

ANNUAL PERFORMANCE PROGRESS REPORT - EXECUTIVE SUMMARY

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency: Oregon State Board of Nursing	Date Submitted: November 5, 2004	Version No.: 1
Contact: Pat Miles	Phone: (503) 731-4745 ext 231	
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Performance Target Achievement	#
Key Performance Measures (KPMs)	19
# of KPMs at target for most current reporting period	6
# of KPMs not at target for most current reporting period	13

- Degree and type of agency influence on agency’s chosen benchmarks and high-level outcomes.
 - The agency’s mission statement serves as our high-level outcome. As recently revised by the Board, it states: “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.”
 - Although the mission statement is developed by the Board, the activities it has authority to pursue are granted through legislation.

- Summarize the year’s successes and barriers to achieving performance measure targets.
 - Successes:
 - Customer satisfaction – We are making clear progress in improving the already strong relationship between the Board and its licensees. The customer call center show strong results in meeting customer service goals.
 - Use of the Internet and technology – Technology has always been an important cornerstone of our service delivery system. The strong results from web usage and the initial results of on-line renewals show that our customers support the directions we have taken in the appropriate use of technology.
 - Effectiveness of discipline and screening processes – The low numbers of repeat offenders, both in criminal activity (PM#13) and complaints to the Board (PM#10) show that the Board has taken effective measures to screen licensees and take appropriate disciplinary action when necessary. In addition, the resolution of 99% of cases without necessitating a hearing shows that the agency has found resolutions to violations of the Nurse Practice Act that the licensee finds fair and equitable in most cases.
 - Barriers to achieving targets:

- Limited staffing resources – One of the greatest barriers within the agency to achieving targets has been that of inadequate staffing. Some staffing problems are temporary, and can be alleviated through cross training of existing personnel. Other problems run deeper, and can only be alleviated through increased permanent staffing.
 - Technology – Although technology has been of great assistance in meeting many targets, it can also become a barrier. Reliance on technology has meant that when it is temporarily unavailable, the agency is tremendously disabled in providing services.
 - Challenges faced by educational and training partners – Both schools of nursing and nursing assistant training programs are feeling economic stresses at this time. Their ability to perform well impacts four of our performance measures. While we are here to help them succeed, we don't control some of the key factors that play a role in the progress of some of the agency performance measures.
 - Selection of appropriate performance measures and targets – We are in the early stages of the performance measure process. As we assess results, we have continued to find that we could have worded measures differently, or that a different measure might be more appropriate. In addition, we find that some of our targets, which were based on preliminary data, aren't realistic because there was a fault with the preliminary data. Working through the analysis each year, and through the biennial process is the only remedy for this learning curve.
- Future Challenges:
 - Shortages of nurses and nursing assistants are being felt both nationally and internationally, changing the nature of our licensees as well as their work settings. Efforts to address the shortage issue can draw efforts away from core functions. Keeping agency resources focused on key functions will be important.
 - The environment of the health care industry is dynamic. The solutions that work today may not be appropriate tomorrow. Constant adaptation to changing circumstances will be essential to the agency reaching its targets in the future.
 - To find relevant public and private standards to compare against agency performance and to refine our performance measurement system as a tool for strategic direction in the coming years.

ANNUAL PERFORMANCE PROGRESS REPORT - PART I, MANAGING FOR RESULTS

TIME PERIOD: FISCAL YEAR 2003 – 2004

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Agency Name: Oregon State Board of Nursing	Agency No.: 851
The following questions shed light on how well performance measures and performance data are leveraged within your agency for process improvement and results-based management.	
1 How were staff and stakeholders involved in the development of the agency's performance measures?	One quarter of the agency staff was involved in developing the agency's performance measures. More than 50% of the performance measures were based on industry standards or measures used by the Board for many years that are considered to be essential for maintaining program quality. The agency also presented measures to the appropriate Ways and Means subcommittee and some changes to measures resulted from this discussion.
2 How are performance measures used for management of the agency?	The management team makes program decisions based on performance measurement data. The most dramatic example of this is the major change made in Fall 2003 to improve staffing of the various agency functions. Feedback from stakeholders is used to fine tune ongoing efforts to improve services to licensees and the public. Performance measurements are used to identify causes of lower than expected results and institute corrective actions to improve performance.
3 What training has staff had in the use performance measurement?	To date, selected employees have trained on the development of performance measures and the collection of data. Most employees have been made aware of section goals, however, a general orientation to the performance measurement program is planned for FY 2005. Agency staff participated in Oregon Progress Board training programs.
4 How does the agency communicate performance results and for what purpose?	The agency is in the process of updating our communications plan, which will include performance measurements. Currently, results are reported to stakeholders on our web site at: www.osbn.state.or.us/performance.htm . The agency shares performance results with agency personnel so that they can have an opportunity to earn the satisfaction that comes from making a meaningful contribution when target goals are accomplished and to motivate them to achieve better results when targets are not met. Communication of performance results contributes to public accountability for past performance and future strategic direction.
5 What important performance management changes have occurred in the past year?	Electronic commerce efforts continued to grow during FY 2004. Address and name changes were made on-line. The first on-line renewal was successful. The Board's electronic commerce initiative benefits the Board by enhanced efficiency and greatly reduces the processing time and error rate as compared to typical data entry. The Board has begun to undergo a culture change with respect to performance measurements. Both management and staff are realizing the value of such a system to affecting permanent changes in the agency.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#1- Percent of customers who rate the Board positively in the following service areas: (a)accuracy of information,	Target					94%	94.5%	95%	95%	95%
	Data		86%	93%	92%	90%	98%	98%	98%	98%
(b)courtesy of staff,			85%	86%	98%	N/A	95%			
(c)ease of access to staff			72%	80%	89%		96%			
							92%			

Data Source:

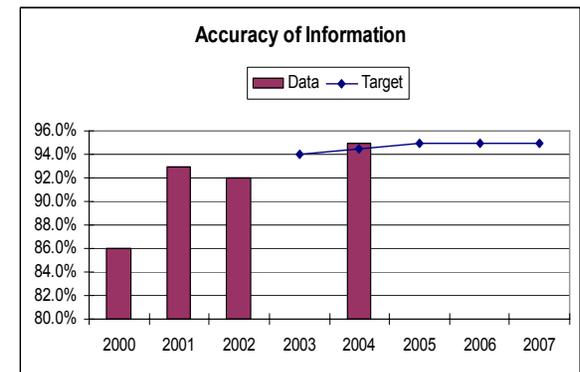
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Customer satisfaction with the licensure application process.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

“Customer Service” surveys have been historically performed every two years at OSBN. Although customers being surveyed are not asked to differentiate between departments, the primary point of contact for licensees is the call center, established in May 2002, to provide immediate response to callers and walk-in customers. Many licensees also have contact with our licensing and certification staff regarding specific applications. This performance measure is directly linked to our customer service goals.



Measure results for Accuracy of Information and Access to Staff for 2004 have increased significantly from 2002 and exceeded targets. Courtesy of Staff results decreased only slightly to 96% from 98%.

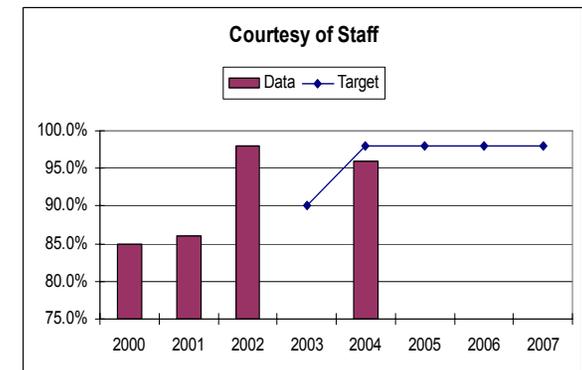
Compare actual performance to target and explain any variance.

The below target outcome for Courtesy of Staff is primarily the result of line staff turnover. 2.5 out of 4.5 customer service representatives have been with the agency in their current call center position less than 6 months. The OSBN call center staff has worked hard to train, isolate and eliminate inconsistencies in information given out to customers. Informational packets and forms are updated routinely with rule changes. Call center staff are encouraged to ask questions and suggest changes, refer to information materials, and to use each other and the supervisor as resources.

Summarize how actual performance compares to any relevant public or private industry standards.

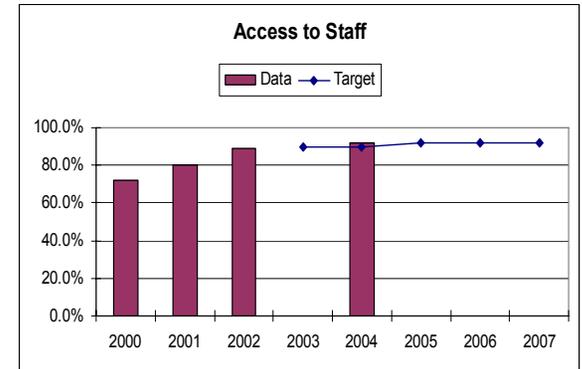
Benchmarks for targets specific to Accuracy of Information, Access to Staff and Courtesy, in a healthcare regulatory environment are unknown at this time. However, many organizations focus on similar “soundness of customer service TQM-IQ” models, which rate high to low: factors such as: usability, soundness, dependability and usefulness, as a measure of meeting consumer expectations related to information. Our measures, similarly, focus on customer expectations and experience.

What is an example of a department activity related to the measure? Ongoing training is a critical element to maintaining good customer service. All call center staff are sent to a mandatory “Customer Service” training session. Examples of the program agenda items included; seeing things from the customer’s point of view, meeting customer expectations, working with tough customers, becoming a problem solver, among others. In-house training on changes in rules, procedures, and technology also help staff maintain a high level of service.



What needs to be done as a result of this analysis?

Continued promotion of the awareness of customer service principles and values throughout the agency so that service continues to be viewed as a core competency.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#2- Percent of all ACD (Automated Call Distributor) telephone calls answered by a live representative within 10 seconds.	Target					80%	90%	95%		
	Data		N/A	N/A	70%	71%	70%			

Data Source:

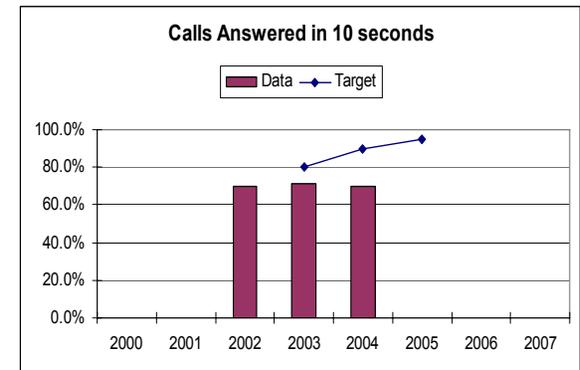
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Responsiveness to Customers

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

When the OSBN call center was established in May 2002, this performance measure was established to help measure the responsiveness to customers as an element of excellent customer service. Constituents are demanding more accountability and faster services from state agencies. Previous experience indicated that callers become frustrated when having to wait for an available operator for more than a few seconds. They would likely hang up without the information they sought if we were not prompt in our response.



This quality indicator may not be “sensitive” enough to measure any improvements in customer tolerance vs. service. Although the % of abandoned calls has decreased and stabilized from 2003 to 2004, this is not reflected within the 10 second measure. We have submitted a revised performance measure for 2005-07 that would look at an overall abandoned call rate, excluding the time constraint, expecting that this will be a better measure of customer satisfaction.

Compare actual performance to target and explain any variance.

The data shows that although the majority of calls are meeting the 10 second answer target, we have not yet improved performance in this specific area. Staff vacancies and leave time affect this measure more than any other factor. This is a difficult and “competing” target to meet, since call center representatives are trained to allow plenty of time for the customer to ask questions and clarify any information. It may not be reasonable to assume that a lean staffed call center could ever achieve a 10 second answer goal of 90%. This current standard appears too high, based on the fact that we are now encouraging call representative to spend more time with the customers to make sure that they have correct information, do not feel rushed, and that we are providing them with optimum service. Additionally, the measurement of 10 seconds to answer may not be the optimal measurement of caller tolerance. Current measurement assumes that over 10 seconds is an unreasonable amount of time to wait for a representative to answer a call. What we are attempting to measure is caller tolerance vs. service; therefore a more accurate measurement of caller tolerance may be caller hang-ups (industry refers to as "abandoned calls"). The current measurement (speed of answer) is contained within, is influenced by, and is a component of "abandoned calls".

Summarize how actual performance compares to any relevant public or private industry standards.

Several standards exist in the call center industry. As an example, the Ritz Carlton answers calls within 20 seconds. <http://www.callcenterejournal.com/Featured.lasso>

What is an example of a department activity related to the measure?

The best way to meet the goals for this performance measure is to provide adequate staffing for this function within the constraints of the agency’s budget. Breaks and lunches are “staggered” in order to maximize staffing at any given time during the day. During high call volume times, other licensing staff are asked to contribute to answering telephone calls.

What needs to be done as a result of this analysis?

Continued orientation, training and coaching makes each technician more efficient and able to move on to the next caller in a shorter length of time. Proposed change to measurement for 2006 as follows: Percent of all ACD calls (Automatic Call Distributor) telephone calls answered and not abandoned by a live representative.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#3- Percent of business days in which the license verification hotlines (telephone and internet) are, at close of business, current to the previous business day	Target					99%	99%	99%	99%	99%
	Data		N/A	N/A	95%	94%	100%			

Data Source:

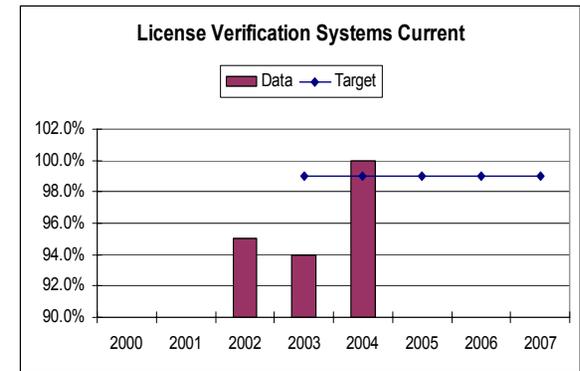
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Responsiveness to Customers

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

Since September 1995, the Board of Nursing has provided license verifications through an IVR (Interactive Voice Response) line. This is an automated system, available 24/7, whereby employers can ensure that nurses and nursing assistants hold an active, valid license to practice. In 2003, this information was also made available on the agency’s web site. In order to be useful to the public, this information must be kept current. This performance measure was adopted to track our responsiveness to this important element of customer service and public safety.



Employers, licensees and other agencies need timely and up-to-date information available in order to do business efficiently. This measure shows that we are meeting those goals.

Compare actual performance to target and explain any variance.

2004 data shows that Targets were exceeded.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

Measurement was transitioned from daily manual spot checks to an automatic notification of "SQL stored procedure did not run" notification from our server. Earlier data resulted in changes in tracking of results as well as a more frequent uploading of data. We are currently “rebuilding” the web lookup application, in order to be inclusive of the newest state- of- the- art security measures.

What needs to be done as a result of this analysis?

We will continue to monitor our processes to ensure our goals are met.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#4- Percent of renewal applications processed within 5 working days. (Defined as reviewing and either issuing the license or notifying the person of application deficiencies.)	Target					90%	95%	97%	97%	97%
	Data		N/A	N/A	35%	73%	58%			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Operational Effectiveness

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

In fiscal year 2004, 27,280 licenses were renewed by the Board of Nursing. Each license issued by the Board expires on the licensee’s birthday every two years. Renewal applications are reviewed for compliance with various practice requirements, “legal” questions, and completeness. A LEDS (Law Enforcement Data System) check is performed on each renewal applicant and any discoveries of criminal background are investigated. Prior to establishing this performance measure, renewal processing times were measured on an “average” basis. Because of the large number of applications processed, the “average” was not as sensitive a measure as we desired. The current measure is more reflective of its link to customer service as each renewal “counts” against the total and either makes it within the standard of performance or does not.

Compare actual performance to target and explain any variance.

Although improvements are below expectation, 2004 results are still significantly better than 2002. Technological process changes are planned and in-process currently, which should result in progress seen in 2005 data. The advent of the on-line renewal process should significantly impact our results, as exception processing in the paper process currently makes a significant impact on timeliness of processing.

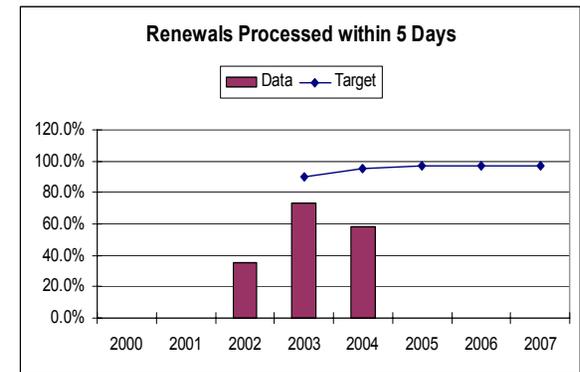
Overall progress from FY2002 to FY2003 was significant. Progress was impeded in 2004, most likely caused by an extensive "rebuilding" of our imaging and data entry OCR systems. Currently, and during the majority of FY 2004, data entry was performed manually and paper renewal forms were redesigned to be a more customer friendly form type. When all facets of this project are complete (2005 expected implementation), data entry is expected to be performed by verification of OCR technology. The third benefit of this new system will be the incorporation of archived electronic records.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

LEDS background checks are performed on every renewal application. In mid-June 2004, LEDS was programmed to "Batch" process what is normally a one-at-a-time process. This has significantly streamlined the renewal process as a whole by removing a process bottleneck. Nearly 90% of renewal applications were processed within 5 business days in July of 2004, chiefly due to this technological process change.

What needs to be done as a result of this analysis? Past performance indicates that progress towards this goal must be monitored on a daily basis if progress is to be made.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#5 - Percent of initial applications processed within 5 working days. (Defined as reviewing and either issuing the license, notifying the person of application deficiencies, or scheduling the person for testing.)	Target					75%	85%	97%	97%	97%
	Data		N/A	49%	52%	63%	79%			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Operational Effectiveness

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

In fiscal year 2004, 6,682 licenses were issued by the Board of Nursing. Each application has specific requirements based on the nature of work the licensee does (the scope of practice) and the background of the licensee (whether they have practiced nursing in another state or if this is the first time they have been licensed.) Applications are reviewed for compliance with various educational and practice requirements, “legal” questions, and completeness. A LEDES (Law Enforcement Data System) check is performed on each applicant and any discoveries of criminal background are investigated. This performance measure is important in meeting customer service goals of the agency. In this time of acute nursing and nursing assistant shortages, timeliness in issuing new licenses directly impacts employers, patients, as well as the licensees.

Compare actual performance to target and explain any variance.

Steady progress has been made since May 2002, when a customer call center was established that reduced the phone calls the licensing technicians were answering and focused their efforts back on processing applications. In 2003, despite 100% staff turnover, processing times improved due to streamlined processes.

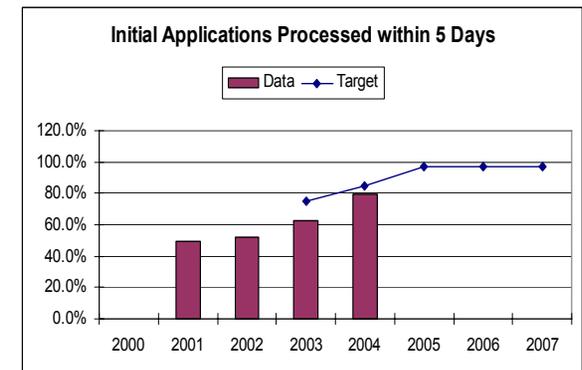
Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

2004 data shows great progress and improvement, despite not reaching the target. Only three technicians, each processing separate groups of applications, review, process, and issue initial licenses. In 2004 one of the three licensing technicians was out on extended family medical leave during the summer. This directly impacted performance, especially as this is a peak season for receipt of applications. The “Testing” (never licensed before) type of applications component of this measure is generally meeting or exceeding the target for 2004. The “Endorsements” (previously licensed in another state) component of this measure is not currently meeting the target, although it is showing steady improvement.

What needs to be done as a result of this analysis?

The need for backup on each desk has always been a concern, but the results of 2004 illustrated the impact on meeting our goals. One staff member has been cross-trained to be able to do this job during periods of staff absence, and we continue plans to cross-train more staff to backfill for staff absences. Additionally, some notification letters, a key marker for collecting and measuring data) are currently manually generated, and are not being recorded as such in the database that reflects these statistics. 2005 plans include development of an on-line application process, which could speed up this process significantly.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#6 - Average number of daily visits to agency web site.	Target					350	400	500	550	600
	Data		N/A	220	325	474	1055			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Accessibility of Board Information to Constituents

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Board of Nursing relies on our web site as a primary source of information to licensees, employers, and the public. The fact that we regularly exceed our target indicates that our audiences rely on our website to obtain the information they need and have confidence in its accuracy. This performance measure links to our customer service goals, particularly to accessibility of information. In an environment that changes constantly, those who access information through our web site are receiving more up-to-date information than those who rely on printed information, which can easily become out-of-date.

Compare actual performance to target and explain any variance.

The spike in number of daily visits between 2003 & 2004 clearly indicates this measure contributes to goal attainment. Although we have regularly exceeded our targets for this measurement, the spike in 2004's figure is most likely attributed to our switch to the new Brand Oregon design.

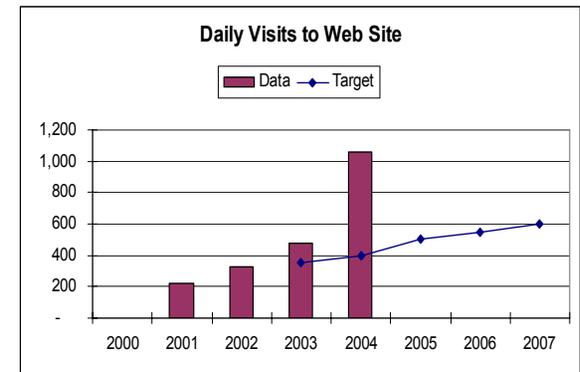
Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this, or similar activities.

What is an example of a department activity related to the measure?

The Public Information Officer regularly updates the website according to agency needs. In addition to general information, the site offers access to Oregon statutes and administrative rules governing nurses and nursing assistants, statistics gathered compiled about the workforce, a license verification program (discussed in PM #3), and the on-line renewal program (discussed in PM #8.)

What needs to be done as a result of this analysis?

The data seems to indicate that the website is a trusted informational source for our audiences, and will only become more so over time. A discussion should occur regarding whether this remains a valuable performance measure as we continue to exceed goals or whether related activities (such as surveys) should take the lead as a reportable performance measure. The Board now needs to take its website to the next level to make interactive with its licensees, the public, and other interested parties.



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Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#7 - Average number of people reached by informational presentations by staff per month.	Target					200	250	300	300	300
	Data		214	219	185	140	176			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Accessibility of Board Information to Constituents

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

An important activity for most of the nurses on the Board staff is the presentation of information to large and small groups around the state. Some of these presentations are in-services sponsored by employers; others are made to classrooms of student nurses. Reaching out to stakeholders is an important function of a regulatory agency, and this performance measure was established to track how well we do that.

Compare actual performance to target and explain any variance.

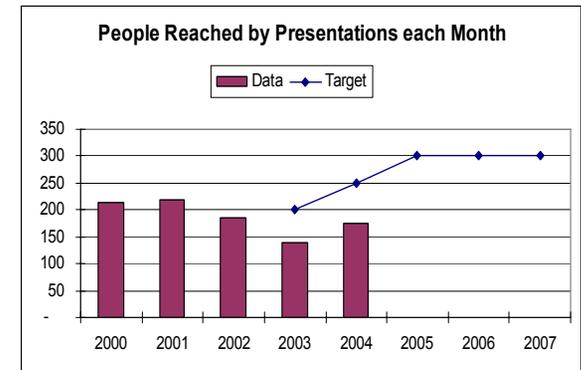
Although the target was not met in 2004, consistent progress has been made over the last few years. The agency changed the way it recorded informational presentations a few months ago, and more accurate data should be available for the next report. Many of the staff members who conduct these presentations are also investigators. Due to the heavy workload as discussed in PM #10, less time is available to make presentations than in the 1990's.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? Technology has been implemented recently to allow teleconferencing of some presentations, which will allow for more contact with fewer resources.

What needs to be done as a result of this analysis?

As mentioned previously, a change was made recently in how informational presentations are scheduled and recorded. Prior to this change, accurate data was difficult to maintain. Once stable and reliable information can be analyzed, future targets can be set.



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Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#8 - Percent of e-commerce RN renewals compared to total RN renewals (implemented June 2004)	Target					10%	25%	50%	60%	70%
	Data		N/A	N/A	N/A	N/A	0.6%			

Data Source:

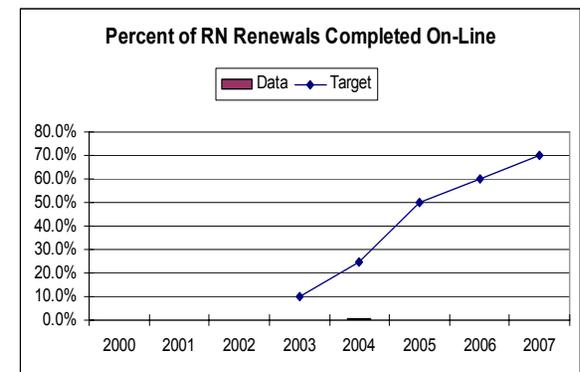
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Excellent Customer Service: Efficiency of e-commerce operations

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The ability to renew nursing licenses and nursing assistant certificates on-line was implemented June 15, 2004. This performance measure was adopted as one way to measure and improve customer service to licensees. Providing a more efficient, swifter renewal process to licensees and convincing them to use the process reduces costs and improves timeliness, which in turn improves customer satisfaction. Improvement in this performance measure will also positively impact measure #4, discussed previously.



Compare actual performance to target and explain any variance.

Because the on-line application was only available for half of a month out of the entire fiscal year, only 0.6% of RN renewals for the year were processed on-line, certainly falling short of the 25% goal, which was set with the expectation that we would be processing on-line for the entire year. Subsequent month’s activities, however, have indicated that strong progress is being made in improving participation; for July and August 2004, 19.8% of all nursing renewals were processed on-line. Based on the first 3 months of operation, we expect to be close to the 50% goal, if not exceeding it, by the end of fiscal year 2005.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities. 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. (This was achieved in the month of October 2004.)

What is an example of a department activity related to the measure? Employers are being asked to set aside computer stations where licensees can log on to complete the renewal process if they don’t have internet access at home.

What needs to be done as a result of this analysis?

The high rate of internet-savvy, “wired” homes in Oregon may account for our initial success with this program. Future plans for increasing participation include continued publicity regarding the availability of on-line renewals through newsletters, renewal notices, and presentations.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#9 - Percent of cases investigated and referred to Board within 120 days of receipt of complaint. (Cases that do not require an extension.)	Target							98%	50%	60%
	Data				18%	31%	21%			

Data Source:

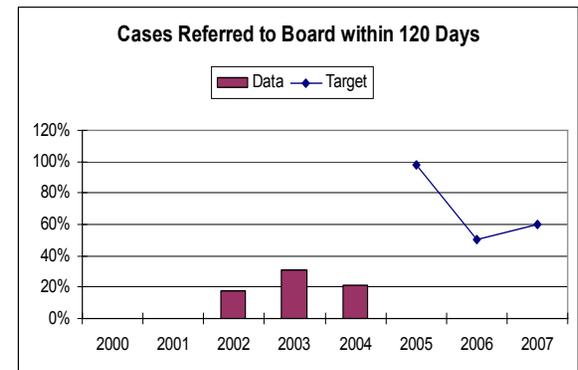
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Timeliness of complaint resolution

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This performance measure was selected to correlate with the requirements of ORS 676.165 which requires health professional regulatory boards to receive investigative reports from their staff within 120 days of receipt of the complaint. These cases involve complaints of poor nursing conduct or behavior. The complaints are made by patients, family members, co-workers and employers. The investigation of these complaints is critical to the Board’s mission of protecting the public by identifying and providing the basis for disciplining poor practitioners.



Compare actual performance to target and explain any variance.

The Board began using a new database in 2000 which now permits the Board to realistically track and analyze data related to case investigation timeframes. The target for this measure has historically been for 98% based on an ideal level of performance rather than on what could reasonably be achieved. Given our staffing resources, this target is overly ambitious and has yet to be attained. Accordingly, the Board has revised the previously stated measures for FY 2002 and FY 2003 on this point to reflect the improved information. The Board has also revised the target for the measure to be more realistic.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

The Board investigated approximately 700 cases involving complaints of poor nursing practice in FY 2004. This is an increase of 12% over FY 2003. The Board is currently experiencing a severe backlog of cases due to the increasing number of cases and a lack of staffing to perform investigations. The Board is responsible not only for investigating these 700 complaint cases, but is also responsible for conducting criminal background checks on all applicants. This combines for a total of over 2,800 investigations conducted each year. Analysis shows that Board staff is already at a maximum capacity for individual investigators.

What needs to be done as a result of this analysis?

The Board will be seeking two additional nurse/investigators in the 2005-07 budget to not only try to overcome this backlog but to help prevent such a backlog in the future.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10 - Percent of disciplined licensees with a new complaint within one year of Board closing original case with a disciplinary action. (“Repeat offenders”—Licensees who continue to receive complaints despite having been disciplined or remediated.)	Target							1%	1%	1%
	Data		3%	4%	3%	4.5%	1.5%			

Data Source:

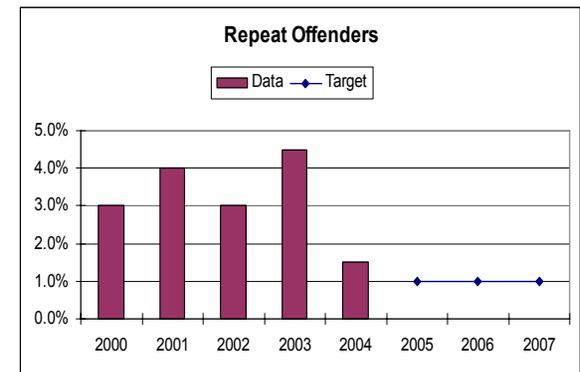
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of the investigative process, discipline and remediation actions.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The purpose of this performance measure is to judge the effectiveness of the Board’s disciplinary actions. Disciplinary actions include letters of reprimand, periods of probation, suspension, and revocation of licensure. The measure is based on the assumption that if a licensee is given appropriate remedial or disciplinary action that the underlying conduct issue will be positively resolved and no further complaints would be received.



Compare actual performance to target and explain any variance.

The Board has seen a significant decrease in the number of repeat offenders. In FY 2003 4.5% of offending licensees had new complaints lodged against them compared to only 1.5% for FY 2004. This indicates that the Board has been successful in determining appropriate action for offending practitioners. The future target of 1% for FY 2005 is perhaps a bit ambitious but a laudable goal.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? Many times an individual violates the Nurse Practice Act due to lack of knowledge rather than intent to harm another. The Board’s disciplinary approach includes the evaluation of competence and correction of deficiencies. Correction of deficiencies, when appropriate, should reduce recidivism, as should the removal from practice of those who cannot be remediated.

What needs to be done as a result of this analysis? At this time, the actions taken by the Board and its staff seem to be achieving the desired results. Continued monitoring for trends among specific groups may point to additional steps that could be implemented in the future.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#11 - Percent of complaints that were resolved via stipulated agreement or default on notices in lieu of contested case hearing. (The respondent accepted the decision and/or action of the agency.)	Target					99%	99%	99%	99%	99%
	Data		98%	99%	99.5%	99.2%	98.9%			

Data Source:

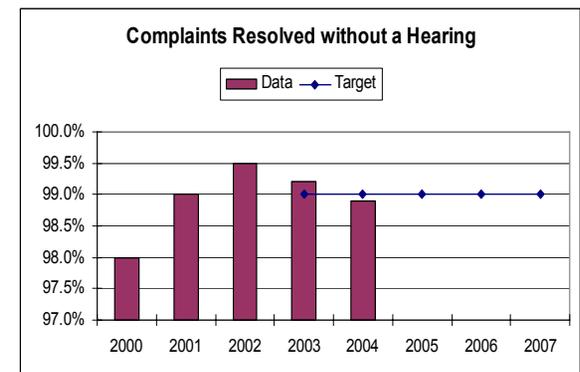
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness/efficiency of disciplinary process.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This measure is used to evaluate the effectiveness of the Board in resolving complaints against licensees. Complaints are either dismissed or resolved by stipulation or through the contested case process. Of these three avenues, resolution by hearing is the most time consuming and expensive.



Compare actual performance to target and explain any variance.

The overall purpose of the Board’s disciplinary action is to protect the public from poor practitioners. This is done on the basis of solid investigative work and discussing the issues with the licensee in question. The Board strives to find good solutions that are not only in the interest of the public but that also are fair and equitable to the licensee. As a result, the Board has a high number of cases that are resolved by stipulation or are not challenged by the licensee. Of the 217 cases in which the Board found it necessary to take some type of disciplinary action, only 8 required a hearing for resolution.

Summarize how actual performance compares to any relevant public or private industry standards.

No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? The Board uses a formal discipline model in its evaluation of each case it considers. A consistent approach to the application of discipline contributes to equitable resolutions.

What needs to be done as a result of this analysis?

This measure, coupled with measure number 10 above, indicates not only that the Board has found solutions that are deemed equitable by the licensee but that the solution has been effective in remediating or deterring poor nursing behavior.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#12 - Percent of successful participants in the 5-year Nurse Monitoring Program. (Participants who graduated or are still participating in the program in good standing.)	Target					80%	85%	90%	80%	80%
	Data		81%	79%	79%	75.6%	75.7%			

Data Source:

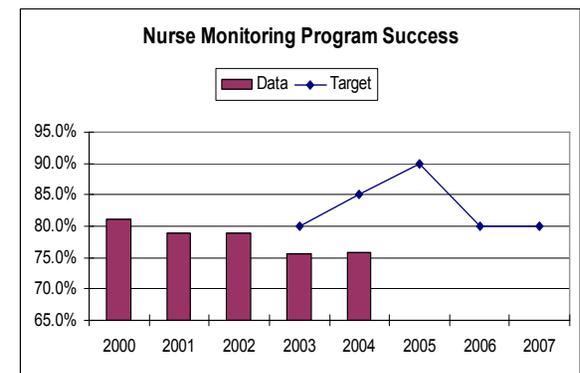
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of nurse monitoring program.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Nurse Monitoring Program is an alternative to disciplinary action for those licensees that have diagnosed chemical dependence, mental health or physical ailments which impair their ability to practice nursing safely. With appropriate treatment by health care providers and monitoring by the Board, these licensees may continue to practice nursing, although perhaps in a more limited manner, while continuing with their treatment or recovery. Licensees participate for up to five years after admission into the Program. This performance measure is used to evaluate the success rate of participants by either completing the Program or maintaining compliance with the requirements of the Program.



Compare actual performance to target and explain any variance.

Summarize how actual performance compares to any relevant public or private industry standards. Although many states engage in similar activities, no industry standards are known of for this activity.

What is an example of a department activity related to the measure? All participants receive a level of monitoring appropriate to their current status in the program. A tailored, progressive system of monitoring, allowing for a learning process among participants, appears to improve success for the individual.

What needs to be done as a result of this analysis?

The Board has determined that the methodology used to compile this measure results in a number that reflects how well all participants who have ever been admitted into the Program have performed. Thus, although it is an indicator of the success of the Program from its inception, it fails to measure how well the Program has done in any particular year. As a result, the figures show a declining success rate while, in practice, the population of successful participants has remained fairly constant. Beginning next fiscal year, participants will be tracked in such a way as to determine their success rate for that specific year. Once the figures have been so particularized, the Board will be able to use this performance measure to more accurately determine the most efficient methods of handling these cases.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#13 - Percent of all renewal applications that are processed through the Law Enforcement Data System (LEDS) and have any arrests, convictions or other court actions recorded. (A successful screening process will reduce the number of repeat offenders licensed by the Board.)	Target					1%	1%	1%	1%	1%
	Data		2%	N/A	1.11%	1.15%	0.79%			

Data Source:

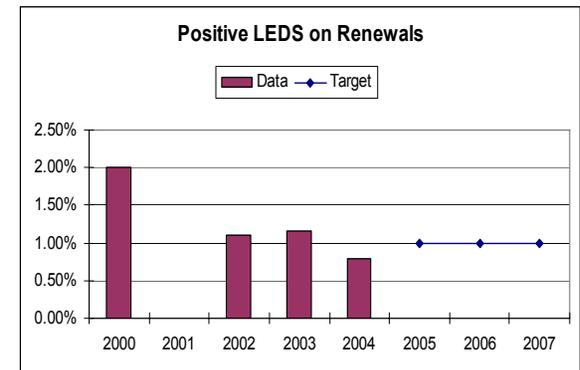
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of LEDS screening.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The Board performs LEDS inquires on every applicant for initial licensure and again at the time of each renewal. The purpose of the LEDS screening is to identify those individuals who pose a risk, as evidenced by their criminal behavior, to the vulnerable patients that would come under their care.



Compare actual performance to target and explain any variance.

LEDS checks run at the time of renewal indicate if the individual has continued any criminal activity after being licensed. It also indicates if the initial screening of the individual was appropriate. As a result, a lower performance measure number denotes a more successful initial screening. For this last fiscal year, the Board attained a mark of 0.79% of positive LEDS reports at renewal. This is down from 1.15% the prior year and indicates that the Board’s evaluation of applicants continues to improve; however, one would not expect any evaluation process to reduce that figure to zero. The target set for next year at 1% thus seems reasonable.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? Every applicant whose LEDS report shows prior criminal activity is individually investigated and evaluated for licensure. Those individuals whose criminal records do not support the fitness requirements for nursing and pose too great a risk to the public are denied.

What needs to be done as a result of this analysis? At this time, the actions taken by the Board and its staff seem to be achieving the desired results. Continued monitoring for trends among specific groups may point to additional steps that could be implemented in the future.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#14 - Percent of RN programs with a passing rate above 85% on the national exam.	Target		100%	100%	100%	100%	100%	100%	100%	100%
	Data		81%	88%	94%	76%	77.78%			

Data Source:

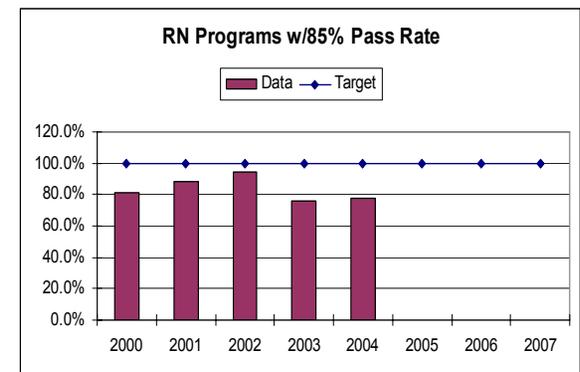
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Education Consultant Services.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

All RNs (Registered Nurses) licensed in the United States must pass a national exam called the NCLEX-RN. The Board of Nursing is responsible for approving nursing programs in Oregon, ensuring that students of approved programs will receive the education necessary to be successful on the national exam and be able to become licensed. Since the mid-1990's, the Board has required schools of nursing to provide a corrective action plan if the school's pass rate drops below 85% for more than a year. This performance measure was established to track how well schools are doing, which reflects on the quality of education nursing students are receiving. Since each school, regardless of size, is counted as one entity, the measurement data does not reflect the overall pass rate for RN candidates. There are currently 18 RN nursing programs in Oregon.



Compare actual performance to target and explain any variance.

Data for FY 04 actually demonstrates a decline in the percentage of RN programs with a passing rate above 85% on NCLEX-RN. Several nursing programs, particularly those with fewer graduates, have continuing difficulty achieving the 85% NCLEX-RN first-time pass rate. Although the percentage of nursing programs achieving an 85% or greater pass rate is far below the target of 100%, the overall first-time NCLEX-RN pass rate for graduates of Oregon nursing programs is high (89.66%), or 7th highest nationally. Nationally, the first-time NCLEX-RN pass rate is 86.62% for FY 04.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? All programs that demonstrate continuing low pass rates must present improvement plans to the Board. Although all affected programs have presented improvement plans, achieving the desired outcome (pass rate > 85%) often requires several years of implementation of the plan, e.g. when a change in program entrance criteria is an integral part of the plan to improve the pass rate of graduates.

What needs to be done as a result of this analysis?

Plan of Action:

- Continue to monitor this performance measure to show trends in the performance of Oregon graduates from RN programs.
- Closely monitor nursing programs that fail to achieve the 85% or higher pass rate standard.
- Collect data to identify possible correlating factors to continued low program pass rates.
- Use data to help develop evidence-based education rules.
- Explore potential Board actions/requirements for programs with continued low NCLEX pass rates.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#15 - Percent of LPN programs with a passing rate above 85% on the national exam.	Target		100%	100%	100%	100%	100%	100%	100%	100%
	Data		100%	100%	100%	100%	100%			

Data Source:

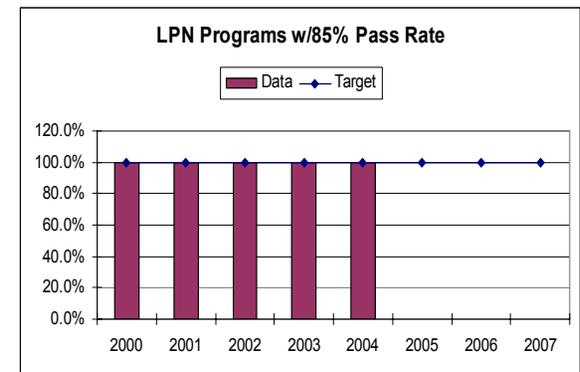
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Education Consultant Services.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

All LPNs (Licensed Practical Nurses) licensed in the United States must pass a national exam called the NCLEX-PN. The Board of Nursing is responsible for approving nursing programs in Oregon, ensuring that students of approved programs will receive the education necessary to be successful on the national exam and be able to become licensed. Since the mid-1990's, the Board has required schools of nursing to provide a corrective action plan if the school's pass rate drops below 85% for more than a year. This performance measure was established to track how well schools are doing, which reflects on the quality of education nursing students are receiving. Since each school, regardless of size, is counted as one entity, the measurement data does not reflect the overall pass rate for PN candidates. There are currently 7 LPN nursing programs in Oregon.



Compare actual performance to target and explain any variance.

With a first-time pass rate of 99.04%, Oregon ranks #3 in NCSBN (National Council of State Boards of Nursing) member jurisdictions for NCLEX-PN. It is interesting to note, however, that the Oregon pass rate is based on 314 candidates, whereas the total number of candidates for the two jurisdictions achieving a higher pass rate (100%) is 16 (2 in Guam and 14 in Maine).

All LPN nursing programs in Oregon continue to achieve an 85% pass rate. All but one of the LPN programs in Oregon are part of "ladder" programs: The LPN program is the first year of an RN nursing program. This means that the students must be accepted as RN candidates by the school in order to be enrolled in the LPN program. The one "stand alone" LPN program is relatively new, so comparisons between types of LPN programs is premature.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this, or similar activities.

What is an example of a department activity related to the measure? All programs that demonstrate continuing low pass rates must present improvement plans to the Board.

What needs to be done as a result of this analysis?

As stand-alone PN programs develop and expand, we intend to compare NCLEX-PN performance with that of graduates of current programs.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#16 - Percent of nursing assistant programs with a passing rate above 85% for both written and skill examinations.	Target					95%	95%	95%		
	Data		45%	72%	74%	78%	74%			

Data Source:

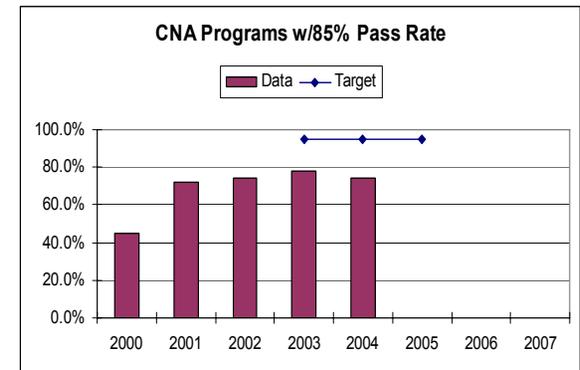
Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Ensure the safety of those Oregonians who are cared for by nurses: Effectiveness of Nursing Assistant Program Consultant Services.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The nursing assistant certification examination is a measurement of a candidate’s essential knowledge, skills, and abilities in regards to the role and duties of a nursing assistant. One quality indicator of nursing assistant training is the percentage of candidates who are successful on the state certification examination. Data collected, whether good or bad, reflects the quality of training that nursing assistant candidates are receiving in Oregon which ultimately impacts both the quality of care of Oregonians and the financial burden of employers and candidates.



Compare actual performance to target and explain any variance.

We have not met the current goal; however, analysis of the data has given us extensive insight into factors affecting performance. The percentage of nursing assistant training programs with a passing rate above 85% for both the written and skill examinations for FY2004 is 74%. The target, set in 2002, is 95%. The target was originally determined based on data that has since been revised. While our goal is still to have all training programs reach the 85% pass rate, the obstacles to this would make 95% unrealistic in the near future.

The barriers challenging the programs’ pass rates include:

- A decrease in the number of experienced instructors due to the nursing shortage.
- An increase in the number of responsibilities added to the instructor role so there is less time to concentrate on the training.
- An increase in the turnover of instructors within the programs.
- New certification exam as of October 2004.
- A decrease in the number of new instructor orientations held in 2004 due to more projects than resources available.
- Limited train-the-trainer courses available.
- An increase in the number of students where English is a second language.

Of the FY2004 training programs, 10% are high school and job corps training programs. Historically, these programs have extremely low pass rates. Some of the contributing factors include the maturity level of students and the commitment of students. Their interests are broad and this is only one of many interests.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure? Instructor orientations and monthly newsletters have been effective in communicating standards to instructors.

What needs to be done as a result of this analysis?

- Assemble the high school and job corps training programs to address their unique challenges
- Investigate challenges to ESL students and what we can do to help
- Increase the offerings of the new instructor orientation sessions in 2005
- Research opportunities for train-the-trainer classes
- Change policy to require the train-the-trainer before approval of instructor

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS
 TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#17 - Percent of agency Administrative Rules that are periodically reviewed and evaluated within 3 years (statutory requirement) for unnecessary barriers that might prevent eligible nurses/nursing assistants from practicing nursing in Oregon	Target			80%	85%	90%	95%	100%	90%	90%
	Data		67%	85%	70%	81%	80%			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Regulate in a manner that sustains a maximum number of nurses available to the workplace without jeopardizing public safety: Effectiveness of Board’s commitment to evidence-based regulation.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

This measure reflects the agency compliance with the three year rule review statute as well as reflecting the agency’s commitment to removing barriers so as to govern by the regulatory concepts of equity, flexibility, access and yet safety of the public. Professional regulation should be explicit enough to achieve the agency’s mission of public safety while allowing the flexibility of the profession to respond to rapid social, political and economic changes. Regulatory barriers that prevent the full use of competent nurses must consistently be examined to ascertain if they are in the public interest. Administrative rules must guard against reducing access to certain services by setting unnecessarily high or inappropriate standards, or limiting access to qualified providers.

Compare actual performance to target and explain any variance.

The agency met the goal of the three-year rule review in regard to examining its rules for unnecessary barriers for 80% of its administrative rules, but did not reach the target goal of 95%. In reviewing the data, it became clear that the administrative rules that had not been reviewed within three years were due to two reasons: 1) the process of rule review had begun but because of lack of consensus among stakeholders as to what the revisions should be, the Board decided to continue the dialogue among stakeholders and the three year timeline had expired, or 2) no one had raised questions/concerns regarding the rule chapter and therefore the agency determined to spend its time and resources with the other rule chapters that had more urgent public policy interests.

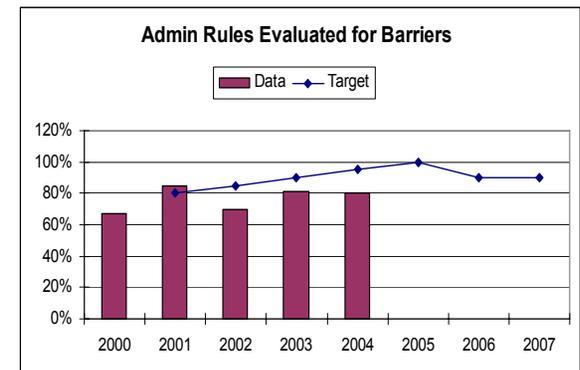
Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

In the past year, the Board did an extensive review of its nursing assistant rules. The revision of the rules eliminated actual and perceived barriers in several areas such as giving increased flexibility to nursing assistant programs regarding the hours and content of their nursing assistant curriculums; decreased the amount of paperwork a program must submit to the agency; decreased the amount of experience required as a nursing assistant before one is eligible to become a certified medication assistant, etc. The Board also approved an additional level of nursing assistants in response to the industry’s request for a career ladder program to increase retention of nursing assistants in the workplace.

What needs to be done as a result of this analysis?

The Board needs to continue moving towards a model of evidence-based regulation and will use evidence-based information and research to inform the development and application of regulatory rules and practices.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#18 - Percent of emerging public policy issues resolved within 6 months of coming to the Board's attention.	Target					100%	100%	100%	100%	100%
	Data		N/A	75%	78%	80%	80%			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Regulate in a manner that sustains a maximum number of nurses available to the workplace without jeopardizing public safety: Responsiveness to constituents for Board policy direction.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The public has a legitimate role in the decision-making and application of regulatory practices and processes. The agency's goal is to offer opportunities to the public for genuine public participation in its decision-making practices and processes and then to be responsive within the regulatory framework of public protection.

This measure reflects the agency's commitment to collaboration and partnerships. It reflects the agency's belief that the public has a legitimate interest in its affairs and that the agency is responsive and timely to constituent's needs within the regulatory mission.

Compare actual performance to target and explain any variance.

The agency met its goal 80% of the time, but did not reach the target goal of 100%. Since the Board only meets five times a year (February, April, June, September and November) to deliberate on public policy issues, the agency is considering whether the six-month timeline is realistic. Usually the issue is brought to the Board's attention at one meeting, and then it takes 1-2 other meetings to gather information, establish a task force and receive the task force recommendations and/or have a public hearing on the issue.

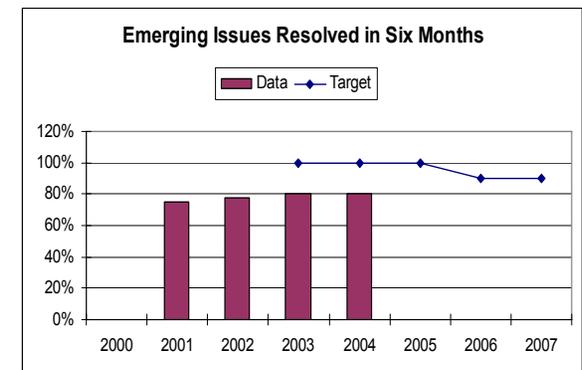
Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this, or similar activities.

What is an example of a department activity related to the measure?

In February 2004, the Board convened a panel of experts to discuss the public policy of pain management for nurses in the state. This was in the context of a new law mandating 7 hours of continuing education in pain management for renewal of licenses effective 1/1/06. Panel members and constituents discussed the need for the Board to issue a position on pain management. The Board convened a task force. In June 2004, the Board adopted "Guidelines for Pain Management" for nurses and nurse practitioners to assure them that the Board supports and expects competent comprehensive care for the treatment of pain, and that nurses need not fear disciplinary action from the Board for appropriately administering/prescribing medication to control pain for a legitimate medical purpose.

What needs to be done as a result of this analysis?

The agency needs to continue to create a nimble organization that allows it to respond in a timely manner to public policy issues that come before it, while still offering adequate opportunities for public participation by all stakeholders. The agency should look at using different methods of technology (i.e. teleconferencing of Board meetings/committees, web-based surveys, etc.) as a means of quickly gathering information/feedback from stakeholders on public policy issues. The agency is also exploring a framework to guide the dialogue and deliberations of public policy issues. Finally Board agendas should reflect that the majority of Board meeting time is taken up with dialogue, deliberation and decision making about issues of strategic direction and/or policy.



ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2003 – 2004

Agency Name: Oregon State Board of Nursing		Agency No.: 851								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#19 - Number of basic RN students graduated from Oregon nursing education programs and practicing in Oregon.	Target					750	800	900	900	950
	Data		681	609	700	740	705			

Data Source:

Key Performance Measure Analysis

To what goal(s) is this performance measure linked? Effectiveness of joint efforts of agency, statewide educators & business community to address nursing shortage.

What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency? This performance measure is not linked to an Oregon benchmark, but is linked to the agency mission.

How does the performance measure demonstrate agency progress toward the goal?

The statewide, nationwide, worldwide nursing shortage presents a significant public safety issue to Oregonians. Within the workplace, a shortage of qualified staff not only means that there aren't enough nurses to give patient care, but that more errors can be made by overstressed, overstretched people. In the past, most of the nurses licensed in Oregon had been educated in other states but who then choose to come to Oregon to work. With a worldwide shortage, Oregon cannot count on receiving enough nurses from other states and countries to fill its needs. The Board of Nursing, in partnership with others representing education, labor, and employers of nurses, is working to increase the number of new nurses "made in Oregon." This performance measure measures the effectiveness of joint efforts to address the nursing shortage. The nurses measured here both graduated from Oregon nursing programs and were licensed and are practicing in Oregon. Graduates who leave the state or do not have Oregon licenses are not counted.

Compare actual performance to target and explain any variance.

Although the target of 800 nurses from Oregon nursing education programs was not achieved, this number is gradually increasing. Factors that are out of the control of the Board of Nursing (e.g., state community college and OHSU funding, nursing faculty and clinical practice site availability, and limited access to courses that are prerequisite to nursing program entry) affect nursing program enrollment, and, ultimately nursing program graduates seeking licensure and employment. Other factors contribute as well, such as the current Oregon economy. Nearly all nursing programs in Oregon have increased enrollment within the past two years. Many of these graduates will apply for RN licensure in FY 05.

Two conditions must be met for a licensee to be counted in this data: 1) graduation from an Oregon RN program and 2) licensure within the fiscal year. There was a decrease in FY 2004 of newly issued RNs graduated in Oregon, but this is not a decrease in the number of graduates. There were more graduates in FY 2004 than in FY 2003, but since the majority of graduates do not take the national exam and become licensed until after June 30th, many 2004 graduates will not be counted until FY 2005.

Summarize how actual performance compares to any relevant public or private industry standards. No industry standards are known of for this or similar activities.

What is an example of a department activity related to the measure?

The Board, as well as other nursing community partners, will continue to monitor trends.

What needs to be done as a result of this analysis?

Initiatives are in process to further expand the capacity of nursing schools and increase the number of available nursing faculty members. The Board will continue to find ways to break down educational barriers, while maintaining the high standards of education currently found within Oregon.

