

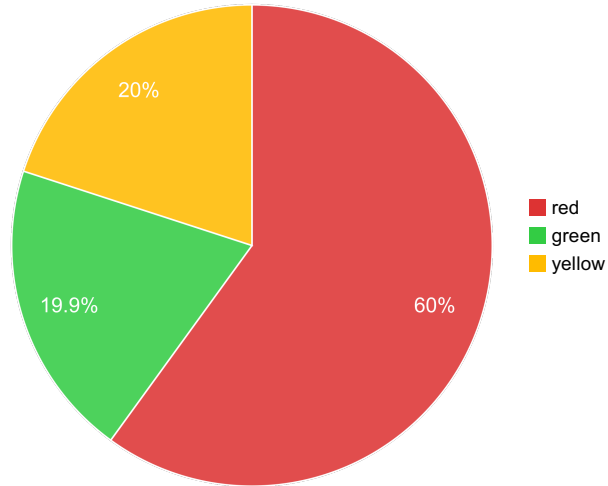
Board of Nursing

Annual Performance Progress Report

Reporting Year 2023

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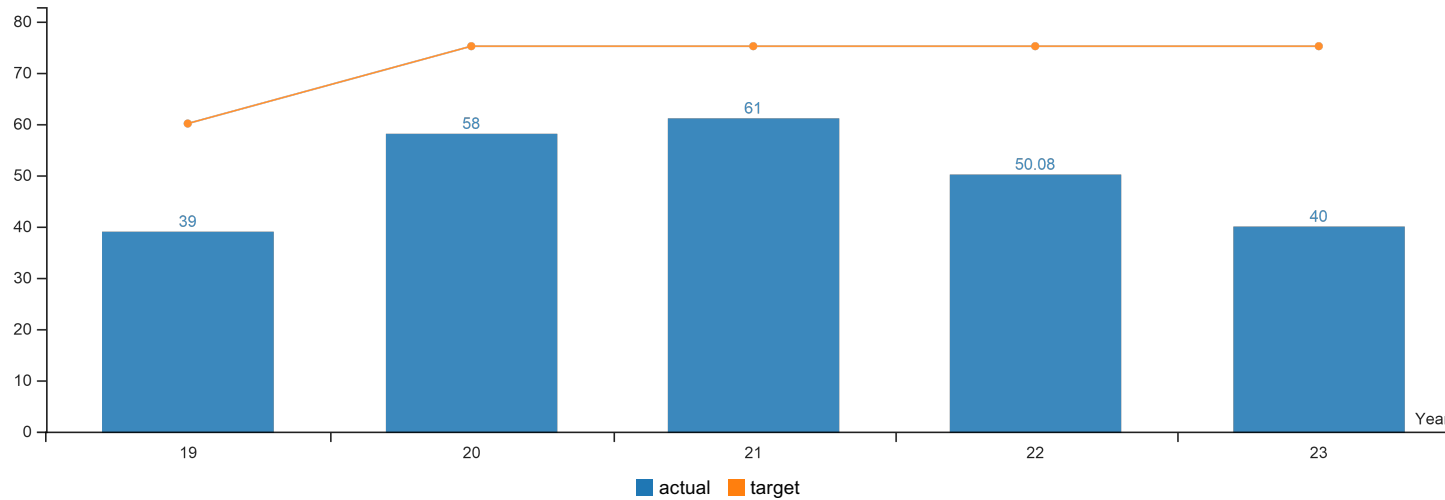
KPM #	Approved Key Performance Measures (KPMs)
1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.
2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original 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	TIMELY LICENSING - Percent of licensing applications processed within target.
5	EFFECTIVE GOVERNANCE - 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:	20%	20%	60%

KPM #1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2019	2020	2021	2022	2023
Timely Resolution of Complaints					
Actual	39%	58%	61%	50.08%	40%
Target	60%	75%	75%	75%	75%

How Are We Doing

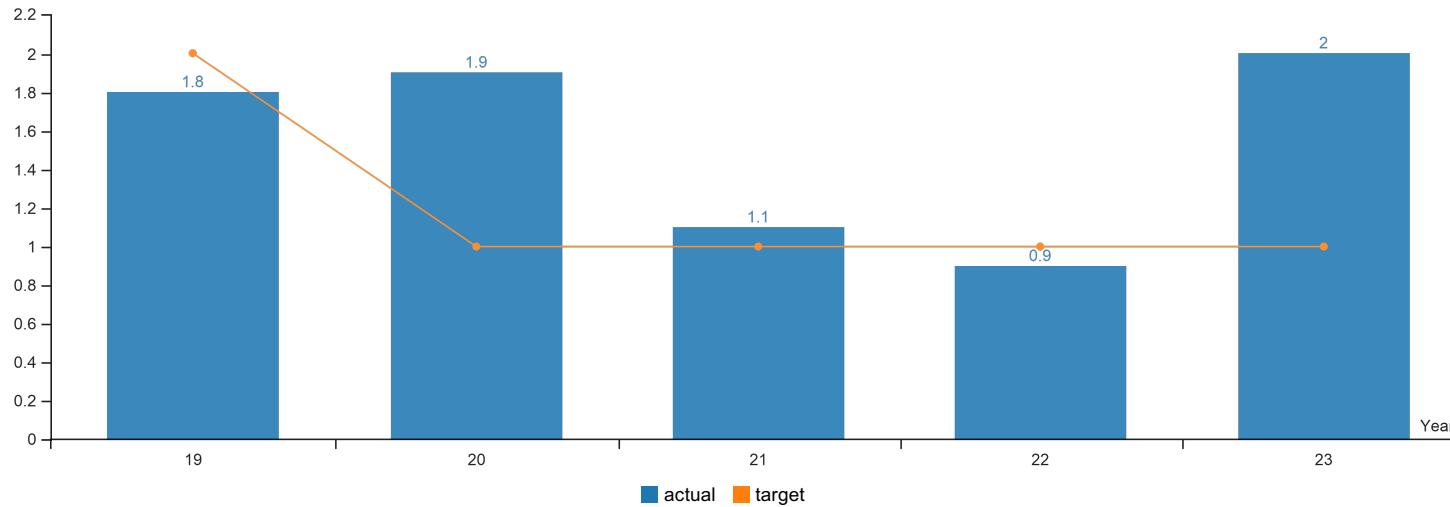
Ideally, 100 percent of all complaints would be resolved within the 120-day window. However, outside delays in procuring needed documents, as well as a failure to cooperate on the part of some individuals, lengthens the process in many cases.

Factors Affecting Results

In October 2022, the agency transitioned to a new database, which delayed the completion of some cases as staff learned the new system. Staff worked to complete cases in the old database while new cases were opened and worked in the new database. During FY 23, the Investigations department also experienced leadership changes that further affected staff efficiency. Staff investigators complete investigations and present reports to the Board in as timely a manner as possible. This includes gathering all information necessary (including consultant reviews and witness interviews) to enable the Board to make informed and appropriate actions for violations of the Nurse Practice Act. At this time, department leadership is stable and staff work is less divided between the two databases. We expect to see a better result on this measure next fiscal year.

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.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2019	2020	2021	2022	2023
Reduction of Recidivism					
Actual	1.80%	1.90%	1.10%	0.90%	2%
Target	2%	1%	1%	1%	1%

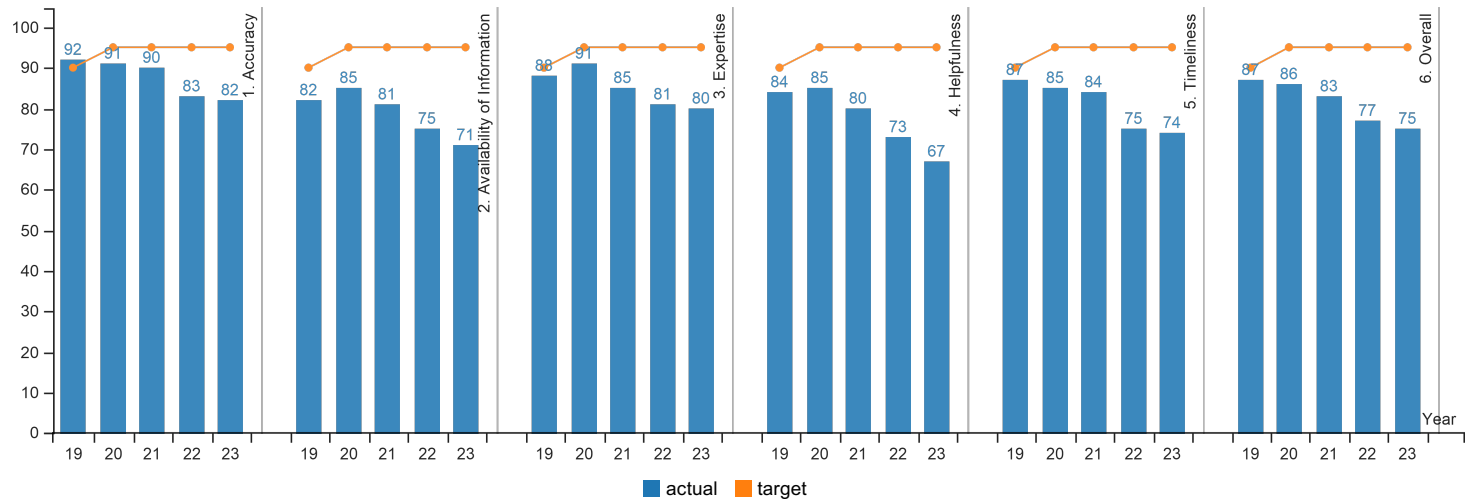
How Are We Doing

The agency did not meet its target of 1 percent. The number reflects the licensees who were disciplined in fiscal years 20, 21, or 22 and were reported to the Board for any offense during FY 23. It is an indication of the effectiveness of the Board's disciplinary decisions regarding its licensees.

Factors Affecting Results

In its investigative and disciplinary process, the Board works to determine what factors lead to the violation of the Nurse Practice Act. Disciplinary action is based on addressing those factors to the greatest extent possible. Many situations can be resolved through additional education or monitored practice. 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.

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.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2019	2020	2021	2022	2023
1. Accuracy					
Actual	92%	91%	90%	83%	82%
Target	90%	95%	95%	95%	95%
2. Availability of Information					
Actual	82%	85%	81%	75%	71%
Target	90%	95%	95%	95%	95%
3. Expertise					
Actual	88%	91%	85%	81%	80%
Target	90%	95%	95%	95%	95%
4. Helpfulness					
Actual	84%	85%	80%	73%	67%
Target	90%	95%	95%	95%	95%
5. Timeliness					
Actual	87%	85%	84%	75%	74%
Target	90%	95%	95%	95%	95%
6. Overall					
Actual	87%	86%	83%	77%	75%
Target	90%	95%	95%	95%	95%

How Are We Doing

The stresses affecting Oregon's nurses and nursing assistants in the wake of the COVID public health emergency had a definite effect on the agency's customer service scores. The agency fell short of all FY 2023 customer service targets. We set our customer service expectations high, however the reality of the public health emergency and the need for more nurses to be able to work in Oregon made it more difficult to meet them. As our customer base is very large, at more than 100,000 people, 100 percent satisfaction may not be attainable.

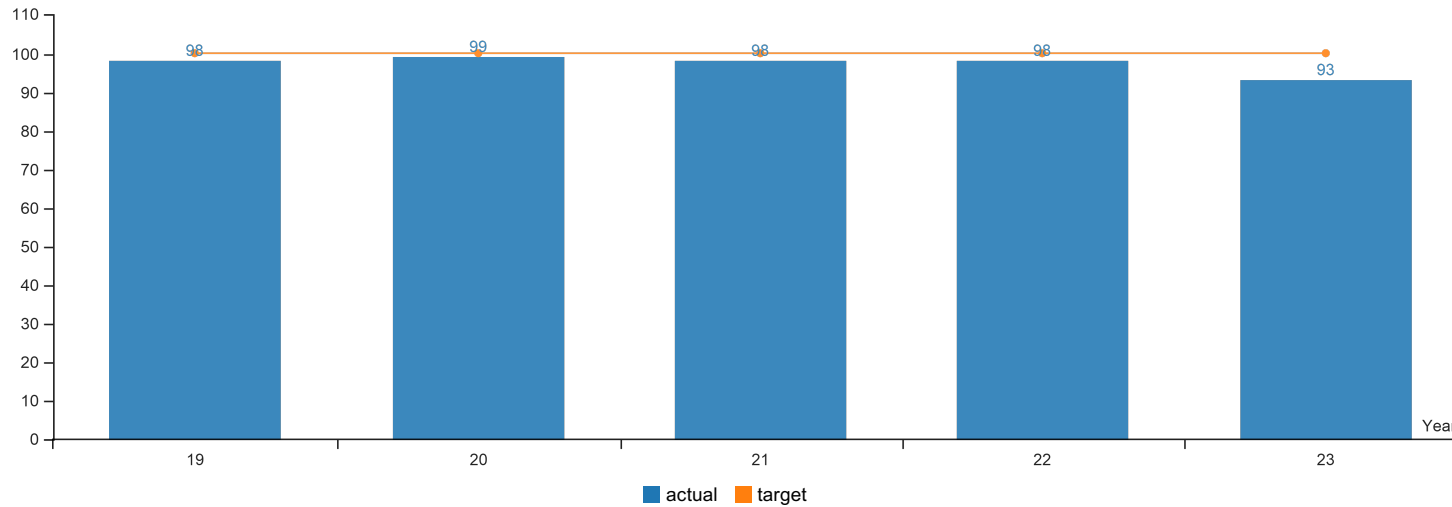
We emailed a survey link to a random 25% of board customers that obtained a license between the dates of January 1, 2023, and June 30, 2023. Out of 6,943 surveys sent, we received 868 responses for an overall response rate of 13%.

Factors Affecting Results

The COVID-19 public health emergency affected our staffing availability, as well as customer needs and perceptions regarding service. To allow our licensing staff time to process the thousands of endorsement applications that flooded the office and meet the urgent need for nurses in healthcare facilities, we closed our call center in 2020. Although this action helped staff process their work of issuing licenses, it resulted in frustration for applicants wanting to check on the status of their applications. In addition, the agency underwent a database transition in October 2022, which greatly affected license processing. The extreme pressures placed on Oregon nurses and the high anxiety of those coming into the state to work during and after the emergency predictably altered customer perceptions of service despite our best efforts. Our licensing timelines have now returned to normal, and we are in the process of reopening our call center. We expect our FY 2024 results to return to our previously high, pre-covid levels.

KPM #4	TIMELY LICENSING - Percent of licensing applications processed within target.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2019	2020	2021	2022	2023
Timely Licensing: Percent of licensing applications processed within target.					
Actual	98%	99%	98%	98%	93%
Target	100%	100%	100%	100%	100%

How Are We Doing

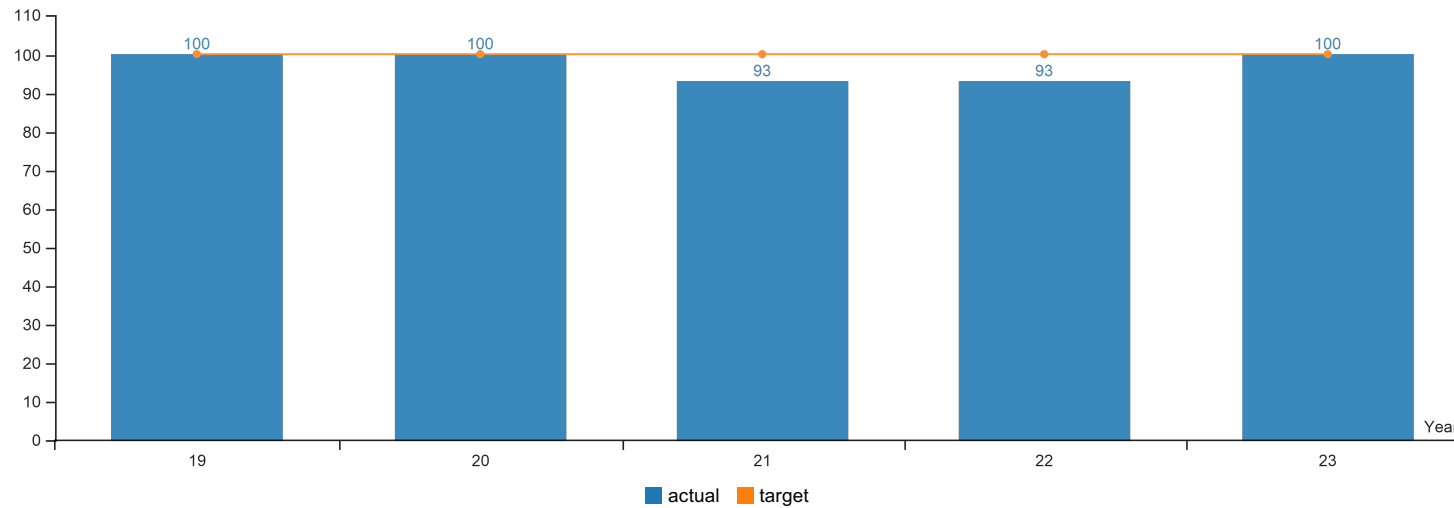
This measure demonstrates our efficiency in issuing nursing licenses and nursing assistant certificates once all the appropriate documentation has been received. We strive to process applications efficiently and in keeping with our public safety standards. It is the agency's goal to issue a license or notify applicants of deficiencies in their application within five business days of receiving a complete application. A complete application consists of a submitted paid application, background check results, and any other required documentation, such as transcripts. The agency fell a little short of its target of 100 percent.

Factors Affecting Results

The agency underwent a database transition in October 2022, which greatly affected license processing. In addition, the agency was still coping with the unprecedented number of endorsement applications received in our office following the Covid emergency, which further challenged staff. At this point, processing has returned to normal, so we expect our 2024 score to reflect our usual high standard.

KPM #5	EFFECTIVE GOVERNANCE - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2019	2020	2021	2022	2023
Effective Governance					
Actual	100%	100%	93%	93%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

This measure demonstrates that we are meeting management best practices with respect to governance oversight by our Board. The agency uses the Oregon boards and commissions best practices for governance as a guide for this measure. The agency met its goal of 100 percent.

Factors Affecting Results

Due to the executive director's retirement, the ED evaluation measure was not counted in the overall total. All other criteria were met. The criteria being evaluated includes executive director performance expectations and feedback, strategic management and policy development, and fiscal oversight and board management. Board members discuss fiscal, oversight, and governance issues at Board meetings on a regular basis. The Board president frequently communicates with the agency executive director on various issues.