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Prepared by: Katherine Thomas
and Mark Majek
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Information Item:

The attached Strategic Plan was submitted on June 18, 2010 to the following:

(1) The Honorable Rick Perry, Governor, State of Texas

(2) The Honorable David Dewhurst, Lieutenant Governor, State of Texas

(3) The Honorable Joe Straus, Speaker of the House of Representatives

(4) Comptroller of Public Accounts

(5) Legislative Reference Library

(6) State Auditor

(7) Sunset Advisory Commission

(8) Governor's Office of Budget, Planning and Policy

(9) Legislative Budget Board

(10) Texas State Library, Texas State Publications Clearinghouse

(11) House Appropriations Committee

(12) Senate Finance Committee

(13) Department of Information Resources

Texas Board of Nursing

Agency 507

STRATEGIC PLAN
FOR FISCAL YEARS 2011-15

June 18, 2010

AGENCY STRATEGIC PLAN

For the Fiscal Years 2011-15 Period

by

TEXAS BOARD OF NURSING

Board Member	Dates of Term	Hometown
Linda Rounds, PhD, RN (President)	2005-2011	Galveston
Deborah Bell, CLU, ChFC (Vice-President)	2005-2011	Abilene
Kristin K. Benton, RN, MSN	2008-2013	Austin
Patricia Clapp, BA	2008-2013	Dallas
Tamara Cowen, MSN, RN	2009-2015	Harlingen
Sheri Crosby, JD	2009-2015	Mesquite
Marilyn Davis, BSN, RN, MPA	2008-2013	Sugar Land
Blanca Rosa Garcia, PhD, RN	2005-2011	Corpus Christi
Richard Gibbs, LVN	2004-2013	Mesquite
Kathy Leader-Horn, LVN	2009-2015	Granbury
Josefina Lujan, PhD, RN	2009-2015	El Paso
Beverly Jean Nutall, LVN	2005-2011	Bryan
Mary Jane Salgado, MEd	2009-2015	Eagle Pass

June 18, 2010

Signed:

Katherine Thomas, MN, RN
Executive Director

Approved:

Linda Rounds, PhD, RN
President

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Statewide Elements

The Vision of Texas State Government

* Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget

* Priorities, living within our means, and limiting the growth of government;

* Investing in critical water, energy, and transportation infrastructure needs to meet the demands of our rapidly growing state;

* Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace;

* Defending Texans by safeguarding our neighborhoods and protecting our international border; and

* Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.

The Mission of Texas State Government

Texas state government must be limited, efficient, and completely accountable. It should foster opportunity and economic prosperity, focus on critical priorities, and support the creation of strong family environments for our children. The stewards of the public trust must be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

Aim high . . .we are not here to achieve inconsequential things!

The Philosophy of Texas State Government

The task before all state public servants is to govern in a manner worthy of this great state. We are a great enterprise, and as an enterprise, we will promote the following core principles:

* First and foremost, Texas matters most. This is the overarching, guiding principle by which we will make decisions. Our state, and its future, is more important than party, politics, or individual recognition.
* Government should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes.
* Decisions affecting individual Texans, in most instances, are best made by those individuals, their families, and the local government closest to their communities.
* Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. Just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future and the future of those they love.
* Public administration must be open and honest, pursuing the high road rather than the expedient course. We must be accountable to taxpayers for our actions.
* State government has a responsibility to safeguard taxpayer dollars by eliminating waste and abuse and providing effi cient and honest government.

Finally, state government should be humble, recognizing that all its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and fairly.

Relevant Statewide Goal and Benchmarks

Regulatory Priority Goal

To ensure Texans are effectively and efficiently served by high-quality professionals and businesses by:

* Implementing clear standards;
* Ensuring compliance;
* Establishing market-based solutions; and
* Reducing the regulatory burden on people and business.

Benchmarks

- Percentage of state professional licensee population with no documented violations
- Percentage of new professional licensees as compared to the existing population
- Percent of documented complaints to professional licensing agencies resolved within six months
- Percent of individuals given a test for professional licensure who received a passing score
- Percent of new and renewed licenses issued via Internet

Agency Mission

The mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

Agency Philosophy

Acting in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and openness, the Board approaches its mission with a deep sense of purpose and responsibility and affirms that the regulation of nursing is a public and private trust. The Board assumes a proactive leadership role in regulating nursing practice and nursing education. The Board serves as a catalyst for developing partnerships and promoting collaboration in addressing regulatory issues. The public and nursing community alike can be assured of a balanced and responsible approach to regulation.

Introduction

The regulation of nursing continues to change and evolve in response to passage of legislation; factors influencing nursing practice and education; and the changing healthcare environment. Following the 81stth Texas Legislative Session the Texas Board of Nursing (BON) responded to passage of four bills amending the Nursing Practice Act (NPA) and impacting the regulation of nursing in Texas.

House Bill (HB) 3961 enacted new requirements for physical and psychological evaluations related to fitness to practice and requires confidentiality of information collected for emergency relief work and certain health information provided for licensure. HB 3961 also authorizes a study by the Texas Center for Nursing Workforce Studies, at the Texas Department of State Health Services, evaluating competencies of clinical judgements and behaviors that professional nurses should possess at graduation from professional nursing programs.

HB 4353 temporarily allows the Board to issue a special license to a person already licensed to practice nursing in Mexico. The license allows the person to practice nursing in a Texas hospital located in a county that borders Mexico. The person must have received a score of at least 475 on a Test of English as a Foreign Language (TOEFL) examination and a passing score on the English language version of the National Council Licensure Examination (NCLEX). The nurse must achieve a passing score of 560 on the TOEFL exam within a year of receiving the special license to continue practicing nursing in Texas. The provisions of HB 4353 expire September 1, 2013.

Senate Bill (SB) 476 amended the NPA by adding new Section 301.356 relating to Refusal of Mandatory Overtime. Following passage of SB 476, nurses working in a hospital may refuse to work mandatory overtime and refusing to work overtime "does not constitute patient abandonment." SB 476 also amends the Texas Health and Safety Code by adding Chapters 257 and 258, which require the governing body of a hospital to adopt, implement, and enforce a written official nurse services staffing policy that ensures that an adequate number and skill mix of nurses are available to meet the level of patient care needed. SB 476 also requires hospitals to establish nurse staffing committees as standing committees of the hospital. These committees must meet at least once per quarter. The nurse staffing committee is required to develop and recommend a nurse staffing plan to the hospital's governing body. The requirements for committee membership are specific and require the various types of nursing services provided by the hospital to be adequately represented on the committee. The Chief Nursing Officer (CNO) is a voting member of the committee and 60% of the committee must be RNs who spend at least 50% of their work time in direct patient care. RNs serving on the committee must be elected by their peers who

provide direct patient care at least 50% of their work time. Committees are to meet during working hours and nurses are to be relieved of other duties in order to attend the meetings. Nurse staffing plans should be used as a component in setting the nurse staffing budget and nurses are encouraged to provide input to the nurse staffing committee without fearing retaliation from their employer.

SB 1415 requires the Board to study the feasibility of implementing a pilot program regarding the deferral of final disciplinary action. The pilot program would only apply to sanctions other than reprimand, denial, suspension or revocation of licensure for violations of the Nursing Practice Act. The Board adopted amendments to Agency Rules 211.7, 213.23, 213.29-213.30, and 213.32-213.33 necessary to implement the pilot program including addition of the Board of Nursing Disciplinary Action Matrix to Agency Rule 213.33.

Overview of Agency Scope and Functions

Main Functions

The main function of the Texas Board of Nursing is to protect the people of Texas by:

- assuring that individuals who are licensed as nurses have the basic educational preparation necessary to practice safely;
- implementing mechanisms for continuing education and assessing continued competence of licensees;
- making information about the practice responsibilities of nurses available in a timely way;
- investigating all written complaints in a timely manner;
- ensuring that individuals who are proven to have violated the NPA receive appropriate discipline; and
- approval of programs and schools of nursing.

Statutory Basis and Historical Perspective

The Texas Board of Nursing (BON or Board) is responsible for licensing, regulating, and monitoring the status of approximately 221,000 licensed registered nurses and 89,000 licensed vocational nurses. The BON approves 96 nursing education programs for registered nurses and 97 programs for licensed vocational nurses. In 1909 the State of Texas formally recognized professional nursing with the passage of the first Nursing Practice Act (NPA). In 1951, the State of Texas formally recognized licensed vocational nursing with passage of House Bill 47 authorizing the issuance of licenses to licensed vocational nurses. The Texas Board of Nursing is established pursuant to V.T.C.A., Occupations Code, Chapters 301, 303, 304 and 305.

This strategic plan marks the Board's 101st year providing service to the people of Texas. Two key elements to the Board's continuing success are innovation and its ability to anticipate change within the health care and regulatory arenas. The Legislature has, throughout the 100 years following the enactment of the NPA, amended the Act to address changes in health care and nursing practice. Timely amendments have ensured that the State's definition of nursing reflects contemporary practice; the Board's disciplinary authority expands as practice becomes increasingly complex; and the Board's accountability to approve nursing education programs is

appropriate. Public safety and access to qualified practitioners have been central themes in statutory revisions.

Major changes in the NPA during the past 29 years include:

- 1981 - The composition of the Board was changed to include 33% representation by consumers, increasing the board to nine members.

- 1987 - Mandatory reporting and peer review by RNs was authorized. Texas continues to be the only state to require Peer Review for all nurses.

- 1989 - Mandatory continuing education for all RNs and limited prescriptive authority for advanced practice nurses (APNs) were included in the NPA.

- 1991 - The BON was authorized to investigate and grant Declaratory Orders of Eligibility to individuals prior to entering or graduating from professional nursing education programs. Mandatory continuing education became a requirement for all Texas licensed vocational nurses.

- 1993 - During Sunset, NPA changes clarified the Board's regulatory procedures, authorized funding for a quarterly newsletter, and permitted the Board to receive grants and other funds.

- 1995 amendments to the NPA:
  - Incorporated the role of advanced practice nurses (APNs) into the definition of nursing;
  - Specified the role of the RN in LVN Peer Review;
  - Defined good professional character;
  - Identified qualifications for RN members of the Board;
  - Provided protection for the RN who refuses to engage in reportable conduct; and
  - Granted expanded limited prescriptive authority for APN practice in concert with changes in the Medical Practice and Pharmacy acts.

- 1997 amendments to the NPA:
  - Expanded "Safe Harbor" to initiate Peer Review to evaluate an RN's refusal to carry out acts which would violate the NPA, in the RN's opinion.
  - Required that students enrolled in professional nursing programs receive notification of licensure eligibility requirements.
  - Permitted the Board to establish pilot programs to study mechanisms for assuring knowledge of jurisprudence and competency of RNs.
  - Also, in 1997, amendments to the Medical Practice Act expanded limited prescriptive authority for APNs in school based settings, and changed supervisory requirements in medically underserved areas.

- 1999 legislation:
  - Recodified the Nursing Practice Act into the Texas Occupations Code, Chapters 301 and 303, under the direction of the Texas Legislative Council, whose goal was to clarify and organize, for future expansion, all statutes relating to regulatory and licensing agencies.
  - Enacted the Nurse Licensure Compact (HB 1342) which enables Texas Licensed Registered Nurses to practice in other compact states under their Texas license.

    There are currently 22 states who have passed legislation to join the compact (see Appendix H).
  - Required that the Board of Nursing adopt rules regulating the provision of anesthesia services by persons licensed by the Board in specific outpatient surgical settings. The Board can be requested to inspect equipment utilized in outpatient settings by Certified Registered Nurse Anesthetists and determine if it meets acceptable safety and operational requirements agreed upon by the Board of Nursing, the Texas Medical Board and other public groups and organizations.

- 2001 legislation:
  - The 77th Texas Legislature passed House Bill 2812 which moved legislation enacted in the 76th Texas Legislative Session from Vernon's Texas Civil Statutes into the Texas Occupations Code (Code). All language relating to the Nursing Practice Act (NPA) formerly located in Vernon's Texas Civil Statutes was relocated into the Texas Occupations Code. The Outpatient Nurse Anesthesia Statute and the Nurse Licensure Compact were moved from Vernon's Texas Civil Statutes to Chapters 301 and new Chapter 304 of the Texas Occupations Code.

- The 77th Texas Legislature enacted five other bills, including House Bill 803, House Bill 2650, Senate Bill 338, Senate Bill 572 and Senate Bill 1166 which amended the Texas Occupations Code. House Bill 803 amended the Occupations Code authorizing the Board to establish education and certification of Registered Nurse First Assistants (RNFAs). House Bill 2650 and Senate Bill 338 required RN licensees to obtain at least two hours of continuing education relating to hepatitis C between June 1, 2002 and June 1, 2004. SB 572, relating to the nursing shortage, amended the Occupations Code to authorize the Board to establish a Workforce Data Center. Senate Bill 1166 amended the definition of professional nursing to include the performance of an act delegated by a physician under new sections of the Medical Practice Act (MPA). SB 1166 required the creation of a committee to make recommendations on sites qualifying for a waiver from certain limited prescriptive authority restrictions for advanced practice nurses and physician assistants.

- 2003 legislation:
  - The 78th Texas Legislature, during the Regular Session, enacted legislation which significantly altered the way that nurses are regulated in the State of Texas. House Bill 1483 created a combined Texas Board of Nursing (BON) to regulate RNs and LVNs. HB 1483 abolished the Board of Vocational Nurse Examiners (BVNE) and moved its functions to the BON. The number of board members increased from nine to thirteen members and the Nursing Practice Act was amended to apply specific provisions to licensed vocational nurses. The consolidation occurred on February 1, 2004, and staff from the BVNE were transferred to the BON. House Bill 1483 also added requirements for two hours of continuing education relating to response to bioterrorism by license holders.
  - House Bill 2208 added requirements that applicants for licensure as registered nurses submit to a criminal background check prior to issuance of a license.
  - House Bill 660 granted authority to conduct criminal background checks for applicants for licensure as licensed vocational nurses prior to issuance of a license.
  - House Bill 3126 addressed the nursing shortage in Texas by authorizing larger grants to nursing students as well as authorizing a portion of license renewal fees be spent on funding for the Nursing Workforce Data Center, authorized by Senate Bill 572 (enacted in the 77th Texas Legislature but not funded). The Center was moved to the Statewide Health Coordinating Council under the Texas Department of Health.
  - House Bill 2985 established the Office of Patient Protection within the Health Professions Council. The Office was funded through license renewal fees collected by the various agencies licensing health professionals in Texas including

the Texas Board of Nursing. The mission of the office is to provide the public with assistance and information regarding healthcare complaint processes.

- Senate Bill 718 authorized the Board of Nursing to conduct pilot studies relating to nursing competency and reporting of errors. The bill also addressed other subject areas relating to nursing practice including: usage of RN insignias and the RN title, minor incidents, evaluation of systems errors, safe harbor peer review protection for nurses and the application of ergonomic principles in hospital settings.
- House Bill 2131, relating to reimbursement for Registered Nurse First Assistants (RNFAs), allowed registered nurses working in certain settings to continue to directly assist in surgery. The bill established a time limit (January 1, 2007) for nurses working in the role of RNFA to complete training to become an RNFA or stop functioning in that role.
- Senate Bill 144 required that during each biennium, the BNE provide license holders information regarding the services provided by poison control centers as well as information relating to: prescribing and dispensing pain medications, with emphasis on Schedule II and Schedule III controlled substances; abusive and addictive behavior of certain persons who use prescription pain medications; common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns; and the appropriate use of pain medications and the differences between addiction, pseudo-addiction, tolerance, and physical dependence.
- House Bill 1095 allowed physicians to delegate authority to prescribe Schedule III-V controlled substances to advanced practice nurses and physician assistants.
- House Bill 776 required that institutions providing care to dementia patients provide one hour of continuing education training per year to nurses providing care at their facility.
- Senate Bill 160 required the Texas Department of Health to develop an educational program relating to organ donation for use in nursing school curriculum as funding permits.

- 2005 legislation:
  - House Bill 1366 made a number of amendments to the NPA that strengthened the BON's enforcement authority to permit the BON to take action based on deferred adjudication; authorized automatic revocation of nurse licensure for a variety of criminal offenses including many serious felonies committed against person and, any assault other than a Class C misdemeanor, felony violations of drug laws, etc., and permitted the BON to impose emergency restrictions on licenses.

- Senate Bill 1000 made corrective amendments to the NPA. Corrections made include: amending definition of "vocational nursing" to add more detail and parallel format of definition of "professional nursing"; clarified that a nurse's conduct is reportable to the BON only when the conduct creates an unnecessary risk of harm to a patient; clarified relationship between employer reporting and conducting of nursing peer review when a terminated nurse elects not to participate in peer review; and made the Nurse Licensure Compact permanent.
- Senate Bill 39 amended the NPA requiring forensic collection training for nurses working in emergency room settings. Passage of SB 39 required changes in agency licensing procedures to identify nurses who are required to obtain coursework and added agency monitoring of course completion. New forensic collection requirements (Rule 216.3) must be met by September 1, 2008 or by second anniversary of initial license for nurses working in emergency room settings.
- House Bill 2680 reduced fees and continuing education requirements for a retired health care practitioner whose only practice is voluntary charity care. Passage of bill allows "retired" nurses to work for organized charities. Board adopted rules to reduce fees (Rule 223.1) and implement CE requirements [Rules 216.3, 217.9(d)].
- House Bill 1716 repealed Sections 301.1525 - 301.1527 of the NPA. First assisting language moved to new Section 301.353. New provisions allow APNs with appropriate education to first assist without obtaining certification in perioperative nursing. Also created provisions for nurses not qualified as RNFAs to assist at surgery.
- House Bill 2018 made non-substantive changes to the NPA.

- 2007 legislation:
  - The 80th Texas Legislature, during the Regular Session, enacted legislation with wide-reaching significance to the regulation of nurses in Texas. House Bill 2426, Sunset Bill for the BON, included changes such as: further refinement of agency rules relating to criminal background checks; reduction in overlap of nursing education program regulation by the BON, the Texas Higher Education Coordinating Board and the Texas Workforce Commission; attainment of approval by national accrediting bodies for Texas nursing education curriculum; refinement of BON rules relating to advisory committees working on behalf of the Board; development and administration of a jurisprudence exam; implementation of the advanced practice nurse licensure compact to be implemented no later than 2011; authority to issue emergency cease and desist orders to non-nurses violating the Nursing Practice Act and development of a program assisting hospital-based nursing education programs. Many of the changes sought in the Sunset Bill have already been implemented. The remaining changes must be completed by September, 2008.

- Senate Bill (SB) 993, effective September 1, 2007, included changes to the rules relating to nursing peer review. Changes included: amending and clarifying rules relating to reporting of violations and patient care concerns; changing requirements to allow a nurse or other agency to report to a peer review committee (PRC) instead of the BON; clarifying reporting duty of employers as related to a nurse's actions that constitute reportable conduct where, if a PRC determines that system factors impacted a nursing error, that information be provided to patient safety committees or the CNO; clarified language that administrative decisions are not subject to peer review; adding requirements that the BON report systems issues to patient safety committee at a facility or to the CNO if they believe a nurse's deficiency in care was the result of a factor beyond the nurse's control; and requiring that a facility that utilizes 10 or more "nurses" must have policies and be able to convene a peer review committee. Those changes were implemented by agency rule changes which became effective May 11, 2008. SB 993 also addressed continuing education requirements for nurses, doing away with acceptance of Type II continuing education offerings.

- 2009 legislation:
  - House Bill 3961: enacted new requirements for physical and psychological evaluations related to fitness to practice; requires confidentiality of information collected for emergency relief work and certain health information provided for licensure; and also authorizes a study by the Texas Center for Nursing Workforce Studies, at the Texas Department of State Health Services, evaluating competencies of clinical judgements and behaviors that professional nurses should possess at graduation from professional nursing programs. • House Bill 4353 provided a temporary provision for issuance of a special license to a person already licensed to practice nursing in Mexico, allowing for the practice of nursing in a Texas hospital located in a county that borders Mexico. The person must have received a score of at least 475 on a Test of English as a Foreign Language (TOEFL) examination and a passing score on the English language version of the National Council Licensure Examination (NCLEX). A passing score of 560 on the TOEFL exam must be achieved within a year of receiving the special license to continue practicing nursing in Texas. The provisions of HB 4353 expire September 1, 2013.
  - Senate Bill (SB) 476 adds new Section 301.356 relating to *Refusal of Mandatory Overtime* to the Nursing Practice Act. With passage of SB 476, nurses working in a hospital may refuse to work mandatory overtime and refusing to work overtime "does not constitute patient abandonment." SB 476 also amended the Texas Health and Safety Code adding Chapters 257 and 258, requiring the governing body of a hospital to adopt, implement, and enforce a written official nurse services staffing policy that ensures that an adequate number and skill mix of nurses are available to meet the level of patient care needed. SB 476 also calls for hospitals to establish nurse staffing committees as standing committees of the hospital. These committees must meet at least once per quarter. The nurse staffing committee is required to

develop and recommend a nurse staffing plan to the hospital's governing body. The requirements for committee membership are specific and require the various types of nursing services provided by the hospital to be adequately represented on the committee. The Chief Nursing Officer (CNO) is a voting member of the committee and 60% of the committee must be RNs who spend at least 50% of their work time in direct patient care. RNs serving on the committee must be elected by their peers who provide direct patient care at least 50% of their work time. Committees are to meet during working hours and nurses are to be relieved of other duties in order to attend the meetings. Nurse staffing plans should be used as a component in setting the nurse staffing budget and nurses are encouraged to provide input to the nurse staffing committee without fearing retaliation from their employer.

- SB 1415 requires the Board to study the feasibility of implementing a pilot program regarding the deferral of final disciplinary action. The pilot program would only apply to sanctions other than reprimand, denial, suspension or revocation of licensure for violations of the Nursing Practice Act. The Board adopted amendments to Agency Rules 211.7, 213.23, 213.29-213.30, and 213.32-213.33 necessary to implement the pilot program including addition of the Board of Nursing Disciplinary Action Matrix to Agency Rule 213.33.

Key Service Populations

The people of Texas clearly comprise what John Carver (1990) calls the "moral ownership" of the Board - the group or constituency on whose behalf the Board takes action or establishes policy and procedures. The interest of the consumers of nursing services must supersede the interest of any individual, the nursing profession or any special interest group. The diversity, ethnicity, age and size of the population is changing.

The population of Texas has experienced continued growth; the annual rate of population growth continues to be substantially higher than that of other like-sized states. Texas' population is projected by the U.S. Census to grow by eight million people, from about 24 million in 2010 to 33 million by 2030, a 35.3 percent increase or roughly 1.53 percent per year. The Texas state demographer projects Texas' population will add approximately 11.2 million people, expanding to a total population of approximately 36.3 million.

In 2008 Texas was the 3rd fastest growing state in the United States, with a growth rate of two percent between 2007 and 2008. Only Utah and Arizona had higher growth rates, according to data from the U.S. Census Bureau.

"An Analysis of Current and Future Incidences of Diseases/Disorders in Texas, and Metropolitan and Nonmetropolitan Areas and Public Health Regions in Texas" by Mary A. McGehee, et al, Department of Rural Sociology, Texas A & M University System states:

> Population projections prepared by the Texas Population Estimates and Projections Program in the Department of Rural Sociology at Texas A & M University show Texas having a population of more than 33.8 million by 2030. These projections also show that Texas will have an aging and more ethnically diverse population. The median age of the Texas population is projected to increase from 30.8 years in 1990 to nearly 38 years by 2030. At the same time, the ethnic composition of the population is projected to change from 60.7 percent Anglo, 11.7 percent Black, 25.5 percent Hispanic, and 2.1 percent being persons from Other racial/ethnic groups in 1990 to 36.7 percent Anglo, 9.5 percent Black, 45.9 percent Hispanic, and 7.9 percent persons from Other racial/ethnic groups in 2030.

Statistics based on self-reported data collected from Texas licensed registered nurses and LVNs from 2005 to 2009 show similar trends in both age (Appendix J) and ethnicity (Appendix K). Other projections from the data collected by the Department of Rural Sociology relate to changes in incidences of diseases/disorders as projected from 1990 to 2030. They suggest that:

> There will be a substantial increase in the total number of health related incidences in the State. The number of incidences would increase from 59.1 million incidences in 1990 to 116.1 million in 2030, an increase of 96.6 percent or 57 million incidences from 1990 to 2030. The increase in the total number of incidences of all types will reflect patterns of population growth, with the growth being fastest in metropolitan suburban counties, followed by metropolitan

central city counties and then by nonmetropolitan counties. The total number of incidences would increase by 227.0 percent from 1990 to 2030 in suburban areas, by 85.4 percent in central city areas, by 29.1 percent among nonmetropolitan areas, and by 96.6 percent for the State as a whole from 1990 to 2030.

By the year 2010, the number of elderly in Texas is forecasted to exceed 10 million people according to projections by the Council of Government Regions. The elderly experience chronic health care problems which require monitoring. This sub-population has demonstrated a preference for remaining in their homes and communities when receiving health care. Consequently, the types of health care delivery systems and the education of nurses must be redesigned to meet the diversity of needs and to provide care to these changing populations.

The Board will continue to monitor trends relating to incidences of diseases/disorders. The data indicates that the key service population of the Board, the Citizens of Texas, will face an increased need for services provided by licensed nurses. The data also indicates that the Board will be presented with increased demands and challenges as it responds to increasing patient care needs and an aging health care consumer and provider population.

Registered Nurses, Licensed Vocational Nurses and Advanced Practice Nurses (RNs, LVNs, and APNs) make up a primary constituency of the Board. Nursing education programs, executive and judicial officials and other state agencies, nursing and health related professional associations, and consumer advocacy organizations represent additional constituent groups. The number of nurses in Texas has increased approximately 7.3% each year for the past three years. The number of APNs approved to practice in the advanced role has increased in response to the demand for primary care services in rural and inner city regions of the state.

Service Population Demographics

Historical Characteristics

The BON's priority is to protect the public by ensuring that nurses licensed in Texas are competent to practice nursing and that nursing programs provide a sound education for individuals seeking nurse licensure. Key populations include:

- the public (citizens of Texas)
- the legislature
- nurses
- respondents
- health care organizations
- professional associations
- schools of nursing
- nursing students

The escalating cost of healthcare is resulting in changes in healthcare delivery models. Cost containment has become the watchword at the risk of declining quality of care. While nursing and consumer groups continue to demand access to quality health care, employers and payors of health services emphasize cost and the replacement of licensed health care professionals with unlicensed or less qualified personnel.

Current Characteristics

RN/LVN

Population Increases

In March 2010, the U.S Department of Health and Human Services reported that in 2008, there were an estimated 3,063,163 licensed registered nurses (RNs) in the United States. Approximately 63.2% are estimated to be employed full-time in nursing. In Texas, there are currently 221,140 RNs (First Quarter, FY 2010). In FY 09, 72% of Texas RNs and LVNs reported that they are employed full-time in nursing. Between 2005 and 2009 the number of RNs increased from 186,192 to 219,458, as seen in Table 1. This represents an average annual increase of 6,653 RNs per year. The U.S Department of Health and Human Services reported that in 2008 there were an estimated 753,600 licensed vocational nurses (LVNs) in the United States. In Texas, there are currently 89,602 LVNs (First Quarter, FY 2010). Between 2005 and 2009, Texas LVNs increased in number from 75,258 to 88,493, as seen in Table 2. This represents an average annual increase of 2,047 LVNs per year. These increases reflect both new graduates and in-migration of nurses into Texas from other states.

Table 1
RNs Licensed in Texas 2005-2009

Year	Licensees
2005	186,192
2006	193,764
2007	201,172
2008	209,588
2009	219,458

Table 2
LVNs Licensed in Texas 2005-2009

Year	Licensees
2005	75,258
2006	80,538
2007	82,621
2008	85,175
2009	88,493

Median Age

The median age for all Texas licensed RNs is 47 years of age. The median age for Texas female RNs is 47 years of age and 42 for male RNs. The median age for all LVNs is 45 years of age. The median age for Texas female LVNs is 45 years of age and 42 for male LVNs. The largest population group for female RNs is ages 45 to 54 (50,592 - FY 09). The largest population group for LVNs is ages 35-44 (18,692 - FY 09). The largest population group for male nurses is ages 35 to 44 (7,024 - RN, 2,670 - LVN). All age groups of RNs increased in size from 2000 to 2009 (See Appendix I).

Nurses ages 55 to 64 increased 142% and RNs over age 65 increased 158% in number from FY 2000 until FY 2009. The number of RNs ages 25 to 34 only increased 26%. The smallest increase from 2000 to 2009 among RNs was nurses under age 25. Among LVNs, two age groups decreased in number from FY 2004 to FY 2009. The number of LVNs under age 25 decreased 7% and LVNs ages 45 to 54 decreased 2%. LVNs ages 25 to 34 increased 13%, LVNs ages 35 to 44 increased 18%, LVNs ages 55 to 64 increased 25% and LVNs over 65 increased 32% from FY 2004 to FY 2009. Industry analysts express concerns that this shift in age will cause a decrease in the supply of nurses as licensees reach retirement age.

Gender

89.8% of all nurses are female and 10.2% are male. 89.7% of RNs are female and 10.3% of Texas RNs are male. 90.1% of LVNs are female and 9.9% of Texas LVNs are male. Nationally, 93.4% of RNs are female and 6.6% are male. Similar figures exist for licensed vocational nurses. (See Appendix L)

Compact Privilege

Of the 224,439 RNs currently licensed in Texas, 201,654 (90%) have compact privileges. Of the 90,130 LVNs in Texas, 84,481 (94%) have compact privileges (4/6/10). (See Appendix I)

Minority Populations

Minority populations are under-represented in nursing in Texas and a mal-distribution of nursing resources across the state exists. Because of changing demographics, i.e., an aging population and an increase in cultural diversity, nursing administrators, educators and other stakeholders are becoming aware of the need to recruit minority applicants to the profession.

Table 3 illustrates the diversity of the United States population compared to the workforce population of Texas and the RNs employed in Texas.

Table 3
US Population ('08) and Texas Workforce Population ('08) and Texas Nurse Data (FY '09)

	US Population	Texas Population	Texas Nurse Population	
Employed	-	91.8%	85.7% (RN)	84.8% (LVN)
Black	12.2%	11.6%	7% (RN)	19.% (LVN)
Caucasian	65.6%	46.6%	75% (RN)	58% (LVN)
Hispanic	15.4%	37.5%	9% (RN)	19% (LVN)
Other Races	6.8%	4.3%	9% (RN)	4% (LVN)

(For Texas demographics, Other races included Asian, Native American and undefined)

RNs reside in 252 Texas counties and LVNs reside in 251 counties. Loving County is the only county without a nurse residing there. (See Appendix J)

Advanced Practice Nurses

The national demand for registered nurses who are prepared for advanced nursing practice, such as nurse practitioners, has resulted in a 57% increase in the number of Texas Advanced Practice Nurses (APNs) between 2000 and 2009.

The number of RNs with APN approval in Texas has increased from 8,194 in 2000 to 12,864 in 2009. Currently, Nurse Practitioners and Nurse Anesthetists comprise the largest groups of APNs, 62% and 24%, respectively; Clinical Nurse Specialists make up 11% of the APN population while Nurse Midwives make up only 3% of the total APNs authorized to practice in Texas (Appendix O). Recent increases in APNs in Texas are listed in Table 4. The Board requires applicants to complete an accredited APN program and pass an APN certification examination prior to recognition as an APN in Texas.

Table 4
Historical Number of APNs by Category and Approval Type

APNs	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nurse Practitioners	4,029	4,488	4,875	5,160	5,532	5,988	6,466	6,969	7,495	7,920
Clinical Nurse Specialists	1,559	1,476	1,423	1,376	1,379	1,404	1,436	1,457	1,451	1,451
Nurse Midwives	337	340	358	358	344	354	356	366	353	351
Nurse Anesthetists	2,269	2,353	2,437	2,537	2,606	2,658	2,767	2,856	2,987	3,142
Total	8,194	8,657	9,093	9,431	9,861	10,404	10,677	11,648	12,286	12,864
APNs with Prescriptive Authority	3,196	3,717	4,193	4,539	4,888	5,480	6,229	6,919	8,071	8,373

Nursing Education

1. Nursing Education

The Legislature empowers the Board of Nursing (BON) to regulate vocational and professional nursing educational programs and to prescribe the requirements and standards for the course of study. The Education regulatory activities are designed to accomplish these tasks using the framework of the Mission of the BON to "...protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse ...is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs." Program evaluation and approval activities include:

- review of proposals for new programs,
- survey visits of existing and proposed programs,
- review of Annual Information Surveys and Compliance Audits,
- curriculum review and approval as appropriate,
- review of self-studies and progress reports,
- review of NCLEX examination pass rates, and
- review of faculty waivers forms, and review of New Dean, Director and Coordinator Qualification Forms.

The Board of Nursing also reviews changes in national nursing accreditation agencies' criteria to ensure that the accreditation standards for continuing approval are comparable to BON ongoing approval standards.

The BON assumed regulation of vocational nursing (VN) educational programs on February 1, 2004 following passage of House Bill 1483 (2003). The number of approved VN educational programs as of April 1, 2010 is 97. Following the merger of the boards in 2004, several of the VN programs that were housed within one college consolidated into one program with a single program code, decreasing the total number of VN programs with no decrease in program sites. The number of professional (RN) nursing educational programs as of April 1, 2010 was 96.

Table 5
Pre-Licensure Nursing Educational Programs - April 1, 2010

Vocational Nursing Educational Programs

Governing Institution/Controlling Agency	Number of Programs
Public Colleges/Universities	73
Private Colleges/Universities	1
Career Schools	17
Military Based	1
Hospital Based	5
Total	**97**

Professional Nursing Educational Programs

Governing Institution/Controlling Agency	Diploma/Associate Degree Programs	Baccalaureate Degree Programs
Public Colleges/Universities	58	21 + 2 MSN Entry Level
Private Colleges/Universities	1	10
Career Schools	3	0
Hospital Based	1	0
Total	**63**	**33**

2. Large Increase in BON Approved New Nursing Educational Programs

The number of proposals to the Board for new vocational and professional nursing programs has significantly increased in response to the nursing shortage and the opportunity for new providers to establish nursing education programs. A total of 21 new educational programs have been approved by the Board since January, 2007. Between 6 and 8 programs each year have been approved and began to enroll students. This influx of new proposals has posed a serious strain on staff workload since it is estimated that staff are engaged in a minimum of 60 hours of work to process each proposal. Table 6 describes the number and types of programs begun since the beginning of 2007.

Table 6
New Vocational and Professional Nursing Programs 2007-2009

Year	VN Programs	ADN Programs	BSN Programs
2007	3 programs	2 programs	1 program
2008	3 programs	3 programs	2 programs
2009	3 programs	2 programs	2 programs

In addition to these 21 programs, one additional new VN program was approved at the January, 2010 Board meeting. Twelve active proposals are currently in process in the board office, and letters of intent have been received from another 15 programs.

The trend in new providers leans heavily toward career schools or academic institutions, many of whom have never offered nursing education. Board staff find it necessary to devote more time to instructing new providers about the nature of nursing education, the approval process, and the regulation of nursing programs.

One of the reasons for the entry of more career schools into nursing education may be the change in the Texas Higher Education Coordinating Board (THECB) regulations which allow for recognition of a greater number of accreditation agencies.

3. Differentiated Essential Competencies - A Commitment to Patient Safety

Since 1993, the Board of Nursing education rules require that nursing educational programs follow the Differentiated Entry Level Competencies (DELC) for Graduates of Texas Nursing Programs (2002) in the development of curriculum. In 2008 the Board charged the Advisory Committee for Education (ACE) to review and revise the 2002 DELC objectives, incorporating current public health policy mandates, research findings, publications and standards. A Work Group composed of representatives from nursing education, Texas Nurses Association, and practice was appointed to begin addressing this charge and the revision has been a major initiative for 2008-2010.

The title of the DELC has been changed to the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (DIP/ADN) Baccalaureate (BSN0 (DEC) and the document contains the differentiated educational preparation and expected clinical behaviors and judgments for vocational, associate degree, and baccalaureate degree nursing education. The 25 core competencies address four nursing roles:

- Member of The Profession
- Provider of Patient-Centered Care
- Advocate for Patient Safety
- Member of The Health Care Team

A set of more detailed competencies with knowledge content and observable clinicals behaviors is provided for each core competency. The completed document will serve as a guideline for developing and revising nursing curricula and for assisting employers in planning job descriptions, internships, orientations, and competency evaluations.

The first DEC draft has been distributed to nursing programs for comments and responses have been evaluated for revision of the draft. The process will continue as the draft is distributed to clinical affiliating agencies and stakeholders for feedback. After the document is presented to the Board for approval, it will be posted on the web page for public access.

The implementation phase beginning in October, 2010, will involve statewide venues to assist nursing programs and employers in activating the revised DEC. The goal underlying the DEC is to promote safe, competent nursing care to the citizens of Texas.

4. Innovation in Nursing Education to Increase the Number of RN Graduates

In 2003, the Texas legislature passed Senate Bill 718, giving the Texas Board of Nursing (BON) the authority to approve and adopt rules for pilot programs to advance innovation in regulation. Based on this legislation, the BON took steps to foster innovation in nursing education. After this legislation was passed, the BON adopted 22 Texas Administrative Code Chapter 227, a regulatory rule that establishes the proposal process for schools to submit requests for innovations. Before adopting Rule 227, the BON frequently received requests for flexibility and creativity from education programs seeking to explore new approaches to nursing education. The BON designed the

application and proposal process to encourage innovative approaches that would improve the quality of the academic experience, produce competent nurses, and be replicable.

The BON website provides guidelines for submitting proposals for innovative pilot programs that require a waiver of education rules (Request for Applications, 2005). Proposals must address these components:

- clearly defined need
- sufficient valid research data to support the need
- development of the proposed pilot program
- identified measurable outcomes
- appropriate timeline
- adequate financial support
- resources to continue the pilot program, if successful
- adequate methodology
- data collection process
- evaluation plan.

For quality control, applicants must also describe the following:

- anticipated effects on students currently enrolled and those who may participate in the program
- actions that will be used to address any negative effects on participating students
- evidence that the pilot program is linked to the enhancement of quality professional nursing education
- methods by which nursing educational programs and healthcare institutions in the state will be made aware of the results of the pilot program.

If the BON approves an application, the educators implement and evaluate the pilot program. Depending on the results, they may request that it become a permanent part of an approved nursing program.

When programs were encouraged to increase nursing enrollments and graduates, many educational programs started designing and implementing a variety of innovative models. Nursing programs, clinical agencies, and healthcare institutions implemented new partnerships and collaborations to facilitate innovative measures.

In 2008 the BON surveyed nursing programs to compile a list of innovative models and partnerships across the state. To facilitate data collection, the BON defined the term *partnership* as a formal agreement between a nursing program and one or more clinical settings, community organizations or agencies, or other nursing programs that consolidates or shares resources to directly increase enrollments and graduation rates. Partnerships were a vital part of innovative models initiated at this time.

About 86% of educational programs responded to the BON survey. On its website, the BON provides information under two broad categories of partnerships: those among nursing programs and clinical or community centers and those among Texas nursing education programs. Under these categories, the BON lists the types of innovative

activities and the number of programs involved in each. These activity listings are linked to specific descriptions for each program. The BON designed this resource to facilitate the dissemination of nursing innovations among Texas nursing programs. (See Table 7)

Currently, the BON is reviewing information from a follow-up survey to determine the innovative measures that have endured for 2 years and the ones that seem to be associated with an increase in graduation rates and acceptable NCLEX-RN® examination pass rates for the programs. In response to a February 2009 inquiry from a National League of Nurses (NLN) Task Force on Curriculum, the BON selected and surveyed 10 programs that were engaged in innovation and that had significantly increased enrollments and maintained a high success rate on the NCLEX-RN® examination. For information from this limited survey describing perceived outcomes of the innovative activities.

The goals of the Texas BON in continuing to foster innovation in nursing education include:

- maintaining quality in nursing education
- promoting flexibility in nursing education regulation
- collaborating with other agencies
- participating in state and national initiatives to increase nursing graduates
- disseminating information to nursing programs
- supporting nursing programs through consultation.

Table 7
Partnerships

Partnerships Among Nursing Programs and Clinical or Community Centers	Partnerships Among Texas Nursing Education Programs
• Articulation models (5 programs) • Clinical education center (1 program) • Clinical teaching assistants (4 programs) • Coordinated clinical placements (2 programs) • Distance learning (6 programs) • Expansion of facilities (2 programs) • Faculty funded by clinical/community affiliates (21 programs) • Preceptors (11 programs) • Recruitment strategies (1 program) • Regional simulation center (2 programs) • Research funded by THECB • Retention strategies (3 programs) • Shared space/structure/IT/equipment (6 programs) • Simulation (9 programs) • Student financial aid (4 programs)	• Admissions (2 consortium groups) • Articulation models (23 programs or consortia) • Consortium with other educational programs (36 programs in 3 regions) • Curriculum (6 programs or consortium groups) • Distance learning (5 programs) • Faculty (5 programs) • Preceptors (3 programs) • Retention strategies (6 programs or consortium groups) • Skills labs (3 programs) • Simulation (5 programs)

5. BON Support to Texas Team:

The Texas Team is an initiative created in 2008 by the Center to Champion Nursing Call to Action sponsored by the American Association of Retired Persons (AARP) and the Robert Wood Johnson Foundation (RWJ), among others. The ten (10) members of the Texas Team were appointed by the governor and represent nursing schools, state agencies, associations (Texas Hospital Association, Texas Nurses Association), and Representative Donna Howard. Katherine Thomas, Executive Director, of the Texas Board of Nursing is the designated representative from the Texas Board of Nursing. Basing its efforts on the strong collaboration across the state, the Texas Team elected to use a seven (7) region approach to facilitate nursing programs across the state working together to meet the challenge of providing more nursing graduates to meet the projected needs.

This detailed action plan was developed to accompany the Strategic Plan to Address Nursing Education Capacity in Texas (2008) which addresses the complexity of nursing education capacity for the State of Texas and the need to increase the number of

graduates to meet demands projected for 2013 and ultimately 2020 by the Texas Center for Nursing Workforce Studies (TCNWS). The plan identifies the entities/agencies primarily responsible for implementing the recommended strategies and sub-strategies, identifies the key participants, suggests specific activities and/or methods for achieving the related strategies, and includes recommended timelines and anticipated outcomes. Within the context of this initial detail, the plan is a living document that will be updated over time as the nursing education and workforce environments change and as the priority actions are addressed and implemented. The Texas Team Strategic Plan includes three goals:

Goal 1: Support growth and accountability
Goal 2: Develop regional and academic partnerships
Goal 3: Leverage new partnerships

6. BON Support to Programs

Education Consultants assigned to specific programs:
In keeping with the Board's focus to be increasingly more "service oriented" BON Education Consultants seek to reach out and meet the needs of Texas nursing programs. In order to assist programs with their individual needs, each Education Consultant has been assigned to a specific set of vocational and professional programs. The Education Consultant is their principle contact and resource person, and questions from program directors are given priority attention by the consultants.

Guidelines and education helps on web page:
Under the Nursing Education link on the BON web page, a series of education guidelines are provided to assist programs in implementing the education rules and facilitating the success of their programs. Some of the guidelines are referenced in the rules and may include forms; for example, the guideline for faculty waivers and for director waivers, and the guideline for establishing an extension site. Other guidelines assist programs in decision-making, such as the guideline for the total program evaluation and the guideline for student evaluation methods and tools.

Other helps on the web page for programs include:

- A study of strategies implemented by nursing programs to improve the NCLEX examination rate
- A list and description of innovative partnerships adopted by nursing programs which have assisted in increasing graduates
- Frequently asked questions from nursing educators and from students
- An online orientation to the education rules for new directors and interested faculty
- Other information pertinent to nursing practice

Pilot of program conference calls based on Team Texas regions:
The BON Education Consultants piloted a telephone conference call to professional and vocational nursing programs in the West Texas and Upper Rio Grande regions on February 24, 2010. This was an initial call to programs using regions established by the Texas Team with the goal of providing current information from the BON and dispelling

any misconceptions. Approximately twenty (20) programs participated in the call. Staff plan to continue with calls to programs in the other regions in the late spring. Eventually this method of communication will be provided by quarterly webinars to all Texas programs.

New Director Orientation and Online Course:
Texas Board of Nursing (BON) Rule 214 Vocational Nursing Education and Rule 215 Professional Nursing Education require that a newly appointed dean, director, interim dean, interim director, or coordinator of a nursing educational program attend the next scheduled orientation provided by the Board staff. A new dean, director, or coordinator orientation is usually scheduled in the fall and spring by BON Education Consultants. The orientation is actually conducted into two phases and prior to attending phase II, the face-to-face orientation, participants are required to complete phase I, an Online Orientation to the Board Educational Rules and Regulations.

Information Sessions:
Subsequent to the increased number of inquiries to Texas BON staff regarding the process of new program proposal development, Texas BON consultants are conducting information sessions for interested stakeholders. The purpose of the Informal Information Sessions is to present and discuss essential elements of the proposal process. In addition participants are provided an opportunity to meet the assigned nursing education consultant and network face-to-face with other individuals in the process of proposal development.

Workshop:
In September 2008 and February 2010 the education consultants hosted a nursing faculty workshop at the State Capitol. Over 200 participants attended both the 2008 and 2010 conferences to hear a keynote speakers as well as panel discussions. Innovation was the topic of the 2008 workshop , while the topic of the 2010 workshop was transition into practice. The next workshop is planned for Fall 2011.

Nursing Practice

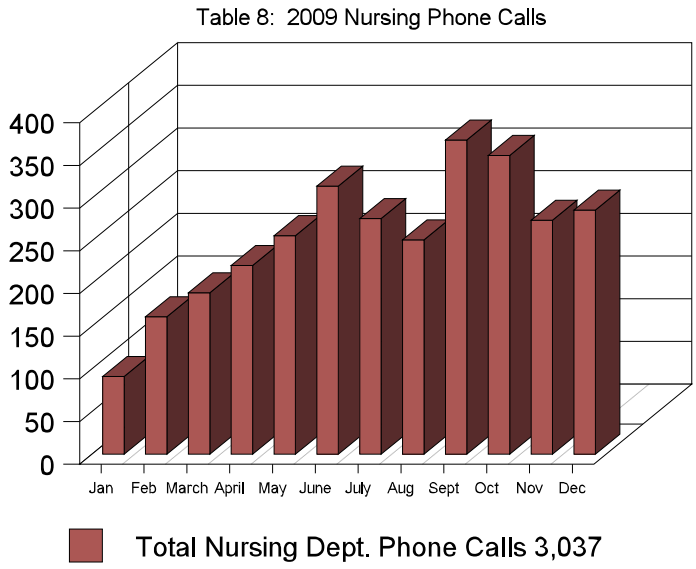
The Nursing Practice Department acts as a resource to the Texas Board of Nursing (BON) in the regulation of nursing practice. The BON must ensure that licensed nurses are competent to practice safely and licensed nurses are required to obtain and maintain their own continued competency and professional growth. With the Board's mission of public protection as the central focus, the Nursing Practice Department interprets the laws contained in the Nursing Practice Act (NPA) and Rules and Regulations as they apply to nursing practice situations.

When nurses or the public have questions, the Nursing Practice Department provides information and interpretation of the licensure laws and rules and regulations. Three Nursing Practice Consultants provide information found in the NPA, Rules and Regulations, Board Position Statements and Interpretive Guidelines that enable nurses to make decisions toward safe patient care. The Texas BON recognizes that to accomplish their mission of patient safety, a proactive approach to nursing regulation is necessary and educating nurses about their role in the prevention of error and patient harm is an integral component of continued competency and professional development. The Nursing Practice Department provides informational support to nurses and the public in the form of phone conversations, email correspondence and workshops.

Informational Resource

Phone Inquiries

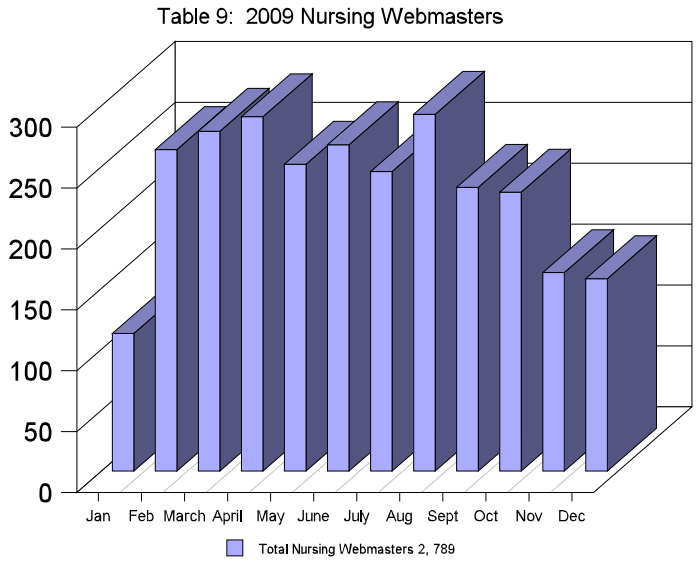
In 2009, the Nursing Department received more than 3,000 phone calls to the practice line from nurses and the public. See Table 8. Hundreds of additional phone calls are made to the Nursing Consultants direct phone lines each year. On average, each of these phone calls takes about fifteen minutes, for a total of 94.9 days a year. The majority of these phone calls are from nurses who may have been asked to perform an assignment that was beyond their ability, or they are unsure about their scope of practice and ask the questions, "Can I do _____?" or ask "How do I accomplish ____?" Many times, the questions have ethical considerations requiring more time or are time sensitive and require a quick response in order to provide timely information to a caller. Often, Board staff responses to questions have a "ripple effect" which means the inquiry's response, once shared with a nurse's colleague, may trigger additional questions from other nurses, employers or the public. The Nursing Practice Consultants teach callers to utilize the resources on the BON website, such as the Six-Step Decision Making Model for



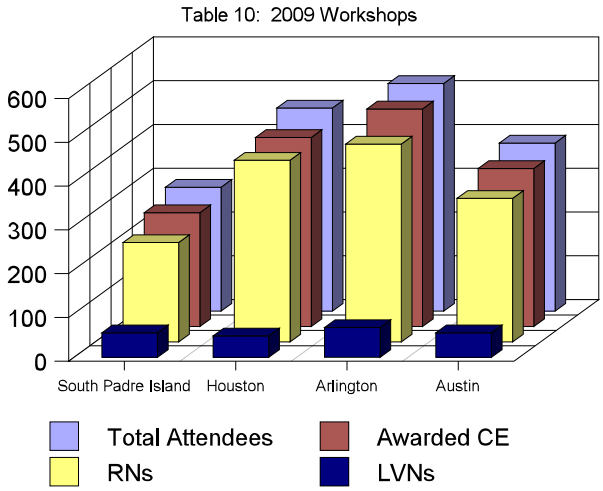
Determining Scope of Practice. This six question algorithm walks nurses through the steps necessary when making difficult decisions about patient care.

Email Inquiries

Email inquiries and correspondence are additional teaching tools that the Nursing Practice Department utilizes to provide informational support to nurses and the public. In 2009, more than 2,700 emails were received. On average, each of these emails requires thirty minutes to develop a response, for a total of 174.3 days a year. See Table 9. The email inquiries are complex, similar to the phone call questions; nurses and the public are challenged by a particular situation, i.e., Can the reinsertion of a tracheostomy tube be delegated? Can nursing peer review information be released to the hospital's legal counsel? Or can a nurse pronounce a patient dead if they still are on a ventilator? The email inquiries are not a simple yes or no answer, they are complicated scenarios that require explanation. As with the phone calls, the Nursing Practice Department has taken a proactive approach to these types of questions and taken the opportunity to teach nurses how to utilize the resources on the website in their decision making process.



Workshops



The Nursing Practice Department conducts Jurisprudence and Ethics workshops all over the state of Texas titled, "Texas Board of Nursing: Protecting Your Patients and Your Practice." In 2009, seven workshops were held and reached 1,651 participants. Of those, 103 participants attended the workshops for stipulations on their license and 53.6 % of participants attended for the first time. On average each workshop takes approximately 457 hours to produce, for a total of 57.1 days a year. See Table 10. The Nursing Practice Department is currently developing an on-line jurisprudence and ethics continuing education course titled, "Nursing Regulations for Safe Practice" that will be available in 2010 to nurses in all parts of the state, who may have had difficulty attending one of the BON workshops.

Nursing Practice Information

The nursing profession is confronted with complex challenges related to systems issues, advancements in technology, high acuity needs, patients living longer with numerous chronic diseases, and prevention of errors. The Nursing Practice Department must be familiar with emerging issues in a variety of different practice settings. Consequently, the Nursing Practice Consultants must identify the national and state nursing trends and research up to date, evidence-based information, in order to advise the BON and teach nurses and others, both inside and outside the agency. The phone call and email inquiries help to identify emerging issues and trends. Frequently, similar questions will be asked from nurses working in particular practice settings or regions of the state. These questions help the Nursing Practice Department determine what topics should be addressed.

The Nursing Practice Department seeks input from the Nursing Practice Advisory Committee (NPAC) and interested stakeholders on trends influencing patient safety and the practice of nursing. As a result, rules, position statements, and guidelines are developed and recommended to the BON for their use in the regulatory decision making process.

Additional resources developed by the Nursing Practice Department are frequently asked questions (FAQs). Numerous FAQs have been created from questions frequently submitted in emails or asked during phone calls. These documents are located on the BON website and are easily accessible and provide further clarification from the BON on issues relevant to nursing practice.

The Texas BON Bulletin is another opportunity in which the Nursing Practice Department contributes resource information on a quarterly basis. Bulletin articles reach thousands of nurses yearly and are important for relaying patient safety messages. The Bulletin regularly features a column titled, “Nurses on Guard” to inform nurses on error prevention and management. In 2009 topics included: patient involvement in the enhancement of patient safety and universal protocol - preventing wrong site, wrong procedure, wrong person surgery.

Role During Legislative Sessions

In legislative years, the Nursing Practice Department monitors all bills that will impact the NPA and Rules and Regulations. Additionally, bills that influence the practice of nursing are followed to determine issues that may emerge and prepare responses to questions that will be received as a result of new legislation. A legislative summary is drafted and provided to the BON, nurses and interested stakeholders in Board reports and Bulletin articles. Upon request from the Executive Director and Legislators, the Nursing Practice Consultants serve as resource witnesses on bills they are tracking, during committee meetings at the capital.

Support to Enforcement Department

The Nursing Practice Department provides consultations, to the Enforcement Department on nursing practice investigations and serves as a resource and nursing practice expert to the investigators as cases move through the disciplinary process. In disciplinary matters, when designated by the Executive Director, the Nursing Practice Department may preside or provide consultation during informal proceedings in the resolution of cases.

Support to Legal Department

The Nursing Practice Department supports the Legal Department during formal administrative hearings in contested cases. The Nursing Practice Consultants serve as expert nurse witnesses and testify to the minimum standards of nursing care, why violations of the NPA and Rules and Regulations are harmful to patient safety and the practice of nursing. Through the use of the Disciplinary Matrix, Disciplinary Sanction Policies, NPA and Rules and Regulations, the expert nurse witnesses offer recommendations to the Administrative Law Judge (ALJ) at the State Office of Administrative Hearings (SOAH) as to the level of sanction and remedy necessary to correct the knowledge gaps or deficiencies evident in a nurse's practice.

The number of SOAH cases for expert nurse testimony in 2010 is projected to be more than triple the number of cases scheduled in 2009. These cases require extensive preparation time and are sometimes multiple-day hearings. The increase in positive criminal background checks have increased investigative caseloads and thus the number of contested cases requiring formal hearings. In addition, the Nursing Practice Consultants serve as resources during the Eligibility and Disciplinary Committee meetings.

Promoting Patient Safety

Errors in Healthcare

Boards of Nursing exist primarily to safeguard the public through the regulation of nursing education and practice. In order to assist RNs and LVNs seeking relevant information concerning their rights and responsibilities under the Board statutes, the Texas Board of Nursing (BON) promulgates rules, position statements, and other guidance documents to assist RNs (including advanced practice registered nurses) and LVNs to engage in practice that meets or exceeds minimum standards in any practice setting. The statutes, rules, and other documents accessible on the BON's web page serve as a foundation upon which nurses can make informed decisions in their respective practice settings. Nurses frequently contact the Board for assistance in interpreting and applying these nursing laws to the many complex issues found in today's health care environment. The BON acknowledges that the scope of practice for nursing is evolving at a rapid pace and is impacted by workplace demands.

The Standards of Nursing Practice, Rule 217.11, establish the minimum acceptable level of nursing practice. These broadly-written standards are applicable in any practice setting. Nurses may be subject to disciplinary action when one or more of these standards are violated. The knowledge, competence, fitness, and professional character of the nurse all ultimately affect patient care and, therefore, public safety.

As with other boards of nursing, one role of the Texas BON is to promote public safety through the sanctioning and oversight of nurses who have committed violations of the statutes and rules, in particular the nursing practice standards and unprofessional conduct rules. Nurses who have exhibited inability to practice safely through incompetent, unethical, or illegal behavior, and/or lack of fitness due to mental health or substance abuse-related issues are of particular concern to the BON. Research studies however, suggest that patient and public safety can be

enhanced by looking beyond the nurse's error to establish the contribution of external factors on practice errors that occur.

In 1999, the Institute of Medicine (IOM) published a report entitled, To Err is Human: Building a Safer Heath System. The report focused on patient safety and medical errors and suggested that the majority of medical errors result from basic flaws in the way the health care delivery system is organized rather than recklessness on the part of the individual nurse. Furthermore, the report recommended an interdisciplinary, systems approach to reducing patient-related errors as most were found to involve complex, multi-factorial origins. In other words, we need safe systems, not just safe nurses. The establishment of a national center for patient safety, development and implementation of a nationwide mandatory reporting system, encouragement of voluntary reporting, utilization of peer review mechanisms, and disclosure of adverse events to the public where confidentiality is not compromised were among the IOM recommendations from this first report.

Ten years after the IOM report, Consumers Union issued a report entitled, To Err is Human – To Delay is Deadly. Prevention of medical errors through a systems approach was the focus in 1999 and is the focus of the 2009 report with the goal of preventing harm to the patient. Some specific areas for improvement were identified:

- Prevent medication errors
- Increase transparency to increase accountability
- Measure the problem
- Increase the standards for improvement and competency

Nurses have a pivotal role in the healthcare team, delivery of safe and effective patient care, and can often identify systems that impact patient care; therefore, nurses may be an essential part of the solutions to decrease errors.

Reporting Errors to the Board

Since 1987, mandatory reporting and nursing peer review requirements have been in effect in Texas. These sections of the Nursing Practice Act (NPA) and Nursing Peer Review (NPR) statutes require the BON, every nurse, and employers to evaluate and report violations of the statutes and rules relating to nursing practice.

The NPA, Texas Occupations Code §301.403(b)(1), § 301.419, and Board Rule 217.16 also provide flexibility to employers to assess, remediate, and monitor nurses who are involved in "minor incidents" in lieu of reporting to the BON. A "minor incident" is defined as "conduct by a nurse that does not indicate that the nurse's continued practice poses a risk of harm to a patient or another person" [Section 301.401(2)]. Minor incidents that are not subject to mandatory reporting consist of situations when risk of harm to the patient is very low, the nurse is accountable for his/her practice, there is no pattern of poor practice and the nurse appears to have the knowledge and skills to practice safely. The rule requires the employer to take into consideration such factors as the significance of the nurse's conduct in the particular practice setting and the presence of contributing or mitigating circumstances in the nursing care delivery system. The Minor Incident rule supports patient safety literature that calls for review of multiple

factors that may contribute to error commission (IOM Reports, *To Err is Human, Keeping Patients Safe*). In January 2009, the BON amended the minor incident rule.

Nursing peer review is defined as "the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint" [Texas Occupations Code §303.001(5)]. The purpose of peer review is fact finding which includes analysis and study of events by nurses in a climate of collegial problem solving. In May 2008, the BON adopted new rules pertaining to peer review, including safe harbor peer review. Rule 217.19 Incident Based Nursing Peer Review and Whistleblower Protections and Rule 217.20 Safe Harbor Peer Review and Whistleblower Protections expand a nurse's due process rights and require an examination of factors "beyond the nurse's control" that may have contributed to a deficiency in nursing care.

Currently, there are national research initiatives to investigate the relational aspects of multiple factors that contribute to errors in health care. For example, the National Council of State Boards of Nursing (NCSBN) is conducting an analysis of practice breakdown that is reported to Boards of Nursing through an electronic data base called the Taxonomy of Error Root Cause Analysis of Practice-Responsibilities (TERCAP). This initiative is promoting an evidence based approach to regulation and reporting of errors that will promote protection of the public from unsafe practice while increasing knowledge and incentives for error detection, reporting and prevention. The Texas BON has been participating in this project and is collecting information about the multiple factors involved with reported practice cases.

Continued Competency

The prevention of nursing errors is high on the priority list for regulatory boards, because they are responsible to the public for ensuring that each licensed nurse is competent to practice safely. The Institute of Medicine's Committee on Quality of Health Care in America (2001) called for a focus on professional competence across health care disciplines to prevent harmful errors from occurring and to increase the quality of care that patients receive. Patient safety and continuing nursing competency are the underpinnings of nursing regulation and the Texas BON commitment to the people they serve.

Nursing practice errors can be harmful to patients, their families, employers, the nursing profession and nurses themselves. Because nurses are required to provide safe and ethical care, the Texas BON was created through legislation to regulate the profession. The Texas BON has a tremendous responsibility to ensure each of their licensees is competent to practice safely. Therefore, the Texas BON must determine the minimum standards by which nurses enter the profession and the standards required to maintain competency for periodic license renewal in order to continue in the profession. Nurses, by virtue of their license enter into a contract with their licensing board and agree to abide by these minimum standards of safe nursing practice and that they will remain competent throughout the licensing period.

The National Council for State Boards of Nursing (NCSBN) defines nursing competency as "having the knowledge, skills and ability to practice safely and effectively." State Boards of Nursing (SBON) are actively assuring competency of new graduates, nurses educated internationally, and nurses seeking relicensure. The public is beginning to question whether

nurses are competent and if they maintain a level of competency over the life of their careers. Yet, the nursing profession has not developed evidence on how competency is determined or measured.

SBON must take a leadership role in establishing a standardized method for periodically assessing nursing competency throughout the licensure period of a nurse's career. With the explosion of knowledge, entry level competency becomes outdated or inadequate and nurses must demonstrate how their skills and competencies in a chosen area of practice have developed. Each individual nurse holds the primary responsibility for their ongoing continued competency during their professional career and must become lifelong learners.

SBONs must also share in that responsibility for continuing competency because of their missions for public protection. Demonstrating continued competency throughout a nurse's professional career promotes quality assurance within the profession. In 2009, the Texas BON revised its continuing education model to include nurses' national certification recognitions in the nurse's area of practice or 20 contact hours of continuing education as a way of demonstrating continuing competency.

The Texas BON is concerned about continuing competency in nurses who are transitioning back into the practice of nursing after an extended period of time away from practice. Individuals with an inactive license who have not practiced in four or more years are required to complete a refresher course or an extensive orientation prior to re-entering nursing. The Nursing Practice Department is interested in developing an approval process that refresher programs and extensive orientations must complete before accepting nurses into their program. Further, the Nursing Practice Department would like to monitor the ongoing status of refresher programs and extensive orientations as a quality assurance mechanism. An additional FTE would be required in order to develop this type of approval and monitoring process.

In addition to the day long jurisprudence and ethics workshops, the Nursing Practice Department developed an online jurisprudence prep course for nursing students and nurses who endorsed into Texas as they prepared to take the jurisprudence exam. The positive feedback from the prep course has led to the development of an online continuing education course that familiarizes nurses with the changes in the laws and rules and regulations that govern their nursing practice. The online course will be available to all nurses in the future.

Continuing competency and quality assurance within the nursing profession is enhanced through the Nursing Practice Department's work with other state agencies who employ or work with licensed nurses. The Nursing Practice Department is a resource to these agencies as they apply the nursing licensure laws to the regulations for their particular practice settings.

Just Culture

Just Culture is an approach to patient safety that strives for a culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions. In a Just Culture there is a distinction between errors that are human in nature versus at risk or intentionally reckless behaviors. The Texas Board of Nursing along with the Minnesota Board and the North Carolina Board conducted a conference call and have found several strategies in their states that promote a Just Culture. These include:

- Use of Peer Review, a process for peers within facilities to review complaints against nurses and advise the Board on appropriate action;
- Minor Incident rules that do not require report to the Board of certain minor violations of the NPA;
- Patient Safety Pilot Projects to exempt facilities from mandatory reporting of certain nurse conduct if the facility evaluates the nurse, remediates if necessary and addresses systems problems;
- Use of the TERCAP tool to discover individual and systems factors contributing to error;
- Reporting to CNOs of systems issues identified in Board investigations;
- Articles in the Board's Newsletter regarding patient safety and error prevention;
- Statutory authority to take non-disciplinary action for certain administrative violations;
- Statutory authority to expunge or defer certain violations of the NPA;
- In evaluating complaints, a shift to focus on behavior of nurses rather than patient outcomes;
- Use of a complaint evaluation tool to weigh reckless, risk taking behavior or human error; and
- Educate the Board, staff and stakeholders including facilities, educators, and facility regulators and health professional regulators regarding *Just Culture* principles.

Texas Peer Assistance Program for Nurses (TPAPN)

The Texas Peer Assistance Program for Nurses (TPAPN) is a nonprofit program administered by the Texas Nurses Foundation, a nonprofit arm of the Texas Nurses Association. The Board of Nursing (BON) contracts with TPAPN to provide peer assistance services to nurses whose practice may be affected due to chemical dependency or mental illness.

TPAPN was created as an alternative to discipline. Therefore, if there were no practice errors and the nurse voluntarily participates and successfully completes TPAPN, the nurse is not considered for disciplinary action. An exception to this would be when the BON, after receiving and investigating a complaint, determines that it would be in the best interest of the public to have the individual participate in TPAPN. In these instances, the individual receives a formal Board Order to participate and must successfully complete TPAPN. These decisions are based on a case-by-case evaluation of the facts. Nurses with substance use disorders that receive treatment and establish recovery, decrease their risk of relapse with longer intervals of time in recovery. Extending the length of time nurses participate in TPAPN monitoring may increase patient protections and may also increase program costs.

The Extended Evaluation Program (EEP) is administered by TPAPN for nurses that meet certain criteria. This program provides for monitoring, without discipline and is primarily for nurses with a onetime positive drug test with no practice issues and who fail to receive a dependency or substance abuse diagnosis.

The Board provides oversight of the program in several ways. The Program Director for TPAPN provides financial and performance reports at each quarterly Board meeting. Requests

for funding increases from TPAPN are also considered by the Board periodically. Legal compliance audits of TPAPN are conducted annually and periodic financial audits are conducted by the BON or its designee. Staff of the Board meets weekly with program staff to discuss participation or referral back to the Board when nursing practice violations have occurred.

The primary source of funding for TPAPN is supplied by a surcharge to licensure/relicensure fees of LVN's and RN's. The current peer assistance funds are capped at $700,000 per year. These funds would provide services for 600 RNs and 250 LVNs.

Trends in Nursing Practice

Demographics

Changes in demographics in the United States and Texas which impact the need for nurses and the changes in nursing practice are:

Aging population

- More than 20% of the population will be 65 or older in 2020.
- The fastest growing age group in 2020 will be those over 85.
- With longer life expectancy, the prevalence of chronic and acute health conditions in the elderly will increase.
- Nursing homes and home health agencies are expected to experience a large increase in patient admissions.

Growing Population

- The health care system will be challenged to address the needs of the growing population.
- Population increases at all ages have resulted in more serious problems in the hospitalized patient and a need for more intensive nursing care.
- There will be a growing focus on providing safe, competent nursing care in all healthcare settings.

Aging of the Nursing Workforce (See Appendix J)

- The median ages of nurses in Texas in 2009: RN is 47 and LVN is 45. As compared to mean age of 44 in 2000.
- With the aging workforce, the physical demands of the profession are causing more nurses to retire.

Growing Diversity in Communities

- The 2009 data from the Texas Department of State Health Services indicated the ethnic breakdown among the 24,873,773 estimated Texas population was 38.1% Hispanic, 11.6% Black, 4.4% other, and 45.9% Caucasian.
- Projections indicate by 2010 the population may be between 24.2 and 25.9

million with the diversity breakdown as 37.2% Hispanic, 11.3% Black, 3.9% other, and 47.6% Caucasian.

Texas Center for Nursing Workforce Studies - 2009

- Between 2005 and 2020 the demand for RNs in Texas will rise by 86%, while the supply will grow by only 53% with strategies already in place.
- In 2009 there were 169,446 active RNs practicing in Texas; 86.8% were employed full-time and 13.2% were employed part-time in nursing.
- The majority, 63.7 % of the RNs who were actively employed as nurses in Texas were working in hospitals. (See Appendix N)
- There were 5,745 active Nurse Practitioners (NPs). Between 2000 and 2009, the number of NPs in Texas increased by approximately 128%. (See Appendix P)
- The LVN profession is among the few health professions where Texas exceeds the U.S. average for provider-to-population ratios; the most recent year for which U.S. data were available for LVNs was 2003, when the U.S. ratio was 180.8 and the Texas ratio was 277.9.
- There were only four counties that did not have an LVN. In the last decade, 107 counties have experienced growth in the supply of LVNs relative to the population.

Border Counties

- Refers to counties that are located near the Texas – Mexico border.
- Comprised of 32 counties (of which 28 are rural) within 100 kilometers of the Texas-Mexico border.
- Represents 10.4 % of the Texas population with 7.1% of the RNs, 7.0 % of the APRNs, 8.4% of the LVNs.

Practicing nurses must be prepared to handle complex healthcare problems in all types of patient populations. As the population changes in Texas and becomes more diverse, cultural beliefs and values must be integrated in order to provide efficient and safe nursing care. The nursing workforce data does not reflect the diversity seen in the citizens of Texas. While ensuring cultural diversity in the nursing population is not within the purview of the BON, the Board will continue to support values, concepts and initiatives in this regard.

Employment Trends

According to the U.S. Department of Labor (2010), registered nurses held about 2.6 million jobs in 2008. The majority (60%) were employed in hospitals. Additional employment statistics show that 8% practiced in physician offices, 5% in home health care, 5% in nursing care facilities, and 3% in staffing agencies. The remainder (approximately 19%) worked in non-traditional settings, regulatory agencies, social assistance agencies, educational services or worked part time. (See Appendix N and O)

For the same time period, 753,000 licensed vocational nurses (LVNs) were employed, with 25% in hospitals, 28% in nursing homes/long-term care, and 12% in physician offices. The remainder was primarily employed in home health, staffing agencies, assisted living/residential care facilities, community care facilities for the elderly; outpatient care centers; and federal, State, and local government agencies.

The U. S. Department of Labor further estimates a growth of 22% in RN employment needs and 21% growth in LVN employment needs for the years 2008 to 2018. The U. S. Department of Health and Human Services reports the RN workforce has not only increased between 2004 and 2008 but acknowledges the gradual increase of diversity of the nursing workforce.

The diversity of patient care settings will affect employment opportunities for nurses. Some of these changes will include:

- new technology advances in healthcare,
- specialized treatment units,
- increased needs of school children with complex health needs
- need for nursing home care
- need for long-term care facilities to meet the needs of our aging population,
- home care treatment options,
- preventative care for patients.

While the intensity of nursing care increases, the number of inpatients requiring hospitalization in excess of 24 hours is not likely to grow as patients are discharged from hospitals earlier and more procedures are being done in an outpatient setting. Rapid growth of employment opportunities may occur in settings other than hospitals.

Nursing Shortage

According to the Texas Center for Nursing Workforce Studies (TCNWS), the demand for RNs between 2005 and 2020 will rise by 86%, while the supply will grow by only 53% with the current strategies in place. These numbers translate to a shortage of approximately 71,000 FTEs (full-time equivalents) nurses. With the exception of LVNs, the numbers of RNs and APRNs per 100,000 for Texas fall short of the U.S. average.

The nursing shortage is expected to continue and will require a careful analysis of the data, while taking into consideration the unique demographics of Texas. The factors that continue to affect these numbers include a change in rural and urban populations, the current healthcare

economic climate, the future re-design of the healthcare system, and the role nurses will play in the new healthcare reform. The overall number of nurses in Texas is expected to increase as the number of new nursing programs and existing programs graduate students.

The Texas Board of Nursing is one of many agencies working with other statewide agencies to address the aging workforce of healthcare providers as well as to keep abreast of the changing healthcare climate. As the population of Texas ages, so does the nursing workforce. Between 2004 and 2008, the average age for all licensed nurses rose from 46.8 to 47.0 years. One area of concern will be the increased healthcare needs of the "baby boomer" population just as the aging nursing workforce approaches retirement. In response to mounting concern about the nurse shortage, the Texas Legislature created The Texas Center for Nursing Workforce Studies (CNWS) under the governance of the Statewide Health Coordinating Council (SHCC). The Texas Board of Nursing is an active member of this Nursing Advisory Committee. The CNWS serves as a resource for data and research on the nursing workforce in Texas. This includes collecting and analyzing data on nurses in Texas in regard to educational and employment trends; supply and demand trends; nursing workforce demographics; and migration of nurses.

Retention of the Workforce

Increasing the number of nursing graduates in Texas is only one part of the solution to the nursing shortage in the state. Other recommendations from the Texas Center for Nursing Workforce Studies are to increase retention of nurses in the nursing workforce and to delay retirement of older, experienced nurses from the workforce. Healthcare organizations and employers of nurses are encouraged to implement strategies to make positive changes in the work environment to retain experienced nurses in the work settings.

If the initiatives are to have a successful outcome on increasing the number of practicing nurses, the following must occur: (1) the public image of nursing must be changed to reflect the new roles, challenges, and frontiers that exist; (2) new and emerging changes that are occurring in an increasingly complex health care environment should be incorporated into in-service and continuing education trainings for practicing nurses; and (3) health care facilities must be willing to meet the needs of nurses by assuring reasonable staffing ratios, giving nursing a voice, providing sound orientation and maintaining a cooperative work environment.

The health care system will be faced with new advances in health care, increasing diversity of the population introducing new cultures and value systems, and the introduction of new diseases due to the increase in international travel. Technological advances in the treatment of diseases, stem cell research, genetic and cloning research, and alternative therapies will require unprecedented ethical challenges, and nurses must be prepared to meet these demands. Practicing nurses must be knowledgeable and active participants in decisions that will affect the profession. The health care delivery system will require nurses to be competent leaders and skilled in team-based interdisciplinary approaches to health care.

Staffing Ratios

Nurse staffing ratios have been a priority in nursing for many years because of the concern for patient safety. Positive patient outcomes are directly related to adequate levels of nurse staffing. More evidence-based research is needed to demonstrate the levels of nurse staffing necessary to support safe patient care. Because of the many practice settings, multiple factors must be considered (e.g., patient acuity, experience and skill mix of nursing staff, available technology, and available support services). In 2009, during the 81st Legislative Session, SB 476 was enacted and amended the Health and Safety Code by adding Chapters 257 and 258 and gives the Texas Health and Human Services Commission oversight and rulemaking authority for implementing nurse staffing regulation.

SB 476 required hospitals to establish a nurse staffing committee that meets quarterly to develop and recommend to the hospital's governing body a nurse staffing plan. The committee will submit semi-annual reports to the hospital's governing body that include quality indicators, nurse satisfaction measures collected by the hospital, and evidence-based nurse staffing standards. The committee shall adopt, implement and enforce a written official nursing services staffing policy that ensures an adequate number and skill mix of nurses based on patient care needs for each shift and patient care unit. The committee membership is specific and must represent the various types of nursing services provided by the hospital. The Chief Nursing Officer (CNO) is a voting member and 60% of the committee must be RNs who spend at least 50% of their work time in direct patient care. The RNs serving on the committee must be elected by their peers who provide direct patient care at least 50% of their work time. The committee will meet during working hours and nurses will be relieved of other duties in order to attend the meetings. The nurse staffing plan will have a budget and nurses are encouraged to provide input to the nurse staffing committee with protections from retaliation by their employer.

Current standards from governmental entities, national nursing professional associations, private accreditation organizations and other health organizations must be reflected in the official nursing services staffing plan. Minimum staffing levels must be determined through nursing assessments and according to evidence-based nursing standards with consideration of patient needs. The plan must include a flexible method for adjusting the nurse staffing based on each patient care unit and patient needs. Nurses must be made aware of the official nursing services staffing plan levels for their unit and shift. Evaluations of the official nurse staffing plans and reporting requirements are identified.

The Board of Nursing does not have authority over certain workplace or employment issues such as staffing ratios; however, the responsibility nurses have to maintain patient safety supersedes facility policies and physician orders.

Priority Agency Issues Outside of BON Rulemaking Authority or Requiring Additional Appropriations

The Board has studied and researched current and future trends and issues which will have the most significant impact on the practice and regulation of nursing over the next five years. In developing the Board of Nursing' Strategic Plan, the following issues were identified as the most important to the regulation of nursing in the State of Texas.

I. Self-Directed, Semi-Independent Status

The Texas Board of Nursing (BON) will pursue authorization to function as a self-directed, semi-independent agency. The Board is self-funded raising funds in excess of its operating budget through licensure fees. The legislature approves the Board's operating budget each biennium and utilizes a fraction of the funds the Board has deposited in the State Treasury. Additionally, the Board is required each biennium to fund any additional new program with new fees rather than the use of any of the current funds it deposits in the treasury.

The rapid changes occurring in nursing practice and the changing demands and pressures on the Board's resources has prompted concern by the Board that it may not have the financial resources and the flexibility to meet its responsibilities efficiently and effectively. The notion of having self-directed and semi-independent status to function with flexibility and not be anchored to a legislatively set biennial budget constraints is not a new concept for regulating agencies.

During the 76TH Legislative Session, a Senate Bill 1438 was passed to allow three state agencies, Board of Public Accountancy, Board of Professional Engineers and the Board of Architectural Examiners, to participate in a self-directed and semi-independent pilot program. In particular, the agencies were permitted to move their funds outside the state treasury, pay their own bills and reimburse the State for all services rendered. The agencies enabling statutes are still under direct control of the legislature and each agency must still report certain information to the state regarding accountability of funds, services and goals. The agencies are still subject to audit by the Office of the State Auditor.

During the 81st Legislative Session, four additional state agencies were granted semi-independent status by House Bill 2774. These included the Texas Finance Commission, the Texas Department of Banking, the Department of Savings and Mortgage Lending, the Office of Consumer Credit Commissioner and the Credit Union Department.

If granted self-directed, semi-independent status, the Texas Board of Nursing would be removed from the legislative budgeting process and the budget would be adopted and approved by the board members appointed by the Governor. On the first day of each regular legislative session, the BON would be required to submit a report to the Legislature and the Governor describing all of the agency's activities in the previous biennium. In addition, the BON would be required to report its two year expenses and revenue collections by November 1 of each year to the Legislature, the Legislative Budget Board, and the Governor. The BON employees would remain members of the Employees Retirement System of Texas under Chapter 812 of the Government Code. The pilot would require the State Auditor to contract with the BON to conduct financial and performance

audits and would allow the Attorney General to collect fees for their legal services. All agency supplies, materials, records, equipment, and facilities would be transferred to the BON. The pilot would make an appropriation of an amount equal to 50 percent of the amount of the General Revenue appropriated to the BON for fiscal year 2011 for a two-year period beginning fiscal year 2012. Under the provisions of this status, the amount could be spent as the agency directs and would be repaid to the General Revenue Fund in the fiscal year in which it was appropriated.

The Board recognizes that semi-independent status may truly be a misnomer and such legislatively granted authority is well balanced by accountability through reporting and significant auditing processes. Furthermore, the current level of revenue deposited into the treasury in excess of the Board's operating budget will remain unaffected. The current fees charged by the Board remain relatively low compared to the national average of Board's of nursing. Therefore, it is realistic to assume that the Board has the ability to support current treasury deposits and successfully implement the self-directed model with minimal increase in fees.

The advantages of self-directed, semi-independent Agency move would be:

- Board direction over agency funds.
- Board direction over agency programs.
- Agency would have more flexibility in staff compensation.
- A decrease in the number of reports to oversight agencies.
- Most reports would be on an annual basis.
- Agency would have a budget set by the Board and not the legislature.
- The strategic plan, BOP, etc. would be directed by the Board.
- Would not be subject to the State mandated FTE and Travel caps.
- The Board is held to a higher accountability to their constituents.
- The agency budget is held to a higher level of scrutiny.
- Reduces administrative burden to state for constant oversight.

The move to self-directed, semi-dependent is a major change to how the agency finances are managed. This shift from direct state oversight to an agency driven process is a significant change but has been tested by seven licensing agencies and has proven to be successful and effective. By virtue of past State Auditor, Comptroller and State Office of Risk Management audits, the Texas Board of Nursing has proven to be an effective, efficient and well-managed state agency. With changes in the health care environment, this move allows the Texas Board of Nursing flexibility to adapt quickly to nursing practice and education changes, nurse license compact issues and effective enforcement and licensing challenges. This flexibility would have been advantageous to the Texas BON after 81st legislative session, when our time frame for approving advanced practice registered nurse applications doubled due to rule changes and the number of schools participating in the new student background checks went from 57 to 115. We had to request four additional staff and now must wait for approval. In this case, if we had the self-directed, semi-

independent status, staff could request the additional staff and resources directly from the governing board which meets quarterly.

From a financial point of view, the Texas Board of Nursing has consistently paid encumbrances in a timely manner, contracted within state parameters, collected fees to support agency appropriations and provided significant additional funding to the State Treasury. The Texas BON understands the importance of these additional funds and will continue to provide this source each fiscal year as agreed upon by the Texas BON and the Legislature. The Texas BON revenues have been consistent and there should be seamless transfer to self-directed, semi-independent status.

II. Nursing Education

The dynamics of the nursing shortage and interest in creating new programs for nursing education has created an environment that presents many challenges to board staff as they seek to fulfill the mission of the Board in maintaining existing standards for quality nursing education. This following provides a brief overview of current challenges and board staff's responses to those challenges which seem consistent with protecting the public and managing oversight of nursing education within the Board's available resources.

CHALLENGES INCLUDE:

- the dramatic increase in the number of proposals to establish new nursing programs - Since January 2007, the BON has approved 22 new VN and RN programs. There are presently 14 active proposals in the board office with 15 letters of intent for other new proposals.
- support and consultation required by new nursing programs that has greatly impacted staff resources - Many proposals are submitted by school representatives who have no experience in nursing education and these providers need a great deal of assistance in meeting Board expectations.
- the consequences of the addition of new nursing programs: more competition for clinical sites, shortages of qualified nursing faculty.
- an increase in new and established nursing programs making inquiries about implementing new or additional extension sites, new programs and unclear curriculum changes - Callers range from new programs still on initial approval to existing programs seeking to expand their service area.
- changes in accreditation requirements including the expansion of accreditation agencies approved by the THECB and the acceptance of nursing accreditation as a criteria for BON approval.
- independent consultants that identify themselves as potential directors but do not stay in the role once the proposal is completed which leads one to question how effectively the program will be implemented by a new director.
- a large increase in correspondence from both nursing education programs and clinical facilities across the state about the crowding of the clinical sites.

- postponement of regular survey visits because of the demand for staff's attention to new programs and programs experiencing low NCLEX examination pass rates.

Implication for the 2012-2013 Biennium

Board staff are now devoting more time to reviewing proposals and assisting new programs to comply with proposal guidelines and Board rules. Proposals are varied in quality, not all at the same level of development when submitted, and the authors' abilities to develop proposals vary a great deal. In addition, the expansion of programs has greatly increased all of the support services provided by board staff to ensure quality nursing education. Due to a 5% mandatory budget cut, a vacant position for Nursing Consultant for Education cannot be filled. Board staff will continue to promote the board's mission however, the inability to fill this vacant position is impacting workloads and quality oversight.

III. APRN Compact

Section 305.003 of the *Texas Occupations Code* grants the Board the authority to implement the APRN compact provided it does so prior to December 31, 2011. Similar to the Nurse Licensure Compact for RNs and LVNs, the Advanced Practice Registered Nurse (APRN) compact allows advanced practice registered nurses to practice in any state that is a member of the compact based on his/her "home" state advanced practice nursing license. Advanced practice nurses practicing under the compact privilege must comply with the practice laws of the state in which they are practicing (e.g. laws relating to prescriptive authority, collaborative agreements). At this time, Utah is the only other state that has passed legislation to adopt the Advanced Practice Registered Nurse Compact. It is anticipated that the APRN compact will facilitate advanced practice nurses accepting temporary assignments providing patient care in Texas because they will not incur the costs associated with obtaining a Texas license.

In 2000, the Delegate Assembly of the National Council of State Boards of Nursing endorsed minimum criteria for nurses to obtain legal authority to practice in an advanced practice role and specialty. These criteria include: an unencumbered RN license, completion of an appropriately accredited graduate level advanced practice nursing educational program, and current certification by a national certifying body in the advanced role and specialty congruent with the advanced educational preparation (includes maintenance requirements). The uniform licensure requirements assure consistent minimum licensure standards essential to protection of the public's health and welfare while facilitating interstate practice for advanced practice registered nurses. The APRN compact is predicated on these minimum licensure requirements.

It is important to note that the APRN compact does not address prescriptive authority. Therefore, any advanced practice registered nurse practicing in Texas on a compact privilege will still need to obtain prescriptive authority from the Texas Board of Nursing if they wish to prescribe dangerous drugs and/or controlled substances in Schedules III through V. If they are prescribing controlled substances, they will also need to comply with requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

Implication for the 2012-2013 Biennium

It is anticipated that the APRN compact will be implemented during the 2009 biennium. Staff is currently reviewing and analyzing existing 22 *Texas Administrative Code,* § 221 for the purpose of comparing and contrasting the current rule, the minimum criteria for licensure endorsed by the National Council of State Boards of Nursing, and the statutory language in Chapter 305. Amendments to Rule 221 have been adopted in anticipation of compact implementation. Staff members are reviewing and working on draft amendments to Rule 220 for further consideration by the Board. The Advanced Practice Nursing Advisory Committee has had an opportunity to provide input regarding the APRN compact implementation and will continue to do so as the Board moves forward with this process.

Additionally, board staff are considering information technology support issues to the existing licensure database. A mechanism will need to be developed whereby the board may issue prescriptive authority identification numbers to and maintain prescriptive authority records for nurses who do not hold any type of licensure in the state of Texas. After such changes are made, it is anticipated that the current level of information technology support would not likely increase much beyond current needs.

Texas has adopted two compacts, the Nurse Licensure Compact for RNs and LVNs and the APRN compact. Key stakeholders such as the Texas Nurses Association suggested exploring the possibility of combining the two sections of the statute under a single section. This is currently being explored with the Nurse Licensure Compact Administrators, a national body composed of board of nursing representatives that are responsible for administering the compact in their respective jurisdictions. Delayed implementation of the APRN compact provides additional time for the Nurse Licensure Compact Administrators to explore this issue.

IV. Advanced Practice Licensure and Renewal

The mechanism utilized by the Texas Board of Nursing to grant legal authority to practice for advanced practice registered nurses has been one of authorization or approval linked to the RN license rather than the issuance of a separate advanced practice license. Although authorization and approval are the terms currently utilized, the internal process for granting such authorization is equivalent to that employed for granting licensure. The Board utilizes a licensure process because it believes advanced practice nursing has evolved as a result of the complexity of services provided and the level of knowledge, skills, and competence required by individuals who are authorized to provide such care. The services provided by advanced practice registered nurses exceeds the scope of practice of registered nurses. Therefore, the potential for harm to the public is significantly greater for advanced practice registered nurses than for RNs, and a higher level of accountability for the advanced practice registered nurse is necessary. The Board's approval process ensures public protection through activities that include but are not limited to a detailed review of the individual's advanced practice nursing educational preparation related to the advanced practice role and population focus area for which he/she is seeking approval, verification of current RN licensure, and verification of appropriate national certification in the role and population focus area that is congruent with the advanced practice nursing education.

Typically, licensure is considered the preferred method of regulation when the regulated activities are complex, requiring specialized knowledge, skills, and decision-making. Licensure in any

profession is required when the potential for greater risk of harm to the public exists and the professional must be held to the highest level of accountability. Although advanced practice registered nurses work collaboratively with physicians, they are engaged in activities that include but are not limited to health promotion, assessment of health status, formulation of medical diagnoses, and ordering appropriate pharmacologic and non-pharmacologic management. The knowledge, skills and abilities required to provide advanced practice nursing care significantly exceed those acquired through entry-level nursing education programs that prepare individuals as registered nurses. Therefore, the Board has established the minimum qualifications necessary for safe and competent practice, and applications for licensure are reviewed to determine that all qualifications have been met. Advanced practice registered nurses are required to recognize the limits of their expertise and be prepared to consult with or refer patients to other health care providers as appropriate.

The *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008) was developed through the work of the National Council of State Boards of Nursing (NCSBN) APRN committee and the Advanced Practice Nursing Consensus Work Group, and it has been endorsed by nearly 50 national nursing organizations. The *Consensus Model* describes the model of advanced practice regulation as one in which the advanced practice registered nurse is licensed to practice within the scope of his/her education and standards established or recognized by the Board. The *Consensus Model* recommends licensure as the formal process utilized by boards of nursing to grant advanced practice registered nurses authority to practice in their respective jurisdictions.

Implication for the 2012-2013 Biennium

Granting advanced practice registered nurses licensure rather than authorization to practice is beneficial to the public for a number of reasons. First, the individual will be granted a unique license number to identify him/her as an advanced practice registered nurse. Under the authorization system, there is no mechanism to differentiate between the license numbers of a RN who is not authorized as an advanced practice registered nurse and one who holds such authorization. Issuing an advanced practice license will allow the Board to generate a number that will be different than that of the RN license number such that the public would readily know that the bearer's qualifications have been reviewed and the individual has been licensed to practice in an advanced nursing role and population focus area in compliance with state law. This will be particularly helpful for entities such as other regulatory agencies or third party payers who may not have access to the original license and certificate of authorization. Issuing a separate license will also permit the Texas Board of Nursing to take disciplinary action on the advanced practice nursing license should a violation of the Nursing Practice Act or Board rules occur. Presently, a provision must be included in Board rules indicating that violation of such rules may result in disciplinary action on the RN license.

Creating a licensure process for advanced practice registered nurses will result in little change in current Board rules or operating procedures nor will it result in any change to the advanced practice registered nurse's scope of practice. The approval process currently utilized is equivalent to that used for the purpose of granting licensure. Therefore, changing the term from "authorization/approval" to "licensure" will more accurately reflect the procedures already in place. The term "advanced practice nurse" is clearly defined in current Board Rule and is based on the

definition set forth in Section 301.152 of the Nursing Practice Act. Rules outlining minimum requirements to obtain and maintain an advanced practice authorization are currently in existence and have been in place for a number of years. Maintenance requirements clearly identify provisions for renewal concurrent with RN license renewal. The Advanced Practice Nursing Advisory Committee has discussed this issue and supports this change. Committee members agreed that use of the term would provide greater clarity for employers and other interested parties. Based on this model, the Board has begun to refer to the advanced practice registered nurse approval as licensure. Amendments to Rules 221.4 and 221.6 have included use of the term licensure to more accurately reflect the approval process currently utilized.

Issuing a license will initially require information technology support for changes to the existing database and generation of license numbers. Certificates or letters of authorization are currently printed and mailed to those who obtain full authorization to practice. Therefore, the change to licensure will only require that the Board generate a license number to be placed on the certificate. After such changes are made, it is anticipated that the current level of information technology support would not likely increase much beyond current needs in the next biennium. One additional administrative support position may be required to implement and maintain records relating to advanced practice nurses due to the increasing volume of applications received each year.

V. Changing Term from APN to APRN and Changing Regulation Mechanism for APRNs from Authorization to Practice to Licensure

Texas currently uses the term “advanced practice nurse” as an umbrella term to collectively describe a group of nurses that includes nurse practitioners, nurse anesthetists, nurse-midwives, and clinical nurse specialists. A change from this umbrella term that is currently in use to the term “advanced practice registered nurse” (APRN) would be beneficial. This is the descriptive term most recognized at the national level and is the term utilized by 42% of boards of nursing (NCSBN Member Board Profiles, data last updated January 22,2008). This is also the term utilized in Chapter 305 of the Nursing Practice Act addressing the advanced practice compact as well as the term utilized in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008). The term advanced practice registered nurse reinforces to all stakeholders that the bearer is a registered nurse who has completed additional educational preparation and achieved a scope of practice that is founded upon and exceeds the educational preparation and scope of practice of the registered nurse. The term APRN reinforces that the nurse’s scope of practice is not separate and apart from but rather built upon the competencies attained as a registered nurse (RN) by demonstrating a greater depth and breadth of clinical knowledge, greater synthesis of data, and increased complexity of skills and interventions related to the care of individuals.

Licensed vocational nurses (LVNs) who do not complete RN level education and achieve licensure as RNs are not eligible to be recognized as advanced practice nurses. However, the term advanced practice nurse does not clearly indicate this distinction. This leads to greater confusion for the public and employers and leads to inquiries to board staff regarding the ability of LVNs to practice as or use titles implying that they are advanced practice nurses based on their experience. Use of the term APRN clearly notifies the public and all other key stakeholders that the bearer also holds RN licensure.

Implication for the 2012-2013 Biennium

The Advanced Practice Nursing Advisory Committee has begun discussing this issue with regard to Board rules. The committee is supportive of the change and has recommended that the board begin using this title in rule amendments. As the rules are reviewed and analyzed for changes needed to implement the APRN compact, the change in terminology has been incorporated as sections of the rules are amended through the rule-making process. The change in terminology will not have any impact on scope of practice; rather, it will serve to reinforce to the public that advanced practice nurses are registered nurses. It will also provide consistency with the terminology used in Chapter 305 of the Nursing Practice Act.

VI. Work Hours

The Board of Nursing promotes patient safety through the regulation of nursing practice. While patient safety is at the heart of the Board's mission, the BON does not have authority over workplace issues such as mandating the number of hours a nurse is permitted to work. The number of hours a nurse may provide direct care for patients remains at the nurse's discretion. Nursing research has begun to reflect trends seen in many other disciplines where judgment and the ability to implement correct actions quickly can be the difference between life and death for patients under the nurse's care. The hours that nurses work in providing direct patient care is of particular concern to the Board, both in the consecutive hours worked and the number of shifts worked without days off. The Institute of Medicine (IOM) has made recommendations that nursing work hours be limited to no more than 12.5 hours in a 24-hour period; 60 hours in a 7 day period and 3 consecutive days of 12 hour shifts. While attempting to identify specific number of hours to work to ensure patient safety, the IOM suggests the increased number of hours worked resulting in fatigue and prolonged wakefulness correlated to errors or near-errors by healthcare providers. In addition to considering if nurses are qualified and skilled to accept an assignment, nurses and their employers must decide if they are physically and emotionally able to safely complete the work assignment.

Following the 81st Legislative Session, nurses are allowed to refuse to work mandatory overtime in hospitals. SB 476, took effect on September 1, 2009, and changed the NPA by adding Section 301.356, Refusal of Mandatory Overtime. This new law permits nurses working in a hospital may refuse to work mandatory overtime and that such refusal "does not constitute patient abandonment". It is anticipated that nurses who refuse to work overtime as authorized in SB 476, may be able to invoke protections against employer retaliation outlined in NPA Section 301.352, Protection for Refusal to Engage in Certain Conduct.

Implication for the 2012-2013 Biennium

In March 2010, the U.S. Congress passed one of the most significant healthcare reform bills in the nation's history. Nursing is expected to play a key role in the implementation of the new laws. Preventive health measures will be a primary focus, such as seen in school-based health centers and nurse-family home visitation services. Evaluating competency will continue to be a focus of the BON's work in the coming biennium. The BON will continue to work with other states through the National Council of State Boards of Nursing to promote competent, safe nursing practice.

Patient safety and the prevention of nursing errors are the cornerstones to nursing regulation and are accomplished through education. Nurses need to be more aware of their role in the prevention of error and patient harm. On-line educational offerings, such as webinars and podcasts that pertain to evidence-based practice, medication administration safety, nursing peer review, delegation, and documentation need to be developed in order to provide continuing competency opportunities. These additional on-line educational offerings will reach more nurses in the remote areas of the state or who are not able to attend the Texas BON's workshops. As a part of the license renewal process, consideration should be given to requiring all nurses licensed in Texas to complete a continuing education course addressing patient safety.

VII. Criminal Background Checks on Students

Nursing schools remain under increasing pressure to conduct criminal background checks (CBCs) on their nursing students prior to enrollment into the nursing program. A student's criminal background may be an impediment to the student's clinical experience based on hospital requirements as well as licensure requirements of the Texas Board of Nursing. Hospitals screen students as well as staff prior to allowing them to care for patients due to concerns about patient safety. Many nursing programs have contracts with non-governmental vendors to conduct a state of Texas criminal background check on their students prior to admission. There are no provisions which currently exist under Texas law that gives nursing schools access to complete national criminal history records, including FBI records, prior to the student's clinical experience. Because the Board has authority to do complete CBCs for the purposes of licensure, the Board is being asked by asked by Texas schools of nursing to conduct its comprehensive criminal background checks for those students entering an approved Texas vocational or professional nursing school. The Texas Board of Nursing is authorized to conduct FBI criminal background checks on all applicants for licensure by authority of Texas Occupation Code § 301.1615 and Texas Government Code § § 411.087 and 411.125. The screening process for licensure can start when a student is "enrolled or planning to enroll" in a nursing education program through the declaratory order of eligibility process required by Texas Occupation Code § 301.257 (Nursing Practice Act). The declaratory order process determines eligibility for licensure. One of the primary purposes of the declaratory order process is to avoid a needless use of nursing education resources by both a student and a school toward earning a degree in nursing when the student might be deemed ineligible to qualify for a nursing license.

For individuals currently enrolled in a nursing educational program, schools are required to provide students with both verbal and written information "regarding conditions that may disqualify graduates from licensure and of their right to petition the Board for a Declaratory Order of Eligibility". However, unless a school contracts with a third party to conduct a Texas statewide criminal history check, this process currently relies on self disclosure of criminal history.

In fiscal year 2009, the Texas Board of Nursing applied for and received a $50,000 grant from the National Council of State Boards of Nursing to hire two staff to receive and process CBCs for new and accepted students. This pilot/grant lasted up to seven months and during that period, 57 schools of nursing participated and staff processed 6,948 CBCs. The schools of nursing adapted to the new process quickly and provided positive feedback as to the ease of the system and the elimination of multiple background checks during the school year, especially prior to clinical learning experiences. The Texas Board of Nursing decided to continue the program through fiscal year

2010 and as of this date, 120 schools of nursing are participating and staff have completed over 10,000 student CBCs.

For these reasons stated above and due to the overwhelming success of the program, the Board is requesting funding from the Legislature to continue to do CBC's on new and accepted nursing students. The Board would need additional resources to conduct background checks on all nursing students because current appropriations fund only the Board's requirement to conduct FBI checks on those individuals who submit an application for licensure upon graduation. The number of students enrolled in Texas nursing education programs significantly exceeds those who actually graduate and eventually apply for licensure by examination.

Implication for the 2012-2013 Biennium

The Board currently requires a CBC on all students prior to graduation. In fiscal year 2009, the Board conducted 9,700 CBCs on Registered Nurse (RN) students and 5,484 on Licensed Vocational Nurse (LVN) students. In contrast, according to the Texas Center for Nursing Workforce Studies, the total number of students actually enrolled in Texas approved RN and LVN schools of nursing in the same time period was17,836 RN and 5,867 LVN respectively. Therefore, staff predicts that a minimum of an additional 8,500 background checks will be conducted annually if the Board continues the program through fiscal year 2012 and 2013. The Board will also have to respond to positive criminal history that emanate from the additional 8,500 CBC's. In fiscal year 2009, the Board experienced approximately 10.3% positive hit rate for RN students and approximately 17.27% hit rate for LVN students. This translates into an additional 1,170 eligibility issues that Board staff may need to investigate.

In order to process the additional paperwork generated by the increased number of 8,500 CBCs, the Board anticipates that 2 additional administrative assistants will be needed in the examination department. In order to process and investigate the additional 1,170 eligibility issues, the Board anticipates that at least one program specialist will be needed to review cases.

VIII. Transparency in Regulation

The principle of transparency in government is as old as our nation. John Adams wrote in 1765, "Liberty cannot be preserved without a general knowledge among the people, who have a right and a desire to know." The concept of shedding light on government was further promoted in 1932 by U.S. Supreme Court Justice Louis D. Brandeis who said, "Sunlight is said to be the best of disinfectants; electric light the most efficient policeman." This concept of openness in government continues to be relevant today and technology makes transparency both challenging and obtainable.

The Texas Board of Nursing has implemented a number of initiatives to respond to the public's desire for readily available, easy to understand information about nursing regulation. A new website has been simply designed to allow the user to navigate the site and find the information being sought.

On the website, the agency's budget is described in sufficient detail to provide the user with specific information on expenditures. The complete current operating budget is also provided. Statistical information on nurses is readily available, allowing the user to create their own aggregate reports. Prior to each Board meeting, all written reports are posted on the website for review and an open forum time is provided at each Board meeting to allow the public to comment on any policy, procedure, rule or guideline. The Board's Resource Efficiency Plan is posted on the site. Disciplinary orders are posted following each Board meeting. The Board posts quarterly statistical information in its Board reports section which includes all performance measures as well as other measures the Board monitors routinely.

The Board provides nurses with its enabling statute, rules, and policies regarding licensure and discipline on the website so they can be informed of the Board's thinking behind its public policy. This includes how the Board views criminal history related to the practice of nursing and the guidelines for addressing that criminal activity.

Workshops provided by staff since 1991 continue to be popular among nurses. The Board has expanded educational offerings to online jurisprudence and a prep course for the jurisprudence examination.

The agency continues to seek more opportunities to provide information to the public. In the future, the Board plans to offer wireless internet access during meetings to facilitate the audience being able to view reports, policies, rules and so on. A long term goal is to offer audio/video streaming of Board meetings. The Board will continue exploring online courses for nurses including peer review and patient safety. Expansion of access to more statistical data through the website is also contemplated. Expansion of technological initiatives including online chat on the Board's website will allow users to obtain information quickly and conveniently and direct links to disciplinary orders from the verification of licensure page.

Implication for the 2012-2013 Biennium

Video streaming and technologies for online courses will be expensive propositions and in light of the budget constraints in the next biennium, the agency will not seek funding for this purpose but continue to explore fiscal implications of this technology. To the extent the agency can absorb costs for other technological solutions, these options will be developed and implemented.

IX. Certified Nurse Aides/Unlicensed Assistive Personnel

Nursing is a dynamic discipline and its practice is continually evolving to include more sophisticated patient care activities. Previous discussion on the shortage of licensed nurses has emphasized the need for expansion of direct healthcare providers across the spectrum of practice settings, with particular attention to those areas that will be most impacted by the aging population.

The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) mandated that each state establish state-approved nurse aide training programs, and implement minimum competency requirements for all nursing assistants employed in long-term care facilities. In compliance with this Federal law, Texas state requirements for nurse aide training are listed in 40 Tex. Admin. Code §§94.1-94.11.

In the interest of serving the Board's mission to protect the public, the Board believes it could be feasible and logical for the BON to revise the current content and structure of the federally-mandated certified nurse aide (CNA) training program content.

Nursing practice occurs along a continuum from tasks performed by unlicensed personnel under the delegation and supervision of nurses through vocational nursing, registered nursing and advanced practice nursing. Registered nurses delegate to and supervise unlicensed assistive personnel, including nurse aides. Texas, like other states, must continue to search for ways to improve services while achieving greater cost-savings. In some states, boards of nursing are responsible for the competency evaluation of nurse aides, establishment of registries, and/or investigation and adjudication of complaints against these types of personnel. Some states also utilize medication assistants. In the 2004 Model Nursing Practice Act and Model Administrative Rules, article XVIII, Chapter 18, the National Council of State Boards of Nursing (NCSBN) took the position that boards of nursing should regulate medication aides in those jurisdictions utilizing these personnel. Though nurse aides and medication aides are "certified" rather than "licensed," many of the functions for regulation of both nurse aides and medication aides are similar to those processes already in place for licensed nurses.

The appropriations necessary to implement such a program would be significant due to the labor-intensive processes involved. Of special concern is the cost in both funds and staff needed for Criminal Background Checks for all CNA applicants (Federally mandated in long term care). The Department of Aging and Disability Services currently regulates both Certified Nurse Aides and Medication Aides. This population tends to be highly mobile with a current absence of criminal background checks and low rate of disciplinary action.

	Medication Aides	Certified Nurse Aides
Certified	9,912	116,916
Disciplined	9	55

Source: DADS Reference Guide 2009 for FY 2008

Nurse aide training, competency evaluation, registry, and the complaint registry are currently regulated by the Texas Department of Aging and Disability Services. Responsibility for conducting the skills tests and written (oral) test for nurse aide candidates in Texas is through Nurse Aide Competency Evaluation Service (NACES Plus Foundation) [an affiliated corporation with the Texas Nurses Association (TNA)]. The Texas BON has a strong and ongoing working relationship with Texas Nurses Association (TNA), which is corporately affiliated with the Nurse Aide Competency Evaluation Service (NACES). NACES has been the subcontracted entity for nurse aide exams in Texas for several years, in conjunction with Pearson Vue.

In January, 2009, the Legislative Budget Board (LBB) published the Texas State Government Effectiveness and Efficiency Report, specifically studying the regulation of CNAs. In the article titled "Improve Regulation of Certified Nurse Aides", the LBB made five recommendations which included transferring the regulation of CNAs to the Texas Board of Nursing. During the 81st legislative session, Senator Jane Nelson introduced Senate Bill 791 which would transfer the regulation of CNAs to the Texas Board of Nursing. Senate Bill 791 would have created a consistent regulation and training program for CNAs within the Texas Board of Nursing to regulate CNAs and nurse aide training and competency programs. The bill would have required the BON to establish an advisory committee to advise BON on training CNAs and increases the number of training hours required for a CNA program and enter into an interagency contract with the Health

and Human Services Commission and DADS for purposes of a nurse aide registry. This bill passed the Senate and was left pending in the House Public Health Committee.

Implication for the 2012-2013 Biennium

Should the legislature determine it appropriate to reorganize the regulation of certified nurse aides and/or medication aides under the BON, the board is prepared to collaborate with NACES, the Department of Aging and Disability Services, and other applicable groups to promote sound educational preparation, eligibility criteria, and appropriate reporting and investigation of alleged regulatory violations of nurse aides and medication aides to focus on meeting the current and future needs of the people of Texas.

The transfer of this program would have tremendous implications on BON resources. The BON interpretation of funding for this program is that we are limited to federal dollars and we would not have the legal authority to assess additional fees to CNAs to cover actual costs that are beyond the federal funding threshold. If this remains the situation, the Texas BON would consider raising additional revenue from other BON licensees to cover the costs to run this program effectively.

Internal Assessment

The following items relate to improvements to efficiency and performance of agency internal operation maintaining agency commitment to agency mission and goals and stakeholders served by the agency.

I. Executive Director Compensation

As our agency works within budget and legislative constraints, we continue to struggle with limitations that, if eased, would enhance our agency's ability to recruit and retain staff. A main priority of the Board is to request that the salary of the Executive Director be set by the Board itself within the group salary set by the Legislature. The Executive Director is accountable to the Board within a governance policy and the Board has no means to reward the Executive Director based on performance. With a nursing shortage, the retention and recruitment of nurse executive such as the executive director is becoming acute.

The reason for a salary increase for the agency executive director is twofold: 1) to reward excellent job performance of the current executive director. The current salary is not competitive with like-size regulatory agencies and not competitive at the low end of salaries of chief nursing executives in the central Texas area; and 2) the incumbent in this position is required to be a registered nurse with a master's degree in nursing and have nursing knowledge in education, nursing practice along with general knowledge of information technology, human resources and finance. The current executive director has reached her retirement eligibility and if for any reason, we lost the current executive director, we would be required to compete with the private sector for a chief nursing officer in order to have a qualified pool of applicants. The low to high salary range for this group in the central Texas area is from $100,626 to $143,332 per year.

In the study of exempt positions by the State Auditor's Office in August, 2008, the report indicates that the salary for the executive director was almost 25% below the market. She received 3.2% increase in fiscal year 2009 which is 28% below nursing salaries in the private sector, of which we would have to compete to find a like caliber person.

Our compensation analysis shows that the market rate for a comparable position in the private section would be $128,524. Furthermore, from a comparable state perspective, the Texas Board of Nursing's budget and FTE's are comparable to the Texas Board of Pharmacy and the Texas Real Estate Commission of which both executive director's are placed in the Group 4 category.

Implication for the 2012-2013 Biennium

If, for any reason, the executive director left this agency, we would be in an extremely difficult position to hire a qualified executive director at the current salary. The Board has raised this issue as a priority since the continuity of the agency's work is driven by the leader of this agency and we are in peril losing our ability to retain this individual as well as diminishing our ability to have an effective succession plan. Without continuity in this key position, our mission of public protection would suffer since the Executive Director is a key player in the disciplinary process and policy development. **The BON is requesting that the salary of the Executive Director be moved to**

group 4 and be set at $120,000 to be able to retain the current executive director and to have the ability to select a replacement if needed. **This would add an additional $27,400 per fiscal year.**

II. New Staff Positions for Examination and Licensing Process

The Texas Board of Nursing (BON) has been experiencing exponential growth in the number of licensees by exam, endorsement and renewals and at the same time the nursing practice act has changed significantly by adding additional requirements such as criminal background checks, verification of all licenses prior to endorsement and a mandatory jurisprudence exam. All during these changes the Texas Board of Nursing has not received additional staff in these areas to address the growth and changes.

The following are examination and licensing statistics over the past four fiscal years:

	FY 2006	FY 2007	FY 2008	FY2009
Number of renewals:	126,075	132,447	137,126	143,953
Number of licenses issued by exam:	11,834	11,707	12,706	13,886
Number of licenses issued by endorsement:	6,402	6,413	6,452	6,467
Number of students taking the nursing exam:	13,733	14,526	15,824	16,996

As evidenced above the volume of applicants for all phases of the examination and endorsement process continues to grow. In fact, in fiscal year 2003, the Texas Board of Nursing could issue a license by examination and endorsement within 45 days. In fiscal year 2009 that time frame grew to an average of 115 days. We, and our constituents, find this time frame unacceptable.

In addition to this growth, the BON images all documents for board staff to have immediate access for licensing and investigative purposes and by imaging files, we are able to dispose of paper according to our records retention plan and eliminate the need for file storage.

Currently, the Texas Board of Nursing has been using five full time temporary staff to assist with these processes but due to our FTE cap, must use them sporadically to stay under our FTE cap. The Texas Board of Nursing will request four additional license and permit specialists to process examination, endorsement and renewal applications and one Clerk IV for imaging for fiscal years 2012 and 2013.

III. New Staff Positions Needed for APRN Licensure Support and Nursing Practice Department

In the past few years, the agency has experienced a consistently high number of applications for initial approval, creating a backlog and a delay in processing applications. These applications

require a high level of understanding of APRN practice and education in the State of Texas and within the United States. Along with the consistently high number of applications, the review of the applications has become more complex due to the new rules implemented by the board in the past few years that are consistent with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008). The new requirements are intended to ensure that APRN licensure requirements in Texas remain aligned with national standards. With new requirements, there has been an increased volume of correspondence and telephone calls. It is anticipated that this trend will continue to increase with the implementation of the APRN compact. In FY 2008, 1401 APRN applications were received followed by1502 applications in FY 2009. The average days to approve APRN applications went from 37.51 days in FY 2008 to 49.26 days in FY 2009. First quarter data for FY 2010 reflects an average of 70.25 days for approval. Two FTEs are requested to assist in this area. One is an APRN who possesses the professional expertise regarding APRN practice and education. The second position is an administrative technician to assist in processing applications and supporting documentation.

The number of licensed nurses increases every year and as a result the number of email and phone inquiries has increased, as seen in Table 1. The complex questions received in the Nursing Practice Department from nurses and the public require a high level of interpretation of the Nursing Practice Act and Board's Rules and Regulations. Formal hearings at the State Office of Administrative Hearings that require a Nurse Practice Consultant have increased. In addition, with new possible models for continued competency evaluation; an additional FTE is needed to meet current and projected demands. With this additional FTE the Nursing Practice Department would have the ability to approve and monitor refresher courses and extensive orientations.

IV. New Staff Positions for Enforcement and Legal Processes

The agency's enforcement workload and expenses for its investigations and contested case proceedings continue to steadily and rapidly increased and must be addressed in order for the Board to maintain its mission to protect the public and timely resolve its complaints.

The Board needs appropriations to cover the increase in litigation related costs for its expert fees and witness fees. Additionally, the Board will need approximately seventeen (17) additional FTE's for FY 20011 and FY 2012 for its Enforcement and Legal Departments in order to meet the growing demands. Fourteen(14) FTE's are needed for increased workload due to growing complaints and litigation. This number would include ten (10) investigators; (2) litigation attorneys; (1) legal assistant and one (1) administrative technician. The Board would need an additional three 3 FTEs including, two (2) investigators, one (1) Attorney to address the growing need to effectively monitor licensees under probationary stipulation and take action when violation of probation is evident.

The Board needs approximately $150,000 in appropriations to handle the increase costs of prosecuting the increase in the number of cases litigated at the State Office of Administrative Hearings. However, these costs may be recovered through assessment of costs and fines against those who violate the Nurse Practice Act.

Although these are significant even in the face of projected state budget shortfalls, the rise in the number of complaints, investigations, plus the complexity of the Board's disciplinary cases, supports the need to add enforcement and legal staff in order to meet the agency's mission and timely resolve cases. There are several reasons why the Board's enforcement cases will require more resources for the agency to meet its mission effectively and timely.

Complaints are increasing over 20% annually

During FY 2007, the Board was receiving approximately 8,800 complaints [BON Statistical Report for FY 2007 (8812 RN jurisdictional complaints, 4832 LVN jurisdictional complaints)]. By FY 2009 the number of jurisdictional complaints received had grown to approximately 13,300 [BON Statistical Report for FY 2009 (7307 RN jurisdictional complaints, 6058 LVN jurisdictional complaints)]. In FY 2009, the Board issued approximately 2,200 disciplinary actions.

Should the current trend continue, the Board will receive approximately 15,000 complaints in FY 2010 [BON Statistical Report for FY 2010 (4,259 jurisdictional complaints in first half of FY 2008, 3,353 LVN jurisdictional complaints in first half of FY 2010)]. However, the number of disciplinary actions appears to remain constant with a projection of approximately 2,200 disciplinary actions for FY 2010.

Investigations per Investigator is Significantly Increasing

As the number of new complaints received per year continues to rise, so does the average caseload per investigator. Even with the additional staff resources the Legislature granted in 2007, the average caseload per investigator continues to rise at a halting rate. F or example in 1997, an investigator for the Texas Board of Nurse Examiners averaged approximately 160 cases under investigations. By 2002, the average number of investigations per investigator had increase to an average of 242. From FY 2007 to FY 2009, the average caseload per investigator increased 35 percent from 222 to 340 [27 investigators and approximately 7,500 open investigations]. In doing a comparative analysis of other State Boards of Nursing nationally, the average caseload per investigator is approximately 105. In FY 2009, Texas had the highest caseload per investigator at 340. The Kansas Board of Nursing was the second highest with 325 followed by Maryland and Nevada at 250 and New Mexico at 222. The remaining State Boards of Nursing had an average caseload per investigator ranging from as low as 25 (Alaska) to no more than 147 (North Carolina). In doing a comparative analysis of other agencies within the Texas Health Professions Council, the average caseload per investigator remains at 122. The current number of investigations being handled by investigators is creating a significant backlog of cases. As the number of investigations assigned to an investigator increases the less time that can be allocated to each case.

While the Board has an effective system of prioritizing its cases based on public safety concerns, the lower priority cases, though important, may be neglected. In order to reverse the trend of increases in case resolution time, the Board would need an increase in investigators to handle the added workload.

Formal charges statistics and unresolved complaints statistics are increasing

Unless there is an agreed disposition of a complaint, the Board is authorized to file formal charges against a nurse if probable cause is found to continue [TEX. OCC. CODE. ANN. Sec. 301.458(a)]. The Formal Charges form the basis for formal proceedings before the State Office of Administrative Proceedings (SOAH). In FY 2006 the Board had filed 490 Formal Charges. In FY 2007, the Board has averaged approximately 750 Formal Charges annually. From FY 2009, until now, the Board is averaging approximately 1000 Formal Charges filed annually. This increase in formal charges is directly attributable to the staff increases of the 2009 Legislative Session, but appears to be near plateau.

Unresolved complaints continue to grow even though the resolution of those complaints per investigator is at an all time high. The number of cases opened in FY 2007 was 13,482, while the number of open cases in FY 2005 was 9,057. The number of investigations conducted in FY 2009 was 20,346. The Board continues to resolve more investigations per year with the increase in the number of investigators. It appears, based on historic data, that an investigator can resolve between 350 to 450 cases a year. In FY 2009, the average number of cases resolved per investigator was 475, the largest average case load based on statistics dating back to 1997. By comparison, the investigators for the Board of Nurse Examiners resolved an average of approximately 200 cases in FY 2001 while reducing the agency's backlog.

Although the disciplinary case load continues to grow and the number of cases resolved continues to grow, the ability of the current Enforcement FTE's to handle the number of cases appears to being nearing a plateau. Without more investigators, the case resolution times will continue to grow or the agency will need to reduce regulatory oversight on lower priority cases.

Attorney representation continues to increase significantly

Although recognized several years ago as a trend, the number of attorneys representing nurses continues to increase dramatically with more and more respondents represented by counsel. Tort reform and its reduction of medical malpractice litigation has increase the number of lawyers representing nurses in administrative proceedings. Additionally, lawyers specializing in administrative law have utilized the power of the internet and web sites to increase marketing of legal services to nurses. While nurses have always been informed of their right to legal representation, historically few nurses have hired lawyers.

The increase in lawyer representation has resulted in increases in case resolution time based primarily on the Board views as dilatory practices. One of the main marketing strategies of the lawyers as expressed on their web sites seems to advise non cooperation with Board investigations. The legal bloggers routinely accuse the Board or its staff of unlawful or illegal investigation tactics. Naturally, the ability to resolve legitimate violations through agreed resolution is damaged and often forces the Board to resolve cases through the contested case proceedings at the State Office of Administrative Hearings.

Proceedings before the State Office of Administrative Hearings (SOAH) are litigated as if they are complex District Court cases.

Formal contested case proceedings have become more complex and SOAH practices tend to lengthen the time it takes to resolve disciplinary matters. Historically, administrative proceedings have utilized more informal evidence rules. The Administrative Procedure Act requires that rules of evidence be applied but allows for admission of relevant evidence if necessary to ascertain facts not reasonably susceptible of proof under those rules; not precluded by statute; and of a type on which a reasonably prudent person commonly relies in the conduct of the person's affairs (TEX. GOV'T CODE ANN. Sec. 2001.081). SOAH makes few or no exceptions over evidentiary objections under Section 2001.081. Similarly, based on enabling legislation, SOAH will not recognize procedural rules or practices of the Board which would force cooperation with investigations before matters are set at SOAH. The Board is therefore unable to require admissions for uncontested facts prior to requesting a hearing at SOAH. SOAH's practices have resulted in proceedings becoming more like District Court litigation. It is well documented that being subject to District Court style discovery practices are extremely expensive and time consuming. The defense lawyers recognize the limitations of the agency in terms of man power and money and routinely force cases to the "court house steps" with the expectation that the agency cannot sustain the cost or time in pursuing disciplinary cases.

SOAH costs for the agency have steadily risen. Witnesses are seldom allowed to testify by phone when any objection is made by respondents. Respondents, through their attorneys, routinely object to staff's motion to submit testimony by phone. As a result, nearly all witnesses must be subpoenaed and reimbursed for travel to Austin for testimony. Staff's experts must now be paid for travel time, expenses and testimony, when before the costs for telephonic testimony was minimal. Delays in contested case proceedings also increase when witnesses, experts, attorneys, and judges must coordinate to be in Austin at the same time. Staff estimates that each contested case proceeding litigated at SOAH averages about $1200 to $2500 in costs. Based on the unresolved Formal Charges, Staff anticipates an increase of approximately 125 new cases a year at SOAH.

The Board's Monitoring of Probation has increase dramatically

Currently, the Board has approximately 1700 nurses under probation that Board investigators monitor for compliance. The current investigators are assigned to monitor approximately 800 files each. Because a violation of a Board monitoring order, particularly one that monitors for suspected drug violations, is given high priority by the Board, efficient and timely processing is needed. It should be noted that recidivism statistics indicate approximately 10 percent of disciplined nurses recidivate annually.

New staff members are needed to reduce the case loads for the monitoring investigators and bolster the enforcement process by adding a new attorney position for those who violate their order while under probation.

Implication for the 2012-2013 Biennium

The agency's enforcement workload and expenses continue to steadily and rapidly increase and must be addressed in order for the Board to maintain it's mission to protect the public and timely resolve its complaints. The Board will need appropriations to cover the increased litigation related costs such as expert and witness fees.

The Board needs appropriations to cover the increase in litigation-related costs for its expert and witness fees. The Board estimates an additional appropriation of $150,000 for these increases in enforcement costs. Additionally, the Board will need approximately seventeen (17) additional FTEs for FY 2011 and FY 2012 for its Enforcement and Legal Departments in order to meet the growing demands. Fourteen (14) FTEs are needed for increased workload due to growing complaints and litigation. This number would include ten (10) investigators; two (2) litigation attorneys; one (1) legal assistant and one (1) administrative technician. The Board would need an additional three (3) FTEs including, two (2) investigators, and one (1) attorney to address the growing need to effectively monitor licensees under probationary stipulation and take action when violation of probation is evident.

Although this number appears to be significant, the rise in the number of investigations, plus the complexity of the Board's disciplinary cases, more than support the need to add enforcement and legal staff in order to meet the agency's mission and resolve cases in a timely manner.

V. Merit Salary Increases

The BON requested and received additional funding for merit increases in fiscal year 2010 and 2011. The agency would like to continue to provide merit increases based on performance to provide incentive for high performing staff and keep up with nursing salary increases that we compete with for fourteen current nursing positions.

Implication for the 2012-2013 Biennium

Based on the agency salaries for fiscal year 2010, we are requesting an additional 3.4% or $147,445 merit money per fiscal year**.**

VI. Service to Constituents

The Board has used several mechanisms to identify the concerns and needs of the public. These include surveys on the Board's website seeking comments on the website and the Board's newsletter. Improvements have been made as a result. At Board workshops offered since 1991, evaluation tools are used to solicit comment and feedback and changes are made to workshops which address these comments.

The agency has open forums at each Board meeting to allow the public to comment on anything related to the regulation of nursing. The Board attempts to address the timing of

Board reports for the convenience of guests attending the meeting and considers these comments in its deliberations if appropriate.

The National Council of State Boards of Nursing (NCSBN) offers an assessment tool for Boards of Nursing, the *Commitment to Ongoing Regulatory Excellence* (CORE) project which provides feedback on Board operations from nurses, educators, and employers. This tool is used every two years and the Texas Board of Nursing has participated in the past three surveys of CORE. NCSBN describes CORE as follows:

> *The purpose of this project is the establishment of a performance measurement system that incorporates data collection from internal and external sources. A key element of this system is the monitoring of performance on outcome-oriented indicators. Such performance monitoring will simultaneously provide accountability to the state's citizens and assist nursing boards to better manage and improve their services to their customers and citizens throughout the states. Performance information also provides a basis for strategic planning and a starting point for benchmarking and identification of best practices.*

This feedback has been used most recently when the 2008 survey data revealed concerns by employers about the Board's disciplinary processes. It resulted in meetings with the Texas Hospital Association and the Texas Organization of Nurse Executives. Future meetings are planned with the associations for Long Term Care and Home Care. These meetings will be designed to identify the service needs of employers of nurses, one the Board's major constituent groups.

Recently the Board responded to customer complaints about waiting times to talk to a live person at the agency. The agency expanded the number of customer service staff on the phones and developed two new customer service programs on the website. One allows applicants to track applications status online. Applicants can see what materials the agency has received and what is missing. The application has performed 18,386 queries since implementation (10/12/2009). The second is a *Live Help* function. Found in the Licensing section of the web page, this function allows applicants and nurses to chat directly with licensing staff during regular business hours. It was implemented in September 2009 and has already engaged in 595 chat sessions.

Implication for the 2012-2013 Biennium

The primary barrier to extending more services to our customers is sufficient staff and resources. In the next biennium, state budget constraints will limit the agency's ability to expand services further but will not limit the exploration of alternatives and fiscal analysis of feasible options.

Organizational Aspects

Size and Composition of the Agency

The Board of Nursing is guided by an Executive Director who is the administrator of the agency. The authority of the Executive Director is delineated in the Board's governance policies. The agency is comprised of four departments consisting of 96.7 FTEs (see Appendix B, page A2, for organizational chart). The current EEO workforce breakdown is as follows:

African-American	12.1%
Hispanic	31.9%
Other	2.1%
Caucasion	53.9%

Agency Structure

The Board consists of four departments. The Board's four departments are Administration, Enforcement, Nursing and Operations. The Executive Director has maintained a participatory style of management by allowing the director's team to manage the day-to-day operations of the agency within parameters. The Executive Director also receives additional feedback directly from staff at monthly agency wide staff meetings and board meeting debriefings and additional feedback from participating in the Survey of Organizational Excellence conducted by the University of Texas School of Social Work.

Geographical Location

The agency is located in downtown Austin, 333 Guadalupe Street, Tower 3, Suite 460. The BON is co-located with fifteen other small agencies as well as the Texas Department of Insurance. This co-location has provided many advantages and opportunities to the BON such as shared meeting space, access to outside training, shared equipment, shared mailroom and better access to information technology assistance.

All agency staff are located in our Austin office. Travel throughout the state is required to achieve the agency's legislative mandate to regulate nursing education, licensure and practice. Examples of travel include:

- Education Consultants conduct survey visits to 193 professional and vocational nursing schools throughout the State on a staggered basis.
- Investigators and legal staff travel throughout the State to investigate complaints regarding nurses who allegedly violate the NPA.
- Nursing Consultants, Department Directors, the Executive Director, and Legal Staff conduct education programs upon requests and at workshops.

- Executive Director, Department Directors, designated staff and Board members travel to national and state meetings to participate in the development of nursing regulations and policies which impact nursing practice.

- Legal Counsel and Investigators travel to do depositions or interviews with witnesses and experts involved in contested cases.

- Board members travel to Austin quarterly for Board Meetings and three members travel eight times per year for Eligibility and Disciplinary Committee hearings.

Human Resources

As with all high performing organizations, the BON regards the agency staff as our most valuable resource and strive to recruit and retain the best employees in the State of Texas. As all employers, both public and private, we are experiencing high turnover in specific job categories due to the competitive market in the Central Texas area. We have met this challenge by offering a minimum competitive salary, training opportunities, innovative human resource policies, a participatory management team and wellness programs. As shown in our Survey of Employee Engagement, our alternative work schedule, educational leave policies and wellness programs continue to receive high ratings from staff. We continue to look for extrinsic rewards for staff as agency salaries continue to slip behind our counterparts in the private sector. The BON has depleted any cushion of appropriated funds to award merit raises. If the BON does not receive merit funding in the next biennium, we will not be able to award merit raises. The inability to award performance based merits will decrease our agency ability to attract and retain top talent needed to fulfill our mission.

The agency continues to receive numerous phone, written and e-mail inquiries on their impact to nursing as well as the day-to-day inquiries on licensing, education and enforcement issues. Agency statistics show the following number of phone calls accessing our automated system:

Fiscal Year 2004 - 232,947 Calls
Fiscal Year 2005 - 235,386 Calls
Fiscal Year 2006 - 212,641 Calls
Fiscal Year 2007 - 219,438 Calls
Fiscal Year 2008 - 267,401 Calls
Fiscal Year 2009 - 318,418 Calls

The phone call numbers above do not include the number of direct calls that go directly to a staff member nor does it include the number of e-mails that are increasing monthly. The BON has a customer service department and dedicated seven staff members to the task of answering calls. We have decreased the customer waiting time online by hiring and training higher level administrative personnel and paying up to mid-range in salaries. This compensation adjustment has decreased the turnover in that area and has allowed us to add more essential functions to the customer service area and decrease the pressure of other licensing staff to concentrate on processing applications and not have to answer the phone. We have used this compensation philosophy with our nursing staff in both the Enforcement and Nursing departments with success of decreasing turnover and creating more stability. The BON has exhausted all funds from lapsed

money due to turnover and will need to request additional funds to continue this successful compensation philosophy.

Fiscal Perspective

Current Funding

The Board of Nursing was appropriated $8,373,383 for fiscal year 2010 and $8,628,633 for fiscal year 2011. Of this appropriation, $2,318,225 or 27.7% is a "pass through" dedicated to our peer assistance program, TexasOnline, Nursing Workforce Data Center and FBI criminal background checks. The BON has met our obligations to the state treasury and continues to raise more funds than required. The BON collected over $6,000,000 in excess revenue beyond our direct and indirect costs in fiscal year 2009. Fees related to licensure renewal, examination and endorsement account for most of the agency's funds and are expected to remain consistent in the next five years. The Board still has concerns that we are unable apply administrative penalties towards our enforcement goal. We have been collecting administrative penalties for the past several bienniums which we cannot allocate to any agency goal.

The BON was approved to cease collecting fees for the Texas Nurse Workforce Data Center in fiscal years 2008 and 2009. Specifically the Nurse Practice Act states that "The Board is not required to collect the surcharge if the Board determines the funds collected are not appropriated for the purpose of funding the Nursing Resource Section". It was confirmed by the Legislative Budget Board that the Department of State Health Services (DSHS), who oversees this program, was not receiving the funds. The BON discontinued the surcharge. The BON reestablished this surcharge for the Nursing Workforce Data Center in fiscal years 2010 and 2011 with a new rider.

The BON has applied for a grant from the National Council of State Boards of Nursing to hire two additional staff to process student background checks upon entering a school of nursing. Texas nursing schools are under increasing pressure to conduct criminal background checks (CBCs) on their nursing students prior to admission. A student's criminal background may be an impediment to the student's clinical experiences based on hospital requirements as well as licensure requirements of the Texas Board of Nursing (Board). No provisions currently exist under Texas law giving nursing schools access to complete criminal history records prior to students' clinical experiences. State law permits access to criminal history records for both law enforcement and employment purposes only. Because the Board has authority to do complete CBCs for the purpose of licensure, the Board is being asked by Texas schools of nursing to conduct criminal background checks for those students entering an approved Texas professional and vocational nursing school.

The Texas Board of Nursing is authorized to conduct FBI criminal background checks on all its applicants for licensure by authority of Texas Occupations Code § 301.1615 and Texas Government Code §§ 411.087 and 411.125. The screening process for licensure can start when a student is "enrolled or planning to enroll" in a nursing education program through the declaratory order of eligibility required by Texas Occupations Code § 301.257 (Nursing Practice Act). The declaratory order process determines eligibility for licensure prior to enrolling or early after

enrollment in an approved nursing program. One of the purposes of the process is to avoid a needless use of nursing education resources when the student would not qualify for licensure.

For individuals currently enrolled in a nursing educational program, schools are required to provide students with both verbal and written information "regarding conditions that may disqualify graduates from licensure and of their rights to petition the Board for a Declaratory Order of Eligibility." The Board is continuing to do CBCs on students early prior to and after entering nursing school. The Board will need additional resources to continue to conduct background checks on all nursing students because current appropriations fund only the Board's requirement to conduct FBI checks on those individuals who submit an application for licensure upon graduation. The number of students enrolled in Texas nursing educational programs significantly exceeds those who eventually apply for licensure by examination.

Future Funding

We are experiencing consistent and steady growth of RNs and LVNs as indicated with the number of renewals in fiscal years 2009 and thus far in fiscal year 2010. We anticipate that, as the majority of states begin to join the compact, the number of new Texas licensees from examination and endorsement will keep up with those we lose from those states therefore bringing a balance between those RNs and LVNs migrating into the state and those who hold a compact designation. The consistency in this growth has placed strain on staff to process licenses in a timely manner. Our time frame to issue a license by endorsement and examination has gone from 43 days to 110 days due to new criminal background check procedures and implementation of the mandatory nursing jurisprudence exam. To decrease the time frame of issuing a new license by endorsement, we will need additional staff.

The most important fiscal issues for the next biennium are request for additional funding to:

- hire 23 additional staff to process and to respond to the FBI fingerprint process for renewals and students and answer phone inquiries;
- increase operational funds to appropriately compensate the Executive Director;
- increase operational funds for merit increases;
- increase funding to complete the FBI criminal background check for renewals in next biennium; and,
- allow administrative penalties to be deposited in object code 3560;

Historically Underutilized Businesses

The BON is committed to reach its goal of purchasing from Historically Underutilized Business (HUBs). We have set a overall realistic goal of purchasing 20% of all agency services and goods from HUBs. This is realistic since over half of agency expenditures include peer assistance funds that is a "sole source" which does not leave much room for meeting our HUB goal. The BON fell just short of its goal in fiscal year 2009 by purchasing 17.8%% of all goods and services from HUBs.

The BON has had success in increasing our HUB spending by targeting HUB vendors in all delegated purchases. By increasing the pool of vendors, we are able to receive a competitive price from all vendors. The BON will continue our good faith effort in purchasing from HUBs to maintain our excellent track record set in the past fiscal years.

Agency Goals

The Board of Nursing, in conjunction with the Legislative Budget Board and the Governor's Office of Budget and Planning, has identified the following goals for the 2010/2011 biennium. This section is organized with the objectives, strategies, and outcome, output, efficiency, and effectiveness measures aligned with each goal.

Goal A, Objective 1, and Strategy with Outcome, Output, Efficiency, and Explanatory Measures.

Goal A: Accredit, Examine, and License Nurse Education and Practice - To manage cost-effective, quality programs of accreditation, examination, licensure and regulation that ensure legal standards for nursing education and practice, and which effectively serve the market demand for qualified nurses.

Objective A.1: Ensure Minimum Licensure Standards for Applicants - To ensure timely and cost-effective application processing and licensure/Credentialing systems for 100 percent of all qualified applicants for each fiscal year.

Strategy A.1: Operate Efficient System of Nursing Credential Verification

Efficiency Measures:

Outcome Measure A.1.1 - Percentage of new individual registered nurse (RN) licenses issued within ten days.
Outcome Measure A.1.2 - Percentage of individual registered nurse licenses renewed within seven days.
Outcome Measure A.1.3 - Percentage of new individual licensed vocational nurse (LVN) licenses issued within ten days.
Outcome Measure A.1.4 - Percentage of individual licensed vocational nurse licenses renewed within seven days.

Explanatory Measures:

Explanatory Measure A.1.1 - Total number of individual registered nurse (RN) licensed.
Explanatory Measure A.1.2 - Total number of individual licensed vocational nurses (LVN) licensed.
Explanatory Measure A.1.3 - Total number of new individual registered nurse (RN) licenses issued.
Explanatory Measure A.1.4 - Total number of individual registered nurse (RN) licenses renewed.
Explanatory Measure A.1.5 - Total number of new individual licensed vocational nurse (LVN) licenses issued.

Explanatory Measure A.1.6 - Total number of individual licensed vocational nurses (LVN) licenses renewed.

Goal A, Objective 2, and Strategy with Output Measures.

Objective A.2: Ensure Nursing Programs are in Compliance with the Rules - To ensure that 100 percent of nursing programs are in compliance with the Board of Nursing's rules.

Strategy A.2.1: Accredit programs that include Essential Competencies Curricula.

Output Measures:

Output Measure A.2.1 - Total number of licensed vocational nurse (LVN) programs surveyed.

Output Measure A.2.2 - Total number of licensed vocational nurse (LVN) programs sanctioned.

Output Measure A.2.3 - Total number of registered nurse (RN) programs surveyed.

Output Measure A.2.4 - Total number of registered nurse (RN) programs sanctioned.

Goal B, Objective 1, and Strategies with Efficiency, Explanatory, and Output Measures.

Goal B: Protect Public and Enforce Nursing Practice Act - To ensure swift, fair and effective enforcement of the Nursing Practice Act (NPA) so that consumers are protected from unsafe, incompetent and unethical nursing practice by nurses.

Objective B.1 - Investigate and resolve complaints about violations of the Nursing Practice Act.

Strategy B.1.1 - Administer system of enforcement and adjudication.

Efficiency Measures:

Efficiency Measure B.1.1 - Average time for registered nurse (RN) complaint resolution.

Efficiency Measure B.1.2 - Average time for licensed vocational nurse (LVN) complaint resolution.

Explanatory Measures:

Explanatory Measure B.1.1 - Number of jurisdictional registered nurse (RN) complaints received.
Explanatory Measure B.1.2 - Number of jurisdictional licensed vocational nurse (LVN) complaints received.

Output Measures:

Output Measure B.1.1 - Number of registered nurse complaints resolved.
Output Measure B.1.2 - Number of licensed vocational nurse (LVN) complaints resolved.

Strategy B.2 - Identify, refer and assist those nurses whose practice is impaired.

Output Measures:

Output Measure B.2.1 - Number of registered nurses (RNs) participating in a peer assistance program.
Output Measure B.2.2 - Number of licensed vocational nurses (LVNs) participating in a peer assistance program.

Goal C, Objective C.1, and Strategy with
Outcome, Output, Efficiency, and Explanatory Measures

Goal C: Historically Underutilized Businesses -To establish and carry out policies governing purchasing and contracting in accordance with state law that foster meaningful and substantive inclusion of historically underutilized businesses.

Objective C.1: Historically Underutilized Businesses (HUBs): To award at least twenty percent (20%) of the total value of applicable agency contracts and purchases to historically underutilized businesses (HUBs) during each year for fiscal years 2008 and 2009.

Outcome Measures:

Outcome Measure C.1.1 - Percent of total dollar value of applicable agency contracts and purchases awarded to historically underutilized businesses.

Strategy Measures:

Strategy C.1.1: Historically Underutilized Businesses (HUBs) - To award at least 20% of the dollar value of annual applicable agency contracts and purchases to historically underutilized businesses.

Output Measures:

Output Measure C.1.1.1 - Total number of contracts awarded to HUBs.

Output Measure C.1.1.2 - Total number of HUBs from which agency made purchases.

Output Measure C.1.1.3 - Total annual dollar value of contracts and purchases with HUBs.

Part 1: Technology Assessment Summary

- Provide a brief description of the planned technology solutions that respond to the key factors that will affect the agency. Consider how those solutions align with the statewide technology goals reflected in the State Strategic Plan for Information Resources *(Advancing Texas Technology).*

In support of the growing expectations and needs of our constituents, the agency plans to expand current technology usage to deliver information and training on nursing law and regulation through Webinars, Online CE Courses and Podcasts. Additional web services will include the expansion of real-time communications using Live Person chat software, the ability to check the status of a licensure application, the acceptance of Affidavits of Graduation, the display of current board orders at the time of a nurses license verification and automatic employer notification of identified nurses status including discipline, if applicable, general board information and licensee requirements. Expansion to open government will also be achieved by provided wireless access at Board Meeting for public viewing of the documents and materials presented to the Board and the future use of streaming media to view live Board Meetings and previously recorded meetings. Outreach to schools of nursing will be conducted quarterly via group teleconference meetings and the Boards Interactive Voice Response (IVR) system will be reviewed and expanded to offer static information in a streamlined menu service.

- Provide agency descriptions related to each statewide technology goal listed below. The criteria for these descriptions appear after each goal and are labeled 1.a, 1.b, 2.a, and so forth.

Statewide Technology Goal 1
Strengthen and Expand the Use of Enterprise Services and Infrastructure

1.1 Enhance Capabilities of the Shared Infrastructure
- Data Center Infrastructure
- Communications Technology Infrastructure
- Statewide Portal Infrastructure

1.2 Leverage Shared Applications
- Enterprise Resource Planning (ERP)
- Email Messaging

1.3 Leverage the State's Purchasing Power
- Product and Services Portfolio Expansion

1.a Describe agency plans to strengthen and/or expand its capabilities through the initiatives described in Statewide Technology Goal 1.

The agency currently participates in several shared infrastructure projects. As a member of the Health Professions Council, the agency in a key financial supporter, an

oversight member and a daily user of the HPC Joint Image System. The system is also used in providing public access to board orders through the use of web service calls. Future integration of the image system will provide a link between public license verification pages and current board orders, allow imbedded links for imaged documents to the licensure database and associated records and allow the development of workflow processes. On the National level, the agency participates with 50 other nursing boards in a nurse discipline registry and a generic licensure database with 40 of those nursing boards. Expansion of these services will provide the agency with tools to perform automatic updates to disciplinary files, track participation in the Advanced Practice Registered Nurse multistate licensure recognition and submit APRN data to the licensure database.

The agency continues to receive telephonic services at reduced rates utilizing Tex-An and Capital Complex phone systems. These low rate services have allowed the agency to perform length investigative interviews via phone, saving the agency travel and onsite interview costs. In expanding the use of low cost services, the board plans to increase its communication with nursing schools by hosting quarterly informational meetings. The agency has also had the fortune to participate in controlled penetration testing since December 2000 and is currently working with Promisec to take advantage of the software contract set up by DIR for internal networking auditing and asset tracking.

In regards to the Statewide Portal, the agency is currently in negotiations to add two interactive online courses to the Texas.gov infrastructure. The agency plans to further expanding its online applications using services for event scheduling and fees and fines processing.

The agency does leverage cooperative contracts to secure the best prices for hardware and software. Depending on the quantity of an item or items to be purchased, the agency will contact the vendor directly and negotiate bottom line pricing. All vendors are very receptive to requests for reduced pricing, providing prompt costs and incentives for upgraded configurations.

1.b Describe agency plans to strengthen and/or expand its capabilities through other initiatives that leverage enterprise or multi-agency services and infrastructure, including managed services, shared applications, internal consolidation efforts, and procurement strategies.

The agency perform Criminal Background Checks on its licensees. In streamlining this process, the agency plans to work with the Department of Public Safety in attempts to collapse reports to increase automation, reduce the amount of paper report produced and decrease manual data manipulation performed. This endeavor will benefit all regulatory entities performing the same type of functions.

Statewide Technology Goal 2

Secure and Safeguard Technology Assets and Information

2.1 Align the State's Approach to Enterprise Security with other State and National Strategies

- State Enterprise Security Plan
- Vulnerability to Cyber Attacks
- Response and Recovery Capabilities

2.2 Integrate Identity Management, Credentialing, and Access Privileges

- Identity Management Services

2.a Provide an update on the agency's progress in implementing strategies to align with the *State Enterprise Security Plan.*

The agency performs monthly system checks to ensure Servers and PC continue to comply with patch management, security updates and acceptable use policies. Plans to automate this process are underway by taking advantage of the software contract set up by DIR and Promisec to perform internal networking auditing and asset tracking. IT staff address security, protection of agency assets and data protection at each staff meeting, in the quarterly IT newsletters and through email as needed. Agency Access Control Lists and external registries are updated promptly upon separation of employment and/or change in duties. System and firewall logs are reviewed and monthly incident reports are filed. The agency continues to participate in annual controlled penetration testing and performs remediation to correct any valid findings. IT staff participate in training and information updates on identified security risks, security vulnerabilities of new technologies and perform an annual comprehensive review of its security policies and disaster recovery plan.

2.b Describe the agency's identity management strategies in place or planned.

The agency maintains access control list to regulate the systems and software employees can assess and issue time controlled badges that provide access to interior offices during the defined core working hours.

Statewide Technology Goal 3

Serve Citizens Anytime, Anywhere

3.1 Expand and Enhance Access to Agency Services

- Multi-Channel Access
- Rural Broadband Expansion

3.2 Facilitate Open and Transparent Government
- Best Practices for Information Assets

3.a Describe the agency's plans to expand or enhance access to its services and promote citizen engagement through online services and emerging technologies.

The agency uses Texas.gov to host its Initial Licensure and Renewal applications and processes payment through the TPE portal. Current negotiations are in progress to move the agency's two interactive courses to the Texas.gov infrastructure and to expanding online process for event scheduling and fees and fines processing.

Additional web services will include the expansion of real-time communications using Live Person chat software, the ability to check the status of a licensure application, the acceptance of Affidavits of Graduation, automatic employer notification of identified nurses status including discipline, if applicable, and the display of current board orders at the time of a nurses license verification. Expansion to open government will also be achieved by provided wireless access at Board Meeting for public viewing of the documents and materials presented to the Board and the future use of streaming media to view live Board Meetings and previously recorded meetings. The agency also utilizes an Interactive Voice Response (IVR) system to deliver static information, perform verifications and route incoming phone calls. Information disseminated using this system will be reviewed and expanded while maintaining a streamlined menu service.

3.b Describe initiatives planned or in process that will facilitate access to agency information and public data.

The agency website is a rich source of data and information. Yearly statistical reports dating back FY 2000 are used by researchers to plot trends and project growth and demands ratios. Posted school pass rates, annual reports and accreditation levels enable potential students to determine the "best fit" for nursing education. Disciplinary data, imposter alerts and real-time licensure verification assist in the protection of the public. Posted expenditure reports, meeting agenda and minutes, proposed rules, guidelines for filing complaints, disciplinary grids and disciplinary timelines are posted on the web for public review and accountability. Planned expansion to open government will be achieved by provided wireless access at Board Meeting for public viewing of the documents and materials presented to the Board and the future use of streaming media to view live Board Meetings and previously recorded meetings. The agency also plans to push information to employers via email. Employers could opt to receive information on proposed rules, compact states, imposed nursing requirements, general board updates and/or status and disciplinary updates an identified group of nurses.

Statewide Technology Goal 4

Pursue Excellence and Foster Innovation across the Enterprise

4.1 Link Technology Solutions to Workplace Innovations
- Workplace Productivity and Collaboration

4.2 Pursue Leading-Edge Strategies for Application Deployment
- Cloud Computing
- Specifications, Toolkits, and the Application Marketplace
- Legacy Systems Modernization

4.3 Optimize Information Asset Management
- Best Practices for Managing Digital Information

4.4 Promote the Use and Sharing of Information
- Health Information Exchange
- Statewide Communications Interoperability
- Justice Information System Integration
- Enterprise Geospatial Services

4.a Describe agency plans to implement or enhance workplace productivity and to leverage collaboration tools.

The agency offers employees a variety of online training presentations. The BON Ethics policy and the State's Equal Employment Opportunity policies, developed by the Texas Commission on environmental Quality, is viewed by all employees. Other on demand training, produced by agency staff, cover Internet Use, Internet Security, Outlook Functions and Topic Features, Word Perfect Training, General Agency Overview and Division Functions and Investigative Processes and Procedures. The agency is currently reviewing Webinar functionalities to increase delivery of educational workshops and options for advisory meetings. The agency is also considering implementation of virtual desktops and deployment of a virtual office. Currently agency directors and key employees are issued laptop for travel and external work processing. Employing the virtual concept using VPN could expand internal and external work productivity to a larger employee group with little associated expenditure.

4.b Describe agency strategies to develop and deploy applications more efficiently (i.e., through Cloud Computing, Software as a Service, Application Toolkits, Legacy System Modernization).

The agency is involved in several external projects that incorporate concept of Cloud Computing or Software as a Service. The most common is Texas.gov which hosts online applications and processes payment for agency services. The agency is working with

Texas.gov to expand the hosting of interactive courses and payment processing. Nationally, the agency participates in the National Council State Boards of Nursing licensing and disciplinary databank and submits daily updates to the registry. The agency is working with its national organization in enhancing the registry to provide free licensure verifications to the public and to provide states with disciplinary email alerts on their licensees who have received disciplines in other states. The agency also works with a national testing service which is contracted to deliver the nurse licensure exam in all states. The agency is involved in streamlining the computerized adapted testing process and electronic scheduling and testing result notification. The agency also leases seats for the software service Live Person which enables real-time communications using chat software over the Internet. Enhancements to this application include the development of scripted answers with links to web documents and the ability to push documents to users. Scripts are accessible to all agents, thereby ensuring accurately detailed information is delivered promptly.

4.c Describe agency strategies to enhance information asset management practices.

Currently the agency uses a Vault software to store agency correspondence for eDiscovery requests. Furthermore, the agency implements an image system to store digital copies of applications, board actions, legal rulings and administrative documents. Due to the collection of large volumes of data, the agency periodically reviews best practices for standardized time limits for data retention periods and has started addressing digital data in the agency record retention schedule. The agency is also working with DIR's contracted vendor Promisec to utilizing their software for internal networking auditing and asset tracking.

4.d Describe agency practices or plans to enhance the use and sharing of information with agency business partners.

The agency has partnered with several different agencies and supplies electronic licensure data on a monthly basis, or as requested, to the Department of State Health Services in the Texas Disaster Volunteer Registry, Health Professions Resource Center - Center for Health Statistics , the Health and Human Services - Medicaid and Medicare Fraud, Texas Guaranteed Student Loan Corporation, Texas Peer Assistance Program, Texas Attorney General Office - Child Support Division, State and Local Representatives and the General Public, all at no fee or low-cost recovery price. The agency also shares information daily with the Texas Department of Safety and their LiveScan contractor, L1-Identy Solutions, the National Council State Boards of Nursing and their testing contractor, Pearson VUE. The agency has established new ventures with Texas Department of Criminal Justice to indentify incarcerated nurses, the Texas Medical Board to supply Advanced Practice Registered Nurse data for streamline the TMB

registry process and its national organization in compliance with the Advanced Practice Registered Nurse Licensure Compact and to identifying nurses listed on the National Death Index Registry.

Part 2: Technology Initiative Alignment

The table below depicts the format and mapping of the Board of Nursing current and planned technology initiatives to the agency's business objectives.

TECHNOLOGY INITIATIVE	RELATED AGENCY OBJECTIVE/(S)	RELATED SSP STRATEGY/(IES)	CURRENT OR PLANNED	ANTICIPATED BENEFIT(S)	INNOVATION, BEST PRACTICE, BENCHMARKING
Expand electronic data capture and reporting for criminal background checks and Board disciplinary action.	External Assessment - VII Criminal Background Checks on Students	1.1, 1.2, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4	Current and Planned Enhancements	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	Best Practices - Single source processing fulfills multiple source requirements. Electronic updates eliminates manual updates.
Continued participation in National Nursing compact indicatives. Support implementation of Advanced Practice Registered Nurse National Compact.	External Assessment - III APRN Compact, IV Advanced Practice Licensure and Renewal, V Changing Term from APN to APRN and Changing Regulation Mechanism for APRNs from Authorization to Practice to Licensure, IX Certified Nurse Aides/Unlicensed Assistive Personnel	1.1, 1.2, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4	Current and Planned Enhancements	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	
Continued replace of computer equipment in alignment with established Technology Refresh plan.	All	1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4	Current and Planned	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	Best Practices - Utilizing DIR negotiated contracts.
Strengthen, maintain and enforce policies and infrastructure for data privacy, security, integrity and relevance.	All	1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4	Current and Planned Enhancements	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	Best Practices - Utilizing DIR negotiated contracts.
Increase electronic access to information and data	External Assessment - II Nursing Education, III APRN Compact, IV Advanced Practice Licensure and Renewal, VI Work Hours, VIII Transparency in Regulation, IX Certified Nurse Aides/Unlicensed Assistive Personnel	1.1, 1.2, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4	Current and Planned Enhancements	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	
Implementation of workflow processes utilizing Texas.gov, Image Systems and Agency Database.	All	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 4.2, 4.3, 4.4	Current and Planned Enhancements	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	Best Practices - Utilizing DIR negotiated contracts.
Expansion of existing and new licensee data, electronic file systems and shared data	External Assessment - III APRN Compact, IV Advanced Practice	1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4	Current and Planned	Operational Efficiencies, Security Improvements,	

services	Licensure and Renewal, IX Certified Nurse Aides/Unlicensed Assistive Personnel		Enhancements	Customer Satisfaction, Foundation for Future operational Improvements	
Outreach to Constituents	External Assessment - II Nursing Education, VI Work Hours, V Changing Term from APN to APRN and Changing Regulation Mechanism for APRNs from Authorization to Practice to Licensure, VIII Transparency in Regulation. Internal Assessment - VI Service to Constituents.	1.1, 1.2, 1.3, 2.1, 3.1, 3.2, 4.2, 4.4	Current and Planned Enhancements	Operational Efficiencies, Security Improvements, Customer Satisfaction, Foundation for Future operational Improvements	

Appendix A

Strategic Planning Process

In developing the Strategic Plan, the Board and the agency staff identified and analyzed those trends and resulting issues expected to have the most significant impact on the profession and the regulation of nursing over the next five years.

The process included:

- The Board of Nursing held a retreat in Austin October 20, 2009, and discussed key external and internal priority issues to consider when preparing the agency strategic plan.

- The Board of Nursing (BON) solicited feedback from stakeholders concerning the BON Customer Service group; The Texas Board of Nursing *Bulletin*, the agency newsletter; and the agency's web site, www.bon.state.tx.us. An announcement was made in the January 2010 *Bulletin* inviting readers to visit the BON web site and participate in a survey concerning the BON. Feedback was obtained from stakeholders from January through April, 2010. Results from the survey are included in the Customer Service Report located in Appendix G. Stakeholder feedback was also obtained from a survey conducted by the National Council of State Boards of Nursing. Board staff reviewed and discussed comments relating to preparation of the agency strategic plan.

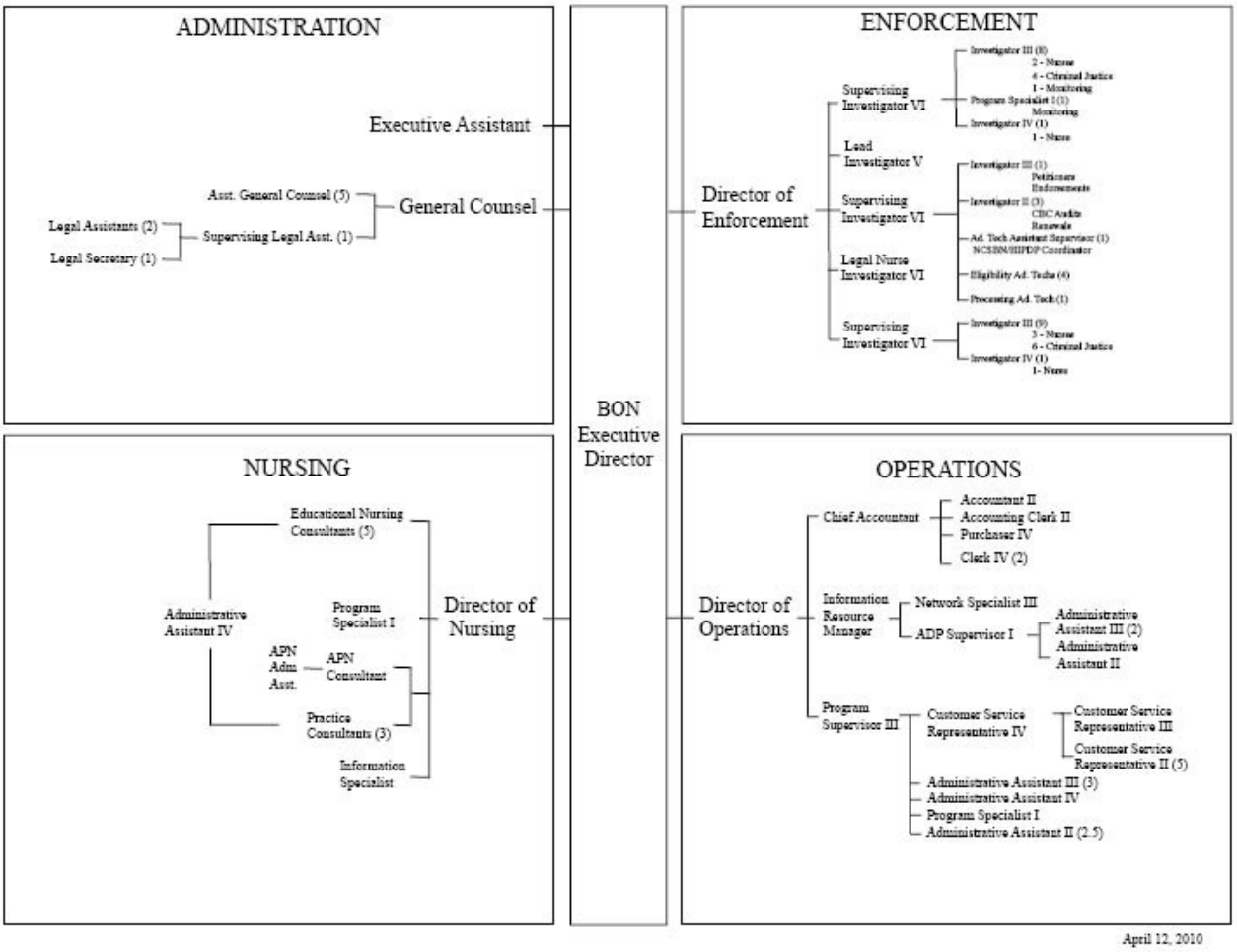
- Discussion of strategic planning logistical issues occurred at the January 22-23 Board Meeting including designation of a Board liaison to review the agency Strategic Plan prior to plan submission.

- Review of customer service feedback is elaborated on in the Customer Service Report at Appendix G.

- Review and approval of the final document by Mary Jane Salgado, the BON Strategic Plan Liaison took place in May, 2010.

Appendix B

Agency Organization



Appendix C

OUTCOME PROJECTIONS FOR 2011 - 2015

OUTCOME MEASURES	2011	2012	2013	2014	2015
A.1.1 - Percent of new RN licensees issued within 10 days - (RN).	98.0%	98.0%	98.0%	98.0%	98.0%
A.1.2 - Percent of individual RN licenses renewed within 7 days - (RN).	98.0%	98.0%	98.0%	98.0%	98.0%
A.1.3 - Percent of new LVN licensees issued within 10 days - (RN) .	98.0%	98.0%	98.0%	98.0%	98.0%
A.1.4 - Percent of individual LVN licenses renewed within 7 days - (RN) .	98.0%	98.0%	98.0%	98.0%	98.0%
C.1.1 - Percent of total dollar value of applicable agency contracts and purchases awarded to HUBs	20.0%	20.0%	20.0%	20.0%	20.0%

Appendix D

Performance Measure Definitions

Licensing Strategy

GOAL: **To manage cost-effective, quality programs of approval, examination, licensure and regulation that ensure legal standards for nursing education and practice and which effectively serve the market demand for qualified nurses.**

Short Definition: **The percent of the total number of licensed individuals (LVNs and RNs) at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).**

Purpose/Importance: **Licensing individuals (LVNs and RNs) helps ensure that practitioners meet minimum legal standards for education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of standards established by statute and rule.**

Source/Collection of Data: **Agency software program captures the number of total licensed registered nurses and licensed vocational nurses and the number of disciplined nurses. Our Information Systems Department compiles the statistics by which the Operations Director compiles the final percentage and reports the information on a quarterly basis to the Board and the appropriate State oversight agencies. The Operations Director is responsible for this data.**

Method of Calculation: **The total number of individuals (LVNs/RNs) currently licensed by the agency who have *not* incurred a violation within the current and preceding two years divided by the total number of individuals (LVNs/RNs) currently licensed by the agency. The numerator for this measure is calculated by subtracting the total number of licensees (LVNs/RNs) with violations during the three-year period from the total number of licensees (LVNs/RNs) at the end of the reporting period. The denominator is the total number of licensees (LVNs/RNs) at the end of the reporting period. The measure is calculated by dividing the numerator by the denominator and multiplying by 100 to achieve a percentage.**

Data Limitations: **With regard to the total number of individuals (LVNs/RNs) currently licensed, the agency has limited control over the number of persons who wish to obtain and renew their license.**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target.**

2) Percent of Nursing Programs in Compliance

Short Definition: **The total number of programs or schools (LVNs/RNs) approved by the Board of Nursing at the end of the reporting period.**

Purpose/Importance: **The measure shows the number of RN and LVN programs and/or schools that have achieved a 80% pass rate on the licensure examination which is an indicator of overall program performance.**

Source/Collection of Data: **The pass rate of each program is received from the National Council of State Boards of Nursing. The Operations Director is responsible for this data. Other information on the programs come from School Annual reports and Agency survey visits. The Director of Nursing is responsible for this data.**

Method of Calculation: **The total number of programs with full approval by the Board divided by the total number of programs.**

Data Limitations: **This information is explanatory and a workload issue. The Board has limited control over program compliance.**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target.**

3) Number of New Licenses Issued to Individuals.

Short Definition: **The number of licenses (LVN and RN) issued by examination and endorsement to previously unlicensed individuals during the reporting period.**

Purpose/Importance: **A successful licensing structure must ensure that legal standards for education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.**

Source/Collection of Data: **Agency licensing software program captures the number of new licenses (LVN and RN) issued by examination and endorsement. The Operations Director adds both numbers to identify the total number of new licensees. The Operations Director is responsible for this data.**

Method of Calculation: **This measure counts the total number of licenses (LVN and RN) issued to previously unlicensed individuals during the reporting period, regardless of when the application was originally received. Those individuals who had a license in the previous reporting period are not counted. Only new licenses issued by endorsement and examination are counted.**

Data Limitations: **The agency has limited control over the number of students who take the examination through Texas or request to endorse into our state. This measure is explanatory and provides a workload measure.**

Calculation Type: **Cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target.**

4) Number of Licenses Renewed (Individuals)

Short Definition: **The number of licensed individuals (LVN and RN) who held licenses previously and renewed their license during the current reporting period.**

Purpose/Importance: Licensure renewal is intended to ensure that persons who want to continue to practice nursing satisfy current minimum legal standards established by statute and rule for education and practice. This measure is intended to show the number of licenses that were issued by renewal during the reporting period.

Source/Collection of Data: Agency computer software program captures the number of licenses issued by renewal during the reporting period. The Operations Director is responsible for this data.

Method of Calculation: The measure is calculated by querying the agency licensing database to produce the total number of licenses issued to previously licensed individuals during the reporting period.

Data Limitations: This information is explanatory and provides a workload measure. The agency has limited control over this measure.

Calculation Type: Cumulative

New Measure: No, but LVN and RN measures now separated.

Desired Performance: Higher than Target

5) Number of Individuals Examined

Short Definition: The number of persons to whom examinations (LVN and RN) were administered in during the reporting period.

Purpose/Importance: The measure indicates the number of persons examined which is a primary step in being issued a nurse license to practice.

Source/Collection of Data: The information is received from the National Council of State Boards of Nursing. The Operations Director is responsible for this data.

Method of Calculation: **The information is calculated by the National Council of State Board of Nursing for the total number of persons who took the exam at one of the approved testing centers in the reporting period. This number includes first time takers and retakes who have applied to take the examination through the State of Texas.**

Data Limitations: **This is an explanatory measure as the agency has limited control over the number of persons who take the nurse examination.**

Calculation Type: **Cumulative**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target**

6) Average Licensing Cost per Individual License Issued

Short Definition: **Total funds expended and encumbered for processing renewed and initial licenses during the reporting period divided by the total number of individuals licensed during the reporting period.**

Purpose/Importance: **This measure is intended to show how cost-effectively the agency processes new and renewal license applications for individuals.**

Source/Collection of Data: **The number of new and renewed licenses is obtained from performance measurement data calculated each quarter. All cost data is retrieved from quarterly USAS encumbrance reports. Time allocations are prepared by the Chief Accountant; other allocated costs are apportioned by the Director of Operations. A copy of the USAS encumbrance report and a spreadsheet showing all related allocations (e.g., for the salaries of people who work only partly on licensing activities) are maintained for each quarter in the files of the Chief Accountant.**

Method of Calculation: **Total funds expended and encumbered during the reporting period for the processing of initial and renewed licenses for individuals divided by the total number of initial and renewed licenses for individuals issued during the reporting period. Costs include the following categories: salaries; supplies; travel; postage; and other costs directly related to licensing, including document review, handling, and notification. Costs include: salaries - Clerk IV & V (10%), Accounting Clerk (10%),**

Accounting Staff (10%), Licensing Staff (50%), Data Processing Staff (80%), Licensing Supervisor (50%), Examination Staff (80%), Examination Supervisor (50%), Data Processing Supervisor (10%), Data Entry Clerk (30%); Overhead (8% of Salaries); Printing and Mailing (100%); and Postage (100%).

Data Limitations: None.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than Target.

7) Percentage of New Individual Licenses Issued within 10 days

Short Definition: The percentage of initial individual license applications that were processed during the reporting period within 10 business days measured from the time in days elapsed from receipt of the completed application until the date the license is mailed.

Purpose/Importance: This measures the ability of the agency to process applications by examination and endorsement in a timely manner and its responsiveness to a primary constituent group.

Source/Collection of Data: Agency licensing software program calculates the number of days that lapse between receiving the results of the examination to issuing a license. Furthermore, the agency software program also calculates the days that elapse between receiving the final verification from other jurisdictions to issuing the license by endorsement. The Operations Director is responsible for this data.

Method of Calculation: This information is tabulated as the examination results and final endorsement verification is received in our office. Once each application has been verified for licensure, the Data Processing Department enters the date stamp of receipt of examination results and final endorsement verification and the date of printing the license. The number of initial licenses which were mailed in 10 calendar days or less from the date of receiving the exam results or final endorsement verification is multiplied by the total number of licenses mailed in 10 calendar days. The number is then divided by the total number of licenses mailed during the reporting period. The resulting number is multiplied by 100 to convert to a percentage.

Data Limitations: None

Calculation Type: Non-Cumulative

New Measure: Yes.

Desired Performance: Higher than target.

8) Percentage of Individual License Renewals Issued within 7 days

Short Definition: The percentage of individual license renewal applications (LVN and RN) that were processed during the reporting period within 7 business days of receipt, measured from the time lapsed from receipt of the renewal application until the date the renewal license is mailed.

Purpose/Importance: This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group.

Source/Collection of Data: Agency licensing software tracks the date and number of renewals being received in the office through the date of license being printed and mailed. The Operations Director is responsible for this data.

Method of Calculation: The agency licensing software calculates the number of renewals processed in the reporting period and the business days that have lapsed from receipt of the renewal in the office to the date of printing and mailing. The total number of renewed licenses that meet the criterion is then divided by the total number of renewals mailed during the reporting period. This number is then multiplied by 100 and expressed as a percentage.

Data Limitations: None.

Calculation Type: Non-Cumulative.

New Measure: No, but LVN and RN measures now separated.

Desired Performance: **Higher than target.**

9) Percentage of New Individual Licenses Issued Online.

Short Definition: **The percentage of new licenses (LVN and RN), registrations, or certifications issued online to individuals during the reporting period.**

Purpose/Importance: **To track use of online license issuance technology by the licensee population.**

Source/Collection of Data: **Agency licensing software program captures the number of licenses renewed online versus the number of licenses renewed by paper.**

Method of Calculation: **Total number of individual licenses, registrations, or certifications renewed online divided by the total number of individual licenses, registrations, or certifications renewed during the reporting period. The result should be multiplied by 100 to achieve a percentage.**

Data Limitations: **n/a. The agency has moved to "semi-mandatory" online renewal but cannot require complete compliance due to the lack of access to computer technology.**

Calculation Type: **Non-Cumulative.**

New Measure: **No.**

Desired Performance: **Higher than target.**

10) Percentage of Licensees (LVN and RN) Who Renew Online.

Short Definition: **The percentage of the total number of licensed, registered or certified individuals that renewed their license, registration, or certification online during the reporting period.**

Purpose/Importance: To track use of online license renewal technology by the licensee population.

Source/Collection of Data: Agency licensing software program captures the number of licenses renewed online versus the number of licenses renewed by paper.

Method of Calculation: Total number of individual licenses, registrations, or certifications renewed online divided by the total number of individual licenses, registrations, or certifications renewed during the reporting period. The result should be multiplied by 100 to achieve a percentage.

Data Limitations: n/a

Calculation Type: Non-Cumulative.

New Measure: No, but LVN and RN measures now separated.

Desired Performance: Higher than target.

11) Average Cost of Program Survey

Short Definition: The total funds expended and encumbered during the reporting period for salaries, travel and other costs directly associated to the survey visit to RN or LVN programs during the reporting period.

Purpose/Collection of Data: This measure is a reflection of how cost effectively the agency is carrying out the approval process.

Source/Collection of Data: The accounting department accesses all costs from the Uniform Statewide Accounting System (USAS) of all expenditures directly associated with school survey visits. The Accounting Department is responsible for this data.

Method of Calculation: In particular, costs associated with a survey visit include the salary of the Nursing Consultant conducting the visit, travel by the Nursing Consultant and 8% overhead for salaries. The total costs of the survey visits is divided by the total number of survey visits conducted in the reporting period.

Data Limitations: **None.**

Calculation Type: **Non-cumulative**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Lower than Target.**

12) Total Number of Individuals (LVN and RN) Licensed

Short Definition: **Total number of individuals licensed at the end of the reporting period.**

Purpose/Importance: **The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.**

Source/Collection of Data: **Agency licensing software program tabulates the total number of persons licensed on the final day of each reporting period. The Operations Director is responsible for this data.**

Method of Calculation: **This total includes unduplicated number of individuals licensed that is stored in the licensing database by the agency at the end of the reporting period. This number only includes those persons who hold an active or current license.**

Data Limitations: **This is explanatory and is a workload measure. The agency has little control over this measure.**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target**

13) Pass Rate

Short Definition: **The percent of individuals to whom the national licensed vocational nurse or registered nurse licensure examination was administered during the reporting period who received a passing result.**

Purpose/Importance: **The measure shows the rate at which those examined passed. The examination is an important step in the licensing process and a low pass rate may indicate inadequate educational preparation of licensure applicants or other quality issues with the approved nursing program.**

Source/Collection of Data: **The pass rate is provided by the National Council of State Boards of Nursing and the contracted testing service. The Operations Director is responsible for this data.**

Method of Calculation: **The total number of individuals who passed the examination (numerator) is divided by the total number of individuals examined (denominator). The result should be multiplied by 100 to achieve a percentage.**

Data Limitations: **This is explanatory and a workload measure. The agency has limited control over this measure.**
Calculation Type: Non-cumulative.

New Measure: **No.**

Desired Performance: **Higher than Target.**

Enforcement Strategy

GOAL: **To ensure swift, fair and effective enforcement of the Nursing Practice Act (NPA) so that consumers are protected from unsafe, incompetent and unethical nursing practice by registered professional nurses and licensed vocational nurses.**

Outcome Measures

1) Percent of Complaints Resulting in Disciplinary Action

Short Definition: **Percent of complaints (LVN and RN) which were resolved during the reporting period that resulted in disciplinary action.**

Purpose/Importance: **The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.**

Source/Collection of Data: **The disciplinary data is entered into the agency's discipline software module. The agency licensing software then calculates the number of disciplinary actions entered into the system during the reporting period. The Director of Enforcement is responsible for this data.**

Method of Calculation: **The total number of complaints resolved during the reporting period that resulted in disciplinary action (Numerator) is divided by the total number of complaints resolved during the reporting period (denominator). The result should be multiplied by 100 to achieve a percentage. Disciplinary action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, and/or fines on which the board/commission has acted.**

Data Limitations: **This is explanatory and a workload issue. The agency has limited control over this measure.**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target**

2) Recidivism Rate for Those Receiving Disciplinary Action

Short Definition: **The number of repeat offenders (LVN and RN) at the end of the reporting period as a percentage of all offenders during the most recent three-year period.**

Purpose/Importance: **The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by nurses.**

Source/Collection of Data: **The agency licensing software captures those nurses with two or more violations. The Director of Enforcement is responsible for this data.**

Method of Calculation: **The number of individuals against whom two or more disciplinary actions were taken by the board or commission within the current and preceding two fiscal years is divided by the total number of individuals receiving disciplinary actions within the current and preceding two fiscal years. The result should be multiplied by 100 to achieve a percentage.**

Data Limitations: **This is explanatory and a workload issue. The Board has limited control over this measure**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Lower than Target**

3) Percent of Documented Complaints Resolved Within Six Months

Short Definition: **The percent of complaints (LVN and RN) resolved during the reporting period, that were resolved within in a six month period from the time they were initially received by the agency.**

Purpose/Importance: **The measure is intended to show the percentage of complaints which are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the NPA which is an agency goal.**
Source/Collection of Data: The agency discipline software captures the initial date of the complaint and calculates the number of days that elapse between date of entry to the date of resolution. The Director of Enforcement is responsible for this data.

Method of Calculation: **The number of complaints resolved within a period of six months or less from the date of receipt (numerator) is divided by the total number of complaints resolved during the reporting period (denominator). The result should be multiplied by 100 to achieve a percentage.**

Data Limitations: **None.**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target.**

4) Recidivism Rate for Peer Assistance Programs

Short Definition: **The percent of individuals (LVN and RN) who relapse within 3 years of the end of the reporting period as part of the total number of individuals who participate in the program during the previous 3 years.**

Purpose/Importance: **The measure is intended to show the 3-year recidivism rate for those individuals who have been through the peer assistance program. It is important because it indicates that consumers are being protected from unsafe, incompetent and unethical practice as a result of the peer assistance program.**

Source/Collection of Data: This data is provided by the Texas Peer Assistance Program for Nurses (TPAPN). The Operations Director is responsible for this data.

Method of Calculation: The individuals successfully completing the program in fiscal year X-3, (where X is the current fiscal year) is derived from the database of TPAPN, the percent of individuals receiving related disciplinary action from the board anytime between the beginning of the fiscal year X-3 and the end of fiscal year X (ie., the current fiscal year).

Data Limitations: This an explanatory measure. The agency has very limited control over this measure.

Calculation Type: Non-cumulative.

New Measure: No, but LVN and RN measures now separated.

Desired Performance: Lower than Target.

5) Number of Complaints (LVN and RN) Resolved.

Short Definition: The total number of complaints resolved during the reporting period.

Purpose/Importance: The measure shows the workload associated with resolving complaints.

Source/Collection of Data: The agency discipline software module captures the total number of complaints resolved within the reporting period. The Director of Enforcement is responsible for this data.

Method of Calculation: The total number of complaints during the reporting period upon which final action was taken by the Board for which a determination is made that a violation did not occur. A complaint that, after preliminary investigation, is determined to be non-jurisdictional is not a resolved complaint.

Data Limitations: None.

Calculation Type: Cumulative.

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target.**

6) Number of Licensed Individuals Participating in a Peer Assistance Program

Short Definition: **The number of licensed individuals (LVN and RN) who participated in a peer assistance program sponsored by the agency during the reporting period.**

Purpose/Importance: **The measure shows licensed individuals who continue to practice in their respective field who are participating in a substance abuse program.**

Source/Collection of Data: **This data is provided by the Texas Peer Assistance Program for Nurses. The Operations Director is responsible for this data.**

Method of Calculation: **The summation of all the individuals who are listed as participating in the program during the reporting period.**

Data Limitations: **This is an explanatory measure. The agency has no control over this measure as it is operated by a third party.**

Calculation Type: **Non-Cumulative**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Higher than Target**

7) Average Time for Complaint Resolution

Short Definition: **The average length of time to resolve a complaint (LVN and RN), for all complaints resolved during the reporting period.**

Purpose/Importance: **The measure shows the agency's efficiency in resolving complaints.**

Source/Collection of Data: **The agency discipline software module captures the date of complaints received, number of disciplinary actions taken by the Board as entered by the Enforcement staff. The Director of Enforcement is responsible for this data.**

Method of Calculation: **The total number of calendar days per complaint resolved, summed for all complaints resolved during the reporting period, that lapsed from receipt of a request for agency intervention to the date upon which final action on the complaint was taken by the Board, divided by the number of complaints resolved during the reporting period. The calculation excludes complaints determined to be non-jurisdictional of the agency's statutory responsibilities.**

Data Limitations: **None.**

Calculation Type: **Non-cumulative.**

New Measure: **No, but LVN and RN measures now separated.**

Desired Performance: **Lower than Target.**

8) Average Cost per Complaint Resolved

Short Definition: **Total costs expended for the resolution of complaints (LVN and RN) during the reporting period divided by the total number of complaints resolved during the reporting period.**

Purpose/Importance: **The measure shows the cost efficiency of the agency in resolving a complaint.**

Source/Collection of Data: **All costs data is retrieved from monthly USAS reports detailing the expenses of staff, travel and other costs associated with the complaint process. Cost allocations are prepared by the agency chief accountant in corroboration with the Operations Director and Director of Enforcement. Costs data are matched with the complaints log generated through the discipline software module. The Operations Director is responsible for this data.**

Method of Calculation: **The total funds expended and encumbered during the reporting period for complaint processing, investigation and resolution is divided by the number of complaints resolved. Costs include the following categories: enforcement salaries (100%);**

agency supplies (42%); enforcement travel (100%); agency postage (42%); subpoena expenses (100%); copying costs (100%); medical records costs (100%); enforcement computer hardware (100%). Indirect costs are excluded from this calculation.

Data Limitations: None.

Calculation Type: Non-cumulative.

New Measure: No, but LVN and RN measures now separated.

Desired Performance: Lower than Target

9) Number of Jurisdictional Complaints Received

Short Definition: The total number of complaints (LVN and RN) received during the reporting period which are within the agency's jurisdiction of statutory responsibility.

Purpose/Importance: The measure shows the number of jurisdictional complaints which helps determine agency workload.

Source/Collection of Data: This number is derived from agency discipline software module as the complaints are logged in by the Enforcement Support Staff. The Director of Enforcement is responsible for this data.

Method of Calculation: The agency sums the total number of complaints received only relative to their jurisdiction. It also keeps track of total number of complaints that are not in their jurisdiction but does not use that figure in its calculation.

Data Limitations: This is explanatory and a workload measure. The agency has very limited control over this measure.

Calculation Type: Cumulative.

New Measure: No, but LVN and RN measures now separated.

Desired Performance: Higher than Target.

Appendix E

Texas Board of Nursing
Fiscal Year 2011-2015 Workforce Plan

I. AGENCY OVERVIEW

The Board of Nursing (BON), has one of the largest licensee database in the State of Texas. We regulate over 314,000 nurses and 193 schools of nursing. This is a unique challenge to investigate alleged violations of the Nurse Practice Act with the size of Texas and limited staff.

The Agency is mission driven and has a strict governance code which spells out the duties of the Board as appointed by the Governor, the Executive Director and the agency staff. All rules and policies are reviewed within the framework of protecting the public. The agency has streamlined, revised and eliminated policies that did not fit this mission. The agency has the appropriations approval to hire 96.7 positions. The agency has 40 FTEs in the Enforcement Division, 32.7 FTES in the Operations Division, 13 in the Nursing Division and 11 Administrative Employees including the Executive Director. All staff are located in the Austin, Texas office. The board has 13 members from throughout the State of Texas.

With advancing technology, the scope of practice of nursing continually changes. The Advanced Practice Nurses in many areas have limited prescriptive authority and practice in independent settings. This makes for a unique regulatory perspective since many APRNs collaborate with physicians but practice without physicians present in many rural settings.

A. Agency Mission

The mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of schools of nursing. This mission, derived from Chapters 301, 303 and 304 of the Occupations Code, supercedes the interest of any individual, the nursing profession, or any special interest group.

B. *Agency Strategic Goals and Objectives*

Goal A	**Licensing & Accreditation: To manage cost-effective, quality programs of accreditation, examination, licensure and regulation that ensure standards for nursing education and practice, and which effectively serve the market demand for qualified nurses.**
Objective A.1	**Licensing & Examination: To ensure timely and cost-effective application processing and licensure/credentialing systems for 100 percent of all qualified applicants for each fiscal year.**
Objective A.2	**Accreditation: to ensure that 100 percent of nursing programs are in compliance with the Board of Nurse Examiners' rules.**
Goal B	**Enforcement: To ensure swift, fair and effective enforcement of the Nursing Practice Act (NPA) so that consumers are protected from unsafe, incompetent and unethical nursing practice by nurses.**
Objective B.1	**Protect Public: To guarantee that 100 percent of written complaints received annually regarding nursing practice or non-compliance with the Board of Nurse Examiners' rules are investigated and resolved in accordance with the Nursing Practice Act (NPA) and Administrative Procedures Act (APTRA) or are appropriately referred to other regulatory agencies.**

C. *Business Functions*

The Board of Nursing licenses Licensed Vocational Nurses, Registered Nurses, and Advanced Practice Nurses, approves new schools of nursing, approves eligible students to take the national nursing exams, investigates alleged violations of the Nurse Practice Act and the Board's Rules and Regulations, and maintains registries of Certified Registered Nurse Anesthetists practicing in outpatient settings, RN's performing radiological procedures, and RN First Assistants.

D. *Anticipated Changes to the Mission, Strategies and Goals over the next Five Years*

The BON anticipates a possible change in our mission to include regulating Certified Nurse Aides and other unlicensed assistive personnel. We have implemented strategies to go paperless" by using available technology and plan to discontinue requiring paper affidavits of graduation. We plan on implementing additional strategies in the future. We anticipate the continuing education process to evolve into a continued competency model to include portfolios and practice targeted requirements.

E. Additional Considerations

Key Economic and Environmental Factors

We are experiencing a steady 3% growth of RNs and LVNs currently licensed. The number of new Texas licensees from examination and endorsement has added to this increase due to the dramatic growth fund for students and the number of internationally educated nurses. For the past two fiscal years, the BON has exhausted all appropriated funds granted by the legislature. The BON has used appropriated receipts in the Licensing strategy to allow us to fund all agency programs adequately.

The most important human resource issues for the Texas Board of Nursing is to hire additional staff in the Operations Department to carry out the increased number of applications by examination, the increased participation in the new/accepted student criminal background check process and increase the salary of the Executive Director.

Challenges to Providing Competitive Salaries
As with all high performing organizations, the BON regards the agency staff as our most valuable resource and strive to recruit and retain the best employees in the State of Texas. The BON has decreased turnover by consistently allowing for pay for performance via the merit raise system and implementing the compensation philosophy of reaching the average mid-range in the state classification pay groups. With the continued growth in the central Texas economy, we are experiencing increase competition for nursing staff. As shown in our Survey of Organizational Excellence, our alternative work schedule and educational leave policies continue to receive high ratings from staff. As with the entire state, employee pay remains our lowest satisfaction category. We continue to look for extrinsic rewards for staff as agency salaries continue to slip behind our counterparts in the private sector. In fiscal year 2010, the BON will have depleted any cushion of appropriated funds to award merit raises. The inability to award performance based merits will decrease our agency ability to attract and retain top talent needed to fulfill our mission.

The agency continues to receive numerous phone, written and e-mail inquiries on their impact to nursing as well as the day-to-day inquiries on licensing, education and enforcement issues. Agency statistics show the following number of phone calls accessing our automated system:

Fiscal Year 2003 - 160,027 Calls
Fiscal Year 2004 - 232,947 Calls
Fiscal Year 2005 - 235,386 Calls
Fiscal Year 2006 - 212,641 Calls
Fiscal Year 2007 - 219,438 Calls
Fiscal Year 2008 - 267,401 Calls
Fiscal Year 2009 - 318,418 Calls

The phone call numbers above do not include the number of direct calls that go directly to a staff member nor does it include the number of e-mails that are increasing monthly. The BON has a customer service department and dedicated six staff members to the task of answering calls. We have decreased the customer waiting time by hiring and training higher level administrative personnel and paying up to 10% beyond beginning salaries. This compensation adjustment has decreased the turnover in that area and has allowed us to add more essential functions to the customer service area and decrease the pressure of other licensing staff to concentrate on processing applications and not have to answer the phone. We have used this compensation philosophy with our nursing staff in both the enforcement and nursing departments with success of decreasing turnover and creating more stability. To implement this compensation philosophy, the BON has depleted any reserves that existed in the past fiscal years and can no longer borrow funds from other strategies.

II. CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

A. Agency Demographics

Gender	**Female**	**72.5%**
	Male	**27.5%**
Race	**African-American**	**12.1%**
	Hispanic	**31.9%**
	Other	**2.1%**
	Caucasion	**53.9%**

Percentage of Workforce Eligible to Retire in the Next Five Years: 21%

Job Categories	State Civilian Workforce					
2008 Data	African American		Hispanic American		Females	
	BON %	State %	BON %	State %	BON %	State %
Officials, Administration	25%	15.30%	0%	11%	50%	31%
Professionals	0%	18.51%	0%	10%	64.2%	47%
Technical	0%	28.27%	0%	18%	33.3%	39%
Protective Services	3.5%	18%	35.7%	21%	67.8%	21%
Para-Professional	25%	18%	50%	31%	75%	56%
Administrative Support	2.1%	12.35%	44.7%	27%	84.2%	80%

B. Employee Turnover

Agency turnover was had been dropping over the past three years with our inability to pay competitive salaries to nursing staff. Due to resignations and retirements, we have lost valuable institutional knowledge. We are compensating for this by creating more detailed policies and procedures and a succession plan.

Agency Turnover Percentages: 2003-2007

Fiscal Year 2003 - 18.0%
Fiscal Year 2004 - 22.5%
Fiscal Year 2005 - 10.6%
Fiscal Year 2006 - 11.0%
Fiscal Year 2007 - 19.6%
Fiscal Year 2008 - 14.2%
Fiscal Year 2009 - 12.7%

C. Workforce Skills Critical to the Mission and Goals of the Agency

Nurses - The agency requires a minimum of Associate degree prepared nurses for Enforcement and Masters degree prepared nurses for consulting. Both will need critical thinking skills to apply their expertise in areas outside their particular training and education. All nurses need to be proficient in use of computer software programs since they will be processing their cases from receiving the complaint to filing formal charges, drafting orders, and writing reports on school survey visits.

All staff will have to be minimally proficient in various technologies as the BON will be moving to paperless functions within the next five years. This means the ability to manipulate programs for word processing, documenting, imaging, web-based services, and records retention.

All staff will need to advance their communication skills since our focus is and will continue to be providing excellent customer service to the public. Each staff member is required in some way to interact with internal and external customers which necessitates the ability to appreciate diversity and how it effects business processes.

D. Projected Employee Attrition Rate over the Next Five Years

Fiscal Year 2010 - 20%
Fiscal Year 2011 - 20%
Fiscal Year 2012 - 20%
Fiscal Year 2013 - 22%
Fiscal Year 2014 - 25%

The agency anticipates ongoing turnover in the Nurse Investigator and Nurse Consultant positions at least until fiscal year 2014 due to the acute competition for

nursing faculty and staff at schools and hospitals. If we continue this attrition rate, the Board will be challenged to stretch its human resources, in the area of ongoing training. This training will be in-house and possibly online within the next five years. If we are unable to secure additional operating funds, then we will have to look for new ways to apply the merit raise system which is our most effective tool in the recruitment and retention of staff. The BON will begin to feel the effect of "baby boomers" beginning to retire in fiscal year 2012. Beginning in fiscal year 2012, we will have 17 staff member eligible for retirement.

III. FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)

A. Expected Workforce Changes Driven by Factors such as changing Mission, Technology, Work, Workloads and/or Work Processes

As the agency moves towards a paperless environment, we anticipate additional and ongoing training in the area of computer software and imaging processes.

B. Future Workforce Skills Needed

To facilitate the ongoing business processes, the agency must be able to become better knowledge agents. This will require staff to be able to use critical thinking skills, become change agents, anticipate the future, use technology wisely and manage time.

We do expect additional FTEs in the next biennium to help with the student FBI background checks and to handle the additional technology requirements, enforcement duties and responding directly to the public.

We must be able to enforce the NPA by conducting timely investigations of alleged violations of the law and rules since this directly effects the protection of the public. We must also be able to collect fees, process license applications and license nurses as quickly as possible for the public to have adequate access to healthcare.

IV. GAP ANALYSIS

We do not anticipate a shortage of the pool of administrative staff over the next five years due to the available workforce in the Central Texas area. However, we do anticipate a shortage of RNs to fill our Enforcement and Nursing Consultant duties due to the public and private demand for the limited number of RNs in the workforce.

We currently have 14 positions requiring registered nurses. We anticipate the need for three additional RNs by the end of the next five year cycle. Two will be needed in the Enforcement Department to investigate alleged violations of the law and rules and one will be used in a consultant capacity to interpret complex practice issues and serve as an expert witness on cases.

We see no surplus of skills in the agency but identify the need for additional supervision skills to manage front line staff. Due to succession planning, we will need to develop this management team to move up with little or no training and orientation. We have identified the mid-level manager and have formed a Supervisor Group to facilitate identification of issues and training. We anticipate skill development and cooperation will offset a potential lengthy transition from a front line manager position to an executive management position. We also see a deficit in change management, process re-engineering and problem solving skills. This will require ongoing internal training to match the agency culture and expectations. Although agency computer skills are not at the level we need, we have identified this as key to our current and future success and have dedicated one Information Technology FTE to provide training as needed.

The BON believes our staff have the fundamental skills to complete tasks but need additional training to enhance their skills to perform more efficiently and effectively. Since we are moving to more technology based business processes, we will no longer need microfilming skills.

V. STRATEGY DEVELOPMENT

In order for the agency to recruit and retain some of the most critical skills such as nursing knowledge, the agency will have to leave unfilled positions open longer to have the funds to hire and retain nurses at the mid-range of the pay scale. To bring the nurse Investigators along faster in the enforcement area, we will pair them with mentors within the agency and use the Council on Licensure, Enforcement and Regulation (CLEAR) organization to provide investigator training. We will identify leaders within the organization and provide internal and external training opportunities to enhance those skills and help the agency in succession planning.

In order to address agency workforce competency gaps, the BON establishes the goals on the following page:

BON Internal Goals to Address Workforce Competency Gaps

Goal 1	Recruit and Retain a competent workforce.
Rationale:	To establish a consistent, productive business atmosphere, the BON needs a well-trained and stable workforce to protect the public. This includes the ongoing internal training of current staff to fill open positions and possibly consolidate some work processes to enhance staff compensation with current or available funds.
Action Steps:	• Request additional operating funds in the next legislative session to enhance employee compensation especially in the recruitment and retention of nurses. • Develop and revise agency policy and procedures to be consistent and detailed. • Develop mandatory training components for recognized agency sub-par skill sets. • Establish a mentorship program with current staff and those from other small state agencies to demonstrate best practices in needed skill sets. • Complete a succession plan which incorporates time lines and minimal skill sets. • Conduct a risk assessment to the agency due to potential knowledge loss of key staff. • Ask agency Internal Auditor to conduct or oversee agency audit of skill sets. • Establish and implement a "career ladder" path for all staff.
Goal 2	**Establish an agency culture of change enhancements to business processes.**
Rationale:	Our resources will always be limited. At best, we might get the same funding but will be required to do more. This necessitates doing business more efficiently and effectively. To do this, staff will need to accept change as a way of life and not be afraid to try new ideas. It doesn't always have to be done the way it's always been done.
Action Steps:	• Develop an ongoing mandatory training module on change enhancements. • Add the skill of change enhancements and change management to the minimal core of essential job functions. • Reorganize agency structure around processes. • Develop a pay system that rewards constructive change management.

Appendix F

Survey of Employee Engagement

The School of Social Work for the University of Texas at Austin conducts the Survey of Employee Engagement to assist state agencies in determining areas of strength or concern. The survey assists the agency in ascertaining employee feelings relating to their job positions, employee benefits, working conditions, pay and other variables relating to work at the agency. BON staff have participated in the surveys since 1994. In 2010, 92% of staff completed the survey. Respondents were regular employees who work 40 hours per week.

Categories	FY 2000	FY 2002	FY 2003	FY 2005	FY 2008	FY 2010
Supervision	307	348	369	361	370	405
Fairness	338	373	379	383	390	364
Team	324	337	365	364	361	388
Job Satisfaction	381	387	396	394	382	384
Diversity	325	356	368	380	383	388
Pay	271	219	258	286	275	282
Physical Environment	376	387	394	400	411	399
Benefits	373	364	325	376	378	386
Employment Development	323	351	350	365	382	381
Quality	359	403	428	421	418	390

In 2010, the Survey of Employee Engagement added a Synthesis Score to the survey data provided to the agency. The score is the average of all survey items and represents the overall score for the agency. With typical synthesis scores ranging from 3.25 to 3.75, the Texas Board of Nursing's 2010 Synthesis Score of 3.87 is noteworthy.

Appendix G

National Comparison of Investigatory Caseloads of State Boards of Nursing

STATE	SPOKE TO:	COMPLAINTS REC'D IN 2009	# OF INVESTIGATORS	AVG. CASELOAD PER INVESTIGATOR	CBC PERFORMED? Y OR N
ALABAMA	Frank Mitchell, Chief Special Investigator	1450	4 Investigators, 1 Monitor	60-70	No. Only if a complaint is filed will a CBC be conducted.
ALASKA	Nancy Sanders, Executive Administrator	73 Nursing, 16 Nurse Aides	2 Full-time, 2 Part-time	25	Are completed on applicants for nursing licenses (by exam, endorsement and reinstatement). Those already possessing licenses when the statutory authority was granted have not had a background check by the BON. Many have had the background check through their place of employment.
AMERICAN SAMOA HS	Toaga Atuatasi Seumalo, MS, RN, Exec. Secy.	0	0	Referred AG	Yes, the hospital which is a major employer on the islands conducts CBCs on the employees of the hospital.
ARIZONA	Judy Bontrager, RN, MN, Assoc. Director-Operations & Licensing	920 RN/LPN 704 CNA	8 Nurse Practice Consultants,& Senior Investigators	60-from Respondents 90-from Applicants	Yes, for all endorsement , reinstatement, and exam applicants. Also for initial A.P. applicants if it has been more than 2 years since their fingerprints have been done.
ARKANSAS	Faith Fields, Executive Director	400	2 plus 1 contracted investigator and 5 from the Dept. of Health	10-85 depending on the type of case	CBC's are conducted on initial applicants. CBC's may be conducted on an investigation.
CALIFORNIA-RN	Kathy Hodge, RN Enforcement Program Manager	6000	35 Investigators for 40 boards	Umbrella agency-5 cases each	Yes, both state and federal fingerprinting.
CALFORNIA-LVN	Alice Delvey-Williams, Enforcement Program Mgr.	4375	7 Analytical staff and Dept. Of Consumer Affairs	Analytical staff 400-500 DOI 25-30	Yes. On all applicants and licensees.

COLORADO	Terrie Miller, Enforcement Program Mgr.	537	4	Umbrella Agency-55	CBCs are conducted only if a complaint alleges diversion, etc.
CONNECTICUT	Diane L. Cybulski, RN Supervision Nurse Consultant	119	10	Umbrella Agency 35-40	No.
DELAWARE	David Mangler, Executive Director	80	6 plus Supervisor	Umbrella Agency	Are completed on applicants for nursing licenses (by exam, endorsement and reinstatement). CBCs are not conducted on those currently licensed.
DISTRICT OF COLUMBIA	Conchita Wright, Nursing Consultant	85	6	Varies.	No, but they are in the process of considering it in legislation.
FLORIDA	Lisa Nickerson, CPM, Operations Consultant	3509	63 Investigators-Umbrella agency	Varies.	There are two main types of applications: Exam (including re-exam) and Endorsement. All examination applicants are required to have a level 1 background screening conducted through the Florida Department of Law Enforcement (FDLE). All endorsement applicants are required to have a level 2 background check conducted through FDLE and the FBI.
GEORGIA-LVN	Chris Harvey, Deputy Inspector General	337	Umbrella agency	51	No. Seventeen investigators handle investigations for 36 Licensing boards covering more than 180 separate licenses. In addition to those responsibilities, these same investigators handle all election complaints arising in Georgia and cases involving securities fraud, and violations of cemeteries and charity laws.
GEORGIA-RN	Chris Harvey, Deputy Inspector General	650	Umbrella agency	80	Yes for RNs only at the time of application, endorsement, or reinstatement. Random audits are not conduct on current licensees. If a complaint is file then a CBC is done.
GUAM	Mary Lou Loualhati, Acting Administrator for Licensing	4	0 Investigators 7 Board Members	2	Yes, applicants and with each renewal.

HAWAII	Jo Ann M. Uchida, Complaints& Enforcement Officer	30	26 investigators 46 different boards	42	No.
IDAHO	Janet Edmonds, Director for Professional Compliance	104	1	116	Yes on applicants, endorsements, and reinstatements, but not on current licensees.
ILLINOIS	Michelle Bromberg, Ed Nursing Coordinator	No response.	4 RN Investigators	No response.	Yes.
IOWA	Tracy Westby, Secretary Tracy	792	6 Investigators 1 Chief Investigator	100	Iowa does background checks on anyone who is applying forendorsement, examination, reactivating and reinstating their license.
INDIANA	Laura Wilford, Deputy Attorney General	179	VARIES	MAY NOT BE DISCLOSED	317-234-1990 SEAN GORMAN, BOARD DIRECTOR
KANSAS	Diane Glynn, Practice Specialist	1633	5	325	Yes, on all new licensees, grads, and endorsements.
KENTUCKY	Sandy Johanson, Manager, Consumer Protection	1563	5+1 Supervisor	50-60	A state record check is done on any nurse/applicant who receives a complaint. The Board also does state checks on all examination and reinstatement applicants and FBI check on endorsement applicants.
LOUISIANA-LVN	Claire Doody Glaviano, Exec. Director	367	3	120	Yes.

LOUISIANA-RN	Joy Peterson,BSN, RN, Acting Investigations Director	735	5 plus DOE	50-120	If crime is reported, but are only conducted on a case by case basis.
MAINE	Jayne Winters, Probation& Compliance	276	1 AG Investigator 1 new hire-1st time ever.	N/A	They do not currently, but hope to have legislation introduced next session.
MARYLAND	Elaine Cone, MPH, RN, Director Complaints & Investigations	560	8	50-250	Yes, on applicants.
MASSACHUSETTS	Amy S. Fein, RN, BSN, JD Complaint Resolution Coor. & Nurse Attorney	339	4	60	State criminal background checks are conducted if the complaint involves or indicates criminal activity may exist.
MICHIGAN	Ray Garza, Dir. of Health Investigations	2788	Umbrella agency-17	40	CBC are conducted on applicants, endorsements, reinstatements or when a nurse receives a complaint.
MINNESOTA	Barbara Damchik-Dykes	1400	6FTE-“Nurse Practice Specialists”	80-90	No.
MISSISSIPPI	Ann Ricks, Director of Investigations	1109	6	40-70	Yes.
MISSOURI	Quinn Lewis, Investigations Administrator	900	5 Investigators 4 Contract Investigators	30	CBCs are done on applicants, endorsements, and reinstatements. CBCs are not done on current licensees.

MONTANA	Cari Harris, Program Manager	225	2 FTE 1 PTE	Umbrella Agency	The board of nursing does not do criminal background checks on its applicants. It does ask applicants about involvement in the legal system including criminal.
NEBRASKA	Ruth Schuldt, RN, Program Mgr.	902	7	45	CBCs are conducted on those authorized to prescribe controlled substances.
NEVADA	Chris Sansom, BSN, RN Director of Operations	975-RN/LVN 573-CNA	3RNs-General 1 RN-Monitor 1 RN-APP. COOR.	100 140 250	Yes, which is largely responsible for the number of application investigations.
NEW HAMPSHIRE	Susan B. Goodness, Admin. Sup.	185	1 investigator/ prosecutor		Yes, at the time of licensure only.
NEW JERSEY	Mary Peterson, Supervisor of Discipline	523	25	Umbrella Agency-20 cases	Yes.
NEW MEXICO	Cathy Baca, Exeuctive Admin. Asst.	222	1	222	Yes.
NEW YORK	Barbara Zitell, Executive Director	1397	Umbrella Agency-48 Boards	Varies.	No.
NORTH CAROLINA	Carrie Linehan, Mgr. Of Investigations	1363	4-Investigators 3-Inquiry Investigators	65 147	Yes, at time of initial applicants, endorsements, reinstatements or delinquent for more than 6 months.
NORTH DAKOTA	Karla Bitz	154	1-60% ; 1-30%	1-25 1-5 to 7	Yes, on applicants, endorsements, & reinstatements. Also, on certain cases under investigations & practice w/o a license cases.

OHIO	disciplinary@ nursing.ohio.gov	Over 6,200	7-RN investigators 1-CJ investigator	60-90 cases 200 completed per year.	The Board conducts criminal records checks on licensees as part of the disciplinary process. In 2009, the Board received over 1,100 complaints based upon positive criminal record check information.
OKLAHOMA	Teen Jackson, Legal Secretary	975	4-one is the Director	120	No.
OREGON	Barbara Holtry, Comm. Mgr.	2553	11	60	Yes, for new applicants and endorsements.
PENNSYLVANIA	Darrel Crimmins, Deputy Director	1776	71	Umbrella agency	They do not conduct criminal background checks on licensees.
RHODE ISLAND	Pamela McCue, Executive Director	150	2	Umbrella agency	Yes, only when applying for a license by exam.
SOUTH CAROLINA	Kathy Meadows, Chief of Investigations	513	8	25	Yes.
SOUTH DAKOTA	Kathleen J. Rausch, RN, FAAACVPR Nursing Program Specialist	168	1	50-55	Yes on all applicants and endorsements.
TENNESSEE	Barbara White, Enforcement Coordinator	713	19 investigators for 30 boards	Umbrella agency-69 cases a yr.	Yes on all applicants and endorsements.

UTAH	Jody Woolf, Secretary	339	13	40	Yes for applicants only.
VERMONT	Chris Winters, Director of the Office of Professional Regulation	519	6	Umbrella agency. 35-80	Only on private investigators and security guards.
VIRGIN ISLANDS	Julissa Correa, Data Entry Operator II	4	2 part-time on-call	1 case PRN	Not currently, but are trying to implement a system.
VIRGINIA	Jodi. Power, RN, J.D. Deputy Executive Director	1434 RN/LVN 612 -CNA	52	Umbrella Agency-13 Boards 25-30	No, but Virginia state law requires employers to run CBCs on employees hired in health care settings within 30 days and has a list of barrier crimes to prohibit employment.
WASHINGTON	Sandra Prideaux, Chief Investigator	1534	9	60	Yes.
WEST VIRGINIA-LVN	Lanette L. Anderson, MSN, JD, RN Executive Director	105	1 investigator		CBCs are conducted on applicants and endorsements only.
WEST VIRGINIA-RN	Margaret Alston, Secretary II	200	2	50	Yes, on exam applicants.
WISCONSIN	Janie Birschke, DOE	439	3	Umbrella agency-95	We do not conduct criminal background checks on nurses at renewal time as we do not have the statutory authority to do so. When a nurse applies, if the nurse applicant indicates they have had any past criminal convictions, we do the Wisconsin name search only through Department of Justice.

WYOMING	James Hibbits, Compliancce Consultant	216	2	108	We conduct a criminal background check upon application for licensure and when moving up to another licensure level.

Appendix H

Texas Board of Nursing

Report on Customer Service for Fiscal Years 2011-2015

Submitted: June 1, 2010

Customer Service Initiative

A critical component of the Strategic Plan is the report on Customer Service. Chapter 2114 of the Government Code requires state agencies to develop standards and assessment plans for the purpose of enhancing customer service and satisfaction.

The Board of Nursing (BON) definition of customer includes the following groups:

- **the Public (citizens of Texas) - The mission of the Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely.**

- **Nurses - The BON has a responsibility to assist nurses in the safe practice of nursing by keeping them informed of rules and regulations applicable to their practice. The BON does this through the agency web site, the *Texas Board of Nursing Bulletin*, and written, phone and electronic communication.**

- **Health Care Organizations - The BON is responsible for providing information to health care organizations concerning the licensure or disciplinary action status of nurses they may employ or utilize.**

- **the Legislature - The Legislature, in its capacity of protecting the public and acting in the interest of its constituents, must be kept informed of issues involving the safe practice of nursing where legislative action may be the best course of action in ensuring safe nursing practice.**

- **Professional Associations - Professional associations seek data and information that may assist them in their efforts to advocate on behalf of the profession of nursing. Professional associations can assist the BON in researching issues impacting the safe practice of nursing.**

- **Schools of Nursing - The BON approves 96 RN Nursing Programs and 97 LVN Nursing Programs in Texas. The BON works with schools to ensure that nursing students receive satisfactory preparation and that the schools understand the Board's requirements.**

- **Nursing Students - As customers, we provide students with the information needed to choose a Texas nursing education program and to assist students in registering and taking the exams needed for licensure.**

- **Respondents - The Enforcement Department of the BON must afford respondents due process in the course of investigating complaints.**

The Board of Nursing has historically solicited information about the quality and type of service provided to customers. In order to obtain quality feedback, the BON has utilized the following types of questionnaires in the past:

- **Evaluation of Survey Visit(s): These visits are on-site visits conducted by Board staff at Nursing education programs regulated by the Board;**

- **Evaluation of Dean's and Director's annual orientation: This is an orientation presented annually by the Board to new Deans and Directors of Schools of Nursing in Texas;**

- **Evaluation of Workshops: These workshops are presented by the Board at different geographic locations throughout the State to update nurses on current laws and regulations;**

- ***Agency Newsletter* Survey: Requested nurses to fill out a response card indicating satisfaction or dissatisfaction with the newsletter and/or with their contacts with the Board; and**

- **Pilot Survey of external customers regarding Quality of Service.**

During this biennium, the Board obtained survey data from BON stakeholders through a study conducted by the National Council of State Boards of Nursing (NCSBN) and a stakeholder survey posted on the Board of Nursing web site. The first study which gathered data relating to BON stakeholder perceptions of the agency was titled "CORE - Commitment to Ongoing Regulatory Excellence" (The CORE Study). The second study concerned stakeholder perceptions of the agency web site, the Board of Nursing Bulletin and interactions with agency customer service staff through the BON phone system.

The CORE Study

The CORE Study was released in December 2008, and provided measurement of BON stakeholder perceptions related to practice, education, licensure and governance for the Texas Board of Nursing as well as 58 other participating boards of nursing. Study data relating to practice, education, licensure and governance was collected by the NCSBN in FY 2007. Additional data for the CORE Study was drawn from BON participation in a previous pilot data study on nurses during FY 2000, FY 2003 and FY 2005.

BON Stakeholders Provided to Core Study

The NCSBN asked the BON to provide contact information on stakeholders for the CORE. Of the 1200 nurses surveyed, 299 (25%) responded. One hundred and ninety-nine Directors for BON-approved educational programs were asked to provide feedback and and 103 (52%) programs are represented in the data. One hundred employers were asked to provide feedback and 33 (33%) employers are represented in the data. The NCSBN then sent in-depth surveys to the stakeholders on a wide range of topics including perceptions of the agency web site, telephone system, newsletter, adequacy of

regulation, effectiveness in protecting the public, the complaint process, and how they obtained nursing practice information.

Evaluation of CORE Data

Nurse Data - Customer Service

The CORE Study provided a vast amount of data on how the Board of Nursing is perceived by the stakeholders served by the agency. Data relating to perceptions of BON customer service (i.e., agency communications, performance of agency mission functions, communications with the public concerning perceptions of the BON) provided a myriad of data. The data concerning stakeholder perceptions of BON communications by Internet, telephone and print is presented below. Respondents rated each on a scale of 4 (excellent) to 1 (poor). Table 1 presents the average responses of nurses polled. Their responses are then compared to the aggregate responses from all participating boards of nursing.

Table 1
Perceptions of Stakeholders Regarding Board Web Site, Telephone System and Newsletter

BON Web Site	Rating	BON Phone System	Rating	Newsletter	Rating
Nurses	(3.14)	Nurses	(2.56)	Nurses	(3.12)
Employers	(3.22)	Employers	(2.38)	Employers	(3.33)
Nursing Ed. Programs	(3.35)	Nursing Ed. Programs	(2.54)	Nursing Ed. Programs	(3.54)

The data in Table 1 indicates a low satisfaction level in the area of the telephone system. Both Texas and aggregate survey data (Aggregate nurses also rated phone systems at 2.56 and aggregate employers rated them at 2.52) indicate dissatisfaction with the phone system. Board staff members saw an increase in call volume from 267,401 in FY 08 to 318,418 in FY 09 (19% increase). Increased call volume and resulting increased wait time to talk to customer service representatives may have contributed to the perception of the phone system. The agency expanded the number of customer service staff on the phones and developed two new customer service programs on the website. One allows applicants to track applications status online. Applicants can see what materials the agency has received and what is missing. The application has performed 18,386 queries since implementation (10/12/2009). The second is a *Live Help* function. Found in the Licensing section of the webpage, this function allows applicants and nurses to chat directly with licensing staff during regular business hours. It was implemented in September 2009 and has already engaged in 595 chat sessions.

Methods Used to Find Out About Scope of Practice or to Make Practice Decisions

Nurses and employers were asked what methods they used to find out about scope of practice or practice decisions.

The nurse responses are included below:

	Percentage
Nursing practice law and rules	(64.4%)
Board newsletter	(22%)
Board web site	(64.7%)
Personal communication with board staff or member	(10.2%)
Public meetings or educational workshops	(6.4%)
Public hearings	(0.7%)
Public notice	(1.7%)
Other assn. newsletter	(3.1%)
Other assn. web site	(6.1%)

Employers surveyed provided the feedback below:

	Percentage
Nursing practice law and rules	(72.7%)
Board newsletter	(63.6%)
Board web site	(75.8%)
Personal communication with board staff or member	(24.2%)
Public meetings or educational workshops	(21.2%)
Public hearings	(3%)
Public notice	(6.1%)
Other assn. newsletter	(12.1%)
Other assn. web site	(2.1%)

Taking data results from the 2005 CORE Study into consideration, the 2007 data reveals an increased reliance on the BON web sites as a source of practice information for nurses. The number of nurses using the Board web site for scope of practice information increased 14.3% from 2005 to 2007.

Effectiveness in Protecting the Public

The mission of the Board is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely.

Stakeholders were asked how effective the Board was in protecting the public. A rating scale was utilized from 1 to 4 with 4=very well; 3=well; 2=poorly; and 1=very poorly. Survey results appear below:

	Rating
Nurses	(3.27)
Employers	(2.87)

Survey results indicate a higher satisfaction level from nurses than employers concerning protection of the public.

Adequacy of Regulation

Stakeholders were also asked for their views about the adequacy of regulation for existing statutes and administrative rules. They rated activities in the areas of practice standards (scope of practice), education program approval, and requirements for licensure as: 4= too much regulation; 3=adequate regulation; or 2=too little regulation.

Results from nurses surveyed appear below:

	Rating
Practice Standards/Scope of Practice	95% adequate, 2.5% too much regulation, 2.5% too little regulation
Complaint Resolution/Discipline Process	93.1% adequate, 4.9% too much regulation, 1.9% too little regulation
Requirements for Licensure	91.1% adequate, 3.5% too much regulation, 5.4% too little regulation

Results from employers surveyed appear below:

	Rating
Practice Standards/Scope of Practice	74.2% adequate, 12.9% too much regulation, 12.9% too little regulation
Complaint Resolution/Discipline Process	75% adequate, 17.8% too much regulation, 7.1% too little regulation
Requirements for Licensure	86.2% adequate, 10.3% too much regulation, 3.4% too little regulation

Texas nursing education programs surveyed provided the feedback below:

	Rating
Practice Standards/Scope of Practice	92.2% adequate, 4.8% too much regulation, 2.9% too little regulation
Complaint Resolution/Discipline Process	94.7% adequate, 4.3% too much regulation, 1% too little regulation
Education Program Approval	83.2% adequate, 16.8% too much regulation
Requirements for Licensure	97.1% adequate, 2.9% too much regulation

The Board did particularly well with adequacy of regulation from the perspective of nurses participating in the survey. In fact, in the area of adequate regulation for practice standards (scope of practice), Texas ranked first among participating boards.

Perceptions of Nurses Regarding the Licensure and Renewal Process

Nurses were asked to rate their satisfaction for the licensure and renewal processes separately in 2007. A rating scale was utilized from 1 to 4 with 4=very satisfied; 3=satisfied; 2=dissatisfied; and 1=very dissatisfied. Survey results appear below:

	Rating
Satisfaction with the Licensure Process	(3.36)
Satisfaction with the Renewal Process	(3.23)

In FY09, 92% of registered nurses renewed their licenses online (N=94,658) and 87% of licensed vocational nurses renewed online (N=36,106).

Perceptions of Nurses and Employers Regarding Helpfulness of the Board of Nursing on Questions about Practice Issues

Nurses were asked to rate how helpful or unhelpful was the response received in response to questions about practice issues. A rating scale was utilized from 1 to 4 with 4=very helpful; 3=helpful; 2=unhelpful; and 1=very unhelpful. Survey results appear below:

	2005	2007
Nurses	(3.00)	(3.55)
Employers	(3.50)	(3.00)

Nurse opinions concerning helpfulness of the Board on practice questions improved from 2005 to 2007 while employer opinions declined almost the same amount from 2005 to 2007.

Differences between the Board of Nursing and Professional Associations

When nurses were surveyed on whether they fully understood the differences between the roles of the Board of Nursing and professional organizations, the responses indicate that a large percentage do not fully understand the differences. The survey results appear below:

	Percentage
Fully understand	(22%)
Somewhat understand	(51.8%)
Somewhat misunderstand	(9.1%)
Misunderstand	(2.6%)
Differences are not clear	(14.4%)

The Board of Nursing's jurisprudence prep course and the jurisprudence examination test questions address the differences between the BON and professional associations. The BON has also addressed the differences in articles in the agency newsletter.
Full text of the CORE Report can be located at:
http://www.bon.state.tx.us/about/pdfs/NCSBN-Core-Report-2009.pdf

Board of Nursing Survey

The Board of Nursing posted a Customer Service Survey on the BON web site in January, 2010. The survey solicited public opinions concerning: the *Texas Board of Nursing Bulletin*; the Board of Nursing web site; BON Webmaster inquiries; and interactions with the Customer Service Department, by telephone or walk-in. The survey was posted on the BON web site from January 1, 2010 until April 1, 2010. A summary of the data is provided below:

Number of Respondents

The BON Customer Service Survey was taken a total of 61 times. Survey takers were also provided the opportunity to provide additional comments concerning the Customer Service Department, the web site and the agency newsletter. A brief summary of their comments will also be provided.

Customer Service Department

	Yes	No
1. Have you contacted the Board of Nursing during the past six months for information services?	46	15

If Yes, in which area(s):	
Advanced Practice	5
Complaints against a Nurse	2
Continuing Education	5
Licensure by Endorsement	12
Licensure by Examination	1
Nursing Practice	8
Renewal	15
Verification	7

	Very Helpful	Somewhat Helpful	Neutral	Somewhat Unhelpful	Very Unhelpful
2. Was the information provided helpful?	25% (12)	8% (4)	19% (9)	14% (7)	33% (16)

	Very Timely	Somewhat Timely	Neutral	Somewhat Untimely	Very Untimely
3. Was the information (written or verbal) provided in a timely manner?	37% (17)	7% (3)	13% (6)	13% (6)	30% (14)

	Very Courteous	Somewhat Courteous	Neutral	Somewhat Uncourteous	Very Uncourteous
4. Was the information provided in a courteous manner?	41% (19)	4% (2)	26% (12)	13% (6)	15% (7)

	Very Prof.	Somewhat Prof.	Neutral	Somewhat Unprof.	Very Unprof.
5. Was the staff professional?	38% (17)	11% (5)	24% (11)	18% (8)	9% (4)

	Immediate	1-5 Min.	6-10 Min.	11-15 Min.	16+ Min.
6. If calling by phone, how long was the wait?	8% (3)	24% (9)	24% (9)	8% (3)	37% (14)

Board of Nursing *Bulletin*

	Very Useful	Somewhat Useful	Neutral	Not Usefull	Very Unuseful
1. Is the information useful?	33% (17)	40% (21)	12% (6)	13% (7)	2% (1)

	Very Helpful	Somewhat Helpful	Neutral	Not Helpful	Very Unhelpful
2. Are the articles on laws and rules helpful or informative to you?	46% (24)	31% (16)	15% (8)	8% (4)	0

	Very Helpful	Somewhat Helpful	Neutral	Not Helpful	Very Unhelpful
3. Are the practice questions and answers helpful or informative to you?	39% (20)	27% (14)	20% (10)	3% (2)	0

	Yes	No
4. Is the format "reader friendly"?	80% (39)	20% (10)

Board of Nursing Web Site

	First Time	Weekly	Monthly	1-6 Months.	Once a Year
1. How often have you accessed the web site?	11% (6)	24% (13)	13% (7)	38% (21)	14% (8)

2. Which of the following did you review or download?

	Qty.
Advanced Practice Information Pages	5
Board Meetings and Events	1
Complaint Form to Report a Nurse	1
Electronic Nurse Lists	1
Declaratory Order Information	6
Nursing Education Information Pages	8
Nursing Practice Act	22
Nursing Practice Information Pages	10
Online Applications (Renewal or Initial Licensure)	23

Online Verifications	**34**
Position Statements	**6**
Rules and Regulations	**15**
School List - Approved Nursing	**1**
School List - Advance Practice Nursing	**0**

	Yes	No
3. Was the index clear and easy to follow?	76% (41)	24% (13)
4. Were the instructions on the web site clear?	73% (40)	27% (15)
5. Was the information obtained useful?	72% (39)	28% (15)
6. Were the topics you were seeking easily accessed?	65% (36)	35% (19)

7. If you e-mailed the Webmaster, which of the following categories of information have you had questions about?

	Qty.
Licensure by Endorsement	6
Licensure by Examination	1
Licensure Reactivation	1
Requirements for APN Recognition	1
Criminal Background Checks	2
Multi-state Regulation	1
Proposed or Adopted Rules	0
Requirements for Prescriptive Authority	1
Practice Issues/Problems	2
Education Issues/Problems	1
Changing a Name or Address	5
Requesting a Duplicate License	1
Continuing Education	6
Disaster Relief/Volunteer Work	2
Advisory Committee Actions	0

	Yes	No
8. Did you receive a response to your inquiry?	58% (15)	42% (11)

9. If yes, how long before you received the response?	Qty.
Same Day	22% (4)
1 Day	17% (3)
2-5 Days	39% (7)
More than 5 Days	22% (4)

	Yes	No
10. Did the response answer your question inquiry?	48% (12)	52% (13)

The BON web site had the most positive feedback among the three areas surveyed, followed by the BON Bulletin and the Customer Service Department. Recommendations related to the web site included: making the search engine more prominent (2), providing of links to acceptable CE offerings, addition of a checklist page for obtaining licensure by endorsement, and a separate box/link on the home page for change of addresses.

Written comments received concerning the Customer Service Department provided an explanation for the negative scores given to the Customer Service representatives (CSRs). Eight survey takers indicated that they had experienced long delays in talking with the CSRs (one person waited 45 minutes prior to talking to a CSR); six survey takers had experienced delays in obtaining licensure due to issues related to compliance with the criminal background check requirement including submission of fingerprint cards in sufficient time to renew their licenses prior to expiration; one survey taker was unsatisfied with the processing time for a Petition for Declaratory Order; and one survey taker was upset that their license renewal had been delayed because CPR classes had been rejected in the continuing education audit conducted on their license. Three survey takers provided positive comments about the CSRs, but four survey takers described the representatives as rude, arrogant or condescending.

Survey takers were asked about their favorite sections of the Board of Nursing Bulletin. The Best Practices articles were the most popular (7), followed by Notice of Disciplinary Action/ Imposter Warnings (5), articles on laws and regulations (3), all sections of the newsletter (3), practice questions and answers (2), articles on continuing education (1) and "Did you know?" (1). Survey takers were asked what their least favorite sections of the newsletter. The Notice of Disciplinary Action section (13) received the most unfavorable comments followed by the report on Education Actions (2) and the notice of Proposed and Adopted Rules (1). Written comments on the agency newsletter included requests to include more information on continuing education, provide more real examples in practice situations to learn from, more questions and answers and more information on staff-to-patient ratios.

Customer Service Measures

Outcome Measures

FY09	FY10	
75.5%	69.9%	Percentage of Surveyed Customer Respondents expressing Overall Satisfaction with Services Received
36.6%	.019%	Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Output Measures

FY09	FY10	
1,499	n/a	Number of Customers Surveyed
335,801	332,957	Number of Customers Served (Note: FY 10 measure reflects only first and second quarter statistics)

Efficiency Measures

FY09	FY10	
0	0	Cost Per Customer Surveyed

Explanatory Measures

FY09	FY10	
335,801	332,957	Number of Customers Served (Note: FY 10 measure reflects only first and second quarter statistics)
6	6	Number of Customer Groups Inventoried

On the following pages is the Board of Nursing Compact with Texans. It is followed by the Customer Service Performance Measures approved by the Board of Nursing.

Board of Nursing for the State of Texas
Compact with Texans

Agency Mission

The mission of the Board of Nursing for the State of Texas is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

Agency Philosophy

Acting in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and openness, the Board approaches its mission with a deep sense of purpose and responsibility and affirms that the regulation of nursing is a public and private trust. The Board assumes a proactive leadership role in regulating nursing practice and nursing education. The Board serves as a catalyst for developing partnerships and promoting collaboration in addressing regulatory issues. The public and nursing community alike can be assured of a balanced and responsible approach to regulation.

Customer Service Standards - The agency is committed to providing excellent service to our customers, the citizens of Texas. We will provide prompt, professional and courteous service in person, as well as on the telephone, through correspondence, and over the Internet. We will provide materials which are clear and understandable. We will respond to requests for information in a timely manner. We will seek feedback and respond to the feedback of our customers.

Services Provided - The BON provides the following services to its external customers:

- **Licensing Services: The BON licenses registered professional nurses (RNs) and Licensed Vocational Nurses (LVNs) as new graduates through examination and endorsement from other states. All nurses are required to renew their licenses on a biennial basis with evidence of required continuing education. The BON approves qualified RNs to enter practice as advanced practice nurses (APNs), including nurse anesthetists, nurse practitioners, clinical nurse specialists, and nurse midwives. The processing time required for licensing services is 21 working days from receipt of all required documents, but is often accomplished more quickly. Licensure issues such as past criminal behavior may lengthen these timelines substantially because they must be referred to the Enforcement Department for investigation. Licensure services include:**
    - **Approval of an applicant to sit for the national licensure examination.**
    - **Issuance of a license following successful examination.**

- **Issuance of a temporary license by endorsement pending complete verification in all states of licensure.**
- **Issuance of a permanent license upon completion of all application requirements.**
- **Renewal of a RN or LVN license.**
- **Approval of provisional APN status for new advanced practice graduates.**
- **Provisional approval for APNs relocating to Texas.**
- **Approval of full APN status following completion of all application requirements.**
- **Renewal of APN status.**
- **Establishing a registry of Certified Registered Nurse Anesthetists who practice in outpatient settings, which are not otherwise regulated, will be completed with the renewal process on a biennial basis. (effective 9/1/2000)**

- **Approval Services: The BON approves schools of nursing which prepare RNs and LVNs for initial entry into nursing practice. The BON also has an optional approval process for programs preparing APNs. At the present time, 96 registered nurse schools of nursing are approved by the BON at the Diploma, Associate Degree, and Baccalaureate Degree levels and 97 licensed vocational nurse programs are approved.**

  Approval services include:

  - **Review of approval status of all nursing education programs.**
  - **Survey visits to non-nationally approved programs at least once every 6 years. Triggers, such as a drop in the pass rate of graduates on the national licensure examination or complaints from consumers, may result in more frequent on-site surveys of programs.**

- **Enforcement Services: The BON enforces the Nursing Practice Act and BON Rules and Regulations by setting minimum standards for nursing practice and nursing education, conducting investigations of complaints against nurses, and adjudicating complaints. This is most often accomplished through informal settlement. If we are unable to settle informally with the nurse, we will proceed to formal, contested resolution through the State Office of Administrative Hearings. Time lines for enforcement services are as follows but may be delayed by formal contested resolution:**

  - **Resolution of Complaints: In FY 09, the BON closed approximately 37% of RN cases within 6 months, 25% within 6-12 months, and 38% in over 1 year. The BON closed approximately 37% of LVN cases within 6 months, 26% within 6-12 months, and 37% in over 1 year. The average resolution time for registered nurse jurisdictional complaints was 187 calendar days and 193 days for licensed vocational nurses.**

  - **Complainants receive letters on the status of their complaints every 90 days, and if a case is unresolved after 1 year, a letter of explanation is sent to the complainant.**

- **Complaints can be filed at any time against a nurse by completing a written complaint form transmitted by US mail, fax, or e-mail. The form is available by several venues. A toll-free number hosted by the Health Professions Council receives complaints against various health care professionals. Following receipt of a call to this number, a complaint form is mailed to the complainant. The form is also available at the BON's web site, www.bon.state.tx.us, along with explanations of the complaint process. Complaints are also received over the telephone in the agency and a form is then mailed to the complainant.**

- **Information Services: The BON provides various information to customers including verbal, written and electronic information. The BON's web site contains information including the Nursing Practice Act, BON Rules and Guidelines, BON Position Statements, the agency's physical location, disciplinary and licensure information, online licensure verification, and links to Texas Online for online renewal. Publications of the BON are available upon request for a minimal fee. Time lines for requests for information by venues other than the Internet are as follows:**

  - **Requests for general information by telephone: Our goal is to answer or return all calls within five business days. This is a challenge since the agency receives approximately 318,000 calls a year.**

  - **Nurses are informed of standards, laws, rule changes and changes in BON policy through a quarterly newsletter and 4 workshops per year conducted by the BON in rotating sites throughout the state.**

  - **Requests for information via the BON's webmaster: Our goal is to respond to e-mail requests within five business days.**

  - **The BON's web site also contains consumer links to the National Council of State Boards of Nursing where consumer-oriented information is available, including contact information for other state boards of nursing, multi state regulations and states within the compact, information on chemical dependency in the nursing profession and information on expected professional boundaries that nurses should maintain in their relationships with patients.**

  - **Open Records requests will be answered within 10 days unless an Attorney General Opinion is sought through the Attorney General's Office.**

  - **Licensure verification requests are answered within 21 working days.**

  - **Publications and orders of labels or lists are mailed within 21 working days of the request.**

  - **The BON's newsletter is mailed to nurses and other subscribers quarterly.**

Nurse Licensure Compact

- **The BON implemented the Nurse Licensure Compact on January 1, 2000. The Compact provides for states to recognize a license from another state. You will find more information about the Compact on the BON's web site. Our goal is to give the same priority to complaints against nurses who reside in Texas but violate the laws of another Compact state.**

Looking Ahead

- **Future plans for the BON web site include the addition of an online workshop offering eligible for continuing education credit and the addition of background information and photos of current board members. The Board is also considering the addition of board meeting broadcasts available for download. The Board has implemented paperless licensure which began September 1, 2008. The Board is will implement the Advanced Practice Nurse Licensure Compact no later than 2011.**

You may reach the Board of Nursing at:

Board of Nursing for the State of Texas

***Physical Address*:** **William P. Hobby Building**
Suite 3-460
333 Guadalupe
Austin, Texas 78701

***Mailing Address*:** **333 Guadalupe, Suite 3-460**
Austin, Texas 78701

Telephone Number: 512/305-7400
Toll-free Complaint Line: 1-800-821-3205
Fax Number: 512/305-7401
Web site: www.bon.state.tx.us

The BON affords individuals an opportunity to speak directly to its membership at its regularly scheduled meetings during open forums. If you wish to address the BON on any matter under its jurisdiction, please contact Patricia Vianes-Cabrera at 512/305-6811 for dates and times.

We are also interested in your comments on the services provided by the BON. To address any concerns related to customer service, you may contact the BON's Customer Service Representative, Bruce Holter, at 512/305-6842 or through e-mail at bruce.holter@bon.state.tx.us.

BOARD OF NURSING FOR THE STATE OF TEXAS
CUSTOMER-RELATED PERFORMANCE MEASURES

Outcome Measures

- ***Percentage of Surveyed Customer Respondents Expressing Overall Satisfaction with Services Rendered***

Short Definition:	**Total number of surveyed customer respondents who expressed an overall satisfaction with BON services, divided by the total number of surveyed customer respondents (during a specific reporting period).**
Purpose/Importance:	**This measure is one mechanism to determine the percentage of BON customers that are satisfied with the agency's customer service.**
Source/Collection of Data:	**NCSBN develops/mails a survey to agency Customers. BON tabulates survey data from those who respond to the survey.**
Method of Calculation:	**BON Stakeholder responses from CORE Study results on Web Site, Telephone System, and Newsletter averaged to produce average aggregate stakeholder score of 3.02 for FY 09. The aggregate stakeholder score was then multiplied by 25 to produce a score equivalent to scoring utilized for the BON Survey. For calculation of the FY 2010 number, four survey questions for each customer service area (Customer Service Department, Board of Nursing Bulletin and the BON web site) were selected as measures. Scoring was based on all positive and negative responses received. Neutral or non-responses were not considered in the calculations. The satisfaction rating was calculated by averaging the percentages for positive responses received divided by the total number of positive and negative responses received. The overall score was determined by averaging the scores received for the twelve indicator questions. For the Customer Service Department, questions 3, 4, 5 and 6 were utilized. For the Board of Nursing Bulletin, questions 1, 2, 3 and 4 were utilized. For the Board of Nursing web site, questions 3, 4, 5 and 6 were utilized.**
DENOMINATOR	**Total number of surveys that are returned from BON customers responding to survey.**

Data Limitation: The agency has no control over how many BON customers will return the survey. In addition, the term "overall satisfaction" is very subjective. However, the Texas legislature has dictated numerous specific areas that should be covered by the survey.
It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium if other survey data is unavailable. This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Actual performance that is higher than targeted performance is desirable.

2) Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Short Definition: Total number of surveyed customer respondents who have identified ways to improve service delivery, divided by the total number of surveyed customer respondents (during the specific reporting period).

Purpose/Importance: This measure is one mechanism to identify possible improvements to the agency's service delivery.

Source/Collection of Data: NCSBN develops/mails a survey to agency Customers. The BON posts a survey online from January to April 2010. BON tabulates survey data from those who respond to the surveys.

Method of Calculation: NUMERATOR - Total number of BON customers who responded to the surveys. For BON online survey, the number of people who completed the survey.

DENOMINATOR - Total number of surveys that were mailed to BON customers. For BON online survey, the total number of current licensees at the end of first quarter of FY 2010 when the survey was posted online.

This performance measure is calculated by dividing the numerator by the denominator and multiplying by 100 to achieve a percentage.

Data Limitation: The agency has no control over how many BON customers will return the surveys. In addition, the definition of "improvement" is unclear – one customer's suggestion to improve services (e.g., "Don't have voice mail") may not be perceived to be an improvement by another customer (e.g., a customer who wants the agency to have voice mail).

It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium if no other survey data is available. This performance measure does not lend itself to a quarterly or annual report. On the Board of Nursing Web Survey, a total of 61 customers responded. 435 customers responded to the NCSBN Survey.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Based upon the assumption that more suggestions indicate poorer customer service, actual performance that is lower than targeted performance is desirable. However, since this assumption may or may not be true, it is unclear as to whether achieving a smaller percentage is better.

Output Measures

(1) Number of Customers Surveyed

Short Definition: Total number of BON customers surveyed in a reporting period.

Purpose/Importance: This measure is an indication of the agency's efforts to collect information from the public about the agency's customer service.

Source of Data: National Council of State Boards of Nursing (NCSBN) develops/mails a survey to a random sample of BON licensees, and schools of nursing approved by the Board.

Method of Calculation: NCSBN determines quantity required for BON participation in survey.

Data Limitation: Not every BON customer is surveyed (e.g., BON surveys on a random sample of licensees, due to the expense of surveying all members of this large population). BON has no control over the number of customers who will want BON services (e.g., number of people who want to obtain a nursing license, or who want to obtain information.

This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Actual performance that is higher than targeted performance is desirable.

(2) Number of Customers Served

Short Definition: Total number of BON customers identified in a reporting period.

Purpose/Importance: This measure is an indication of the agency's workload (i.e., the greater number of customers, the greater the agency's workload).

Source/Collection of Data: The number of customers served is the actual number of board customers in each identified major group. These groups include but are not limited to: number of registered professional nurses, advanced practice nurses, licensed vocational nurses, schools of nursing, complainants, attorneys, members of the public who request public records, and nursing associations.

Method of Calculation: BON manually calculates the approximate number of customers served during a reporting period.

Data Limitation: BON has no control over the number of customers who will want BON services (e.g., number of people who want to obtain a nursing license, who want to obtain information, or who want to file a complaint). The types of groups of customers are somewhat specific ("targeted") as a result of the agency's enabling legislation.

It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: **Non-cumulative.**

New Measure: **No.**

Desired Performance: **Actual performance that is higher than targeted performance is desirable, provided the agency has sufficient staff to handle the increased workload that results from having additional customers to serve.**

Efficiency Measures

1) Cost Per Customer Surveyed

Short Definition: **Total funds expended (including those encumbered) for the cost to survey the agency's customer, including costs of mailing the survey and costs of personnel time to develop the BON Customer Service Survey and evaluate the data collected. This total cost is divided by the number of customers surveyed. Denominator is the same number as the result of the performance entitled *Number of Customers Surveyed.***

Purpose/Importance: **This measure reflects the cost to the agency to conduct a customer service survey.**

Source/Collection of Data: **Funds expended would include all direct costs attributable to the survey. These direct costs are identified in the agency's operating budget and where applicable, will include: percent of exempt and classified salaries according to estimated time spent in this function, consumable supplies, computer expenses, training and education, capitalized equipment, and other operating expenses.**

Method of Calculation: **BON Accountant will keep manual record of costs.**

Data Limitation: BON has no control over the number of customers who will want BON services (e.g., number of people who want to obtain a nursing license, who want to obtain information, or who want to file a complaint). In addition, the types and groups of customers are somewhat specific ("targeted") as a result of the agency's enabling legislation.
It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Actual performance that is lower than targeted performance is desirable.

Explanatory Measures

(1) Number of Customers Identified This explanatory measure is the same as the Output entitled "Number of Customers Served."

(2) Number of Customer Groups Inventoried

Short Definition: Total number of customer groups identified in a reporting period.

Purpose/Importance: This measure reflects the diversity of agency customers and gives an indication of the agency's workload.

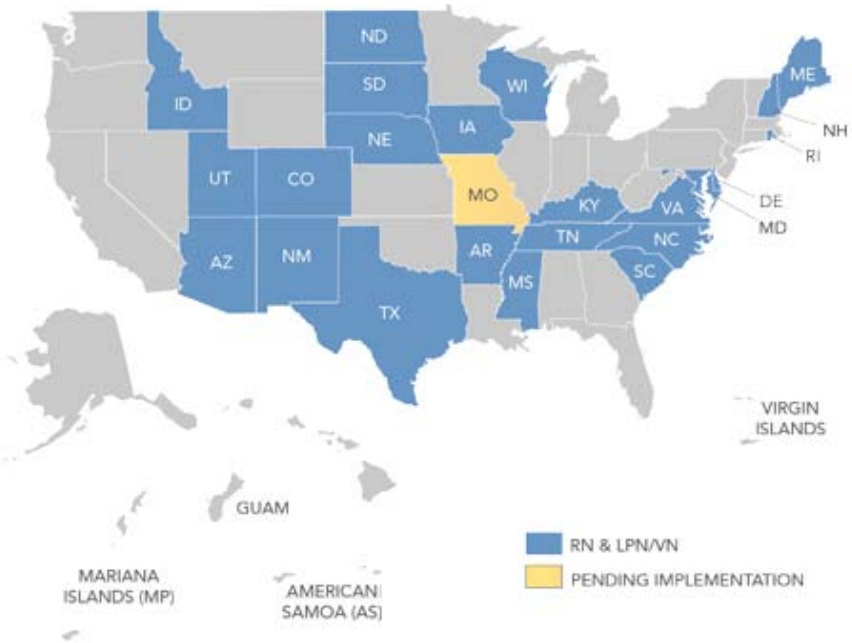
Source/Collection of Data: The number of customer groups is determined by reviewing the external customer groups that might exist within each budget strategy listed in the agency Strategic Plan.

Method of Calculation: BON keeps a manual inventory (manual list) of its customer groups.

Data Limitation:	**The types and groups of customers are somewhat specific ("targeted") as a result of the agency's enabling legislation.** **It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.**
Calculation Type:	**Non-cumulative.**
New Measure:	**No.**
Desired Performance:	**Actual performance that is higher than targeted performance is desirable, provided that agency has sufficient staff to handle the increased workload that results from having additional groups of customers to serve.**

Appendix I

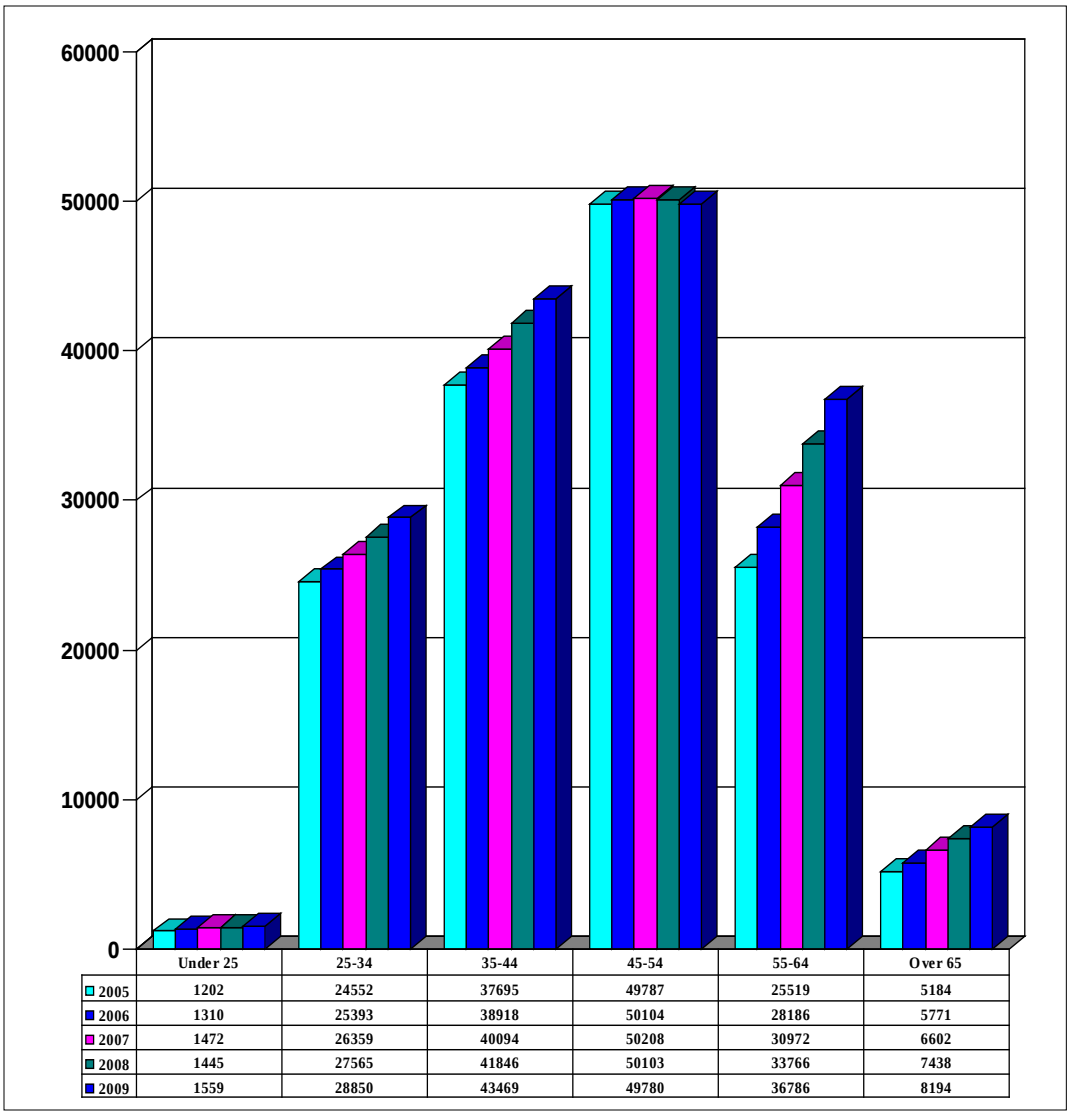
Map of State Compact Bill Status



COMPACT STATES	IMPLEMENTATION DATE
Arizona	7/1/2002
Arkansas	7/1/2000
Colorado	10/1/2007
Delaware	7/1/2000
Idaho	7/1/2001
Iowa	7/1/2000
Kentucky	6/1/2007
Maine	7/1/2001
Maryland	7/1/1999
Mississippi	7/1/2001
Nebraska	1/1/2001
New Hampshire	1/1/2006
New Mexico	1/1/2004
North Carolina	7/1/2000
North Dakota	1/1/2004
South Carolina	2/1/2006
Rhode Island	7/1/2008
South Dakota	1/1/2001
Tennessee	7/1/2003
Texas	1/1/2000
Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

Appendix J

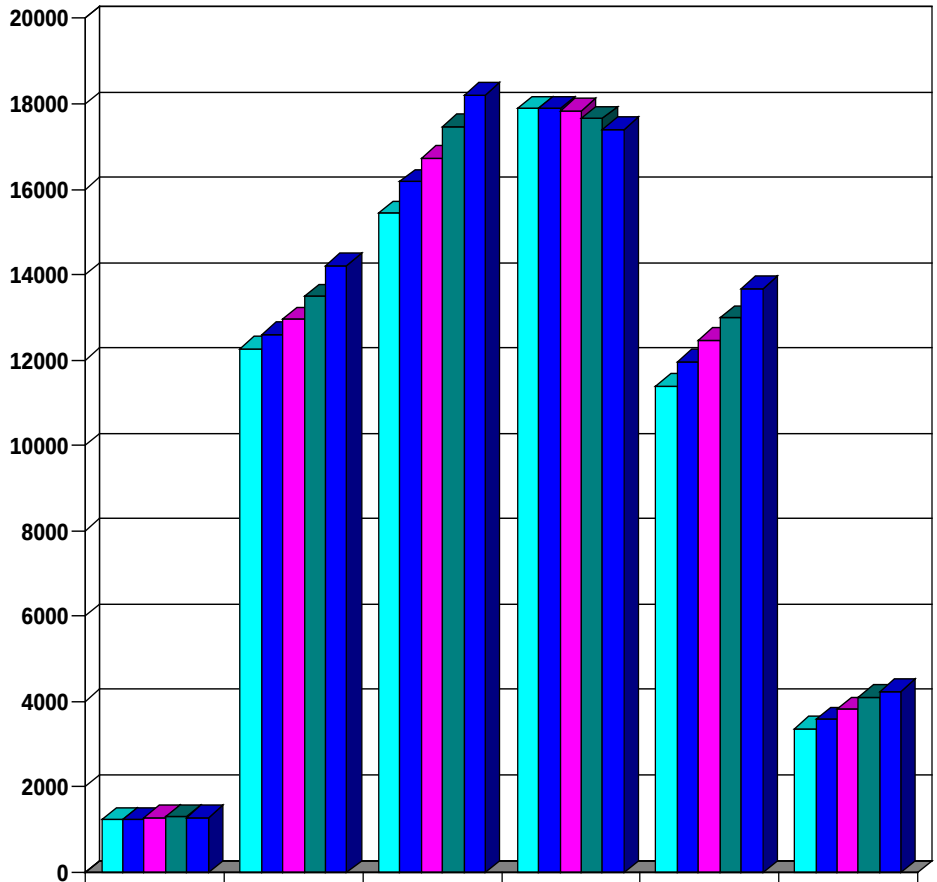
Texas RNs Employed in Nursing By Age: 2005-2009



	Under 25	25-34	35-44	45-54	55-64	Over 65
2005	1202	24552	37695	49787	25519	5184
2006	1310	25393	38918	50104	28186	5771
2007	1472	26359	40094	50208	30972	6602
2008	1445	27565	41846	50103	33766	7438
2009	1559	28850	43469	49780	36786	8194

All age groups increased in number from FY 2005 to FY 2009 except nurses ages 45 to 54 who decreased by .01 percent. The number of RNs ages 35 to 44 increased 15% from FY 2005 to FY 2009 (the lowest increase of all groups). The number of RNs ages 25 to 34 increased 18%, nurses under age 25 increased 30%, nurses ages 55 to 64 increased 44% and RNs over age 65 increased 58% in number from FY 2005 to FY 2009.

Texas LVNs Employed in Nursing
By Age: 2005-2009

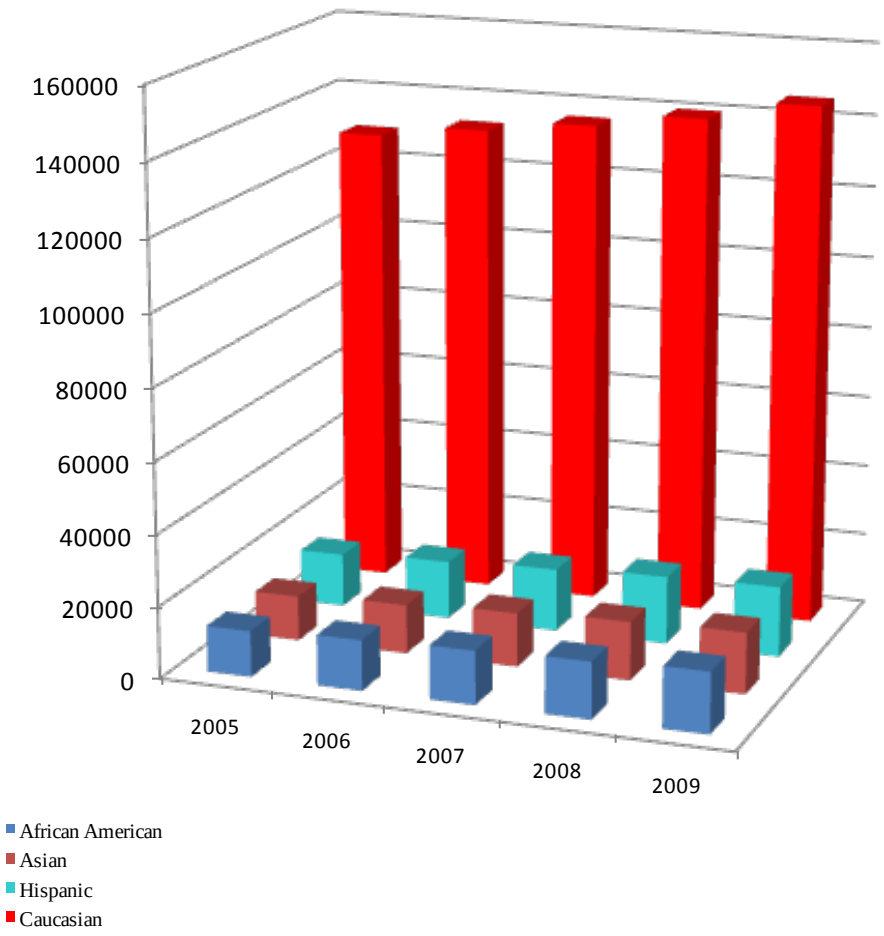


	Under 25	25-34	35-44	45-54	55-64	Over 65
2005	1237	12259	15438	17890	11393	3364
2006	1228	12600	16178	17894	11962	3585
2007	1287	12949	16726	17846	12468	3815
2008	1301	13500	17477	17664	12986	4105
2009	1277	14209	18205	17409	13682	4237

One age group decreased in number from FY 2005 to FY 2009. The number of LVNs ages 45 to 54 decreased 3%. LVNS under age 25 increased 3%, LVNs LVNs ages 25 to 34 increased 16%, LVNs ages 35 to 44 increased 18%, LVNs ages 55 to 64 increased 20% and LVNs over 65 increased 26% from FY 2005 to FY 2009.

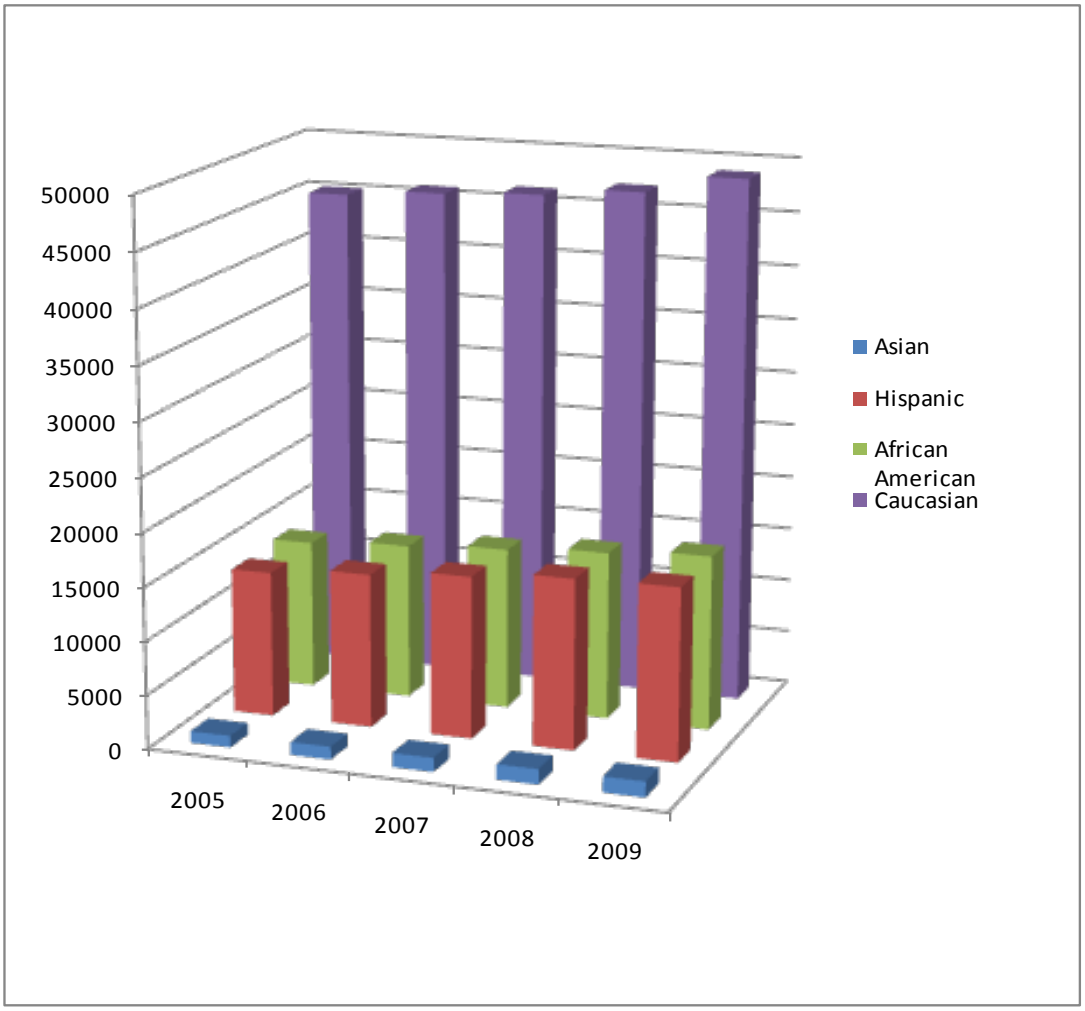
Appendix K

Currently Licensed RNs by Ethnicity: 2005-2009



In 2009, 75% of currently licensed registered nurses (RNs) were Caucasian, 7% were African American, 9% Hispanic, 7% Asian, and .3% American Indian. From 2005 to 2009, the number of Caucasian RNs increased by 13%, African American RNs increased by 32%, American Indian RNs increased by 22%, Asian RNs increased by 36%, and Hispanic RNs increased by 31%.

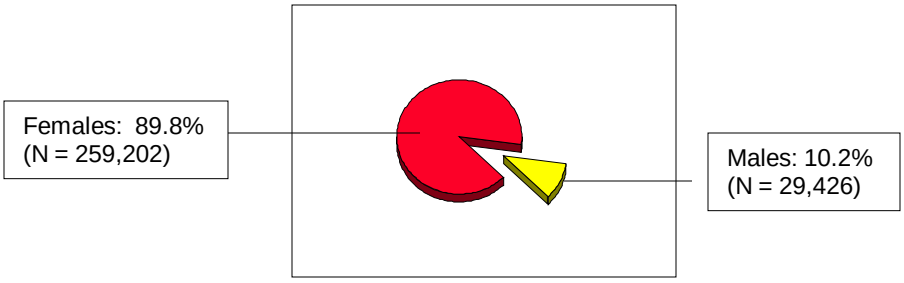
Currently Licensed LVNs by Ethnicity: 2005-2009



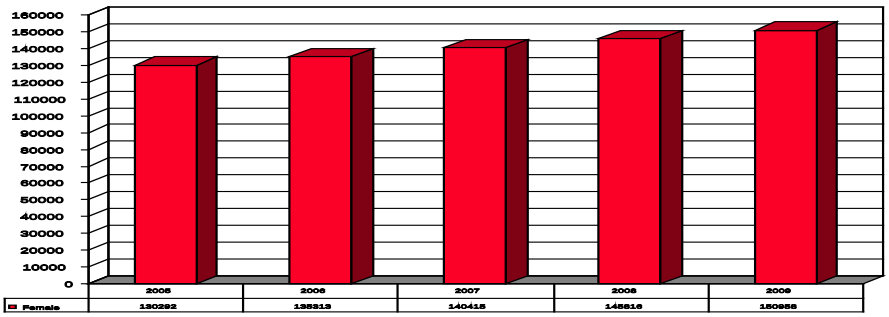
In 2009, 58% of currently licensed vocational nurses (LVNs) were Caucasian, 19% were African American, 19% Hispanic, 2% Asian, and .5% American Indian . From 2005 to 2009, the number of Caucasian LVNs increased by 8%, African American LVNs increased by 17%, American Indian LVNs increased by 7%, Asian LVNs increased by 35% and Hispanic LVNs increased by 18%.

Appendix L

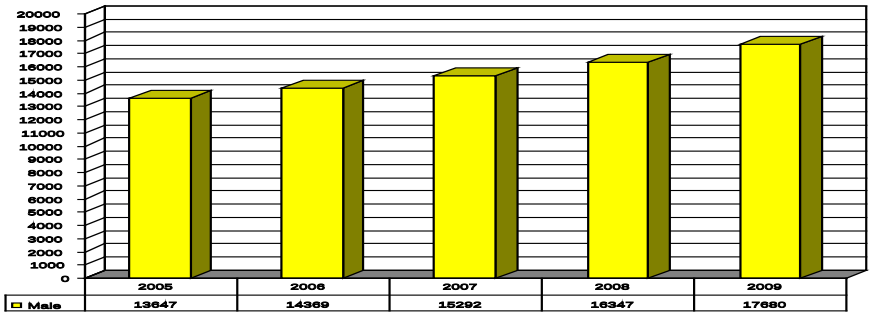
Licensed Nurses residing in Texas by Gender: 2009



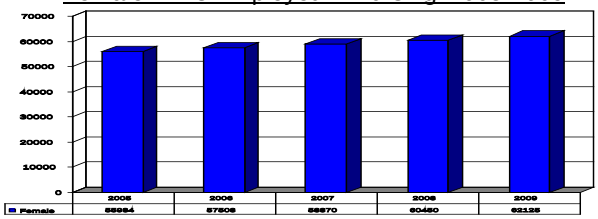
Female RNs Employed in Nursing: 2005-2009



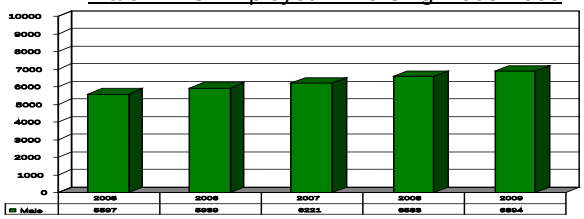
Male RNs Employed in Nursing: 2005-2009



Female LVNs Employed in Nursing: 2005-2009



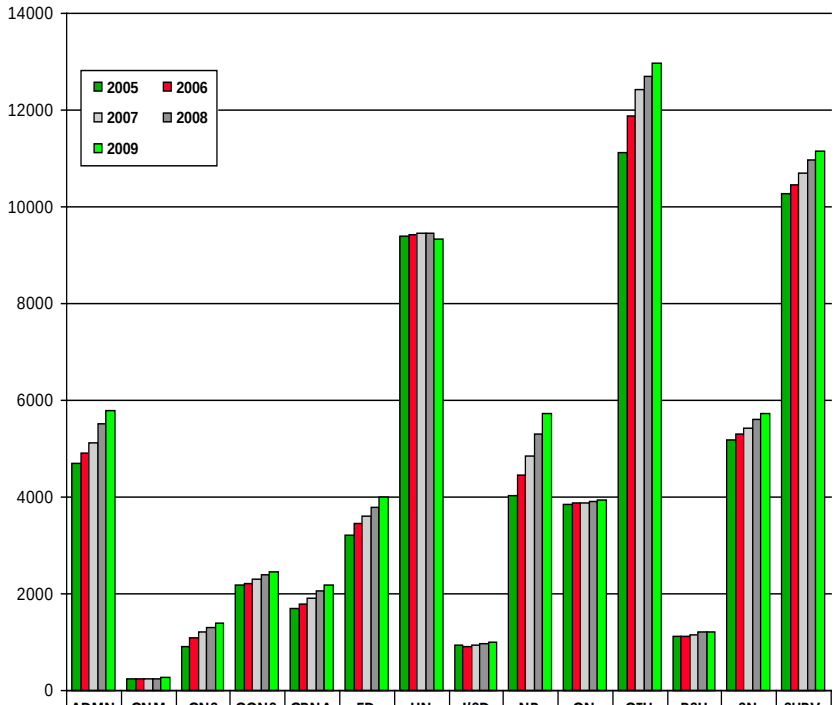
Male LVNs Employed in Nursing: 2005-2009



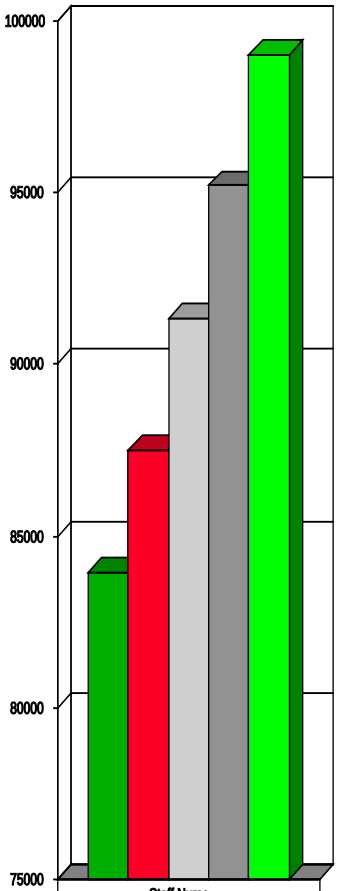
The number of female RNs employed in nursing increased 16% from 2005-2009. The number of male RNs employed in nursing increased 30% from 2005-2009. The number of female LVNs employed in nursing increased 11% from 2005-2009. The number of male RNs employed in nursing increased 23% from 2005-2009.

Appendix M

Employed Licensed RNs/APNs Residing in Texas By Position Type: 2005-2009



	ADMN	CNM	CNS	CONS	CRNA	ED	HN	I/SD	NP	ON	OTH	RSH	SN	SUPV
2005	4701	239	904	2167	1696	3217	9387	932	4020	3843	11120	1130	5195	10286
2006	4911	245	1077	2216	1801	3450	9418	923	4443	3890	11864	1131	5316	10468
2007	5133	244	1200	2291	1922	3601	9449	946	4834	3887	12418	1160	5439	10700
2008	5528	257	1312	2408	2064	3784	9463	966	5291	3899	12687	1214	5603	10972
2009	5797	270	1407	2442	2175	3989	9320	988	5719	3925	12981	1202	5735	11163



	Staff Nurse
2005	83958
2006	87481
2007	91353
2008	95195
2009	99001

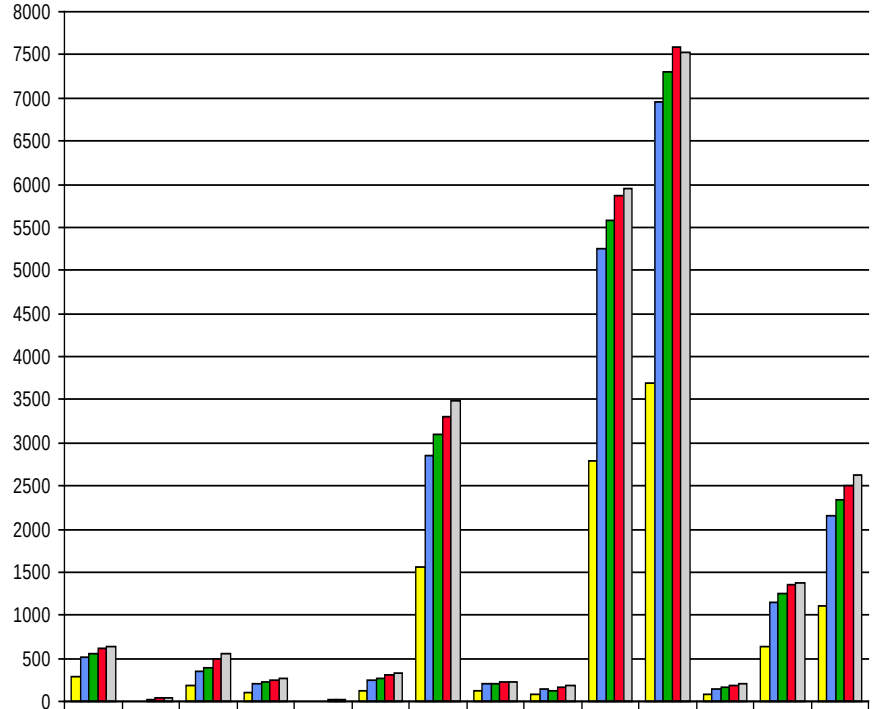
CODE KEY

ADMN - Administrator or Assistant
CNM - Certified Nurse Midwife
CNS - Clinical Nurse Specialist
CONS - Consultant
CRNA - Certified RN Anesthetist
ED - Faculty or Educator
HN - Head Nurse or Assistant
I/SD - Inservice/Staff Development
NP - Nurse Practitioner
ON - Office Nurse
OTH - Any other position not listed
RSH - Research
SN - School Nurse
SUPV - Supervisor or Assistant

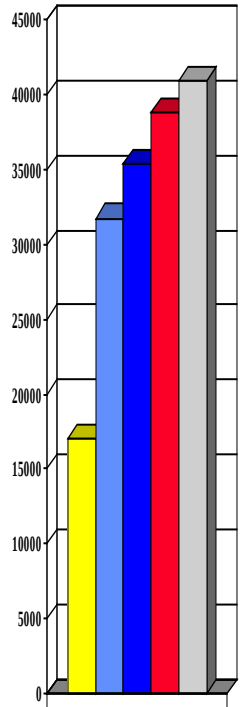
2005-2009

Administrator or Asst. - Up 23%
Clinical Nurse Specialists - Up 56%
Certified Nurse Midwives - Up 13%
Certified RN Anesthetists - Up 28%
Consultant – Up 13%
Faculty/Educators - Up 24%
Head Nurse or Asst. - Down 1%
Inservice/Staff Development - Up 6%
Nurse Practitioner - Up 42%
Office Nurse - Up 2%
Other Position - Up 17%
Researcher - Up 6%
School Nurse - Up 10%
Staff Nurse/General Duty - Up 18%
Supervisor or Asst. - Up 9%

Employed Licensed LVNs Residing in Texas By Position Type: 2005-2009



	ADMN	CNM	CNS	CONS	CRNA	ED	HN	I/SD	NP	ON	OTH	RSH	SN	SUPV
2005	281	4	176	110	2	128	1566	114	85	2789	3702	76	635	1110
2006	504	6	347	209	7	253	2857	195	146	5244	6956	147	1156	2147
2007	561	11	399	229	6	274	3090	206	132	5585	7299	168	1261	2332
2008	607	33	486	251	14	303	3302	221	157	5870	7596	190	1349	2511
2009	635	45	562	274	19	329	3479	218	178	5956	7521	208	1373	2623



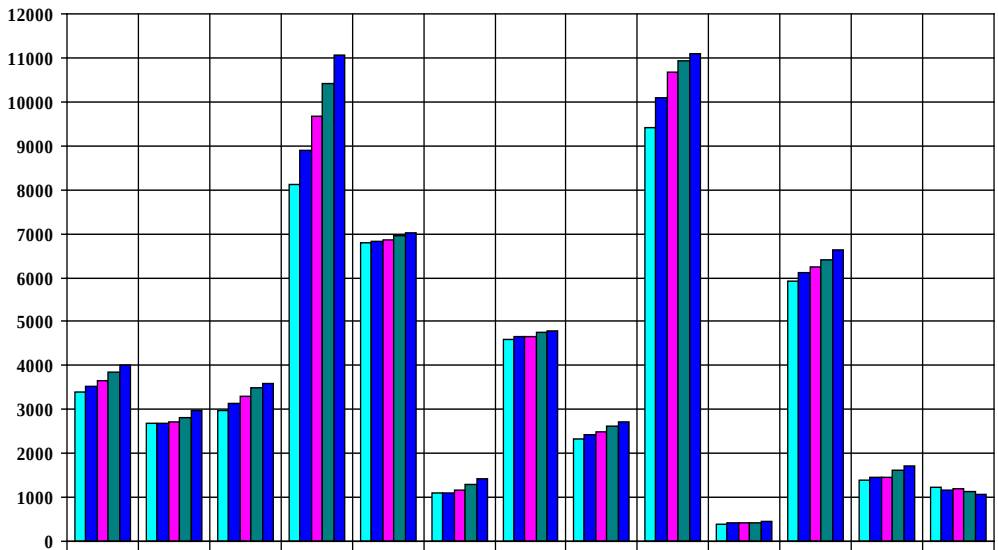
	Staff Nurse
2005	17049
2006	31732
2007	35360
2008	38833
2009	40950

CODE KEY
ADMN - Administrator or Assistant
CNM - Certified Nurse Midwife
CNS - Clinical Nurse Specialist
CONS - Consultant
CRNA - Certified RN Anesthetist
ED - Faculty or Educator
HN - Head Nurse or Assistant
I/SD - Inservice/Staff Development
NP - Nurse Practitioner
ON - Office Nurse
OTH - Any other position not listed
RSH - Research
SN - School Nurse
SUPV - Supervisor or Assistant

NOTE: FY 2005 was the first period of data collection period for this type of data. In 2009, 4,649 LVNs indicated no response on the question on position type when queried.

Appendix N

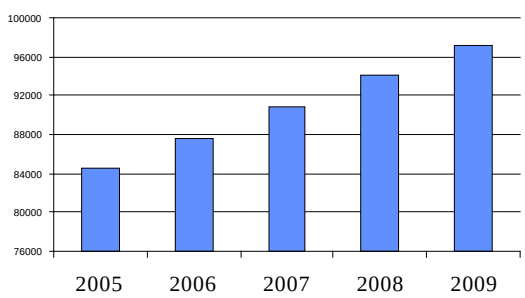
Currently Licensed Texas RNs By Primary Place of Employment: 2005-2009



	B/I	COM	F/CLNC	HH	MD	MIL	NH	NS	OTH	RHC	SCH	SELF	TEMP
2005	3384	2674	2982	8109	6778	1092	4596	2341	9398	396	5919	1387	1242
2006	3534	2676	3131	8879	6828	1115	4663	2432	10094	407	6099	1441	1172
2007	3659	2731	3314	9665	6843	1156	4664	2488	10688	419	6229	1451	1204
2008	3850	2830	3486	10418	6960	1289	4751	2615	10936	436	6411	1607	1122
2009	4017	2969	3589	11061	7028	1422	4771	2704	11100	452	6622	1712	1076

CODE KEY

B/I - Business/Industry
COM - Community/Public Health Agency
F/CLNC - Freestanding Clinic
HH - Home Health Agency
MD - Physician or Dentist
MIL - Military
NH - Nursing Home/Extended Care
NS - School of Nursing
OTH - Any other place of employment not listed above
RHC - Rural Health Clinic
SCH - School/College Health
SELF - Self-Employed/Private Practice
TEMP - Temporary Agency

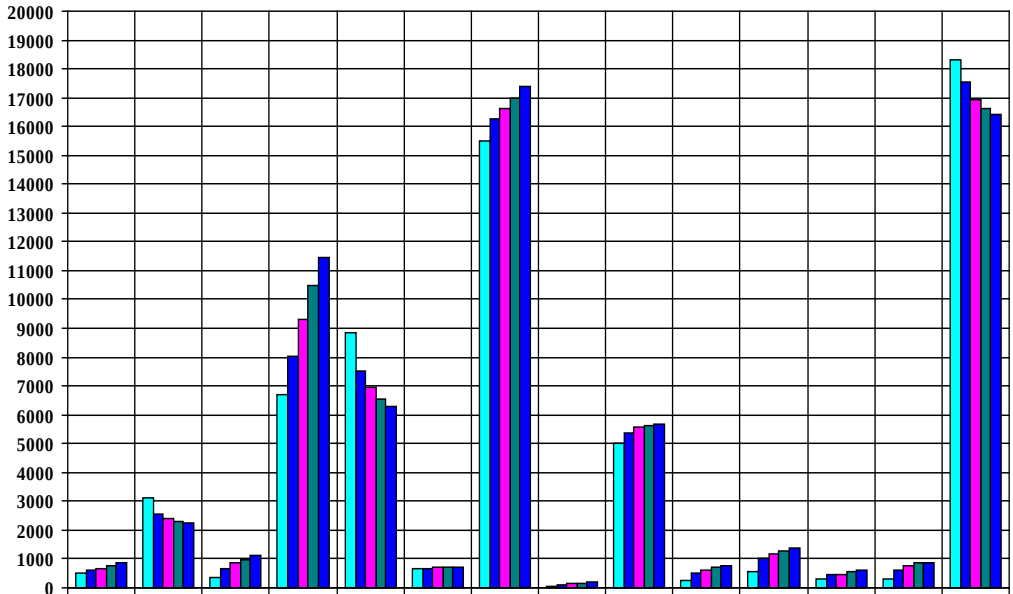


Inpatient Hospital RN Employment

Increases: 2005-2009

Business/Industry - Up 19%
Community/Public Health – Up 11%
Freestanding Clinics - Up 20%
Home Health - Up 36%
Inpatient Hospital - Up 15%
Military - Up 30%
Nursing Homes/Extended Care - Up 4%
Other Place of Employment - Up 18%
Physician/Dentist Office - Up 4%
School/College Health - Up 12%
Schools of Nursing - Up 16%
Self-Employed/Private Practice - Up 23%
Temp. Agencies - Down 13%
Rural Health Clinics – Up 14%

Currently Licensed Texas LVNs By Primary Place of Employment: 2005-2009



	B/I	COM	F/CLNC	HH	MD	MIL	NH	NS	OTH	RHC	SCH	SELF	TEMP	IH
2005	508	3142	352	6696	8849	666	15497	52	5010	278	581	285	321	18322
2006	617	2561	678	8049	7500	682	16242	113	5380	519	1029	476	605	17552
2007	675	2388	855	9290	6967	698	16604	140	5572	616	1159	464	752	16947
2008	769	2297	983	10504	6524	695	16979	177	5632	698	1284	561	859	16617
2009	849	2276	1111	11457	6294	740	17416	206	5670	754	1374	633	887	16404

Increases: 2006-2009

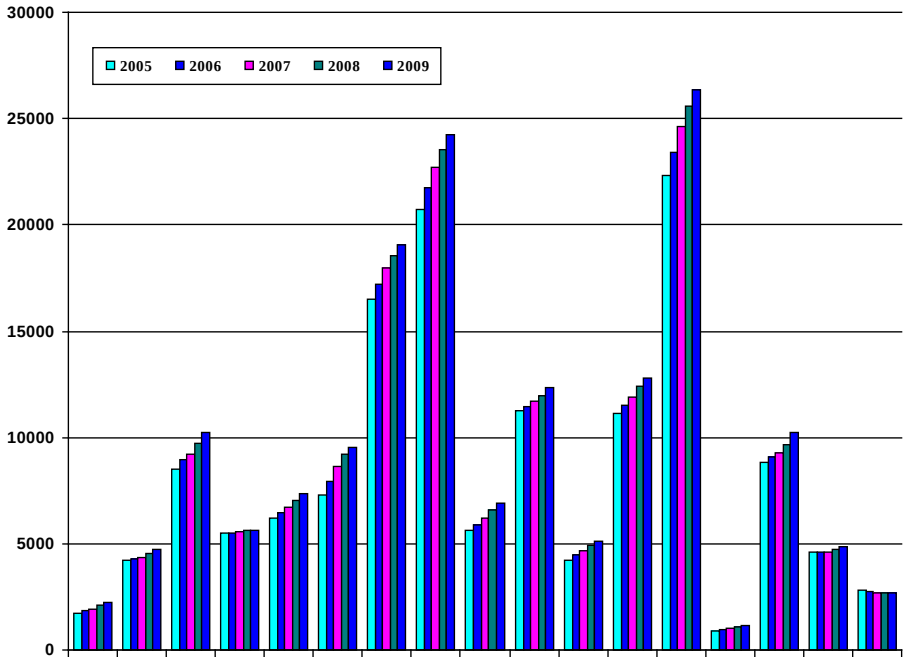
Business/Industry - Up 38%
Community/Public Health – Down 11%
Freestanding Clinics - Up 64%
Home Health - Up 42%
Inpatient Hospital - Down 7%
Military - Up 9%
Nursing Homes/Extended Care - Up 7%
Other Place of Employment - Up 5%
Physician/Dentist Office - Down 16%
School/College Health - Up 34%
Schools of Nursing - Up 82%
Self-Employed/Private Practice - Up 33%
Temp. Agencies - Down 47%
Rural Health Clinics – Up 45%

CODE KEY

B/I - Business/Industry
COM - Community/Public Health Agency
F/CLNC - Freestanding Clinic
HH - Home Health Agency
IH - Inpatient Hospital
MD - Physician or Dentist
MIL - Military
NH - Nursing Home/Extended Care
NS - School of Nursing
OTH - Any other place of employment not listed above
RHC - Rural Health Clinic
SCH - School/College Health
SELF - Self-Employed/Private Practice
TEMP - Temporary Agency

Appendix O

Licensed Employed RNs in Texas By Clinical Practice Area: 2005-2009



	AN	COM	ER	GER	GP	HH	ICU	M/S	NEO	OB	ONC	OR	OTH	OCC	PED	P/MH	REH
2005	1741	4193	8533	5532	6182	7287	16518	20739	5641	11267	4196	11144	22293	911	8853	4616	2786
2006	1842	4290	8926	5509	6456	7960	17215	21751	5886	11474	4462	11488	23409	985	9074	4584	2760
2007	1947	4369	9243	5565	6698	8660	17951	22722	6210	11731	4659	11921	24600	1036	9292	4616	2682
2008	2117	4514	9720	5653	7064	9188	18539	23529	6572	11989	4907	12417	25596	1074	9684	4740	2673
2009	2260	4709	10238	5646	7332	9513	19072	24243	6916	12317	5088	12782	26367	1123	10204	4884	2670

CODE KEY

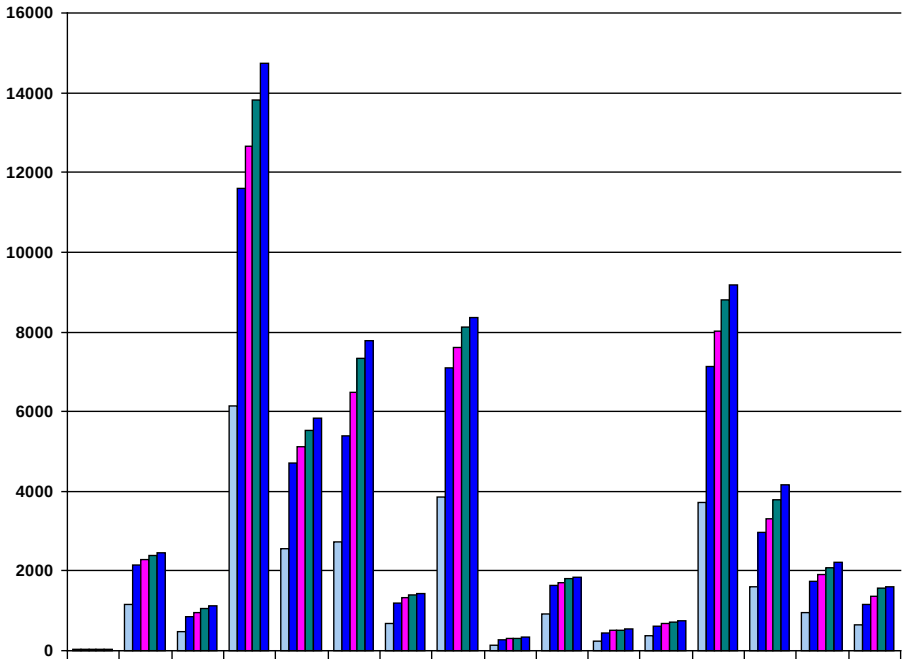
AN = Anesthesia
COM = Community/Public Health
ER = Emergency Care
GER = Geriatrics
GP = General Practice
HH = Home Health
ICU = Intensive Care/Critical
M/S = Medical/Surgical
NEO = Neonatology
OB = Obstetrics/Gynecology
OCC = Occupational/Env. Health
ON = Oncology
OR = Operating Room
OTH = Other Practice Area
PED = Pediatric
P/MH = Psychiatric/Mental Health
REH = Rehabilitation

Increases/Decreases: 2005-2009

Anesthesia - Up 30%
Comm./Public Health – Up 12%
Emergency Care - Up 19%
Geriatrics – Up 2%
General Practice - Up 19%
Home Health – Up 31%
Intensive Care/Critical Care - Up 15%
Medical/Surgical - Up 17%
Neonatology - Up 23%
Obstetrics/Gynecology - Up 9%
Oncology - Up 21%
Operating Room - Up 15%
Other Practice Area - Up 18%
Pediatric - Up 15%
Psychiatric/MH – Up 6%

Occupational/Environmental Health – Up 23% (Note: Added 9/4/2001)

Licensed Employed LVNs in Texas By Clinical Practice Area: 2005-2009



	AN	COM	ER	GER	GP	HH	ICU	M/S	NEO	OB	ONC	OR	OTH	PED	P/MH	REH
2005	22	1157	475	6157	2574	2720	682	3867	132	918	251	360	3714	1608	957	652
2006	38	2141	864	11583	4720	5375	1181	7100	262	1642	456	623	7127	2961	1734	1176
2007	37	2280	944	12647	5123	6466	1318	7593	294	1706	495	679	8015	3318	1909	1352
2008	42	2396	1059	13813	5527	7343	1404	8128	321	1808	528	731	8799	3803	2078	1569
2009	46	2453	1117	14732	5833	7795	1432	8374	328	1828	548	737	9183	4169	2223	1605

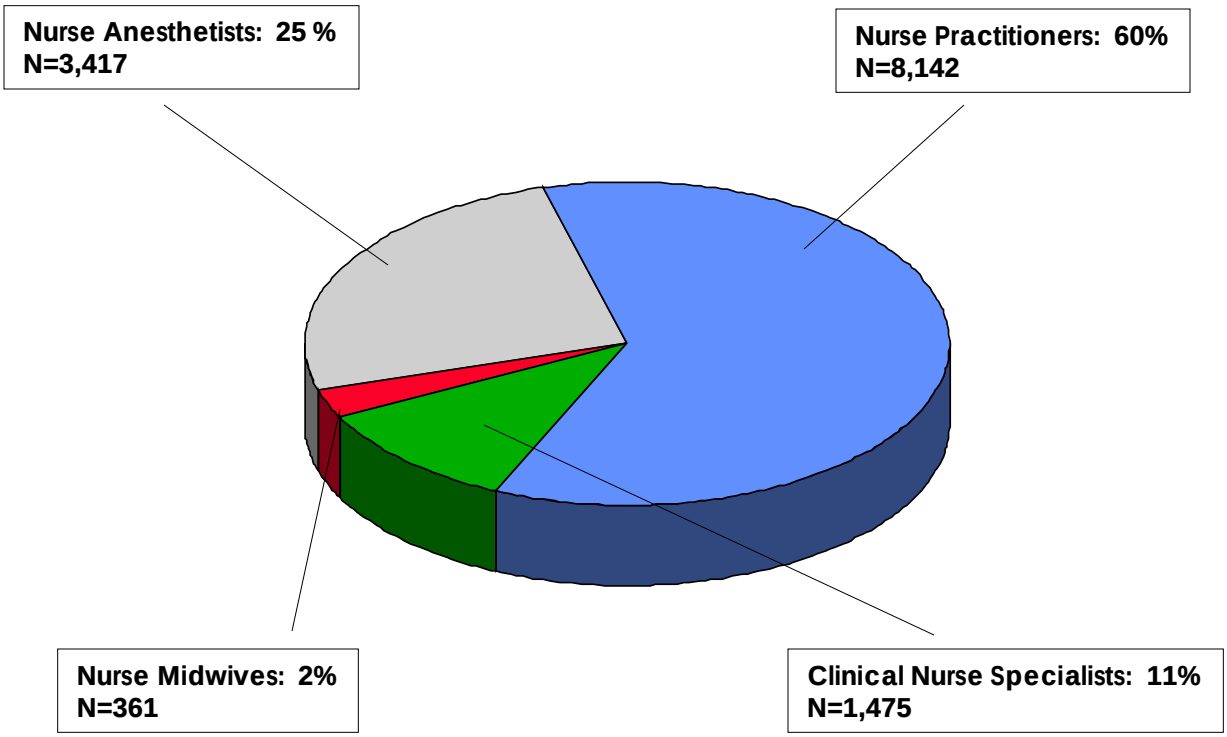
CODE KEY

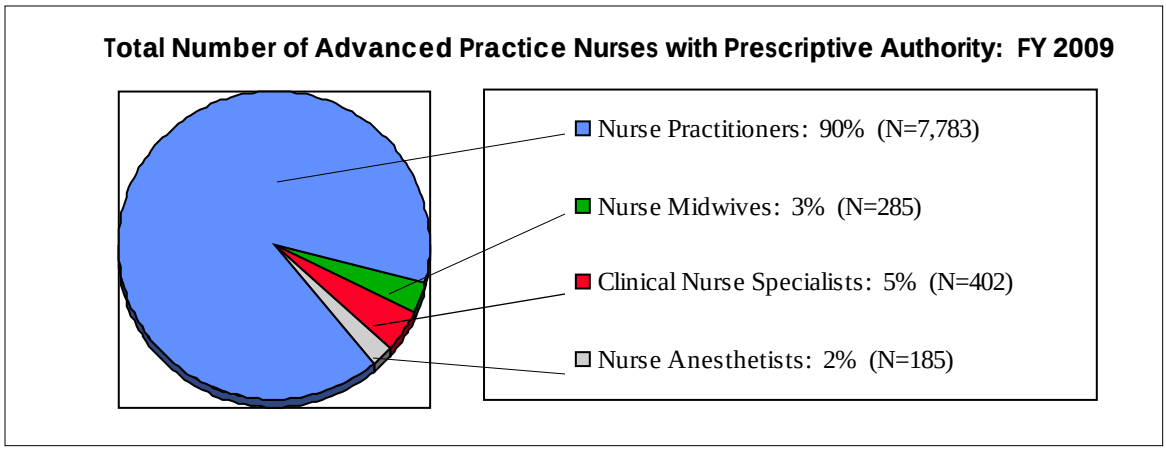
AN = Anesthesia
COM = Community/Public Health
ER = Emergency Care
GER = Geriatrics
GP = General Practice
HH = Home Health
ICU = Intensive Care/Critical
M/S = Medical/Surgical
NEO = Neonatology
OB = Obstetrics/Gynecology
ONC = Oncology
OR = Operating Room
OTH = Other Practice Area
PED = Pediatric
P/MH = Psychiatric/Mental Health
REH = Rehabilitation

NOTE: FY 2005 was the first period of data collection period for this type of data. All areas of clinical practice increased from 2006 to 2009. The largest increases were seen in the areas of Home Health (45%), Emergency Care and Other Practice Area (29%), Geriatrics (27%), Neonatology (25%), and General Practice (25%). In FY 2009, 6,229 LVNs indicated no response on the question on clinical practice area when queried.

Appendix P

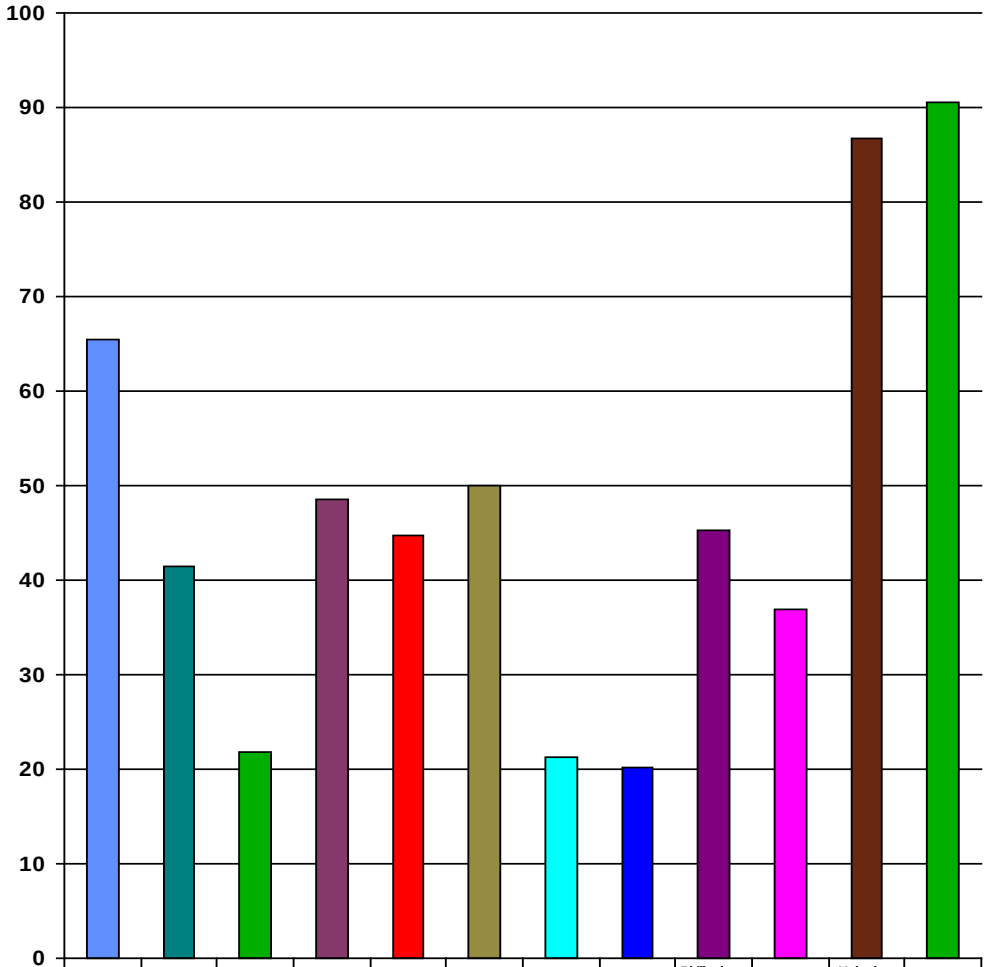
Currently Licensed RNs Recognized as Advanced Practice Nurses by Category: 2009





Appendix Q

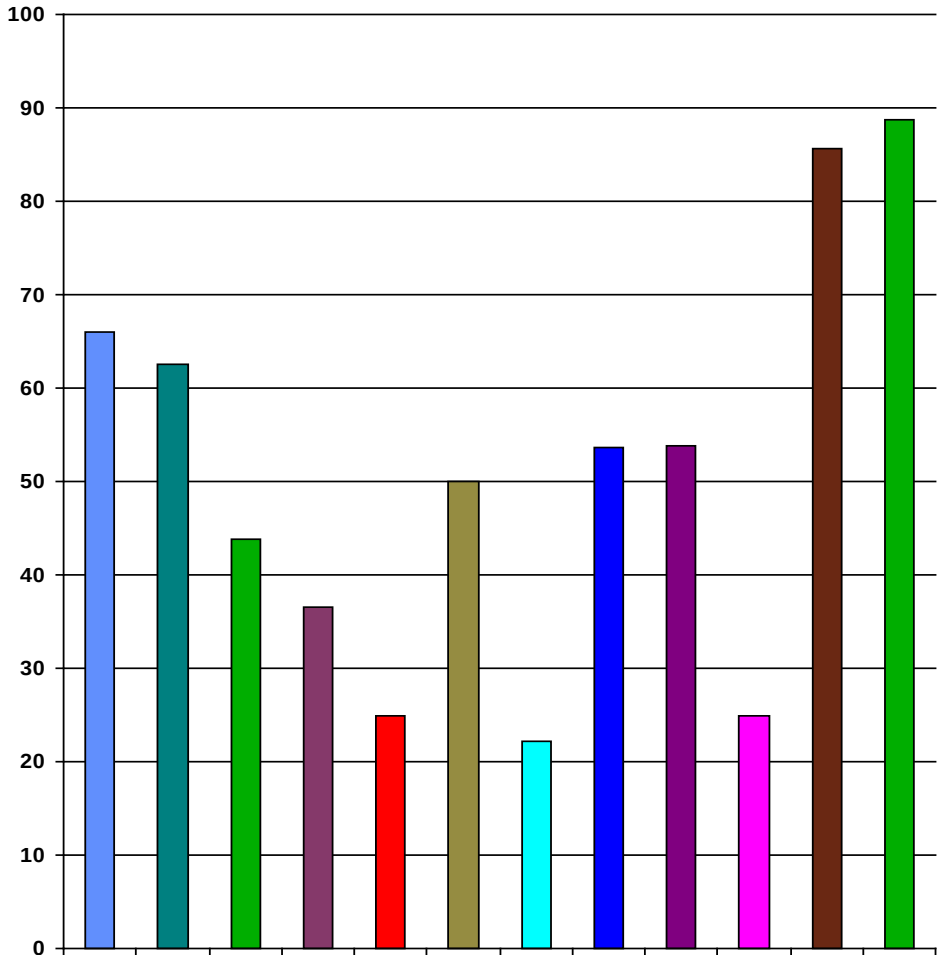
Comparison of First-Time NCLEX Pass Rates for Texas, U.S., and Foreign RN Candidates for Licensure: January 1, 2008 to December 31, 2008



	Canada	China	Cuba	India	Jamaica	Kenya	Mexico	Nigeria	Philippines	Taiwan	United States	Texas
RN Candidate Pass Rate Percentage	65.4	41.5	21.8	48.6	44.8	50	21.3	20.1	45.3	36.9	86.7	90.5

Data Source: 2008 Nurse Licensee Volume and NCLEX Examination Statistics, National Council of State Boards of Nursing, January, 2010.

Comparison of First-Time NCLEX Pass Rates for Texas, U.S., and Foreign LVN Candidates for Licensure: January 1, 2008 to December 31, 2008

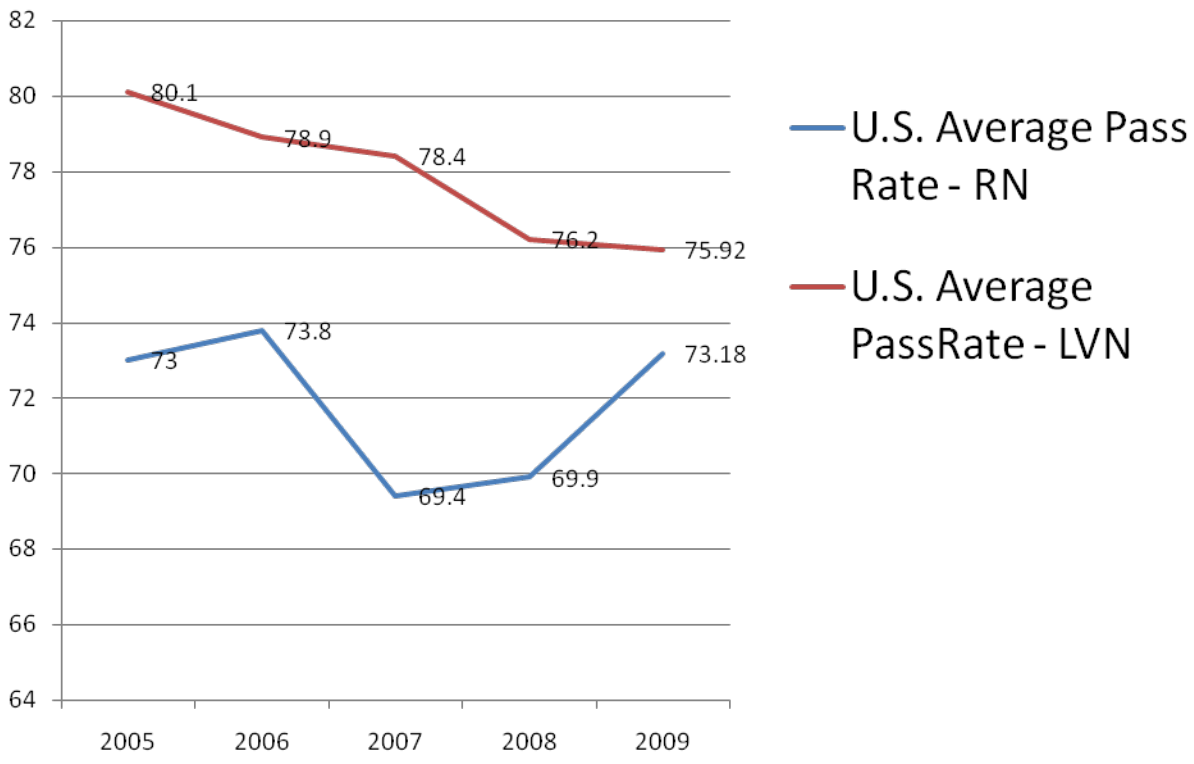


	Canada	China	Cuba	India	Jamaica	Kenya	Mexico	Nigeria	Philippines	Taiwan	United States	Texas
LVN Candidate Pass Rate Percentage	66	62.5	43.9	36.5	25	50	22.2	53.7	53.8	25	85.6	88.7

Data Source: 2008 Nurse Licensee Volume and NCLEX Examination Statistics, National Council of State Boards of Nursing, January, 2010.

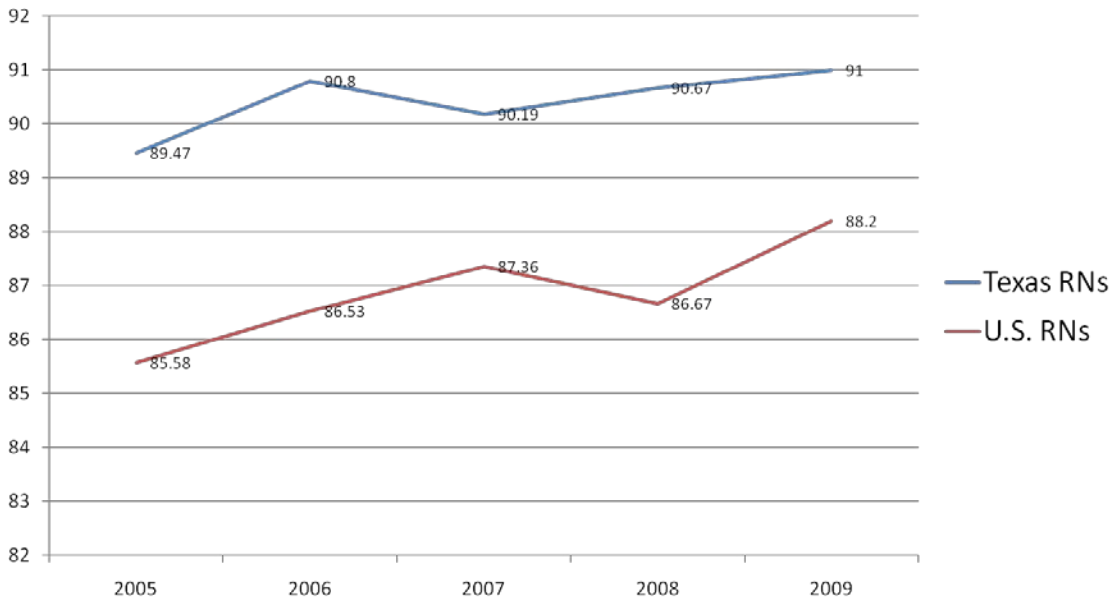
Appendix R

NCLEX Exam Pass Rates: United States (All candidates)



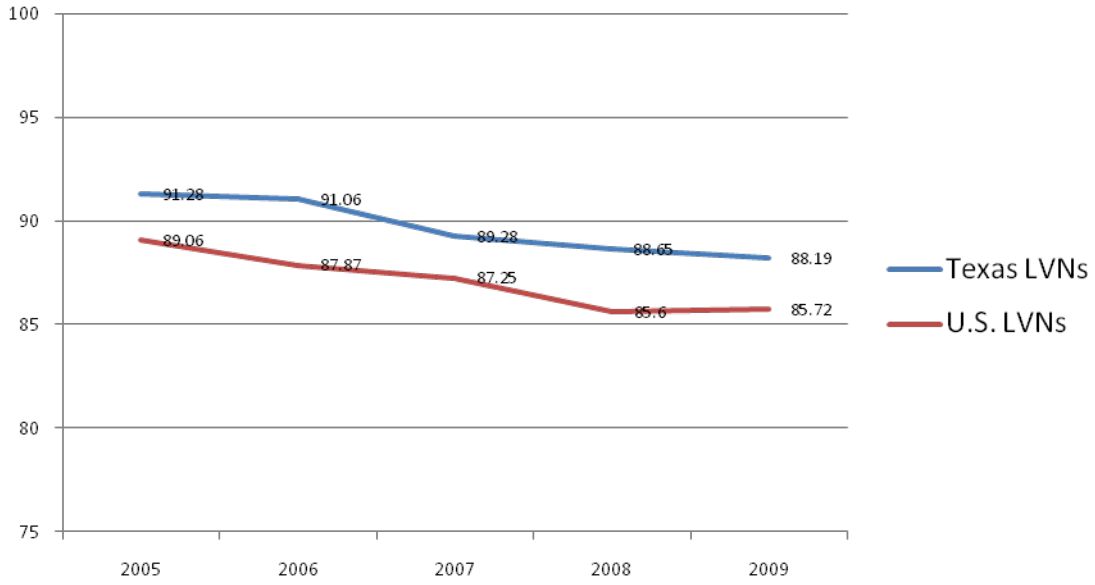
Data Source: NCLEX Examination Statistics, National Council of State Boards of Nursing.

2005-2009 RN Pass Rates: Texas/U.S. Nurses



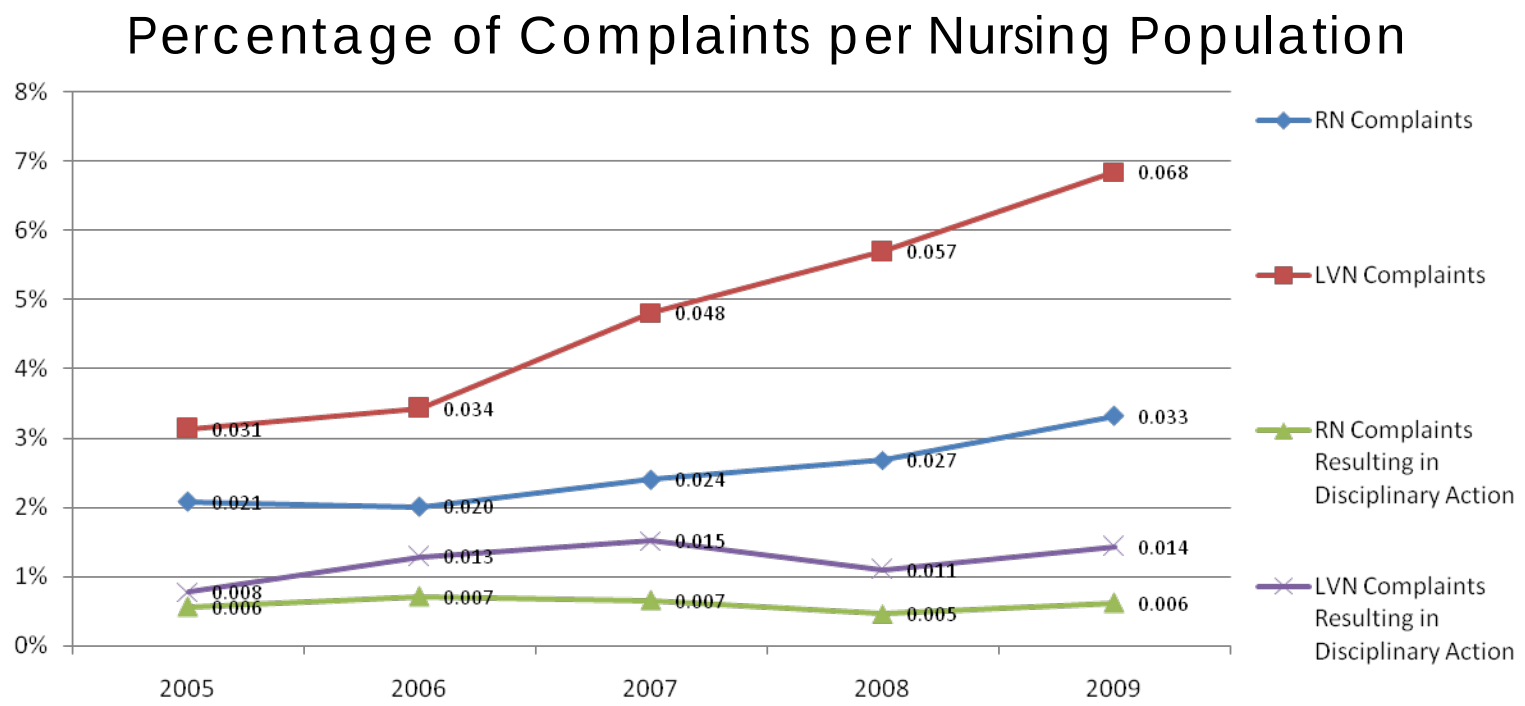
	2005	2006	2007	2008	2009
Texas RN School Enrollees	17,149	17,682	18,899	19,977	21,986
Texas NCLEX-RN Exam Takers	3,591	6,022	7,001	7,521	8,146
Texas First-time Pass Rate - NCLEX-RN	3,215 (89.47%)	5468 (86.53%)	6314 (90.19%)	6819 (90.67%)	7413 (91%)
National Average for RN Candidates	85.58%	86.53%	87.36%	86.67%	88.20%

2005-2009 LVN Pass Rates: Texas/U.S. Nurses



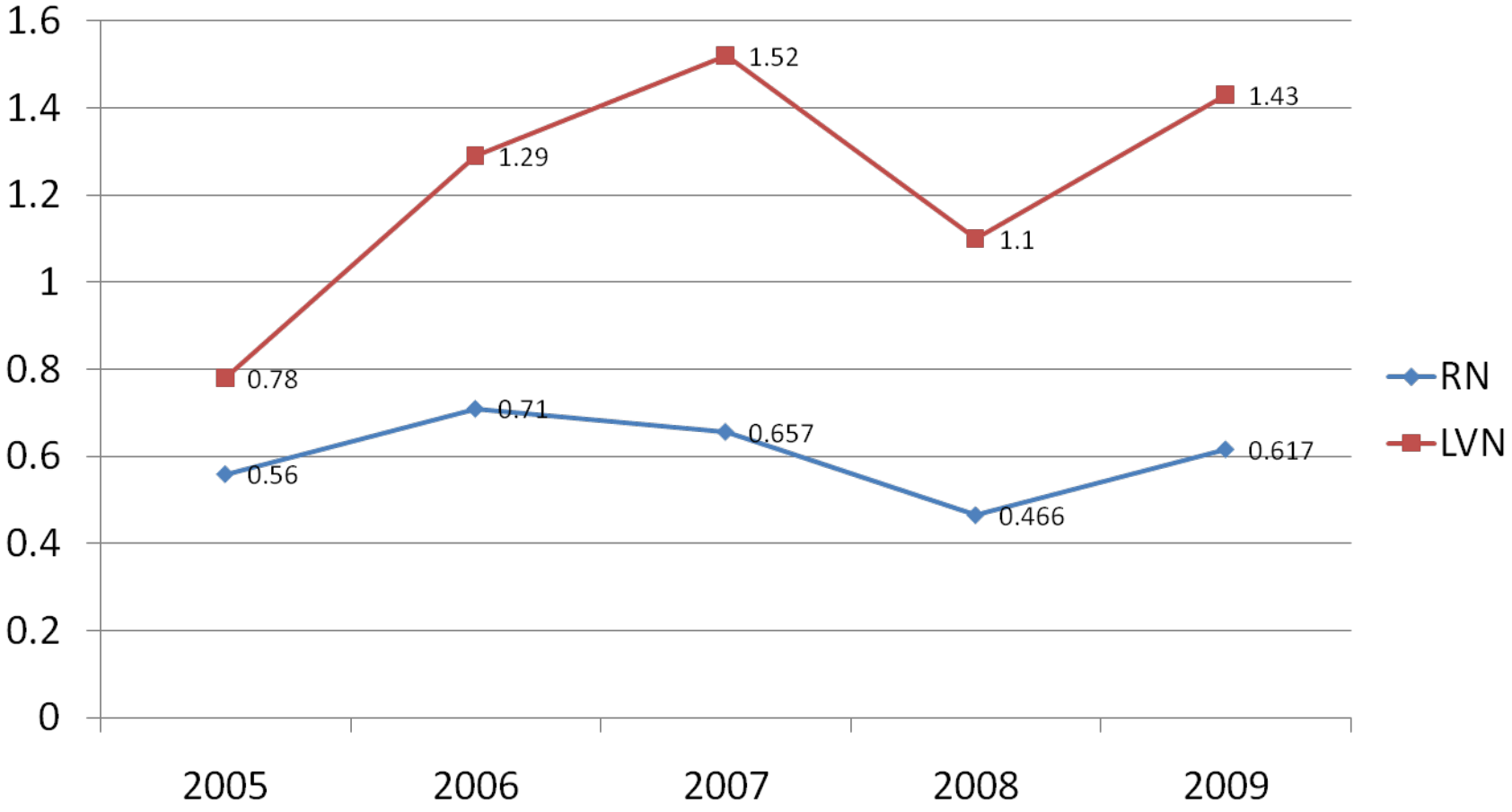
	2005	2006	2007	2008	2009
Texas LVN School Enrollees	N/A	5,867	8,437	10,020	10,622
Texas NCLEX-VN Exam Takers	4,510	4,440	4,886	5,032	5,489
Texas First-time Pass Rate - NCLEX-VN	91.2%(4,113)	91.06% (4,043)	89.28% (4,362)	88.65% (4,461)	88.19 (4,841)
National Average for VN Candidates	89.1%	87.87%	87.36%	86.67%	88.20%

Appendix S



	2005	2006	2007	2008	2009
Texas RN Population	186,192	193,764	201,172	209,588	219,458
Texas LVN Population	78,258	80,538	82,621	85,175	88,493
Total: RN Complaints	3,889	3,904	4,832	5,634	7,307
Total: LVN Complaints	2,453	2,769	3,980	4,851	6,058
Total: RN Complaints with Disciplinary Action	1,050	1,377	1,323	977	1,356
Total: LVN Complaints with Disciplinary Action	613	1046	1257	937	1,272

Percentage of Complaints Resulting in Disciplinary Action: 2005-2009



Data Source: Texas Board of Nursing.