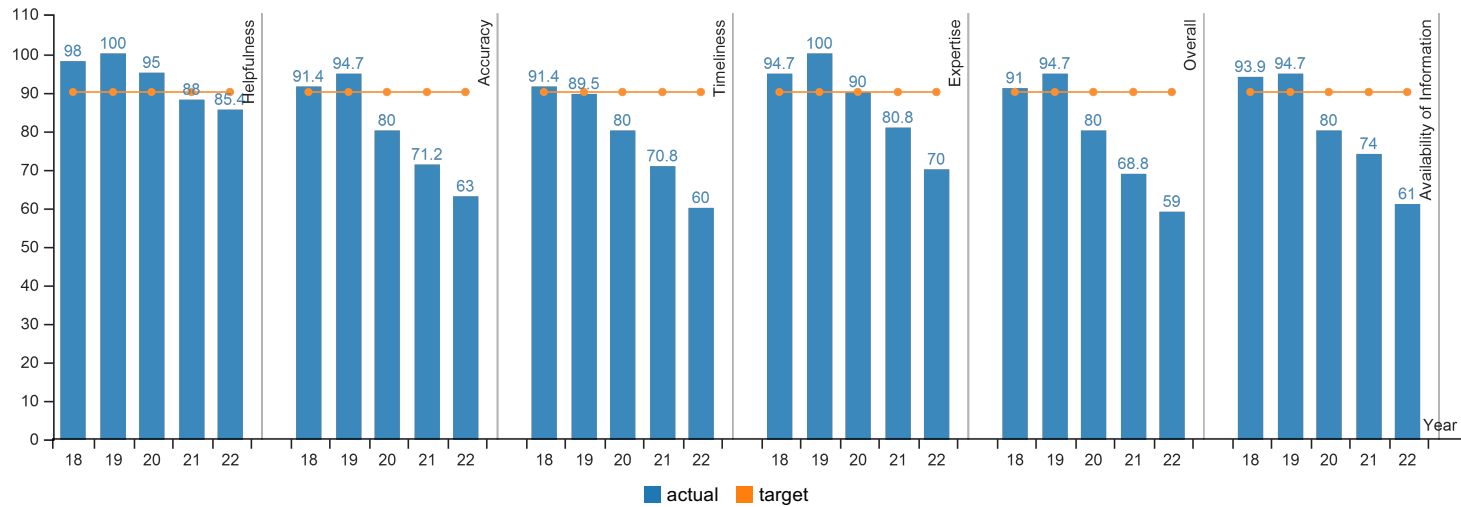
Within 4 days: 98.6% (69/70)

Within 6 days: 100% (70/70)

Factors Affecting Results

The longer application processing times correlated with the New Years Day state holiday and staff illness in mid-summer. With the implementation of our new online licensing software, there will be little to no lapse time between the agency receiving a complete application and the license being issued.

KPM #9	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.
	Data Collection Period: Sep 01 - Aug 31



Report Year	2018	2019	2020	2021	2022
Helpfulness					
Actual	98%	100%	95%	88%	85.40%
Target	90%	90%	90%	90%	90%
Accuracy					
Actual	91.40%	94.70%	80%	71.20%	63%
Target	90%	90%	90%	90%	90%
Timeliness					
Actual	91.40%	89.50%	80%	70.80%	60%
Target	90%	90%	90%	90%	90%
Expertise					
Actual	94.70%	100%	90%	80.80%	70%
Target	90%	90%	90%	90%	90%
Overall					
Actual	91%	94.70%	80%	68.80%	59%
Target	90%	90%	90%	90%	90%
Availability of Information					
Actual	93.90%	94.70%	80%	74%	61%
Target	90%	90%	90%	90%	90%

How Are We Doing

We did not meet any of our targets for this KPM during this reporting period.

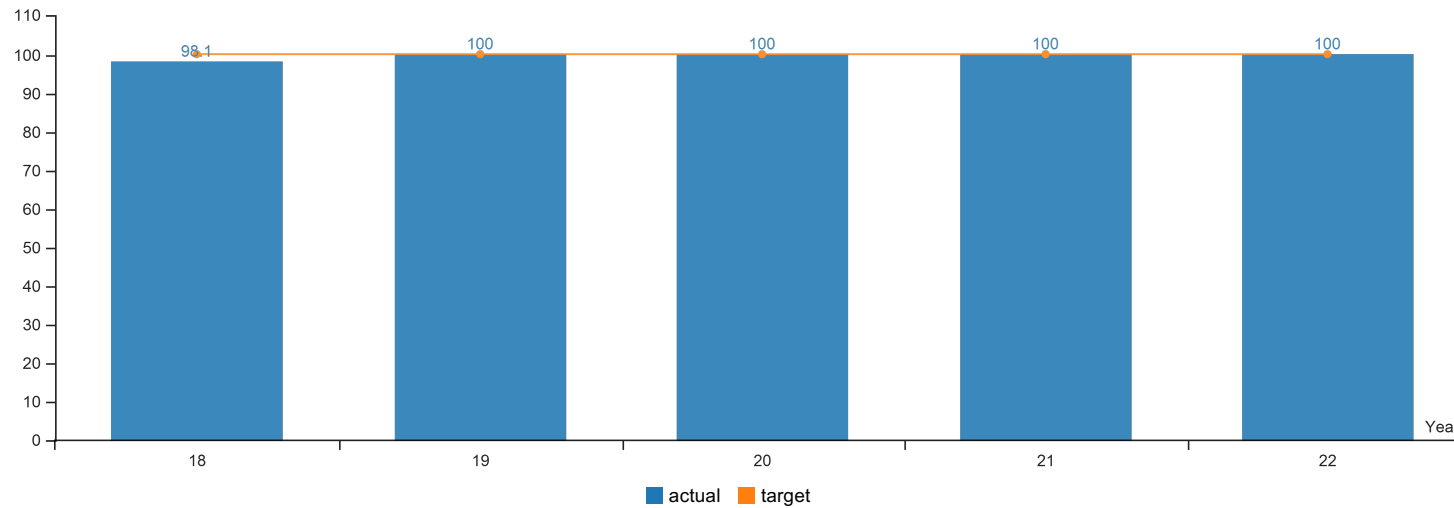
Factors Affecting Results

Implementing the Governor's Executive Orders, OHA's vaccine and masking requirements, and the Board's own rules regarding appropriate COVID protocols and requirements to protect the public from COVID has caused conflict between the agency, the professional association, and many of our licensees. The pushback from licensees to our facial covering rule continues to be contentious and reflected in these results.

Additionally, we've been grievously shortstaffed for most of the last two reporting periods and are now just fully staffed and getting everyone trained. This lag in expertise and know how was expected and reflected in these results. I anticipate higher scoring in future years with more training.

KPM #10	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Sep 01 - Aug 31

* Upward Trend = positive result



Report Year	2018	2019	2020	2021	2022
Board Best Practices - Percent of total best practices met by the Board.					
Actual	98.10%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

All 7 of our board members responded, with an aggregate 100% assessment score, meeting our target.

Factors Affecting Results