

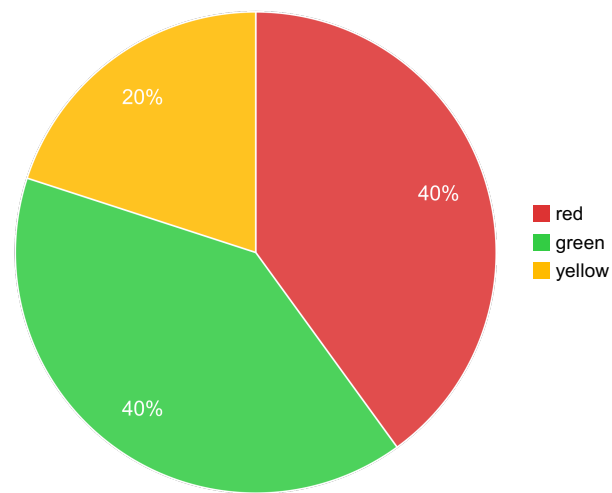
# Board of Nursing

Annual Performance Progress Report

Reporting Year 2025

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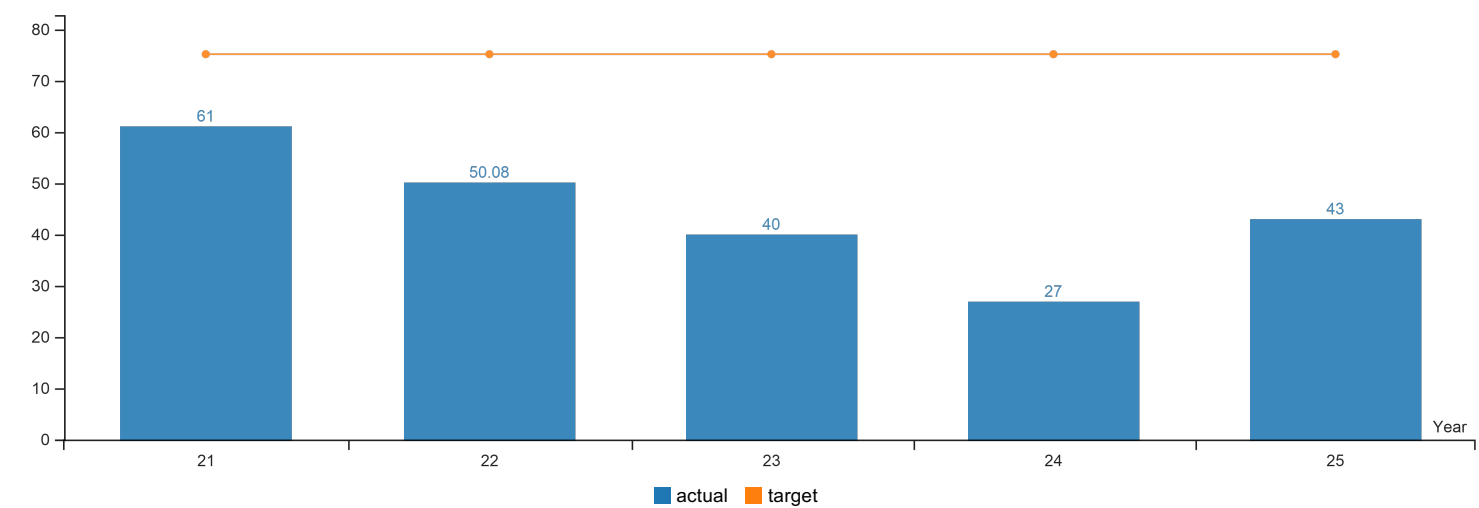
KPM #	Approved Key Performance Measures (KPMs)
1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.
2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original 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 five days.
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:	40%	20%	40%

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	2021	2022	2023	2024	2025
Timely Resolution of Complaints					
Actual	61%	50.08%	40%	27%	43%
Target	75%	75%	75%	75%	75%

How Are We Doing

While the agency did not meet its goal in FY 25, we did considerably better than last fiscal year. Our staff investigators remain committed to improving our investigative activities. They strive to complete investigations and promptly present reports to the Board. This includes gathering all necessary information, including HR records, medical records, consultant reviews, and licensee and witness interviews, to enable the Board to take informed and appropriate action for violations of the Nurse Practice Act.

Factors Affecting Results

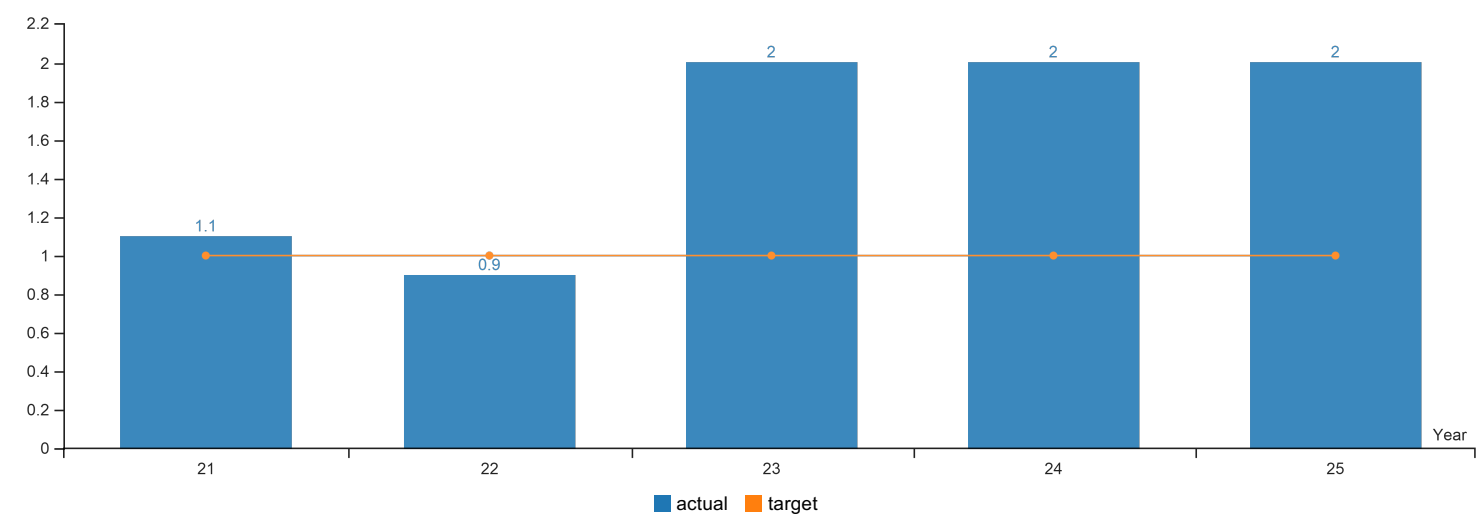
This measure reflects the statement in ORS 676.165(4), implemented in 1997, which states health professional board investigators shall make a report to the board not later than 120 days after the board receives a conduct complaint. Since 1997, there have been many changes in the healthcare environment that have affected the agency’s ability to meet this measure. The agency has seen a significant increase in licensee complaints since 2021. This surge in complaints has put additional strain on the department’s resources. OSBN has also noted a much longer timeline for receiving medical and HR records from employers, which in turn increases the amount of time to complete investigations.

During FY 25, the Investigations department faced several challenges, including recent department leadership changes. We also experienced a few departures and lengthy absences among staff investigators, which led to increased caseloads for the remaining investigators. OSBN has taken proactive steps to address these challenges. Our new investigations manager just completed her first year with the agency and we’ve recently hired a new department supervisor. In collaboration with the leadership team, the manager is updating policies and procedures. Our 25-27 budget request was approved and we have recently hired additional investigators to enhance our efficiency and ensure we can meet our investigative goals. We are working to get those new investigators oriented and working caseloads as quickly as possible.

For FY 25, the agency added to the calculations the number of cases for which an investigator requested an extension to the 120-day limit. Current agency leadership believes those numbers should also be considered when evaluating results, since extensions to the 120-day obligation are allowed by law. In addition, due to the complexities mentioned above regarding investigations, as of April 2025, all opened cases automatically receive an extension. With this change, we expect next year's results to show continued improvement.

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	2021	2022	2023	2024	2025
Reduction of Recidivism					
Actual	1.10%	0.90%	2%	2%	2%
Target	1%	1%	1%	1%	1%

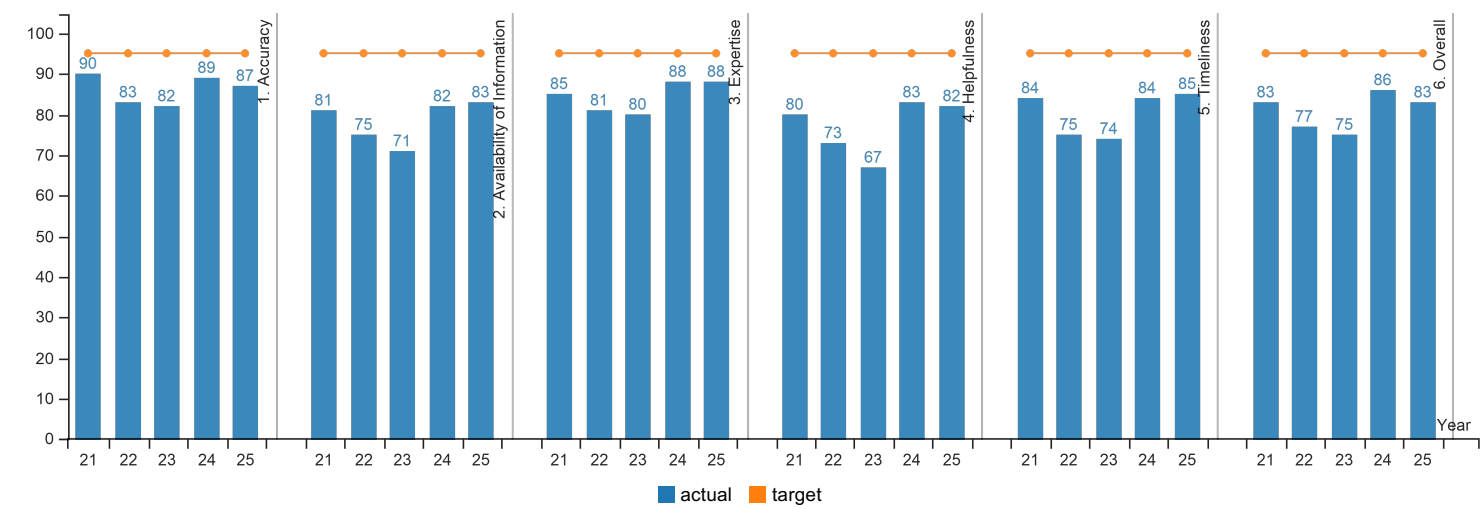
How Are We Doing

Although the agency did not meet its target of 1 percent, it was consistent with the previous year’s result. The number reflects the licensees who were disciplined in fiscal years 22, 23, or 24 and were reported to the Board for any new offense during FY 25. 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 which 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	2021	2022	2023	2024	2025
1. Accuracy					
Actual	90%	83%	82%	89%	87%
Target	95%	95%	95%	95%	95%
2. Availability of Information					
Actual	81%	75%	71%	82%	83%
Target	95%	95%	95%	95%	95%
3. Expertise					
Actual	85%	81%	80%	88%	88%
Target	95%	95%	95%	95%	95%
4. Helpfulness					
Actual	80%	73%	67%	83%	82%
Target	95%	95%	95%	95%	95%
5. Timeliness					
Actual	84%	75%	74%	84%	85%
Target	95%	95%	95%	95%	95%
6. Overall					
Actual	83%	77%	75%	86%	83%
Target	95%	95%	95%	95%	95%

How Are We Doing

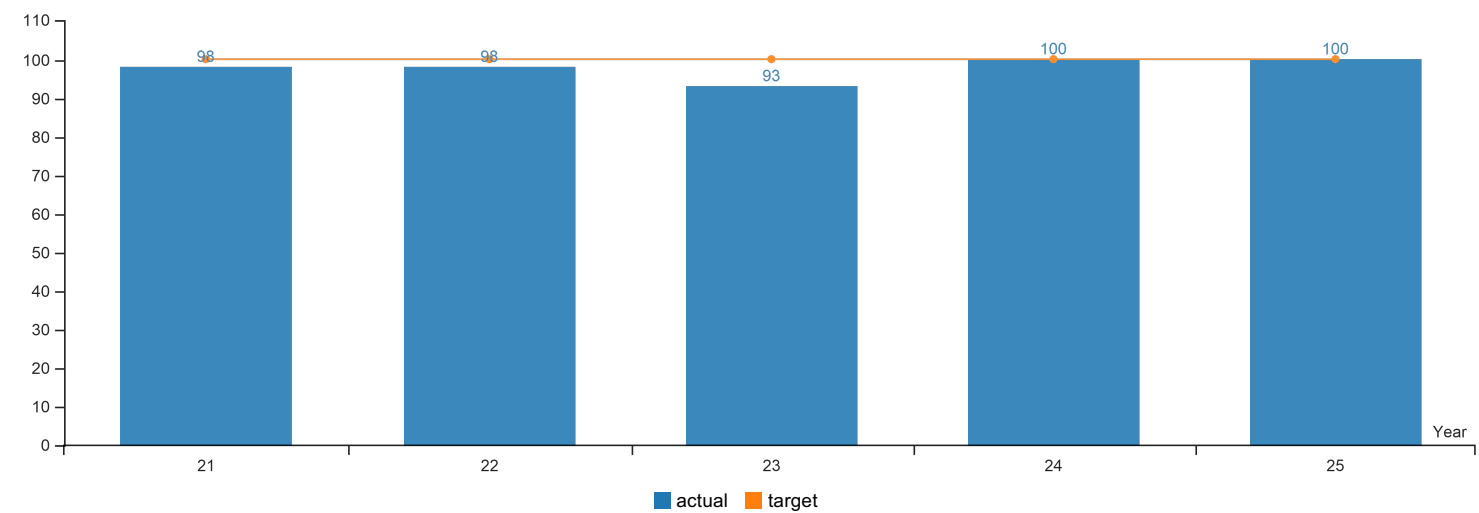
The agency maintained high scores in every element of this measure. As our customer base is very large, at more than 118,000 people, 100 percent satisfaction may not be attainable. We emailed a survey link to a random 25% of board customers that obtained a license between the dates of January 1, 2025, and June 30, 2025. Out of 8,383 surveys sent, we received 659 responses for an overall response rate of 8%.

**Factors Affecting Results**

We reopened the phone lines to the public in January 2024. The phone lines had been closed for three years during the pandemic. Since the new OSBN Executive Director began in July 2023, the agency has focused on improving our customer service in all departments, and reopening the phones to provide more direct access for licensees and applicants was a major initiative. Our new call center has been in operation for 20 months, and this year's measure shows our efforts to rebuild our relationships with customers and the public are succeeding.

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

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Timely Licensing: Percent of licensing applications processed within target.					
Actual	98%	98%	93%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

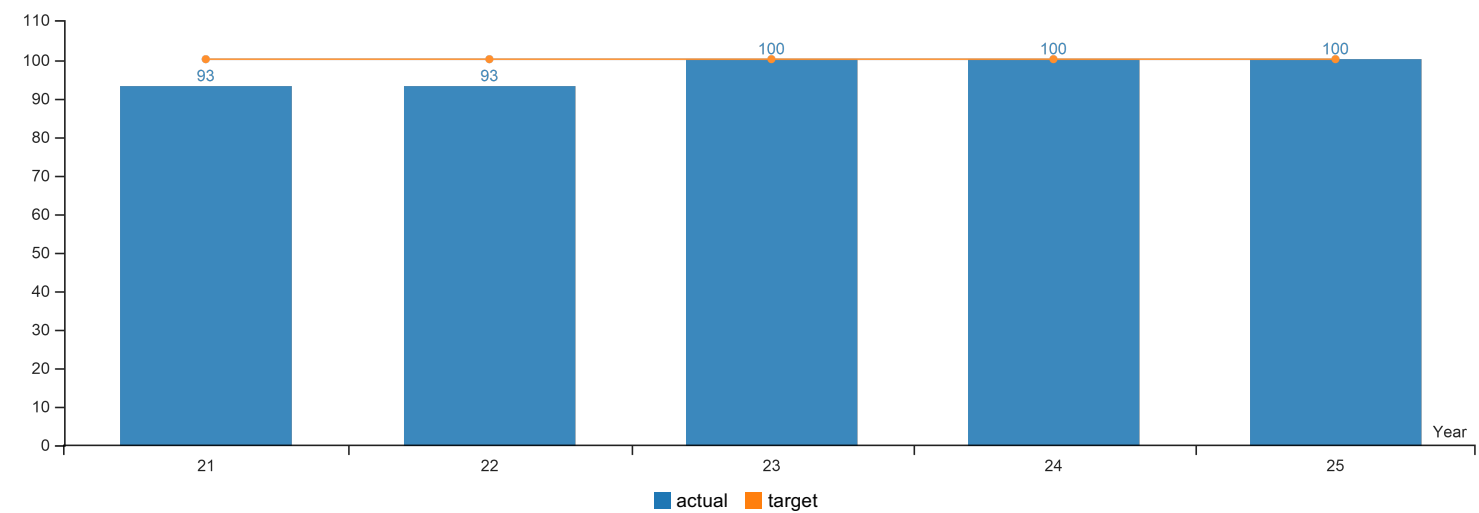
The agency met its target in FY25. This measure demonstrates our efficiency in issuing nursing licenses and nursing assistant certificates once all the appropriate documentation has been received.

Factors Affecting Results

We strive to process applications efficiently and in keeping with our public safety standards. It is the agency's goal to issue a license 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. Our ORBS database allows renewal applications, the bulk of our daily application load, to be issued immediately.

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	2021	2022	2023	2024	2025
Effective Governance					
Actual	93%	93%	100%	100%	100%
Target	100%	100%	100%	100%	100%

**How Are We Doing**

The agency met its goal of 100 percent. This measure demonstrates that we are meeting management best practices with respect to governance oversight by our Board.

**Factors Affecting Results**

The agency uses the Oregon boards and commissions best practices for governance as a guide for this measure. 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.