

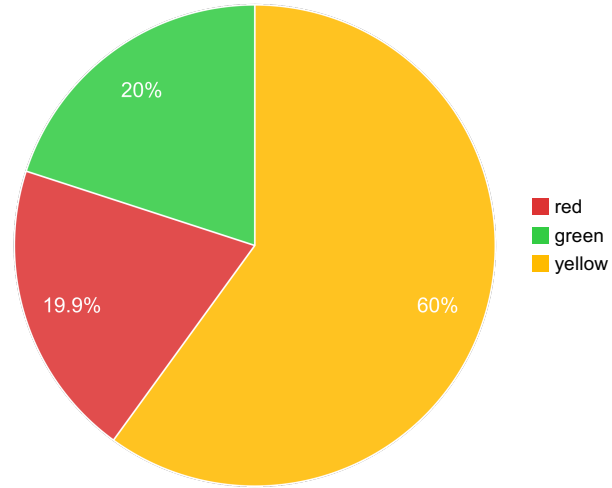
# **Nursing, Board of**

Annual Performance Progress Report

Reporting Year 2021

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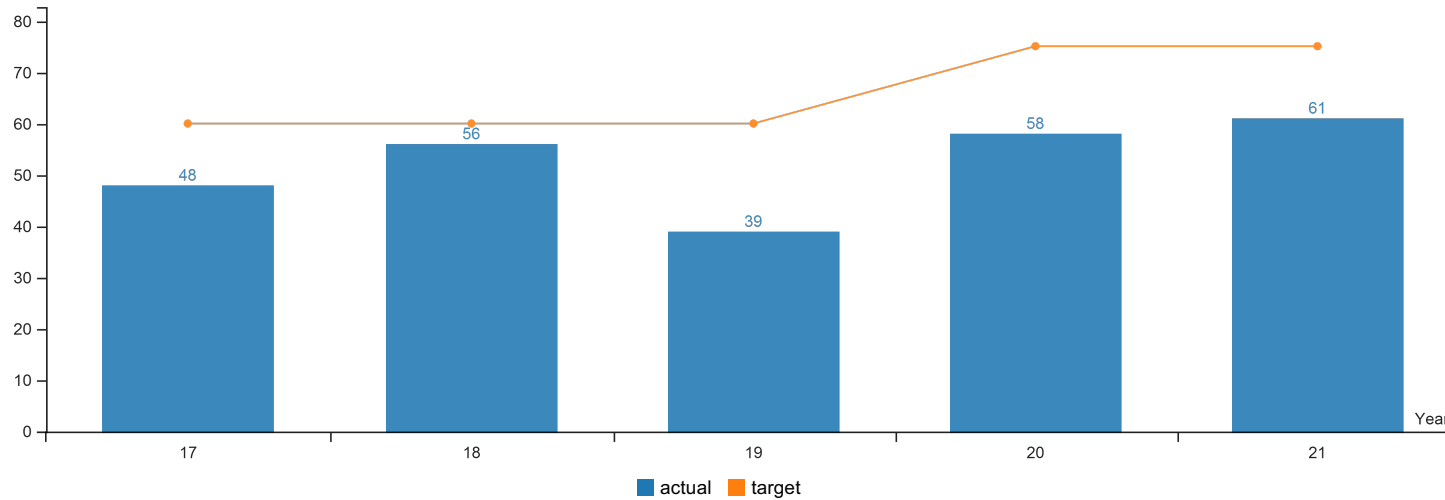
KPM #	Approved Key Performance Measures (KPMs)
1	TIMELY RESOLUTION OF COMPLAINTS - Percent of cases investigated and referred to Board within 120 days of receipt of complaint.
2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original case with a disciplinary action.
3	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as good or excellent: overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
4	TIMELY LICENSING - Percent of licensing applications processed within target.
5	EFFECTIVE GOVERNANCE - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	20%	60%	20%

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	2017	2018	2019	2020	2021
<b>Timely Resolution of Complaints</b>					
Actual	48%	56%	39%	58%	61%
Target	60%	60%	60%	75%	75%

#### How Are We Doing

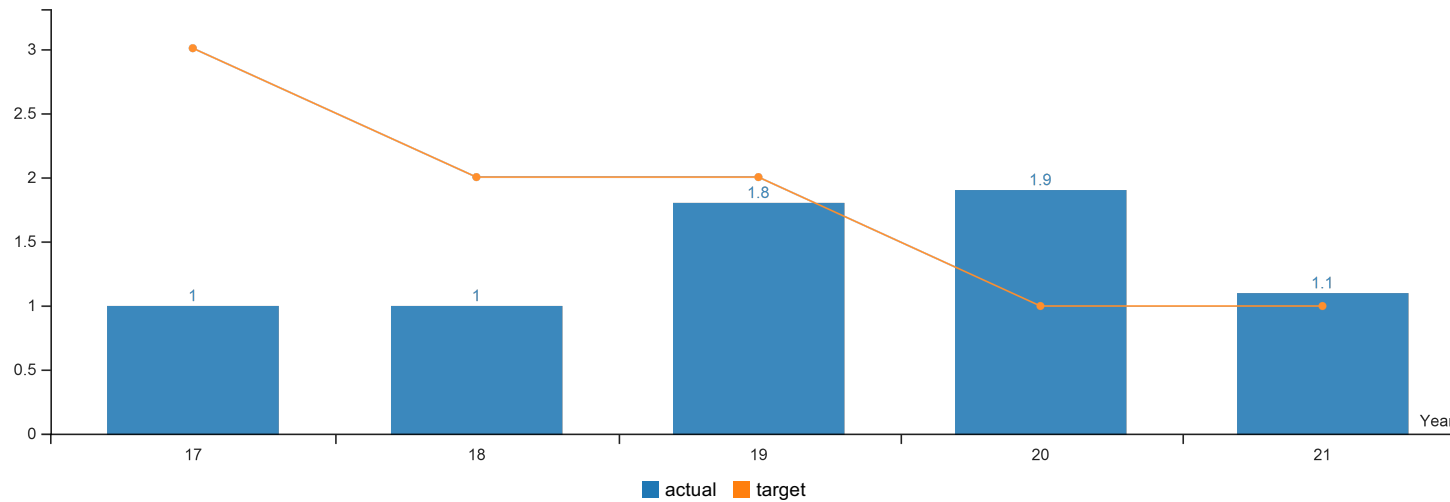
Our FY 21 result of 61% demonstrates continued improvement, despite the challenges of staff working remotely during the pandemic. Ideally, 100 percent of all complaints would be resolved within the 120-day window. However, outside delays in procuring needed documents, as well as a failure to cooperate on the part of some individuals, lengthens the process in many cases.

#### Factors Affecting Results

The Investigations department completes its investigations and reports to the Board in as timely a manner as possible. This includes gathering all information necessary (including document review and witness interviews) to enable the Board to make informed and appropriate actions for violations of the Nurse Practice Act. Further streamlining of processes and the hiring of a new nurse investigator likely contributed to the improvement this fiscal year.

KPM #2	REDUCTION OF RECIDIVISM - Percent of disciplined licensees with a new complaint within three years of Board closing original case with a disciplinary action.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = negative result



Report Year	2017	2018	2019	2020	2021
<b>Reduction of Recidivism</b>					
Actual	1%	1%	1.80%	1.90%	1.10%
Target	3%	2%	2%	1%	1%

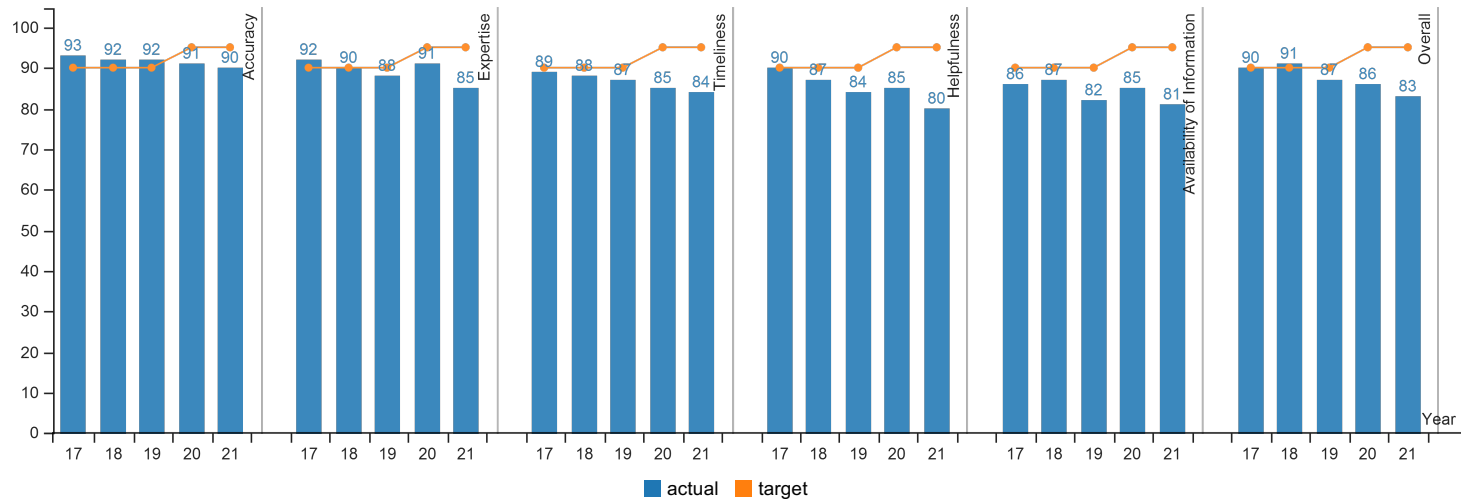
#### How Are We Doing

The agency nearly met its target of 1 percent. The number reflects the licensees who were disciplined in fiscal years 18, 19, or 20 and were reported to the Board for any offense during FY 21 and is an indication of the effectiveness of the Board's disciplinary decisions regarding its licensees.

#### Factors Affecting Results

In its investigative and disciplinary process, the Board works to determine what factors lead to the violation of the Nurse Practice Act. Disciplinary action is based on addressing those factors to the greatest extent possible. Many situations can be resolved through additional education or monitored practice. In other situations that are not suitable to remediation, the Board action is more punitive in nature as a deterrent to any such future violations.

KPM #3	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as good or excellent: overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2017	2018	2019	2020	2021
<b>Accuracy</b>					
Actual	93%	92%	92%	91%	90%
Target	90%	90%	90%	95%	95%
<b>Expertise</b>					
Actual	92%	90%	88%	91%	85%
Target	90%	90%	90%	95%	95%
<b>Timeliness</b>					
Actual	89%	88%	87%	85%	84%
Target	90%	90%	90%	95%	95%
<b>Helpfulness</b>					
Actual	90%	87%	84%	85%	80%
Target	90%	90%	90%	95%	95%
<b>Availability of Information</b>					
Actual	86%	87%	82%	85%	81%
Target	90%	90%	90%	95%	95%
<b>Overall</b>					
Actual	90%	91%	87%	86%	83%
Target	90%	90%	90%	95%	95%

How Are We Doing

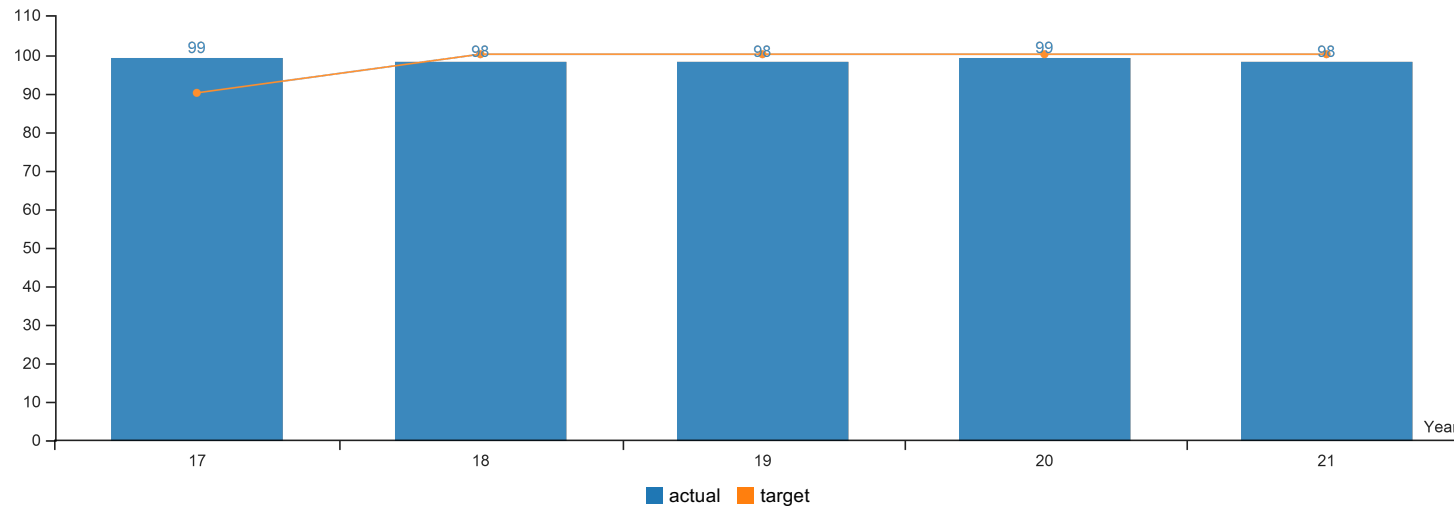
The stresses affecting Oregon's nurses and nursing assistants during the COVID pandemic had a definite effect on the agency's customer service scores. The agency fell short of all FY 2021 customer service targets. We set our customer service expectations high, however the reality of the COVID pandemic has made it more difficult to meet them. As our customer base is very large, at almost 98,000 people, 100 percent satisfaction may not be attainable.

**Factors Affecting Results**

The COVID-19 pandemic has affected our staffing availability, as well as customer needs and reactions regarding service. The extreme pressures placed on Oregon nurses and the high anxiety of those coming into the state to work during the pandemic predictably altered customer perceptions of service despite our best efforts.

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

\* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
<b>Timely Licensing: Percent of licensing applications processed within target.</b>					
Actual	99%	98%	98%	99%	98%
Target	90%	100%	100%	100%	100%

#### How Are We Doing

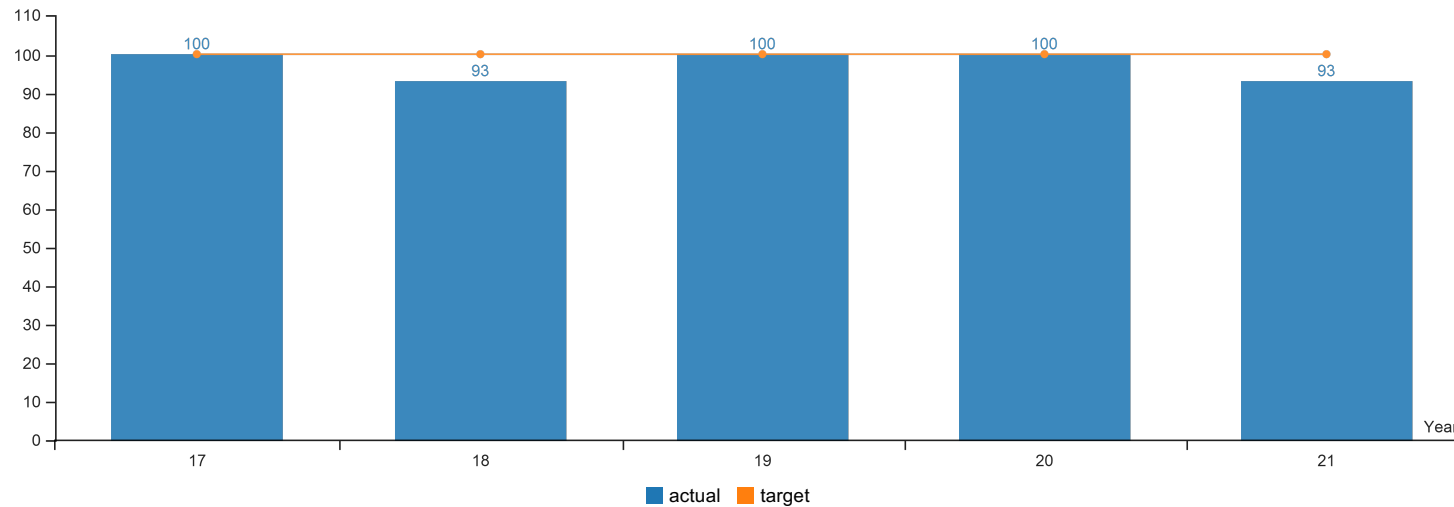
This measure demonstrates our efficiency in issuing nursing licenses and nursing assistant certificates. We process applications efficiently and in keeping with our public safety standards. It is the agency's goal to issue a license or notify applicants of deficiencies in their application within five business days of receiving a complete application. The agency fell just shy of its target of 100 percent.

#### Factors Affecting Results

In November 2020, the agency launched its new online licensing system, which enabled almost all our licensing applications to be completed via the website. Accordingly, our Licensing staff adjusted their processes to become paperless, which may also have had a positive effect on our score. We expect to maintain our high level of service.

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

\* Upward Trend = positive result



Report Year	2017	2018	2019	2020	2021
<b>Effective Governance</b>					
Actual	100%	93%	100%	100%	93%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

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

#### Factors Affecting Results

Due to scheduling pressures related to the pandemic, our executive director's evaluation could not be scheduled before the end of the fiscal year. All other criteria were met. The criteria being evaluated includes executive director performance expectations and feedback, strategic management and policy development, and fiscal oversight and board management. The agency engages in an ongoing strategic planning process that addresses several of the issues that are evaluated in this measure. 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.