

**Oregon State Board of Nursing**  
**Agency Implementation Plan to Support the Mission of the Board**  
**2019-2021**

**Mission of the Board:** The Oregon State Board of Nursing protects the public by regulating nursing education, licensure and practice.

**Vision for the Agency:**

- (1) Information provided to the public and licensees is the accurate Board interpretation of the Practice Act.
- (2) The administrative rules of the Nurse Practice Act are written according to legislative authority and balance public safety with innovations in nursing care delivery.

**Values:** The Mission and Vision of the Agency will be implemented using a framework incorporating the following values: Integrity, Collaboration, Stewardship, Simplicity, and Innovation.

Department	Strategy for Vision Implementation	Outcome Measure	Data Source	Strategy Completion Date
Administration	Review of Administrative Rules to determine if the rules reflect legislative authority and public safety and written in common English. Request rule opening if rules do not meet this standard base upon staff and public input.	Internal and external feedback will verify that the rules are understandable, clear and no individual interpretation is needed.	Staff feedback meetings Stakeholder Feedback through rule writing advisory groups, public sessions and rule hearing responses.	Evaluate June 30, 2021. May be ongoing until all divisions of the practice act have been reviewed and discussed with the Board.
	Engage Consultant to review current statute and rules to assure the rules stay within the legislative authority delegated to the Board and rules reflect public safety rather than professional advocacy.	Report from Consultant to be reviewed by Assistant Attorney General	Assistant Attorney General approval of report and Board approval of report.	No later than June 30, 2020.
	Develop databank of practice questions and answers to assure accuracy and consistency of answers. Cease the “ask-a-practice” question service.	Review “ask-a-practice” question folders for common questions and develop a single answer based upon subject matter expert answers and previous answers.	Board approval of questions and answers as an accurate reflection of statute and rule interpretation. Shut down of “ask a practice question” website.	No later than March 31, 2020.
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Investigations	Compare current investigation processes with another Board to compare and find	Report to Executive Director the comparison between Board	Report within 2 weeks post visit.	Visit no later than June 30, 2020. Report

	out if OSBN processes are efficient and effective. Focus on Investigator skills at writing stipulated agreements and Board orders.	functions. Review any suggestions with Assistant Attorney General for possible Board information and approval, if necessary.		to the Board no later than September 2020.
	Develop plan for further investigator competencies and education. Establish criteria for "field work" during an investigation if necessary and have investigators tour specific nursing care settings to familiarize them with the context of nursing practice.	Develop plan and present to Executive Director. Schedule field activities with at least 1 acute care facility, 1 long term care facility, and 1 public health clinic.	Written plan and field visit objectives approved by Executive Director. Documentation of at least 50% of non-nurse investigative staff touring facilities.	Plan due by Feb 2020. Visits to begin no later than 1 July 2020 with 50% of non-investigative staff completed visits by June 30, 2021.
	Review the Standard Operations Procedure manual with Staff every 6 months to assure that (1) information in the correct (2) understanding of SOP manual is uniform (3) staff sign off that they understand and adhere to manual standards.	Manager to review SOP manual by December 31, 2019. SOP manual presentations at departmental meetings beginning January 2020.	Minutes of departmental meetings documenting what portion of the manual was reviewed.	SOP manual review will be ongoing as needed. At least one total review will be done by each staff member of the department by December 31, 2020.
	Presentation to departmental staff regarding life cycle of a contested case and to provide information regarding what to expect during staff testimony.	First presentation no later than December 30, 2019.	Minutes of departmental meeting and copy of any presentation materials.	Executive Director will be provided with schedule of presentations as they are scheduled.
<b>Department</b>	<b>Strategy for Vision Implementation</b>	<b>Outcome Measure</b>	<b>Data Source</b>	<b>Strategy Completion Date</b>
Licensing	Provide consistent information to external customers calling about licensing concerns.	Re-establish call center Have monthly meetings with call center staff to review commonly asked questions, outlier questions and develop common answers.	Manager will listen in on calls one hour every week.	Call center to be re-established no later than December 1, 2019. Begin monthly meetings and call listening no later than 1 January 2020.

	To reduce calls to the call center, review website monthly to assure that licensing information accurately reflects current rules and procedures. Create new online content to answer common questions so that applicants and licensees have 24/7 access to information.	Develop survey to measure perception of encounters with call center staff and usefulness of the website.	Survey results with 80% satisfaction.	Begin website content review and development of website content by November 30, 2019. Develop customer survey by June 30, 2020 and send out no later than August 1, 2020.
	Assure that all departmental and agency staff understand and adhere to the licensing workflow. This will decrease workflow variation and assure resources align with workflow.	Develop a Departmental Standard Operating Procedures Manual for licensing processes. This will provide clarity to department staff regarding appropriate process flow and be an aide to orientation of new staff	Review SOP manual with Executive Director.	Begin information collection by 1 November 2019. Develop charts, visio diagrams and observe step-by-step workflow begins no later than 1 January 2021 with manual Review by Executive Director no later than 15 January 2021.
Department	Strategy for Vision Implementation	Outcome Measure	Data Source	Strategy Completion Date
Communications and Information technology	Increase legislator contacts during interim years to increase awareness of the Board and relevant issues.	Visit with Healthcare Committee chairs and other appropriate legislative contacts as issues arise.	Visits to Healthcare Committee chairs by December 2020. Visits or contact with other appropriate legislative stakeholders as issues arise.	Report to the Executive Director after each legislative visit regarding topics of discussion and outcome. Continuous, no end date
	Contact relevant stakeholders during legislative concept (LC) development and communicate LC's and the Board's intent.	Develop a list of stakeholders who would have an interest in the specifics of a proposed LC.	Meeting with stakeholders based upon what LCs are being proposed and the filing deadline.	Reports of stakeholder input to the Board during the April 2020 Board meeting or the date of the last in person Board meeting before

				filing deadline, whichever is latest.
	Assure that the Information Technology Department is ready to begin transition to a different database, Optimum Regulatory Data System (ORBS) Restructure the IT department to a new governance model for the accomplishment of work with less supervision.	Ready for transition to new database.	ORBS work team and internal assessment.  New Organizational Chart for IT	Ongoing reports by IT teams to Executive Director. Beginning with the approval of ORBS contract.  New Org chart by 1 July 2020.
	Assure that the website reflects correct information and that customer feedback regarding website is considered and incorporated when possible.	At least once a quarter, send feedback form to departmental managers and policy analysts to review their website sections for appropriateness of information. Measure how customers view website navigability.	Feedback form review and mark off which changes were incorporated into the website. Measurement tool for customer satisfaction with navigability.	Update the Executive Director on significant website issues at least quarterly during 1 to 1 review sessions.
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Executive Assistant	Enhance communications between internal customers and departments by active participation in the agency programs that will enhance the work environment and provide a platform for management/non-management staff communication.	Activities sponsored by the Employee Activity Committee and the Worksite Wellness Program.  Labor Management Committee structure allows for open discussion and solving of issues.	Log of Employee Activity Committee and Worksite Wellness monthly topics.	Ongoing with quarterly updates to the Executive Director.
	The records retention and location process has a single reference to enhance staff ability to locate, retrieve and track documents and files required for public records request and agency business.	All known existing record location documents will be combined and placed in a central repository for access by personnel who need to have this information.	Record location log in the agency database.	Completed no later than June 30, 2021

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Policy Analysts	Clear and consistent communication regarding the Board interpretation of the practice act through public speaking, education, and stakeholder meetings, and website information.	Presentations will be posted in Public Education folder and be reviewed when developing new presentations to assure consistency of message. New presentations will be reviewed with appropriate presenters when developed.	Standardized evaluation questionnaire for education outreach events, nursing education program site visits, and consultations	Development of questionnaire and methodology for data collection to Executive Director no later than Dec 31, 2019 with data collection beginning in January 2020.
	Rule writing and rule revision will follow the same format for each stakeholder group.	Rule writing and revision documents will show consistency in process application based upon Agency policy.	Rule writing documents	The Executive Director will review all documents during the rule writing process for adherence to standard.

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Human Resources	Clear communication with staff regarding HR policies for the agency and state employment information.	Communication methods developed to assure that all staff have access to updated information	Information posted on Intranet. HR items submitted for inclusion in Staff meetings	Ongoing
Human Resources	Maintain clear communication between Labor and Management	Staff independently seeks out HR for information regarding agency and state employment issues.	Feedback from Labor and review of minutes of Labor-Management Meetings.	Ongoing and as issues warrant
Human Resources	The agency will have a diverse and inclusive workforce where labor practices are consistently applied.	The agency will based hiring and employee actions on policies that are consistent with the requirements of the CBA and state policies related to diversity and inclusion.	Policy review, affirmative action plan, review of hiring and discipline activities.	Ongoing and as issues warrant.