

Strategic Plan 2009-2013

Historical Perspective

All state agencies are required to submit a Strategic Plan during the summer preceding a legislative session. The format and much of the content areas of the plan are determined by the Legislative Budget Board and the Governor's Office of Budget, Planning and Policy.

The instructions for preparing the Strategic Plan provide the legislative history:

Beginning in 1991, Texas initiated a comprehensive process of strategic planning for all state agencies within the executive branch of government. House Bill 2009, Seventy-second Legislature, Regular Session, 1991, authorized the process. This legislation established the requirements and time frame under which Texas completed its first planning cycle.

House Bill 2009 was subsequently codified as Chapter 2056 of the Government Code.

In 1993, the Legislature amended Chapter 2056 of the Government Code to consolidate certain planning requirements and to change the required planning horizon from six years to five years (i.e., the second year of the current biennium and the next two biennia). Agencies must complete and submit plans every two years; however, they may engage in planning on a continual basis and may adjust plans internally as changing conditions dictate.

In a Board Retreat and at regularly scheduled meetings, the Board developed its priorities to guide staff in the drafting of the Strategic Plan. Staff work with a Board liaison to finalize the Strategic Plan. Rachel Gomez served as the Board's liaison for this plan.

The attached plan follows the guidelines set by the LBB and the Governor's Office and includes the priorities set by the Board in past meetings.

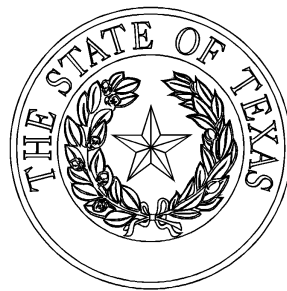
Staff Recommendation

Move to approve the attached final Strategic Plan for FY 2009-2013.

Texas Board of Nursing

Agency 507

STRATEGIC PLAN
FOR FISCAL YEARS 2009-13



June 27, 2008

AGENCY STRATEGIC PLAN

For the Fiscal Years 2009-13 Period

by

TEXAS BOARD OF NURSING

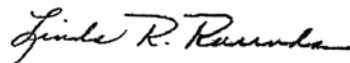
<u>Board Member</u>	<u>Dates of Term</u>	<u>Hometown</u>
Linda Rounds, PhD, RN (President)	2005-2011	Galveston
Beverly Jean Nutall, LVN (Vice-President)	2005-2011	Bryan
Deborah Bell, CLU, ChFC	2005-2011	Abilene
Kristin K. Benton, MSN, RN	2008-2013	Austin
George Buchenau, Jr., BSN, RN, MBA	2004-2009	Amarillo
Patricia Clapp, BA	2008-2013	Dallas
Sheri Crosby, JD	2008-2013	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
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Brenda Jackson, PhD, RN	2003-2009	San Antonio
Mary Jane Salgado, MEd	2008-2013	Eagle Pass

June 27, 2008



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

Working together, I know we can address the priorities of our citizens. As my administration works to create greater opportunity and prosperity for our citizens, making our state and its people truly competitive in the global marketplace, we must remain focused on the following critical priorities:

- * Assuring open access to an educational system that not only guarantees the basic core knowledge necessary for productive citizens but also emphasizes excellence and accountability in all academic and intellectual undertakings;
- * Creating and retaining job opportunities and building a stronger economy to secure Texas' global competitiveness, leading our people and a stable source of funding for core priorities;
- * Protecting and preserving the health, safety, and well-being of our citizens by ensuring healthcare is accessible and affordable and by safeguarding our neighborhoods and communities from those who intend us harm; and
- * Providing disciplined, principled government that invests public funds wisely and efficiently.

I appreciate your commitment to excellence in public service and look forward to the outcome of this necessarily rigorous process.

Rick Perry

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 efficient 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

- Percent of state professional licensee population with no documented violations
- Percent of new professional licensees as compared to the existing population
- Percent of documented complaints to 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.

External/Internal Assessment

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 80th Texas Legislative Session the Texas Board of Nursing (BON) responded to passage of several bills with significant impact on the regulation of nursing in Texas.

House Bill 2426, the Sunset Bill for the BON, included changes such as: further refinement of agency rules relating to criminal background checks; reduction in overlap of nursing educational program regulation by the BON, the Texas Higher Education Coordinating Board and the Texas Workforce Commission; approval by national accrediting bodies of Texas nursing educational curriculum; refinement of the 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 the 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.

Agency implementation of enacted legislation and response to other factors such as increased positive hits on criminal background checks conducted on nurses have placed considerable and varied challenges before the Board which will be further outlined below in the External and Internal Assessment Section of this report.

The Board, however, believes that all its desired program needs, both current and future, could be funded with modest fee increases to its licensees in the form of renewal fees or program-specific fees.

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 201,000 licensed registered nurses and 82,000 licensed vocational nurses. The BON approves 92 nursing education programs for registered nurses and 91 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 99th 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 99 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 educational 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 25 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 were 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 educational 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 educational 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. The Council's 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 to 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 BON 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(s) 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 educational 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 educational programs. Many of the changes sought in the Sunset Bill have already been implemented. The remaining changes must be completed by September 2008.
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determines that system factors impacted a nursing error, that information be provided to patient safety committees or the CNO; clarifying 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 that became effective May 11, 2008. SB 993 also addressed continuing education requirements for nurses, doing away with acceptance of Type II continuing education offerings.

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 to grow by ten million people, from about 23 million in 2005 to 33 million by 2030, a 43.5 percent increase or roughly 1.7 percent per year. The Texas state demographer projects Texas' population will add between nine million and 18 million people, expanding to a total population between 32 million and 41 million (from 41 to 77 percent).

In 2006 Texas was the 5th fastest growing state in the United States, and accounted for the highest increase in population size among any state, 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 from 1994 to 2007 show similar trends in both age (Appendix I) and ethnicity (Appendix J). 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 that 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 educational 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

The U.S Department of Health and Human Services reported that in 2006, there were 2,504,664 licensed employed RNs and 748,605 licensed vocational nurses in the United States. In Texas, there are currently 203,594 RNs and 84,332 LVNs in Texas (4/18/08). Between 2000 and 2007 the number of RNs increased from 167,022 to 201,172, as seen in Table 1. This represents an average annual increase of 4,878 RNs per year. From 2003 to 2007, LVNs increased from 75,922 to 82,621, as seen in Table 2. This represents an average annual increase of 1,642 LVNs per year. These increases reflect both new graduates and in-migration of nurses into Texas, from other states, and from other countries.

Table 1
RNs Licensed in Texas 2000-2007

<u>Year</u>	<u>Licensees</u>
2000	167,022
2001	168,660
2002	172,321
2003	176,756
2004	180,511

2005	186,192
2006	193,674
2007	201,172

Table 2
LVNs Licensed in Texas 2003-2007

<u>Year</u>	<u>Licensees</u>
2003	75,922
2004	76,082
2005	78,258
2006	80,538
2007	82,621

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 43 for male RNs. The median age for all LVNs is 44 years of age. The median age for Texas female LVNs is 45 years of age and 40 for male LVNs. The largest population group for female nurses is ages 46 to 54 (56,670 - RN, 18,284 - LVN). The largest population group for male nurses is ages 35 to 44 (5,984 - RN, 2,394 - LVN). All age groups of RNs, except nurses ages 35 to 44, increased in size from 1999 to 2007 (See Appendix I). Nurses ages 55 to 64 increased 117% and RNs over age 65 increased 116% in number from FY 1999 until FY 2007. The number of RNs ages 25 to 34 only increased 16%, the smallest increase from 1999 to 2007. Among LVNs, one age group decreased in number from FY 2004 to FY 2007. The number of LVNs under age 25 decreased 7%. LVNs ages 25 to 34 increased 3%, LVNs ages 35 to 44 increased 9%, LVNs ages 45 to 54 increased .006%, LVNs ages 55 to 64 increased 14% and LVNs over 65 increased 19% from FY 2004 to FY 2007. Industry analysts express concerns that this shift in age will cause a decrease in the supply of nurses as licensees reach retirement age.

Gender

90.3% of RNs are female and 9.7% of Texas RNs are male. 90.5% of LVNs are female and 9.5% of Texas LVNs are male. Nationally, 94.6% of RNs are female and 5.4% are male. Similar figures exist for licensed vocational nurses.

Compact Privilege

Of the 204,895 RNs currently licensed in Texas, 173,229 (85%) have compact privileges. Of the 84,627 LVNs in Texas, 78,996 (93%) have compact privileges (6/2/08).

Minority Populations

Minority populations are under-represented in nursing in Texas and a maldistribution 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 ('06) and Texas Workforce Population and Nurse Data (FY '07)

	<u>US Population</u>	<u>Texas Population</u>	<u>Texas Nurse Population</u>	
Employed	-	95.7%	86.3% (RN)	85.3% (LVN)
Black	12%	10.8%	8.0% (RN)	19.0% (LVN)
Caucasian	66%	48.9%	72.6% (RN)	58.4% (LVN)
Hispanic	15%	35.5%	9.4% (RN)	19.1% (LVN)
Other Races	7%	4.8%	1.7% (RN)	1.3% (LVN)

Nurses reside in 252 Texas counties, leaving 2 counties, Kenedy and Loving, without a nurse residing there.

Advanced Practice Nurses

The national demand for registered nurses who are prepared for advanced nursing practice, such as nurse practitioners, has resulted in a 34% increase in the number of Texas APNs between 2001 and 2007.

The number of RNs with APN approval in Texas has increased from 8,408 in 2001 to 11,282 in 2007. Currently, Nurse Practitioners and Nurse Anesthetists comprise the largest groups of APNs, 60% and 25%, respectively; Clinical Nurse Specialists make up 12% 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

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

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 approval activities include review of proposals for new programs, survey visits of existing and proposed programs, review of annual Data Information Surveys and Compliance Audits, curriculum review and approval as appropriate, review of self-studies and progress reports, review of NCLEX examination pass rates, review of faculty waivers forms, and review of New Dean, Director and Coordinator Qualification Forms. The BON also reviews changes in national nursing accreditation agencies 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 June 1, 2008 was ninety-one (91). 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 June 1, 2008 was ninety-two (92). Since May 1, 2006, four (4) new VN educational programs and four (4) new RN educational programs have been approved and are enrolling students. Proposals for five (5) new VN programs and four (4) new RN programs are presently in process.

Table 5
Nursing Educational Programs - June 1, 2008

Pre-Licensure VN Programs	Number	Pre-Licensure RN Programs	Number
VN Programs	91	Diploma Nursing Programs	2
		Associate degree Nursing Programs	53
		LVN to ADN Programs	8
		Baccalaureate Degree Nursing Programs	27
		Basic Master's Degree Nursing Program	1
		Post-Licensure RN Programs	
		Advanced Practice Nursing Program	1

Trends Affecting Nursing Education

Demographics

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

- aging population -
 - More than 20 percent 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 has 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 -
 - The average age of a nurse in Texas in 2005 was 46.
 - With the aging workforce, the physical demands of the profession are causing more RNs to retire.
- growing diversity in communities -
 - The 2004 data from the Texas Department of State Health Services indicated that the ethnic breakdown among the 22,490,022 estimated population was 30.7% Hispanic, 5.7% Black, 1.8% other, and 61.8% Caucasian.
 - Projections indicate that by 2010 the population is projected to be between 24.2 million and 25.9 million with the diversity breakdown projected as 37.2% Hispanic, 11.3% Black, 3.9% other, and 47.6% Caucasian.

With major changes in demographics resulting in a changing patient pool, nursing education must prepare graduates to handle complex healthcare problems in a more efficient, safer way. As the population becomes more diverse, cultural beliefs and values must be integrated into the curriculum.

Health Care Needs

The changes in demographics affects health care priorities as well as the practice of nursing, setting an agenda for nursing curricula. The healthcare needs of a growing population, an increased number of older clients with more chronic health problems, increased medical technology and more acutely ill hospitalized patients, new ethical issues in health care and treatment with advanced care technologies, the growing cost of medical care and insurance issues, the large number of uninsured individuals in the country, and a growing population of immigrants into America present a more complicated health delivery system in which nurses

must function. This new and changing environment poses challenges to nursing education as educational programs seek to prepare graduates to function effectively in the 21st century.

The 2003 Institute of Medicine's follow-up report, *Health Professions Education: A Bridge to Quality*, was produced by the Committee on the Health Professions Education Summit held in June 2002. The summit was held as a result of a recommendation from the report, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Institute of medicine, 2001), that a multi-disciplinary summit of leaders within the health professions held to discuss and develop strategies for restructuring clinical education across the full continuum of education. During the summit, the committee developed a new vision for clinical education in the health professions, centered on commitment to meeting patients' needs, with the belief that all programs and institutions engaged in the clinical education of health professionals should develop operating principles that will allow this vision to be achieved (Institute of Medicine, 2003).

This vision that “*all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics*” fits into the overall 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 in the State of Texas is competent to practice safely.” The BON rules and regulations related to nursing education and the focus of the approval process for vocational, professional and advanced practice nursing educational programs are designed to guide programs in the process of producing graduates who will practice competently and safely, thus protecting and promoting the welfare of the people of Texas.

Additionally, the Committee on the Health Professions Education Summit, June 2002, proposed a set of simple, core competencies that all health clinicians should possess, regardless of their discipline. Health clinicians should:

- provide patient-centered care;
- work in interdisciplinary teams;
- employ evidence-based practice;
- apply quality improvement; and
- utilize informatics.

All Texas pre-licensure nursing educational programs are required to design and implement a curriculum which will allow the graduates to demonstrate the *Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs: Vocational (VN), Diploma/Associate Degree (DIP/ADN), Baccalaureate Degree (BSN), 2002*, referred to as DELC. Woven throughout the DELC document are the five core competencies proposed by the Committee on the Health Professions Education Summit, June 2002.

A new legislative mandate requires new nursing graduates and endorsees into Texas to pass a jurisprudence examination which strengthens the need for programs to teach content related to ethics and jurisprudence.

Patient Safety Issues

Current interest in patient safety and preventing errors resulting in patient safety issues validate the necessity of this concept throughout nursing curricula. Patient safety, ethics and nursing practice, in accordance with the Nursing Practice Act, Rules & Regulations and other laws, are required components in nursing educational programs. Patient safety issues also relate to the nursing shortage since high vacancy and turnover rates of nurses in hospital settings affect patient outcomes due to loss of experienced staff and increased stress and workload on remaining nurses (TCNWS, 2006).

The American Hospital Association projects a sustained shortage of in 2020 (*National Center for Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration, 2004*). A report entitled *Research in Action: Hospital Nurse Staffing and Availability of Care (Agency for Healthcare Research and Quality, 2004)* cited several studies showing that hospitals with lower nurse staffing levels and fewer registered nurses compared with licensed practical nurses or nurses' aides tend to have higher rates of poor patient outcomes. In a 2003 study published in the *Journal of the American Medical Association*, Dr. Linda Aiken and her colleague at the University of Pennsylvania identified a clear link between higher levels of nursing education and patient outcomes. The findings indicates that patients had a "substantial survival advantage" if the nurses had been educated at the baccalaureate or higher degree levels.

The 80th Regular Session of the Texas Legislature amended the Nursing Practice Act to require applicants for a registered nurse license or a vocational nurse license to pass a jurisprudence examination beginning September 1, 2008. Activities have ensued to develop the examination and processes for its administration. Program directors have been regularly updated as plans have been finalized for administering the examination. Nursing consultants have prepared a blueprint for the examination and this blueprint has been forwarded to program directors to facilitate their ensuring that their graduates are provided content to prepare them to pass the examination. An online preparatory course has been planned to assist applicants in their preparation for the examination. It is expected that the increased focus on jurisprudence will improve safe nursing practice and reduce reports to the BON.

Nursing Education Efforts to Meet Public Needs

Nursing Shortage

The continuing nursing shortage in Texas and across the nation is the driving force in legislative action to motivate nursing programs to increase enrollments and graduates. In addition the BON has been charged with the responsibility to monitor nursing educational programs' innovative models for their effectiveness in increasing nursing graduates which would alleviate the severity of the nursing shortage. Factors that impact the nursing shortage and nursing education are discussed as follows.

Program Efforts to Increase Nursing Graduates

Texas produced a total of 6,674 new RN graduates of initial entry nursing programs in its 86 nursing educational programs in 2006. For supply to meet demand, the number of new RN graduates needs to grow to 9,700 in 2010, to 18,000 in 2015, and to 25,000 in 2020. To reach the 2010 target, as well as in the years beyond, significant increases in enrollment and graduation rates must occur. Professional nursing educational programs are encouraged to increase the number of initial RN licensure graduates between 2006 and 2010 by 50 percent. The barriers to programs to increase enrollment of nursing students include a shortage of qualified nursing faculty, lack of adequate clinical facilities to handle additional students, and inadequate classrooms and nursing laboratories. When asked what they would need to increase enrollment by 20 percent without compromising program quality, RN programs estimated in 2006 that they would need an additional 244 full-time faculty members, 133 part-time faculty members, 60 clinical teaching assistants, and 12 other teaching staff to be used in skills labs or nursing resource centers (TCNWS, Professional Nursing Education in Texas, Demographics & Trends: 2006).

Even though enrollment numbers have continued to increase in Texas nursing educational programs, 52 to 54 percent of qualified applicants were NOT admitted to initial RN licensure nursing programs between 2004 and 2006. The most frequently reported reasons for not admitting qualified applicants were:

- lack of clinical spaces;
- inadequate number of budgeted nursing faculty positions; and
- insufficient qualified nursing faculty applicants.

The median age of nursing faculty has been reported as 53 which indicates that 70 percent of the faculty will be eligible to retire during the next ten years (TCNWS Report on Professional Nursing Education in Texas, Demographics & Trends: 2006).

Efforts toward Retention of Nursing Students

The BON participated in a *Task Force to Increase RN Graduates in Texas* resulting in a Report to the 79th Legislature and dissemination of information from a statewide retention study of professional nursing educational programs. The Texas Higher Education Coordinating Board (THECB) formed a nine-member Task Force to study the retention issue and examine data available from the THECB, the BON, the Texas Center for Workforce Studies, nursing educational programs in Texas, and published literature. The Task Force proposed statewide strategies to increase enrollments in professional nursing educational programs. One outcome of the work of the Task Force was a statewide nursing faculty workshop in Houston on April 13-14, 2007 entitled "*Promoting a Successful Transition from Applicant to Registered Nurse.*" A variety of national and state speakers and nursing educational programs presented successful strategies for recruiting nursing students and retaining them through graduation and aiding their transition into the workplace.

Initial strategies to increase the number of graduates from pre-RN licensure programs proposed by the Task Force included:

- increasing salaries of new and existing nursing faculty who teach in initial licensure

- programs,
- creating nursing program partnerships with clinical and community affiliates, and
- creating nursing program partnerships among nursing programs.

Other strategies outlined in the report to the Texas Legislature (October 2006) included providing stipends to graduate nursing students who commit to becoming a full time faculty member, increasing financial aid to nursing students, standardizing admission data sets used by initial licensure programs, implementing a standard methodology for calculating completion and persistence rates for nursing students, establishing an 85% completion and persistence rate target for nursing educational programs, promoting regionalization of common instructional functions, and studying existing and alternate methods of program funding. Faculty salaries were seen to be a major issue due to the disparity between faculty salaries and salaries of nurses in the clinical setting (TCNWS, Professional Nursing Education in Texas, Demographics & trends: 2006).

Encouragement in Innovation in Nursing Educational Programs

In response to a request from the Sunset Commission, the BON, in collaboration with nursing education stakeholders and THECB, prepared a *Statewide Plan to Create Innovative Models for Nursing Education to Increase RN Graduates in Texas*. The plan was based upon additional funding to assist nursing educational programs with resources to increase enrollments. Even though no funding was designated specifically to activate the Statewide Plan, programs responded to the intent of the Model and have proceeded to design and implement a wide variety of innovative models. Many programs also continued or expanded innovative models they had previously adopted. Some funding through THECB was awarded as grants to programs for innovative plans. The BON recognized the need for a revision of the Statewide Plan to actualize reality and to interpret and document information about innovation in nursing educational programs across the state.

The BON surveyed RN programs for information about their effective innovative models and compiled the information into a report. Information was disseminated to nursing educational programs through the BON web site to stimulate further innovation in nursing education. House Bill 2426 Section 301.157(h) passed during the 80th Session of the Texas Legislature requires that “The board, in collaboration with the nursing educators, the Texas Higher Education Coordinating Board, and the Texas Health Care Policy council, shall implement, monitor, and evaluate a plan for the creation of innovative nursing education models that promote increased enrollment in this state’s nursing programs.” The BON will evaluate the effect of programs’ reported innovative models upon the graduation rates for 2008 and provide this information on the BON web page. This information may be applied to any program seeking evidence-based innovative practices for nursing education.

The BON offers professional nursing educational programs the opportunity to submit an application for pilot programs designed to evaluate the efficacy and effect of innovative applications to promote the graduation of competent, safe registered nurses in the State of Texas. This process was authorized by section 301.1605 of the Texas Occupations Code, enacted by Senate Bill 718 in the 78th Texas Legislature, Regular Session. The Texas BON adopted new chapter 227, 22 Texas Administrative Code, pursuant to Senate Bill 718. The proposal format was developed for use in pilot programs that require an exception or waiver from the current Texas BON rules and regulations. If the program provides evidence of an effective outcome of the pilot project, the Board may consider rule revisions allowing for such an

innovative model in the future.

THECB has provided a loan forgiveness program for nurses completing a graduate degree in nursing with a focus on education and has awarded additional funding to colleges and universities that increased student admissions to nursing programs. Senate Bill 132, enacted during the 79th Regular Texas Legislative Session, created tuition exemptions for dependents of nurse educators/preceptors. THECB developed the waiver forms and rules for implementation of the waivers. Tuition exemptions cannot exceed \$500.00 per semester and can be used for no more than 10 semesters.

The BON has also been engaged in collaborative efforts with THECB and TWC to implement streamlined processes for nursing educational program approval to facilitate the development of new programs in Texas.

BON Approval of New Nursing Educational Programs

Proposals for new programs, both VN and RN, continue to be submitted to the BON. As outlined above, since May 1, 2006, four (4) new VN educational programs and four (4) new RN educational programs have been approved and are enrolling students. Proposals for five (5) new VN programs and four (4) new RN programs are presently in process.

New programs provide an opportunity for qualified students to gain admission into an approved program, though new programs must handle the challenge of finding qualified faculty and adequate clinical spaces. New LVN to RN mobility programs have been approved and additional proposals for these tracks have been received. Licensed vocational nurses present an excellent pool for students in associate degree programs and for candidates for licensure as RNs.

Development of Additional Mobility Programs

Many nursing educational programs are designing “seamless” fast track mobility options which provide beginning nursing students the opportunity to matriculate into programs toward advanced degrees, such as:

- from paramedic or EMT to ADN
- from LVN to ADN/Diploma
- from LVN to BSN
- from ADN/Diploma to BSN
- from ADN to MSN
- from a bachelor’s degree in another field to BSN
- from a bachelor’s degree in another field to MSN
- from BSN to DNP
- from MSN to DNP

Though many of these articulation tracks do not add to the pool of health care providers, students gain the skills and the credentials to meet workforce demands for practice in a different scope of practice. An increase in the number of RNs is achieved through a fast track when individuals holding other degrees enter nursing education and move through an accelerated curriculum.

Growth in Advanced Practice Roles

The BON regulates approximately 12,000 advanced practice nurses in roles of nurse practitioner, certified nurse anesthetists, nurse midwives, and clinical nurse specialists. Approximately 1,000 applications for authorization and licensure to practice as advanced practice nurses are received from new graduates and endorsees each year. The BON provides standards for advanced practice nurses to receive authorization and licensure to practice in their advanced practice role in the state. The standards for authorization are based upon criteria set forth in document The Essentials for Master's Education for Advanced Practice Nursing, Washington, DC: AACN, and in document Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education, Washington, DC: National Organization of Nurse Practitioner Faculty. The requirements for authorization as an advanced practice nurse in Texas in Rule 221 ensure that practitioners are appropriately prepared to provide safe, competent care to the public. There has been a great deal of discussion at the national level about entry level for advanced practice nurses. The doctor of nursing degree has emerged in universities across the country and two programs have begun in Texas. As Rule 221 is presently under review, consideration of eligibility criteria for graduates of the doctor of nursing to receive authorization to practice as advanced practice nurses is under consideration.

Growing Use of New Technologies in Nursing Educational Programs

Many programs are utilizing online formats for complete nursing courses or for enhancing nursing courses. This alleviates student travel time and provides flexibility to students at distant locations and/or with other responsibilities. More programs are developing simulation labs and simulation scenario modules in order for students to be better-prepared for hands-on patient care in the patient care settings. Though simulation labs can supplement experience in clinical settings, programs must deal with the challenges of faculty development, time-intensive preparation of simulation experiences and student feedback, and funding for equipment. Where programs share simulation labs, the cost of equipment and other resources can be reduced.

Partnerships

The Board of Nursing surveyed nursing educational programs related to their partnerships with affiliating agencies and with other nursing educational programs and compiled a list of active partnerships. An 80% response rate indicated that many programs in the state are engaged in one or more innovative activities to enhance their programs and to produce more graduates. Because of the focus on partnerships in THECB and other arenas, this will be the initial area to be monitored and studied. This information was provided to VN and RN programs to stimulate interest in ongoing and new partnerships to provide support to nursing educational programs.

Maintaining Quality Nursing Education

Innovation and other methodologies to promote increases in nursing educational programs have met with some success and are needed to reach projected nursing workforce supply needs. Innovation calls for flexibility and responsiveness to current situations which may be impeded by regulation and other bureaucratic oversight. During the Board's Sunset Review, the need for less regulation was highlighted and the Sunset Commission outlined its concern about the Board's ongoing approval of nursing educational programs contributing to the nursing shortage. Consequently, section 301.157(b)(5) of the Nursing Practice Act now requires the board to select one or more national nursing accrediting agencies, that the board has determined to have acceptable standards, to accredit schools of nursing and educational programs in lieu of ongoing Board approval. In an effort to ensure public safety that the citizens of Texas have come to expect, the Board, through collaborative efforts with the Commission on Collegiate Education (CCNE) and with the National League for Nursing Accrediting Commission (NLNAC), analyzed a matrix comparing the accreditation standards of the accrediting bodies with the BON approval standards. Comparable comparisons were established for the majority of the standards. However, those key standards that did not meet the requirements of patient safety based on Texas law will continue to be monitored by the Board. Consequently, programs which maintain accreditation with CCNE and NLNAC and maintain an acceptable NCLEX examination pass rate will not be required to undergo the ongoing approval process described in Rule 214 and Rule 215 except in designated sections which require ongoing oversight by the BON.

By the implementation of this strategy and other strategies to promote innovation, the Board has demonstrated its ability to participate in initiatives that promote increased enrollments into nursing educational programs. However, alleviating the nursing shortage should be done with competent and safe nurses. There are challenges to maintain quality nursing education while increasing nursing graduates for safe practice. The BON monitors nursing educational programs based upon standards and quality indicators as outlined in Chapter 214, Vocational Nursing Education, and Chapter 215, Professional Nursing Education. A program's approval is based upon their compliance with:

- Education Standards in the Rules & Regulations
- NCLEX examination pass rate for first time candidates
- Self-Study Reports submitted when a program's NCLEX examination pass rate is below 80%
- Progress Reports required of programs who have not met requirements issued by the Board
- Survey visits to programs experiencing significant problems, and
- Other pertinent information.

While the Board has implemented measures to promote flexibility and innovation, a number of overlapping activities are concurrently taking place in Texas that may be setting the stage for the "perfect storm" in nursing education. These include:

- Recent decreases in Board oversight of vocational, professional and advanced practice nursing education
- Recent changes to THECB Rules which provide opportunity for expansion of the numbers and types of accrediting bodies that may accredit institutions of higher education programs

- Establishment and operation of several known fraudulent vocational nursing educational programs in Texas
- Continued and sustained nursing faculty shortages (projected retirement of 70% of faculty in five to fifteen years)
- Increasing demands made on clinical settings
- Increased number of out-of-state programs seeking to place students for clinical experiences in Texas
- Increased need for clinical placements for new nursing programs, and
- Increased need for more clinical slots for increased enrollments in existing nursing programs

In addition to these activities there are other concurrent circumstances that should be evaluated to determine the impact on existing Texas nursing educational programs. These include:

- Increased interest from out of state programs wanting to come into Texas
- Increased interest from other disciplines for fast track nursing educational programs with less emphasis on the nursing role
- Discussions on the promotion of interdisciplinary courses
- Pressure to increase numbers of nursing students to alleviate the nursing shortage with limited resources
- Increased interest in private schools and colleges to establish nursing programs
- Recent changes to the THECB rules that allow for expansion of accrediting bodies of institutions of higher education that house nursing educational programs.

All of these factors are of interest to the Board, and will be evaluated during this next legislative session. The challenge in the immediate future is to ensure the people of Texas that nursing educational programs will prepare an adequate supply of nursing graduates who are prepared to provide safe and competent nursing care for a changing and growing population in the 21st century.

Other Efforts to Increase and Retain Nurses

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 the experienced nurses in the work settings.

The BON collaborated with the Nursing Workforce Data Section, Health, Professional Resource Center, Center for Health Statistics, of the Texas Department of State Health Services in developing and implementing an online Nursing Educational Program Information Survey to gather data from nursing educational programs as a part of their projection of nursing workforce needs. The data provide the basis for ongoing statistical analysis regarding the demographics of nursing educational programs, including information about nursing students and nursing faculty. This data may provide an impetus for nursing educational program improvement and ultimately increase the number of competent nursing graduates. (A second online form, Compliance Audit for Nursing Educational Programs, was also collaboratively developed to gather information about programs' compliance with Board rules and regulations for use in the

ongoing approval process.)

If the initiatives are to have a successful outcome on recruiting new nursing students and 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 ever-increasing complex health care environment must be incorporated not only into nursing curriculum but also into inservice 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 educated to meet these demands. Practicing nurses must be knowledgeable, active participants in decisions that will affect the profession. The health care delivery system will require nurses to be competent leaders, skilled in team-based interdisciplinary approaches to health care (National League for Nursing: The Future of Nursing Education: Ten Trends to Watch. Heller, B. et al, 2003). Nursing educational programs must expand the core curriculum to include these concepts in order to better prepare new nurses to meet these new challenges.

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

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

I. Criminal background checks on students

INTRODUCTION

Nursing schools remain under increasing pressure to conduct criminal background checks (CBCs) on their nursing students prior to enrollment into the nursing educational 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. Many nursing educational 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 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 educational 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 prior to enrolling or shortly after enrolling in an approved nursing educational program. 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 could 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. For this reason, the schools have asked the Board to be responsible for obtaining CBC's and, in turn, the Board is requesting funding from the Legislature to do CBC's on students shortly after entering into a nursing educational program. The Board would need additional resources to conduct background checks on all nursing students because current appropriations fund only the Boards 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 actually graduate and

eventually apply for licensure by examination.

Implications for Fiscal Years 2010 - 2011

The Board currently requires a CBC on all students prior to graduation. In fiscal year 2007, the Board conducted eight thousand three hundred and forty three (8,343) CBCs on Registered Nurse (RN) students and four thousand nine hundred and sixty three (4,963) 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 was seventeen thousand eight hundred and thirty six (17,836) RN and five thousand eight hundred and sixty seven (5,867) LVN respectively. Therefore, staff predicts that a minimum of an additional ten thousand and four hundred (10,400) background checks will be conducted annually if the Board institutes CBCs for all nursing students upon entry into a nursing educational program. The Board will also have to respond to positive criminal history that emanate from the additional ten thousand four hundred (10,400) CBCs. In fiscal year 2007, the Board experienced approximately twelve percent (12.27%) positive hit rate for RN students and approximately eighteen percent (18.43%) hit rate for LVN students. This translates into an additional one thousand three hundred and thirty two (1,332) eligibility issues that Board staff may need to investigate.

In order to process the additional paperwork generated by the increased number of approximately ten thousand four hundred (10,400) CBCs, the Board anticipates that one (1) additional FTE will be needed in licensing (administrative assistant II). In order to process and investigate the additional one thousand three hundred and thirty two (1,332) eligibility issues, the Board anticipates that at least (2) additional investigators (investigator II) will be needed. Also, because individuals deemed ineligible for licensure are entitled to a hearing before the State Office of Administrative Hearings (SOAH), the Board anticipates an increase in the number of hearings associated with denials each year. The Board's current experience is that approximately half of the individuals denied licensure request a hearing before SOAH. Therefore, the Board anticipates receiving a minimum of forty (40) formal hearings each year because of denials for licensure based on criminal backgrounds. These types of cases are conducted by a Staff Attorney for the Board. Therefore, the Board anticipates needing at least one (1) attorney capable of preparing and conducting hearings at SOAH. An Attorney and a Legal Assistant II would be capable of handling this additional workload.

II. Media Coverage Concerning Criminal Background Checks

Staff were recently interviewed by WFAA-TV, Channel 8, Dallas-Fort Worth concerning criminal background checks. WFAA-TV obtained a copy of the Board of Nursing (BON) licensure data base and ran criminal background checks through a private company. WFAA stated that they found "thousands of nurses" with criminal history records. They wanted to know why the BON did not do similar background check on all nurses. We explained that our FBI/DPS Criminal Background Check process is better because:

- fingerprints are more accurate in identifying the person who committed the crime(s);
- The FBI gives the BON any criminal history in the U.S.;
- FBI background checks includes ALL criminal history, including indictments not yet prosecuted, deferred adjudication; and

- This process includes archival of fingerprints at DPS and gives the agency immediate reports of any subsequent criminal conduct.

In 2005, the BON requested funding to do background checks on all licensees in a single biennium, but due to cost, the BON was directed to offer an alternative proposal. The BON suggested a random audit of all nurses during license renewal over a 10-year period. The agency gained approval to finish the audit by 2013. If the Board were to increase the number of checks conducted, the agency would require sufficient staff to process the increased investigatory and adjudicatory workload.

Implications for the 2010-2011 Biennium

During the 80th Legislative Session, the BON received a regulatory rider to hire three additional investigators in response to increased agency workload because of the ongoing background checks. The BON received approval from the LBB and the Office of the Governor to fill the positions on December 17, 2007 and the agency will seek to continue these positions in the next biennium. The Board will also seek appropriations to complete a criminal background check on all nurses on renewal during the 2010-2011 biennium.

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 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 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 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.

Implications for Fiscal Years 2010 - 2011

It is anticipated that the APRN compact will not be implemented until the 2010-2011 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. It is anticipated that amendments to Rule 221 will be necessary prior to compact implementation.

The Joint Dialogue Group is meeting at the national level for the purpose of establishing a uniform regulatory model that will facilitate effective and efficient utilization of the APRN Compact in the future. The Texas Board of Nursing is working with this group. By delaying implementation of the APRN Compact, the Board will have additional time to consider the work of the Joint Dialogue Group and its implications for advanced practice nursing regulation in Texas. Delaying implementation will also allow the Board time to obtain input from its Advanced Practice Nursing Advisory Committee and other key stakeholders prior to proposing amendments to Rule 221.

Delayed implementation will provide additional time for board staff to consider 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 hold licensure in another APRN compact state. 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 for advanced nursing practice 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 nurses exceeds the scope of practice of registered nurses. Therefore, the potential for harm to the public is significantly greater for advanced practice nurses than for RNs, and a higher level of accountability for the advanced practice 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 specialty for which he/she is seeking approval, verification of current RN licensure, and verification of appropriate national certification in the role and specialty that is congruent with the advanced practice nursing education. At least 50% of boards that are members of the National Council of State Boards of Nursing (NCSBN) already refer to their approval process for nurse anesthetists, nurse-midwives and nurse practitioners as licensure. Nearly 40% also license clinical nurse specialists (NCSBN Member Board Profiles, data last updated January 22, 2008).

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. Another key element of licensure is a unique and identifiable scope of practice. Although advanced practice nurses work collaboratively with physicians, they are engaged in activities that include but are not limited to making 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 educational programs that prepare individuals as registered nurses. Likewise, their scope of practice goes well beyond that of the registered nurse and cannot be performed without completing an advanced practice nursing educational program. 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.

Implications for Fiscal Years 2010 - 2011

Granting advanced practice 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 nurse. Under the current authorization system, there is no mechanism to differentiate between the license numbers of a RN who is not authorized as an advanced practice 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 specialty 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. Another benefit to the concept of licensure is the reinforcement that advanced practice nurses have a unique scope of practice that may only be performed by those who hold the appropriate level of licensure. 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 nurses will result in little change in current Board rules or operating procedures nor will it result in any change to the advanced practice 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 concurrently 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. It is anticipated that the Board will be able to accomplish this through the rule-making process.

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

Texas currently uses the term "advanced practice nurse" (APN) 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. 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.

Licensed vocational nurses (LVNs) who do not complete registered nurse (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.

Implications for Fiscal Years 2010 - 2011

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 can be accomplished over the course of the biennium 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. 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 baby-boomer 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 training program content.

Highlights from a November 2002 report from the US Department of Health and Human Services, Office of Inspector General (OEI-05-01-00030), on "Nurse Aide Training" include the following findings and recommendations:

- Compared to nursing home residents 15 years ago (when OBRA first became effective), today's nursing home residents are older, sicker, require more assistance with activities

of daily living, and take more medications. Sixty-one percent of state directors of nurse aide training programs feel that nurse aide training has not kept pace with the changing needs of residents.

- Areas where increased training is needed include skill training on behavior and cognitive disorders, catheter and colostomy care, lifting, feeding, and hydration. Additional areas include: interpersonal skills including communication, teamwork, coping with death and dying, time management, and new technologies.
- The OEI report recommended updated and increased clinical experience starting earlier in training and involving more realistic scenarios.
- Though Federal law requires a minimum of 75 hours of total instruction (didactic and clinical) for nurse aide programs, 40 of 49 Nurse Aide Training and Competency Evaluation Program (NATCEP) directors believe that this requirement is “insufficient to prepare nurse aides for the first day on the job.” [Note: The range of instruction hours across states ranges from 75-175; Texas still requires 75 hours broken down to 51 hours of classroom and 24 hours of clinical (in nursing homes with actual residents).]
- Currently, 42CFR§483.75, which requires nursing homes to conduct in-services on identified areas needing improvement for individual nurse aides, does NOT include a provision requiring documentation of the required in-service. Many nurse aides surveyed complained about the lack of qualified instructors, lack of basic knowledge, and lack of current/relevant experience at the bedside. Lack of knowledge and implementation of adult teaching/learning principles were also among the issues addressed.
- Though nurse aide training is geared to long-term care settings, nurse aides work in hospitals, home care, and a variety of other settings. Instead of focusing training time only on those skills necessary to pass the National Nurse Aide Assessment Program (NNAAP) (consisting of written/oral and skills tests), training should also address the interpersonal skills, latest behavioral management techniques - especially for those with cognitive impairment, and common medical equipment that will be encountered in various practice settings.

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 certified nurse aide (CNA) applicants (federally mandated in long term care). The Department of Aging and Disability Services currently regulates both CNAs and Medication Aides (MAs). 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	9,359	121,113
Disciplined	7	57

Source: DADS Reference Guide 2007 for FY 2006

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 long had a strong 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 Prommisor/Pearson Vue.

Implication for the 2010-2011 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.

VII. Nursing Shortage

Nursing Shortage Legislation Several agencies and organizations continue to analyze and report on the nursing shortage. These entities include the Statewide Health Coordinating Council (SHCC), the Texas Higher Education Coordinating Board (THECB), the Texas Department of State Health Services--Center for Nursing Workforce Studies (TCNWS), the Texas Nurses Foundation (TNF), and the Texas Hospital Association (THA). The Texas Board of Nursing is one of many agencies providing information on applicants and licensees to help build an accurate database of the face of the nursing workforce in Texas.

In the 77th Legislature (2001), SB 572 (Moncrief) was enacted and addressed the nursing shortage by establishing a program through which the Texas Higher Education Coordinating Board (THECB) could award funds appropriated by the Legislature to give professional nursing programs the resources needed to enroll additional students, assure the retention of an adequate number of qualified faculty (including providing faculty salaries), and encourage innovation in the recruitment and retention of students. This bill diminished the financial burden

on those interested in pursuing a professional nursing career by amending the nursing financial aid program, currently administered by THECB, to give the agency more flexibility in using appropriated funds to cover the cost of completing a professional nursing educational program. SB 572 also provided incentives for postgraduate nursing students to enter the academic setting which would increase the pool of qualified nursing faculty.

SB 572 also established a Nursing Workforce Data Center (NWDCS) to provide information to policy makers for informed decision-making on nursing workforce issues. The purpose of the Workforce Data Center is to have a single, centralized state agency responsible for the collection and analysis of data relating to nursing. The responsibility was initially awarded to the BON; however, the initiative was not funded in the 2001 legislative session, and thus was not implemented by the BON.

During the 78th Regular Legislative Session (2003), HB 3126 (Truitt) funded the Nursing Workforce Data Center and transferred the responsibility to the Texas Department of State Health Services (DSHS) under the Statewide Health Coordinating Council (SHCC). This bill also charged the SHCC Nursing Workforce Data Advisory Committee to assist in developing a work plan, studies, reports, and deliverables that will assist the state in assessing and reporting the status of the nursing workforce shortage in Texas.

Bills passed during the 80th Regular Legislative Session (2007) focused primarily on nursing education. This included statutes requiring consolidation of efforts viewed by the Sunset Commission as being duplicative between the THECB and the BON. These issues are addressed in the Education section of this report.

Employment Trends According to the U.S. Department of Labor, registered nurses held about 2.5 million jobs in 2006. The majority (59%) were employed in hospitals. Additional employment statistics show that 8% practiced in physician offices, 5% in home health care, 5% in long term care, 4% in staffing agencies, and 3% in outpatient care settings. The remainder worked mostly in regulatory agencies, social assistance agencies, and educational services. Nearly 21 percent of RNs worked part time.

For the same time period, 749,000 Licensed Vocational Nurses (LVNs) were employed, with 26% in hospitals, 26% in Nursing Homes/Long-Term Care, and 12% in physician offices. The remainder were 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. About 19 percent worked part time.

The Department of Labor further estimates a growth of 23% in RN employment needs and 14% growth in LVN employment needs between 2006-2016. According to the Health Resources and Services Administration (HRSA, 2004) this will compare to an estimated deficit of one million (1,000,000) registered nurses alone by the year 2020.

[<ftp://ftp.hrsa.gov/bhpr/workforce/behindshortage.pdf>].

Projected practice setting demands are forecast to increase in all areas, but particularly in the area of home health, where technological advances are making it possible to bring increasingly complex treatments and medical devices into the home setting. The type of care required demands nurses who are capable of critical thinking and working independently of having other support staff and nurses immediately available to them.

Additionally, the average age for nurses continues to rise. Compared to a 49% increase in nurses who are 45-54 years-old and a 52% increase in nurses who are 55-64 years old, nurses in the under 25 years-old age category have remained nearly flat over the same time span, with only a 4.5% increase in young nurses choosing nursing as a career. Comparative statistics for LVNs are not yet available, but are predicted to be similar to the RN data.

Many of the reasons “why” there is a nursing shortage have been enumerated by organizations such as the American Nurses Association. In the latest results from a survey in which 10,000 nurses responded, ANA reports that 73% of the nurses think staffing in their practice settings is inadequate, 59.8% know other nurses who have left direct patient care due to staffing concerns, 48.2% would not feel confident having someone close to them receiving care in the facility where they work, and 36% rarely or never take their full meal break.

Additional factors such as exposure to infectious and life-threatening disease conditions, such as Hepatitis and HIV, shift work, lack of control over the work environment in general, as well as pay and benefit issues contribute to both attrition and lack of interest by younger people in taking up nursing as a profession. Since the BON has no authority over employment issues and facility licensure regulations, these issues are largely outside of the BON's control. Changes to nursing peer review statutes in the 80th Regular Texas Legislative Session (2007) [SB 993] did strengthen a nurse's protections from retaliation for invoking Safe Harbor and acting as an advocate for safe patient care.

The BON subsequently adopted new Incident-Based and Safe-Harbor Peer Review rules, § 217.19 and § 217.20, effective May 11, 2008. Rule 217.20 regarding safe harbor peer review has existed as a separate and distinct rule since 2002. By requesting safe harbor peer review when faced with an assignment the nurse believes could result in unsafe patient care or could otherwise cause the nurse to violate portions of the statutes or rules applicable to nurses, a nurse's license is protected from BON action, and the nurse cannot be discriminated against for making the request. Whistle blower protections, added to the statute in 2007, are incorporated into both the title and body of the new peer review rules.

Foreign Nurse Recruitment In the last decade, there has been a dramatic increase in the recruitment of registered nurses from countries outside of the United States, and recruitment of licensed vocational nurses who are foreign-trained is also on the rise. Given the Board's mission to protect the public, a number of obstacles must be addressed in the process of licensing foreign-educated nurses in order to ensure all nurses meet minimum standards for entry into practice. Significant concerns related to foreign-educated nurses include:

- Professional (nursing) education equivalent to US standards, with demonstration of minimum knowledge through passing the NCLEX-RN® and the NCLEX-PN®
- English Proficiency (understanding written and/or spoken English)
- Cultural differences in the role of the RN or LVN in other countries versus the United States.

English proficiency and equivalency of nursing education/licensure for vocational and registered nurses in the country of origin are addressed in BON Rule 217.4, Requirements for Initial Licensure by Examination for Nurses Who Graduate from Nursing Education Programs Outside of the United States. The Texas Board recognizes reports from any of three agencies to determine if a foreign-trained nurse meets minimum qualifications to sit for the NCLEX-PN® or NCLEX-RN®. A foreign nurse applying for licensure as either a vocational nurse or registered nurse in Texas must provide proof of the required educational and English equivalency components from one of the following entities:

- Commission on Graduates of Foreign Nursing Schools (CGFNS);
- Educational Records Evaluation Service (ERES); or
- International Education Research Foundation (IERF)

An applicant for licensure as a vocational nurse must have successfully completed an approved program for educating vocational/practical nurses (second level general nurses) or curriculum content comparable to the Texas curriculum requirements for graduates of approved vocational nursing educational programs. The LVN applicant must also hold a high school diploma issued by an accredited secondary school or equivalent educational credentials as established by the General Education Development Equivalency Test (GED), and have achieved an approved score on an English proficiency test.

An applicant for licensure as a professional registered nurse must have:

- the educational credentials equivalent to graduation from a governmentally accredited/approved, post-secondary general nursing educational program of at least two academic years in length;
- received both theory and clinical education in each of the following: nursing care of the adult which includes both medical and surgical nursing, maternal/infant nursing, nursing care of children, and psychiatric/mental health nursing;
- received initial registration/license as a first-level, general nurse in the country where the applicant completed general nursing education;
- is currently registered/licensed as a first-level general nurse; and
- achieved an approved score on an English proficiency test (only if educated in a language other than English).

If the foreign nurse applicant's nursing educational program was conducted in a language other than English, the applicant must demonstrate minimum proficiency in English by submitting one of the following:

- Test of English as a Foreign Language (TOEFL); passing score is 560 for the paper exam, 220 for the computer-based exam, or 83 for the internet-based exam; or
- Receipt of both the Test of Spoken English (TSE) with a minimum score of 50 along with the Test of Written English (TWE) with a minimum score of 40; or
- International English Language Testing System (IELTS); passing is an overall score of 6.5 with a minimum of 6.0 in any one of four modules.

Though many foreign educated nurses are able to achieve eligibility for U.S. license examination, overall pass rates on the NCLEX-RN[®] and NCLEX-PN[®] examinations for foreign-educated nurses have consistently been significantly lower than the scores for US educated nurses (RNs and LVNs). Appendix Q shows the latest data available (February 2008) from the National Council of State Boards of Nursing (NCSBN) on pass rates for first-time test takers by country of nursing education. NCLEX-RN[®] first-time pass rate for US educated RN graduates is 87.9% [89.2% for Texas RN Graduates] compared with an average 55% pass-rate for foreign-educated RNs. Likewise, the LVN US educated first-time pass rate for the NCLEX-PN[®] exam was 87.9% [90.9% for Texas LVN Graduates] compared to the foreign-educated LVN first-time average pass rate of 52.3%. Since Mexico borders Texas, it is also significant to note that pass rates for applicants graduating from programs in Mexico have a first-time pass rate of 22.8% for RNs and 37.5% for LVNs. Language may be one factor that contributes to the low pass rates, however, it is the variation in standards for secondary and post-secondary education in Mexico as well as other countries that causes the greatest variance in pass rates (NCSBN).

Board requirements for foreign-trained nurses seeking licensure in Texas are contained in 22TAC § 217.4, discussed above. The Board requires a report of the equivalencies of a foreign nurse's post-secondary nursing education as this is a critical factor in determining if the foreign-trained nurse has the educational foundation to practice safe nursing in Texas. Because the standards for secondary and post-secondary education vary between countries, the pass rates for candidates from specific countries have an even greater variance with US and Texas pass rates.

Changes in Federal immigration laws have added to the complexity surrounding foreign nurse recruitment. Effective July 25, 2003, the US Citizenship and Immigration Services (USCIS) published final rules implementing Section 343 of the Illegal Immigration Reform and Immigration Responsibility Act of 1996. This law requires certain health care workers, including nurses, to complete a screening program prior to being issued an occupational visa (H-1B, H-2B, TN status, or green card). For RNs, part of this process requires the nurse to obtain either a CGFNS certificate, or a passing score on the NCLEX-RN[®] examination. Vocational nurses must pass the NCLEX-PN[®] examination for VisaScreen purposes.

The International Commission on Healthcare Professions (ICHP) Division of CGFNS is currently the only provider recognized by the US Federal Government to provide VisaScreen. Though NCSBN does not determine requirements or eligibility for the VisaScreen process, arrangements have been made with the NCSBN contracted NCLEX[®] test vendor, NCS Pearson VUE, to administer the NCLEX-RN[®] and NCLEX-PN[®] examinations to qualified candidates for

VisaScreen purposes. This temporary arrangement expired September 30, 2005. Both foreign nurses who hold current licensure in a US jurisdiction and nurse candidates who have not yet achieved licensure in a US jurisdiction may register to take the applicable NCLEX® examination for VisaScreen purposes, provided other qualifications have been met.

Implications for the 2010-2011 Biennium

Currently the BON collects demographic data on registered and vocational nurse licensees through license application and endorsement on an ongoing basis, and through license renewal on a biennial basis. The Board has also begun collecting data on the practice settings of licensed nurses in Texas (2007). The BON continues to work with the Health Professions Council (HPC), the Texas Health Policy Council of the Governor's Office, the Texas Center for Nursing Workforce Studies, the Department of State Health Services and other health professions regulatory boards to identify a minimum data set (MDS) for collection of relevant workforce information.

The Board will continue to analyze the impact of expanding the data collection process on fiscal resources and staffing, and to study relevant confidentiality issues related to disclosure of information provided by licensees to the public or other agencies.

VIII. Patient Safety and Reporting Nursing Errors

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 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 is violated. Educational preparation, 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. Certainly 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 Health 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 recommends 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.

Responding to the research about the multiple factors involved in error commission and consistent with a common mission to promote and protect the welfare of the people of Texas, the BON and the Board of Pharmacy developed a *Joint Position Statement on Medication Errors [Board Position Statement 15.17 (10/2000)]*. The joint position statement is meant to increase awareness of some of the factors that contribute to medication errors, review whether errors are interdisciplinary in nature, and recognize that there are many facets/variables to this problem. Both Boards therefore agree that any strategy aimed at reducing medication errors should require a comprehensive and varied approach involving three elements:

- the individual professional's practice knowledge and skills (competence)
- resources available to the professional (team work and work environment)
- systems designs, and problems.

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.

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 complaints concerning a nurse or nursing care, and determinations or recommendations regarding complaints" [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.

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 that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to a patient/client or other 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*).

On September 1, 2003, §§ 301.1605-.1606 were added to the Texas Occupations Code pursuant to Senate Bill 718 of the 78th Legislature, Regular Session. This authorized the BON to approve and adopt rules regarding pilot programs for innovative applications in the practice and regulation of professional nursing. In December 2003, Chapter 226, Patient Safety Pilot Programs on Nurse Reporting Systems, was adopted. Because the original legislation occurred when the RN Board was separate from the Board of Vocational Nurse Examiners (BVNE), LVNs were not included in the legislative changes or Board rule. This chapter established a mechanism for a facility to petition the BON for a limited exception to the mandatory reporting requirements of §§ 301.401-301.409 if a replacement methodology was designed to promote patient safety consistent with the exception requested.

The chapter also included procedures to ensure that such pilot programs were conducted in a manner consistent with the BON's role of protection of the public while evaluating the efficacy and effectiveness of reporting systems designed to encourage identification of system errors. In January 2004, the BON solicited proposals for the Patient Safety Pilot Programs. One institution responded to the call. The University of Texas M.D. Anderson Cancer Center, submitted the proposal *Adapting the Aviation Safety Action Program to Healthcare: The Healthcare Alliance Safety Partnership*. The Board approved their proposal in April 2004.

The MD Anderson proposal promotes the value of reporting programs that encourage reporting, elicits information about contributing systems, and human performance factors, and then uses this information to make breakthrough improvements in patient safety. The model established the Healthcare Alliance Safety Partnership (HASP) adapted from the Aviation Safety Action Program (ASAP), the airline industry model for event reporting. HASP is designed for healthcare organizations to address systems and human performance factors that influence medical events. Additionally, the HASP directs participants to develop and improve interventions based on event reports. Eligibility and exclusion criteria of nurses and incidents reviewed are a required component of HASP to meet Board requirements that ensure the public is protected with regard to the delivery and efficacy of nursing care. The program has been operating since July 2005 and continues to be monitored by the Board through direct participation by board staff in review of cases appropriate for HASP. MD Anderson has been approved by the Board to coordinate the HASP program in ten hospitals throughout Texas. Seven are in urban areas and three are in rural community hospitals.

Future Issues. 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 began participating in this project and has recently begun collecting information about the multiple factors involved with reported practice cases.

The BON has established relationships with stakeholders in the community, including professional associations, healthcare delivery organizations and other regulatory entities, to continue the dialogue about various regulatory issues and areas of mutual concern. The BON receives stakeholder input through its standing advisory committees composed of advanced practice nurses, nurses who provide direct patient care, nurse educators, members of professional organizations and concerned citizens who review the various nursing issues and to advise the Board on regulatory matters. The BON also participates in ad hoc task forces as directed by the Legislature. It is anticipated that all of these mechanisms will be utilized to address the growing concerns about patient safety and errors in healthcare to further the goal of public protection through reduction of errors, and response to nurse competence issues.

Implications for the 2010 - 2011 Biennium

Because patient safety pilots should be applicable for all licensed nursing personnel, the inclusion of LVNs in Section 301.1606 is important. This program is important in analyzing factors that contribute to **all** licensed nursing personnel. An evaluation of the information from the HASP may provide evidence that alternate reporting systems are beneficial in identifying and reducing nursing error without jeopardizing the Board's mission to protect the public from unsafe practitioners. The BON will evaluate the efficacy of such programs in their ability to decrease error. Additionally, the BON will continue to evaluate nursing error reporting systems through the agency's investigation processes and Board advisory committee input and will disseminate this information through established mechanisms.

IX. Texas Peer Assistance Program (TPAPN)

The Texas Peer Assistance Program for Nurses 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 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 successfully complete TPAPN. These decisions are based on a case-by-case evaluation of the facts.

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 meet 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 LVNs and RNs. The current peer assistance funds are capped at \$625,000 to fund a total of 550 registered nurses and 225 licensed vocational nurses each fiscal year. The TPAPN program has experienced a twelve (12) percent increase in participants in the program in fiscal year 2007 over the current biennium cap.

Implications for 2010-2011 Biennium

To adequately fund the program and to enable the program to hire additional needed staff, the Texas BON is requesting that the cap be raised by an additional \$75,000 each fiscal year. This would place the cap at \$700,000 each fiscal year.

X. Emergency Preparedness

In collaboration with the Texas Nurses Association (TNA), the Board has assisted with a nurse emergency response plan called “**Ready Texas Nurses Emergency Response System.**” The focus of Ready Texas Nurses is **education, communication, and management** of the nursing workforce in Texas.

More specifically, the response system is designed to achieve the following outcomes:

1. Educate the nursing workforce to serve effectively in an emergency situation; and
2. Create and maintain a communication system with the nursing profession during emergency situations utilizing internet-based, online, e-mail, fax and mail. The goal of communications is:
 - to maintain clinical best practice updates;
 - present information on early detection or symptoms of nuclear, biological or chemical terrorism, and reporting directions;
 - target messages directed toward nurse leadership in inpatient hospital settings, outpatient hospital care, school health, clinics, home health and long-term care facilities; and recruit and process volunteers
3. Provide management of the nursing workforce during emergency situations in the following ways:
 - TNA maintains a database of nurses who have registered with the Ready Texas Nurses data bank, have disaster training and credentials cleared, and current contact information. TNA activates this system in response to the needs of the Texas Department of State Health Services (DSHS);
 - Toll-free telephone numbers are used to accept and filter spontaneous nurse volunteers from both within Texas and out-of-state, and assign them as needed and as deemed appropriate by DSHS.
 - The Ready Texas Nurses alerts key portions of the entire nurse workforce as certain skills are identified and required.

TNA continues to maintain Ready Texas Nurses and coordinates the deployment of nurses in emergency situations. The BON and TNA, however, have partnered with DSHS to fulfill the U.S. Department of Health and Human Services national mandate requiring State to develop an Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). This national initiative will be used statewide to facilitate the use of volunteers at all tiers of response (local, regional, state, interstate, and federal). Each state was charged with developing their own ESAR-VHP using standardized guidelines for volunteer recruitment, registration, credential verification, classification according to verified professional credentials, legal and regulatory issues, and policies for the use of volunteers.

In 2006, DSHS started developing a plan that would work best for state of Texas. Utilizing national ESAR-VHPs requirements and guidelines, DSHS will launch the Texas Disaster Volunteer Registry program by August 2008.

The BON is one of the valuable partners in the success of this program. The national guidelines list specific dates for the completion of application functionality and targeted health professionals. In the tier one phase, Doctors, Nurses and Pharmacists are identified as the targeted health professions. To assist in meeting the requirements, DSHS formed a connectivity work group which included key licensing and regulatory agencies, medical and healthcare associations and statewide entities that would be involved with or impacted by the development of the Texas Disaster Volunteer Registry (TDVR). The BON has been an active member of the connectivity workgroup and has agreed to partner with DSHS by:

- Providing monthly licensure files to DSHS for validation and verification of volunteers within the online registration application.
 - Starting November 2007, the BON has supplied monthly files of all licensed RN/APNs and LVNs.
- Participation in the beta-testing of the TDVR and providing feedback specific to nursing requirements in the system.
 - The BON has participated in two beta tests of the web application and DSHS has made recommended changes to the application.
- Placing a link on our web site that directs nurses to the TDVR, where they can register to volunteer.
 - Once the online application has been launched, the BON and Texas Nurses Association (TNA) will activate a TDVR information page on their sites. The information on both sites will be mirrored and contain icons for BON, TNA and TDVR as an endorsement of our unified support.
- Placing a downloadable Volunteer Recruitment Toolkit on our web site for volunteers.
 - The toolkit contains FAQ's, information on Disaster Training, logistic/checklist, disaster health links, and organizations.

Other partners in this project are: the Texas State Board of Pharmacy, the Texas Pharmacy Association, the Texas Medical Board, and the Texas Medical Association.

Implications for the 2010-2011 Biennium

Currently, BON staff participates in emergency disaster drills under the coordination of the Governor's Task Force on Homeland Security and continue to maintain open communications with TNA in the event that the Ready Texas Nurses Emergency Response System is activated. The BON remains diligent in its mission to protect the public through the regulation of nursing practice in Texas. Continuing to assure the public safety in times of disaster will remain a major focus of the BON in the next biennium

XI. Self-Directed/Semi-Independent Status

In 1999, the 76th Legislature passed the Self-Directed Semi-Independent (SDSI) Project Act which allowed three state agencies to become more self-directed, semi-independent agencies. In particular, the agencies moved their funds outside the state treasury, payed their own bills and reimbursed the State for all services rendered. The 78th Legislature re-authorized the pilot in 2003. Since adoption of its 2002-2007 Strategic Plan, the BON has supported the application of Self-Directed Semi-Independent status for itself and the management of its affairs. The State controls the activities of SDSI agencies in many ways. The Governor appoints the Board members who run these agencies. The Board remains subject to the Open Meetings Act and the Open Records Act. Board decisions are procedurally and substantively guided by the Administrative Procedure Act.

All contested cases brought by the Board are tried before Administrative Law Judges at the State Office of Administrative Hearings. The Board would be represented in the courts of the State of Texas by the Attorney General. The Board would be subject to Sunset Review, and would file annual reports with the governor. SDSI agencies are audited by the State Auditor's Office and are subject to the Internal Auditing Act. In addition, the Board would not have unfettered discretion to raise funds from the public. The legislature has set specific limits on the amounts that SDSI agencies may charge the regulated profession for the services provided by the agency.

The Board has identified several advantages of Self-Directed Semi-Independent status:

- Direct control over agency funds under direction of the Board.
- Direct control over agency programs with added flexibility for dynamic and efficient implementation.
- Flexibility to establish other programs outside the legislatively-mandated programs to promote public welfare.
- More flexibility in staff compensation necessary to attract and retain qualified professional staff given the current demand of professional nurses and the increasing nursing shortage.
- Limited duplication in often voluminous reports to oversight agencies. Most reports would be on an annual basis. Under the Self-Directed Semi-Independent model, the Governor continues to appoint the board members and to designate the board chairman. Sovereign immunity remains intact for enforcement and disciplinary functions. The agency remains subject to the *Open Meetings Act* and *Public Information Act*. The agency, however, is removed from the cost of government, yet it continues to remit fees to the general revenue fund without a reduction to the state budget.

Implications for the 2010-2011 Biennium

There would be little, if any, fiscal impact on our budget if the Board of Nursing were allowed to become a Self-Directed Semi-Independent agency. Upon implementation, any transition costs would be easily absorbed since licensees fees are collected continuously. Any additional fees necessary to cover program costs would be approved by the governing board just as they are currently. The Board has been required in each of the last bienniums to raise fees to cover the required funds needed to operate the agency and additional funds to the general revenue to cover all indirect costs (object code 3560). If Self-Directed Semi-Independent status is allowed, the Board would continue to transfer funds to the State of Texas general revenue fund on an annual basis. In addition, the oversight agencies such as the Legislative Budget Board and the Governor's Office of Budget and Planning are relieved of budget oversight responsibilities. The State budget is reduced and any surplus revenue generated by the agency would be remitted annually to the General Revenue fund.

XII. Reduction of Paper within Agency Operations

The BON is making incremental moves to replace paper processes with automation. The obvious advantage would be that we would no longer incur printing and mailing costs and begin saving natural resources. The disadvantage is that the agency would be challenged by sufficient information technology resources to achieve significant paper reduction. It would also represent significant adjustments for staff and the Board who are accustomed to paper processes.

Strategies identified include:

- **Paperless board meetings.** The agency successfully made the transition to usage of laptop computers for viewing of Board materials at meetings (quarterly Board Meetings and Eligibility and Disciplinary Committee Meetings conducted eight times per year).
- **Move all licensure applications online.** The agency already has made online renewals “semi-mandatory” and both examination and endorsement applications are available online as of fiscal year 2005. All other applications are available on the Board’s website.
- **Add enforcement complaint system online.** The agency would like to encourage complainants to file complaints online. This option is already available, but not used often.
- **Eliminate hard copy of renewed licenses.** Effective September 2008, the BON will no longer issue paper license upon renewal and require employers and the public to use the online verification system rather than relying on the paper copy of the license which is vulnerable to duplication and fraud. Also, since the Board updates discipline information quickly, the public, especially employers, would be able to access public protection information in a more efficient and effective manner. In December 2005, the Board changed procedures for obtaining Graduate Nurse permits and Graduate Vocational Nurse permits (GN & GVN permits) requiring that permits be printed directly from the BON web site. This change was made because address changes following completion of nursing school frequently delayed delivery of permits by mail, slowing graduate nurse entry into the workforce.
- **Communicate nursing program survey reports electronically.** The Board prepares approval reports following survey visits of nursing educational programs; these reports are shared with the program who is given an opportunity to respond prior to consideration of the report by the Board. The agency’s goal is to communicate these reports to schools and receive their comments electronically.
- **All internal documents, (general policies and procedures, personnel policies, etc.) accessed by board and staff online.** The agency proposes to eliminate providing notebooks of policies to each employee. Most policies are currently available on the network, but the goal is to make all available only electronically.

Implications for the 2010-2011 Biennium

Most of these strategies will result in cost savings and no new costs to the agency. Programming costs will be incurred in processing applications online; however, this strategy is addressed in our Biennial Operating Plan.

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. Protection of Personal Information Collected for Disaster Purposes; Information should not be Subject to Disclosure

For several years the Board has collected, assembled, and maintained business fax numbers in order to contact nurses during disasters. However, in May 2007, the Board received a request under the Public Information Act (PIA) for “all fax numbers . . . for any and all nurses in the State of Texas.” The Board determined that the requested information was excepted from disclosure under section 552.101 of the Government Code because it was “confidential by law.” Accordingly, BON timely requested a ruling from the Attorney General. However, the matter remains unresolved and any final ruling on whether the fax numbers are confidential will have to be decided by Texas courts. See Cause No. D-1-GN-07-002685, *Texas Board of Nursing, v. Greg Abbott, Texas Attorney General*, in the District Court of Travis County, Texas, 345th Judicial District.

The Board believes that the fax numbers are be confidential by law, but if the ultimate holding is that the numbers should be released, it would serve public purposes to encourage amendments to the Nursing Practice Act or Public Information Act to allow the protection from disclosure of fax numbers, e-mail addresses or other personal information collected for disaster response purposes.

Government Code section 418.176, which concerns information relating to certain emergency response providers, provides in pertinent part::

- (a) Information is confidential if the information is collected, assembled, or maintained by or for a governmental entity for the purpose of preventing, detecting, responding to, or investigating an act of terrorism or related criminal activity and:
 - (1) relates to the staffing requirements of an emergency response provider, including a law enforcement agency, a fire-fighting agency, or an emergency services agency;
 - (2) relates to a tactical plan of the provider; or
 - (3) consists of a list or compilation of pager or telephone numbers, including mobile and cellular telephone numbers, of the provider.

This statute presents a compelling reason to withhold information collected for purposes of providing disaster response.

The Board began gathering the fax numbers at issue pursuant to a directive of the Governor's Task Force on Homeland Security (“Task Force”). Governor Perry created the Task Force via Executive Order on October 1, 2001. See Tex. Gov. Exec. Order No. RP8, 26 Tex. Reg. 8251 (2001). Key duties of the Task Force included: (1) the assessment of the current state of readiness by state and local entities to efficiently respond to terrorist threats and provide victim assistance; and (2) the development and presentation to the Governor of recommendations on how to enhance the ability of Texas to coordinate state response to any terrorist attacks. The Task Force issued the following recommendation:

Recommend that the Governor request all health licensing organizations and agencies to require licensees to provide business fax numbers and e-mail addresses, if available, when completing license and registration forms.

The Task Force explained the basis for its recommendation:

Currently, health provider organizations and associations are actively attempting to inform members about bioterrorism and appropriate protocols for responding in the event of a terrorist attack. Unfortunately, the health licensing organizations and agencies do not have the means to contact all members immediately. A better network of fax numbers and e-mail addresses must be created. The Task Force suggests that licensing agencies require fax numbers and e-mail addresses to be submitted, if available, at the time of licensing and license renewals.

The Task Force's Work Group on Health and Bioterrorism ("Work Group") was specifically charged with "assessing medical and public health preparedness, reviewing the adequacy of response mechanisms, and recommending additional resources or activities." The Work Group recommended and facilitated the creation of a Health and Bioterrorism Coordinating Council ("Council"), to be headed by the Commissioner of Health and composed of representatives from health service organizations. The mission of the Council: to coordinate the activities of health organizations to detect, deter, and respond in the event of an incident of terrorism.

In response to these recommendations —and for no other reason — BON began to collect the (office) fax numbers. Accordingly, BON collected the fax numbers.

Implications for the 2010 and 2100 Biennium

Amendments to the Nursing Practice Act should be implemented to prevent disclosure in the future.

II. New Staff Positions

New Personnel Needed for Enforcement and Legal Processes

The agency's enforcement workload and expenses for its contested cases have 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 eleven (11) additional FTEs for FY 2009 and FY 2010 for its Enforcement and Legal Departments in order to meet the growing demands. Six (6) FTEs are needed for increased workload due to growing complaints and litigation. This number would include two (2) investigators; two (2) litigation attorneys; one (1) legal assistant; and one (1) administrative technician. Should the agency begin to process criminal background checks for students, the Board would need an additional five (5) FTEs, including one (1) administrative technician, two (2) investigators, one (1) Attorney and one (1) legal assistant.

Although this number appears to be significant, the rise in the number of 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. By comparison, the Texas Department of Licensing and Regulation (TDLR) will have approximately 8,000 complaints in FY 2008 and will likely take approximately 1,240 disciplinary actions (TDLR Statistical Questionnaire,

May 2008). TDLR employs thirty-five (35) investigators and ten (10) prosecuting attorneys. The Board in FY 2008 will likely receive 9,200 complaints leading to 2,400 disciplinary actions.

Other than the increase in volume of complaints, there are several reasons why the Board's enforcement cases will require more resources for the agency to meet its mission effectively and timely.

1. Complaints are increasing by approximately 15% annually

During FY 2005, the Board was receiving approximately 6,300 complaints [BON Statistical Report for FY 2005 (3,889 RN jurisdictional complaints, 2,453 LVN jurisdictional complaints)]. By FY 2007 the number of jurisdictional complaints received had grown to approximately 8,800 [BON Statistical Report for FY 2007 (4,483 RN jurisdictional complaints, 3,980 LVN jurisdictional complaints)]. In FY 2007, the Board issued approximately 2,300 disciplinary actions [BON Statistical Report for FY 2007 (1,200 RN disciplinary actions, 1,100 LVN disciplinary actions)]. Should the current trend continue, the Board will receive approximately 9,200 complaints and 2,400 disciplinary actions in FY 2008 [BON Statistical Report for FY 2008 (2,557 jurisdictional complaints in first half of FY 2008, 2,028 LVN jurisdictional complaints in first half of FY 2008)]. Investigation and litigation associated with requests for licensure when applicants are ineligible for an unencumbered license has likewise steadily increased. In FY 2005, Petitions for Eligibility Orders numbered approximately 1,900 annually (FY 2005 BON Statistical Report – 1,891 Petitions for Declaratory Order). That number is expected to be approximately 2,700 in FY 2008 (FY 2008 BON Statistical Report – 1,367 Petitions for Declaratory Order in first half of FY 2008). As a result, the number of eligibility cases needing enforcement and legal attention will increase by 50%.

2. 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. Since then, the Board has averaged approximately 750 Formal Charges annually. The number of cases opened in FY 2007 was 13,482, while the number of open cases in FY 2005 was 9,057.

Although the disciplinary case load continues to grow, the ability of the current enforcement FTE's appears to have plateaued.

3. The Board's policies have tightened with regard to enforcement and eligibility

After the consolidation of the Board of Nurse Examiners and the Board of Vocational Nurse Examiners in February 2004, the Board has strengthened old and established new enforcement policies in an effort to apply its standards uniformly as well as meet its mission to protect the public. The Board's disciplinary policies seek to enforce nursing's professional character standards. Due to the effect of these strengthened policies on unencumbered nursing practice, the policies have been met with increased resistance from those nurses subject to their enforcement. Several policies have impacted the enforcement proceedings significantly.

For example, the Board no longer relies solely on self disclosure of criminal histories of applicants and licensees and now has a system for receiving criminal histories through fingerprint card submissions. The legislature and public have demanded more scrutiny and review of criminal

background (TEX. OCC. CODE. ANN. Sec. 301.4535). Fingerprint checks have led to an increase in positive criminal history information relevant to practicing as a nurse. The Board receives information on nurses previously undisclosed. Review of criminal history has led to significant increase in investigations and disciplinary actions. It is also the Board's policy to take disciplinary action against nurses who failed to previously self-disclose criminal history. Nurses often dispute any sanction when they have been practicing several years since the time disclosure was required.

The Board sought to emphasize within its disciplinary policies that when drugs and alcohol abuse or misuse are at issue, the board may require a period of sobriety before a nurse can return to practice [See the Board of Nursing's Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder (www.bon.state.tx.us/disciplinaryaction/dsp.html)]. Therefore, the Board's stated policy is to suspend nursing practice until the nurse has had treatment and has maintained sobriety for at least one year. Faced with the prospect of licensure suspension, the effected nurse will utilize all due process rights to contested case resolution of their violations until one year has passed from the date of violations. In this manner, the nurse can then use the policy in his/her favor. The board's policy seeks to ensure sobriety prior to returning to practice, but its effect is to encourage nurses subject to discipline to delay timely resolution. Because a large majority of disciplinary matters involve drug use, misuse, misappropriation, or recidivism of like past violations, the board is experiencing a significant increase in dilatory tactics.

Lastly, the Board now makes available disciplinary orders on its website. Historically, public orders were available only in response to a formal public information act request. Many nurses who have admitted violation are less inclined to settle their disciplinary matters informally because they want to avoid the stigma of a publically assessable order.

4. Attorney representation has increased significantly

During the last several years, the number of attorneys representing nurses has increased dramatically. Tort reform and its reduction of medical malpractice litigation has increased the number of lawyers representing nurses in administrative proceedings. Additionally, lawyers specializing in administrative law have utilized the power of the internet and websites 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 and dilatory practices. One of the main marketing strategies of the lawyers as expressed on their websites seems to advise non cooperation with Board investigations. The legal bloggers routinely accuse the Board or its staff of unlawful or illegal investigation tactics.

5. Proceedings before the State Office of Administrative Hearings (SOAH) have become more complex

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 were minimal. Delays in contested case proceedings also increase when witnesses, experts, attorneys and the judges must coordinate to be in Austin at the same time.

CONCLUSION

The agency's enforcement workload and expenses have 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 will need appropriations to cover the increased litigation related costs such as expert fees and witness fees. Should the agency begin to process criminal background checks for students, the Board will need approximately eleven (11) additional FTE's in Enforcement and Legal Departments of the Board in order to meet the growing demands. This number would include four (4) investigators; three (3) litigation attorneys; two (2) legal assistants; and two (2) administrative technicians.

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 supports the need to add enforcement and legal staff in order to meet the agencies mission and timely resolve cases. By comparison, TDLR employs thirty-five (35) investigators and ten (10) prosecuting attorneys to handle roughly 85% of the volume of complaints and 50% of the disciplinary actions taken by the BON. Should the Board receive the projected staffing as outlined herein the Board would employ approximately four (4) prosecuting attorneys and thirty-two (32) investigators.

III. Continued Support Needed for Three Investigator Positions Added Following LBB/Governor's Office Approval

The Texas BON received a regulatory rider during the 80th Texas Legislative Session to hire three additional investigators if certified by the Legislative Budget Board (LBB) and the Office of the Governor. The Board received the authorization to hire the investigators on December 17, 2007. The BON has hired the three investigators (See *Media Coverage Concerning Criminal Background Checks*, page 30) and would like to maintain these new staff in the upcoming biennium

IV. Additional Customer Service Position Needed for Support of Criminal Background Investigations

One additional customer service staff person is needed to handle the increase in investigative cases and phone calls. In FY 2007, 4,994 phone calls were transferred to the Enforcement Department (BON Statistical Report - FY 2008). At the end of the 3rd Quarter of FY 2008, 5,185 calls were transferred to Enforcement (BON Statistical Report - FY 2008).

Implications for the 2010 and 2011 Biennium

The cost of retaining the three investigators will be \$123,000 per fiscal year and the additional attorney will be \$60,000 and customer service staff will be \$28,800 per fiscal year.

V. Merit Salary Increases

The BON has been absorbing merit increases every biennium without additional funding. Our budget can no longer afford to do this since we have been increasing staff salaries in open positions to attract a qualified pool of applicants, making nursing staff salary adjustments to stay competitive with the Central Texas employment market and granting staff merit increases based on performance.

Implications for the 2010 and 2011 Biennium

Based on the agency salaries for fiscal year 2008, we are requesting an additional 3.4% or \$113,517 merit money per fiscal year.

VI. Nursing Salary Adjustments

The Texas BON has a total of seventeen (17) positions that require a licensed nurse. Of these seventeen positions, eight (8) are nurse investigators and nine (9) are nursing consultants. In fiscal year 2007, the turnover rate in this group was 23.5% and stands at 17.6% half way through fiscal year 2008. The BON is competing with the private sector for professional nurses in the Central Texas area and must at least match beginning salaries of the private sector which is \$48,000 a year for ADN prepared nurses and \$60,000 a year for Masters prepared nurses. We have made several salary adjustments through the fiscal year to attempt to remain competitive at the mid-range pay scale. In doing this, we have put all nurses at or above the middle of their pay grade. We were not funded at that level and must borrow from other strategies to maintain our compensation of staff nurses. In order to remain competitive, we will need to make further adjustments for current nursing staff and increase beginning salaries to attract a qualified pool of applicants for open nursing positions.

Implications for the 2010 and 2011 Biennium

Based on the current salaries of nursing staff, we project that the BON will need an additional \$65,287 per fiscal year to fund current nursing salaries.

VII. Information Technology Increase

In addition to the base request for replacement of agency personal computers, the BON will need to replace older servers (2) at a cost of \$5,000 each and purchase additional software and software licenses to move to a new paperless workflow process at a cost of \$7,500. A new paperless system requires the BON to purchase new software to integrate our current licensing system with Texas Online, our current imaging system and a new online affidavit of graduation program. To make this a seamless system, we will need a special software for integration.

Implications for the 2010 and 2011 Biennium

The BON will request an additional \$17,500 for information technology in fiscal year 2010.

VIII. 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 knowledge in nursing education and practice, along with general knowledge of information technology, human resources and finance. The current executive director will reach retirement eligibility in the next biennium. 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 median salary range for chief nursing officers in the central Texas area is from \$105,000 to \$136,736 per year.

Implications for the 2010-2011 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 of 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 5 and be set at \$135,000** 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 \$45,000 per fiscal year.**

IX. Advanced Nurse Compact Licensure Compact Fee and Travel Expenses

During the 80th Regular legislative session, the legislature passed comprehensive sunset legislation which allows the Texas BON to enter into the Advanced Nurse Licensure Compact in FY 2011. The fee to join the compact is \$3,000 per fiscal year. In addition to the compact fee, the executive director will be required to attend several meetings to organize the compact and discuss ongoing issues.

Implications for the 2010 and 2011 Biennium

The BON is requesting travel funds for both fiscal years at \$1,500 and the \$3,000 compact fee for fiscal year 2011.

X. Texas Nursing Jurisprudence Exam

House Bill 2426 (80th Regular Tex. Legis. Session, 2007), otherwise known as the Board of Nursing's Sunset Bill, enacted the requirement that the BON require all candidates for nursing licensure and those seeking to endorse their nursing license to Texas pass a Nursing Jurisprudence Exam. This requirement effects anyone applying for a nursing license in Texas after September 1, 2008.

The applicant for nursing licensure may retake the exam as many times as necessary to achieve a passing score. The exam will be computer-based and accessible via internet from any computer with internet access. Streaming of data and minimum computer system requirements will be addressed both prior to the onset of testing and on an ongoing basis.

Though enacted through a recommendation of the Sunset Commission, the BON is in agreement with the new requirement that all nurses must demonstrate basic knowledge of the statutes and rules that relate to nursing at the time of their initial licensure in Texas. A past committee of the Board, called the Laws and Regulations Advisory Committee, was authorized by SB 617 (75th Reg. Tex. Legis. Session, 1997, Moncrief) to develop mechanisms, including a nursing jurisprudence exam, to assure that registered nurses (at the time, vocational nurses were regulated by the Board of Vocational Nurse Examiners) were knowledgeable about the laws governing their practice.

One of the benefits of assuring nurses are knowledgeable about the statutes and rules within the BON's authority is to improve the safety of patient care by focusing on the laws that are most often breached when nurses are disciplined by the board. The top reasons nurses are disciplined by the Board has changed very little since the Laws and Regulations Pilot Project (1998-2001). Top reasons why nurses are disciplined still include:

1. Medication Errors (possibly because these have long been the most tracked and reported errors in general);
2. Violations of professional conduct/boundary violations;
3. Violations related to documentation;
4. Violations related to impaired practice (such as misappropriation); and
5. Violations of other nursing standards, such as failure to assess and intervene, and practicing beyond one's licensure scope of practice.

In addition, legislatively-mandated changes in how the Board views criminal backgrounds of persons desiring a nursing license have changed in both the 79th and 80th legislative session. Petitions for

declaratory orders and Board investigations related to currently licensed nurses have added a significant category to Board actions related to past criminal conduct. Since the BON began doing criminal background checks (CBCs) on all applicants for initial Texas licensure (2005), as well as conducting 20%/month random CBC audits of nurses renewing their license, the Board has made a number of revisions to the rules on good professional character, the Disciplinary Sanction Policies, and the eligibility questions on all forms for licensure applications. These revisions reflect more specific information about how the Board views specific crimes as well as mental health and drug-related issues that relate to the practice of nursing.

Because a nurse is always in a position of power over patients who are vulnerable to the nurse for a variety of reasons, the BON believes one key aspect of the jurisprudence exam is the nurse's knowledge of the requirements for good professional character, including professional boundaries and ethical behavior (**Nursing Ethics**) required of a nurse.

Staff anticipate the subject area with the greatest weight on the TNJE will be "**Nursing Practice.**" A Board stipulation required of all sanctioned nurses has long included completion of a course in Texas Nursing Jurisprudence. Following completion of the Nursing Jurisprudence workshop presented several times per year by BON staff, we have often had sanctioned nurses approach us and say "Had I only known then what I know now, I wouldn't have done things the same way." BON staff hope that the number of nurses being reported to the board will decline if nurses are more aware of the regulations that should be the guides for their practice. We also believe this would be an indication that the safety of nursing practice has increased.

One of the most frequent questions BON staff receive regarding nursing practice is "Can a nurse perform this or that specific task?" In addition to the board statutes and rules, BON staff have developed a number of resources over the years that are accessible on the Board's web site. The most often referenced items are organized under the obvious heading "Scope of Practice" in the Nursing Practice section of the web page. Other resources are organized accordingly throughout the web page. The jurisprudence test blue print (Appendix R) is available to the public and offers prospective nurses a simplified list of objectives with the corresponding references on the BON web page for studying purposes. The BON also plans to have an online prep-course available that will be optional for prospective nurses to purchase if they wish.

The remainder of the jurisprudence exam is broken down into subject areas of **Nursing Licensure and Regulation in Texas, Nursing Peer Review, RN Delegation, and Disciplinary Action.** The objectives contained in the test blue print mentioned earlier provide the content for each of these headings. With regard to the RN Delegation category, even though Licensed Vocational Nurses (LVNs) do not have delegatory authority in Texas, the Board believes it is important for all nurses to understand the difference between the terms "assignment" and "delegation" as they are used in Texas BON rules. It is also important for all nurses to understand that an advanced practice nurse's ability to delegate is based on his/her RN education and licensure. This means that APNs do not share the same broad delegatory authority as physicians, but instead must utilize the BON RN Delegation rules [22TAC, §§224-225].

Board staff are working with a test psychometrician to assure that the pool of test questions is adequate, and that a number of tests are developed that are reliable, valid, and psychometrically sound. Ongoing measurement of the performance of the exam will be monitored.

Implications for the 2010 and 2011 Biennium

At this time, the Texas BON will make every attempt to absorb the cost of the implementation of the jurisprudence exam. If this is not feasible, staff will make a recommendation to the Board to charge a separate fee which must be approved by rule.

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 84.7 FTEs (see Appendix B, page A2, for organizational chart). The current EEO workforce breakdown is as follows:

Africa-American	10.2%
Anglo	59.0%
Hispanic	29.5%
Other	1.3%

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 copy center, 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 196 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 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 and a participatory management team. As shown in our Survey of Organizational Excellence, our alternative work schedule and educational leave policies 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. We were not successful in obtaining additional targeted salary adjustment funds for nursing staff and overall additional merit money for staff. If the BON does not receive targeted salary and 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 2002 - 201,423 Calls
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

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 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 \$6,995,168 for each fiscal year of 2008 and 2009. Of this appropriation, \$2,120,000 or 30.3% is a “pass through” dedicated to our peer assistance program, TexasOnline and FBI criminal background checks. In reality, the BON's operating budget is \$4,875,168. The BON has met our obligations to the state treasury and continues to raise more funds than required. The BON collected over \$4,048,853 in excess revenue beyond our direct and indirect costs in fiscal year 2007. 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 to 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 Board of Nurse Examiners and the Board of Vocational Nurse Examiners merged on February 1, 2004 to become the Texas Board of Nursing. The two budgets were combined. Due to the merger and the duplication of positions, the Governor vetoed the funds of one BON strategy to realize these savings. The amount vetoed was \$451,237. The effect of this veto is that we are not able to fully fund our Accreditation strategy. The veto continues to have a ripple effect in all BON programs since we have to move some funds from other strategies to compensate the shortfall of funds in the accreditation program. The BON will attempt to rectify this situation in the next Legislative Appropriations Request.

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 thus the BON discontinued the surcharge. The BON would like to re-establish this surcharge for the nursing workforce data center in fiscal years 2010 and 2011 as long as the funds are allocated as a method of finance to DSHS for this purpose.

The BON has received 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 in Fiscal Year 2009. 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 BON. No provisions currently exist under Texas law giving nursing schools access to complete criminal history records prior to student's 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 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 educational 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.” However, this process is currently based only on self disclosure of criminal history. The Board is proposing to do CBCs on students early after entering nursing school. 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 educational programs significantly exceeds those who eventually apply for licensure by examination.

The Board currently requires a CBC on all nursing students prior to graduation. In fiscal year 2007, the Board conducted 8,343 CBCs on RN students and 4,963 CBCs on VN students. In contrast, according to the Texas Center for Nursing Workforce Studies, the total number of students actually enrolled in Texas approved RN and VN schools of nursing in the same time period was 17,836 and 5,867 respectively. Therefore, staff predicts that an additional 10,400 background checks will be conducted annually if the Board institutes CBCs for RN and VN nursing students upon entering nursing school. The Board will also have to respond to positive hits that emanate from the additional 10,400 CBCs. In fiscal year 2007, the Board experienced a 12.27% positive hit rate for RN students and 18.43% hit rate for VN students. This translates into an additional 1,332 eligibility issues that Board staff will need to investigate.

Future Funding

We are experiencing consistent and steady growth of RNs and LVNs as indicated with the number of renewals in fiscal years 2007 and thus far in fiscal year 2008. 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. Other than the multi-state regulation dynamics, the BON feels that we will be able to continue to maintain the current level of funds and absorb any new FTEs or operating funds granted by the legislature.

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

- hire twelve additional staff to process and to respond to the FBI fingerprint process for renewals and students and answer phone inquiries;
- increase operational funds for targeted nursing salary adjustments;
- increase operational funds to appropriately compensate executive director;
- update the agency’s technology needs;
- increase operational funds for merit increases;
- receive operational funds to implement the APRN compact;
- Increase peer assistance funding;
- 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 2007 by purchasing 17.7%% 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: Accredited programs that include Essential Competencies Curricula.

Output Measures:

Output Measure A.2.1 - Total number of registered nurse (RN) programs or schools approved.

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

Output Measure A.2.3 - Total number of licensed vocational nurse (LVN) programs surveyed.

Output Measure A.2.4 - Total number of licensed vocational nurse (LVN) programs sanctioned.

Output Measure A.2.5 - Total number of registered nurse (RN) programs surveyed.

Output Measure A.2.6 - 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.

OUTCOME PROJECTIONS FOR 2009 - 2013

OUTCOME MEASURES	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
A.1.1 - Percent of new RN licensees issued within 10 days - (RN).	97.0%	97.0%	97.0%	97.0%	97.0%
A.1.2 - Percent of individual RN licenses renewed within 7 days - (RN).	97.0%	97.0%	97.0%	97.0%	97.0%
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) .	97.0%	97.0%	97.0%	97.0%	97.0%
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 A

Strategic Planning Process

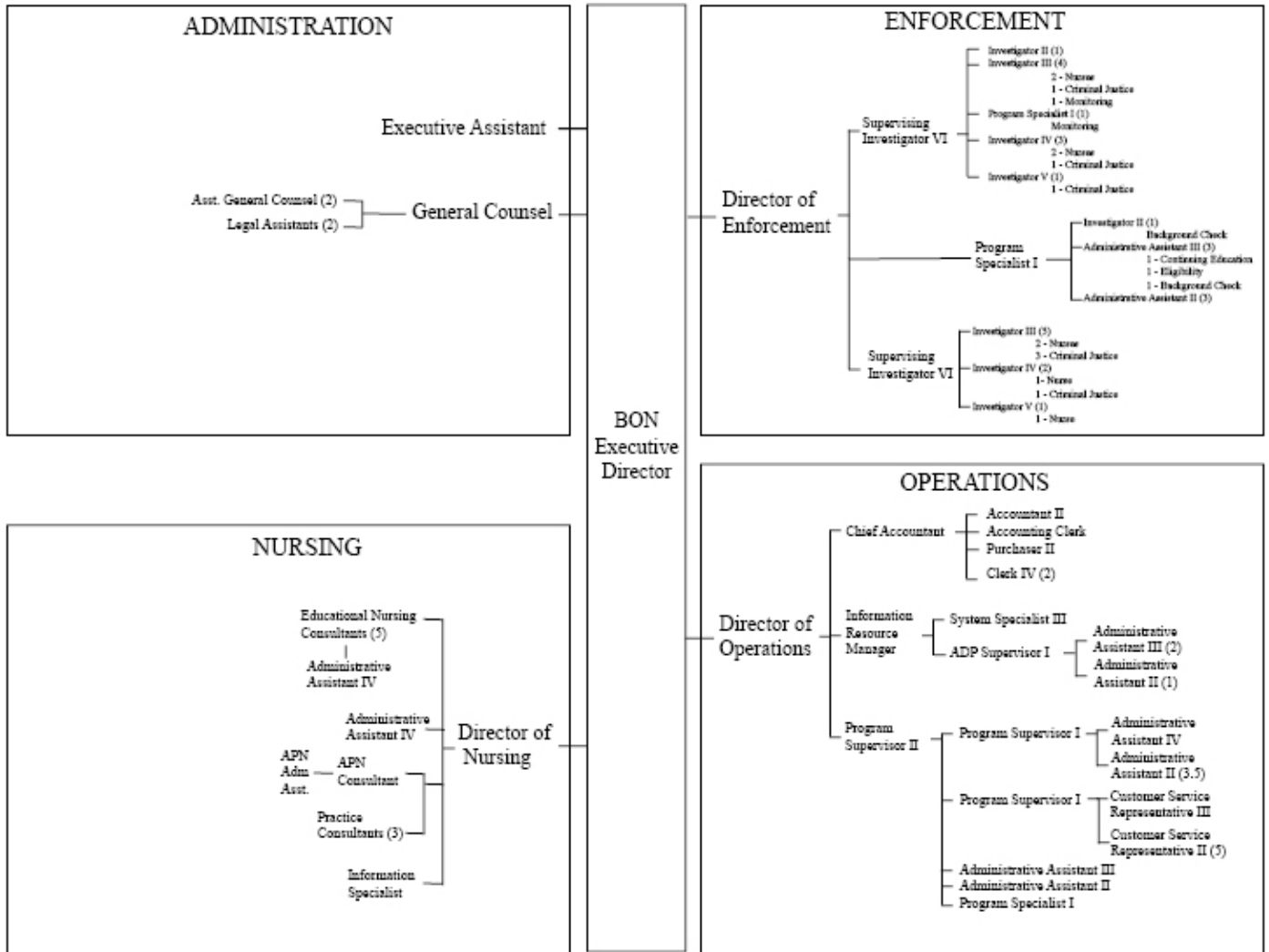
In developing the Strategic Plan, the Board and the agency staff identified and analyzed those trends and resulting issues expected to have the most significant impact on the profession and the regulation of nursing over the next five years.

The process included:

- The Board of Nursing held a retreat in Austin October 16-17, 2007, 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 Strategic Plan in December 2007. Stakeholders were contacted by e-mail to request feedback concerning regulatory issues the agency should plan for in the next biennium. Nursing Educational Program Deans and Directors, chairpersons for committees and task groups for committees working on behalf of the Board and nursing groups and professional were contacted by e-mail. Feedback was received through February 2008. 295 stakeholders were contacted. Board staff reviewed and discussed comments relating to preparation of the agency strategic plan.
- Discussion of strategic planning logistical issues occurred at the April 22-23, 2008 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 a liaison of the Board prior to submission.

Appendix B

Agency Organization



June 24, 2008

Appendix C

BOARD OF NURSING - AGENCY 507
HISTORICAL AND PROJECTED ENFORCEMENT OUTCOMES FOR 2005-2013

#	MEASURE	2005 RN/LVN	2006 RN/LVN	2007 RN/LVN	2008 RN/LVN	2009 RN/LVN	2010 RN/LVN	2011 RN/LVN	2012 RN/LVN	2013 RN/LVN
1	Number of Investigators	16	17	18	23	28	32	36	40	44
2	Number of Currently Licensed	RN-186,192 LVN-78,258	RN-193,764 LVN-80,538	RN-201,172 LVN-82,621	RN-206,972 LVN-84,802	RN-212,772 LVN-89,164	RN-218,572 LVN-93,526	RN-224,372 LVN-97,888	RN-230,172 LVN-102,250	RN-235,972 LVN-106,612
3	Number of Complaints Received	RN-3,889 LVN-2,453	RN-3,904 LVN-2,769	RN-4,832 LVN-3,980	10,046	11,280	12,514	13,748	14,982	16,216
4	Average Number of Complaints Resolved	RN-3,398 LVN-1,941	RN-3,625 LVN-2,404	RN-4,388 LVN-3,468	9,114	10,372	11,630	12,888	14,146	16,662
5	Number of Disciplinary Actions Taken	RN-996 LVN-581	RN-924 LVN-431	RN-940 LVN-527	1,511	1,555	1,599	1,643	1,687	1,731
6	Average Complaint Resolution Time	RN-150 LVN-89	RN-218 LVN-135	RN-192 LVN-136	372	416	460	504	548	592
7	Average Case Load Per Investigator at Fiscal Year-End	432	410	255	436	402	391	381	374	368

Data projections based upon average increases/decreases from FY 2005 to FY 2007.

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.

1) Number of Registered Nurses and Licensed Vocational Nurses with no Recent Violations

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.

Output Measures

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) Total Number of Nursing Programs Approved

Short Definition: The unduplicated number of programs or schools approved by the Board of Nursing at the end of the reporting period.

Purpose/Importance: This measure is the number of RN and LVN programs that have met the requirements for approval by the Board of Nursing. By meeting the Board's criteria, the programs offer courses that allow students to meet minimum competency as nurses and take the RN or LVN examination.

Source/Collection of Data: This information is tabulated by the Department of Nursing according to new program requests, ongoing annual reports and Board minutes. The Director of Nursing is responsible for this data.

Method of Calculation: This number is derived by counting the number of ongoing programs approved by the Board and adding the number of new programs that have met the Board's requirements at the end of the reporting period.

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: Higher than Target.

Efficiency Measures

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.

Explanatory Measures

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.

Output Measure

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

Efficiency Measures

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

Implementing the Texas Transformation

Managed Service Delivery - The agency is actively involved in a joint Image System venture with 8 of the 12 members of the Health Professions Council. The agency has shared costs to upgrade this system and contracted for the development of a shared application for extraction of public documents available through web services. The agency experiences telephonic services at reduced rates utilizing Tex-An and Capital Complex phone systems. These low rate services have allowed the agency to perform lengthy telephonic interviews, saving the Enforcement Division onsite interview costs. Additional managed services, allow acceptance and processing of electronic document utilizing the Texas Online infrastructure. The agency plans to expanding it's online applications utilizing existing templates and has requested the development of other services to allow event scheduling, fees and fines processing and annual agency surveys.

Managed IT Supply Chain - The agency does leverage cooperative contracts to secure the best prices for hardware and software. Depending 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.

Security and Privacy - The agency is committed to ensuring it's technology assets and data are secure, up-to-date, available for use and recoverable. Electronic penetration test, technological disaster recovery scenarios and testing of secondary data sites are performed and reviewed annually. The agency actively secures funding for implementation of new technologies, redesign of existing applications, refresh of agency hardware and software and IT security training. Acceptable use and general security policies are published in the agencies Human Resource manual and general agency staff is kept abreast of security function, features and attacks during monthly staff meetings, via the agency quarterly IT Newsletter, periodic alert emails and featured cyber security webcasts. The agency complies with State technology mandates and recommendations. Future improvements in the agencies security will incorporate formal classroom training, for IT Staff, in the areas of Ethical Hacking, attendance of more webcasts, implementation of a web firewall, specifically for current and planned web applications and coordinating DIR's Web Applications Penetration Testing.

Technology Policy, Best Practices and Partnerships - In providing our constituent with services that can be utilize on their time schedules the agency is committed in providing current and valued information on it's website. Continued updates to deliver it's web content using Section 508 Guidelines improves search engine optimization, thereby improving the usability for all Texans. The agency plans to develop two new web applications; an Online Jurisprudence Examination, which will help the agency protect the public by ensuring new licensees are knowledgeable about Texas Nursing Laws, Rules and Regulations and an Affidavit of Graduation application that will provide Texas Nursing Schools easy access to rapidly report the fulfillment of candidates educational requirements. Streamlining these requirements into an electronic environment will assist in rapid processing of applications and an increase in qualified Texas Nurses.

The agency plans to review electronic work flow applications and their usability in conjunction with it's Nurse Database and the Image system. The agencies' database and Image system maintain the majority of permanent licensure documents and licensure data. These permanent records will

continue to be maintained along with active data and will be retrievable using the same applications. All other documents and data are kept in compliance with the agencies record retention schedule. The agency is also reviewing Federal mandates regarding email retention and hardware required to maintain these records for e-discovery requests.

As stewards of nursing data for the State of Texas the agency continues to participate in National and State initiatives while being ever vigilant in protecting privacy data on Texas citizens. The agency continues to participate in the National Nursing Licensure Compact which provided the opportunity to draw nurses from other states to alleviate nursing shortages and provide assistance in emergency situations. The agency has also partnered with the Department of State Health Services in the Texas Disaster Volunteer Registry and supplies monthly updates of nurse data. The agency provides data to Health and Human Services - Medicaid and Medicare Fraud, Texas Guaranteed Student Loan Corporation, Texas Attorney General Office - Child Support Division, National Council State Boards of Nursing, State and Local Representatives and the General Public, all at no fee or low-cost recovery price. The agency also provides data to the Health Professions Resource Center - Center for Health Statistics, a division of Texas Department of State Health Services. In compliance with SB 29 of the 80th Regular Legislative Session, the agency modified it's online applications and back-end database to assist with the collection of the State Minimum Data Set.

Core Missions - The agency utilizes MS Windows environment and supports one server operating system and one PC operating system. In maintaining a standard environment, the agency has experience low maintenance cost, increased savings of software purchases due to quantity incentives and knowledgeable staff due to consistent training and common application functionality and usability. The agency does have four servers in-house and plans to analyze server vitalization to increase reliability, efficiencies, shared hardware services and shared disaster recovery opportunities and functionality utilizing our state and national organization.

Appendix E - continued

Technology Alignment for Texas Board of Nursing					
Technology Initiative	Related Agency Objective	Related SSP Strategy/ (IES)	Status	Anticipated benefit(s)	Innovation, Best Practice, Benchmarking
Expand electronic data capture and reporting for criminal background checks and Board disciplinary action.	External Assessments: I. Criminal background checks on students, VI. Board Activities that Promote Patient Safety, VII. Texas Peer Assistance Program	1-4,3-1,3-2,4-1,5-1	Planned	Protection of the Public, Operational Efficiencies	
Continued participation in National Nursing compact indicatives. Support implementation of Advanced Practice Registered Nurse National Compact.	External Assessments: II. APRN Compact, III. Changing term from APN to APRN and changing regulation mechanism for APRNs from authorization to practice to licensure, V. Nursing Shortage, VIII. Emergency Preparedness.	1-4,3-1,3-2,4-1,4-2,4-3,4-4,5-1	Current; Planned	Protection of the Public, Increase supply or Nurses, Operational Efficiencies, Data Sharing, National Joint Ventures	
Continued replace of computer equipment in alignment with established Technology Refresh plan.	All Objectives	1-1,2-1,2-2,3-1,4-1	Current	Minimizes systems downtime, Operational Efficiencies, Security Improvements, Customer Satisfaction	Best Practice: Utilized DIR negotiated contracts
Strengthen, maintain and enforce policies and infrastructure for data privacy, security, integrity and relevance.	All Objectives	1-1,2-1,2-2,3-1,3-2,4-1,5-1	Planned	Protection of the Public, Operational Efficiencies, Customer Satisfaction, Security Improvements	
Increase electronic access to information and data for reporting, verification and validation.	External Assessments: X. Paperless Business, Internal Assessments: V. Information Technology Appropriations Increase, VI. Jurisprudence Examination.	1-1,1-4,2,1,2-2,3-1,3-2,4-1,4-2,5-1	Planned	Customer Satisfaction, Operational Efficiencies, Protection of the Public	
Implementation of workflow processes utilizing TexasOnline, Image Systems and Agency Database.	External Assessments: X. Paperless Business	1-1,1-3,1-4,2-1,2-2,3-1,3-2,4-2,5-1	Planned	Customer satisfaction, Operational efficiencies, Protection of Public, Reduction in paper consumption/costs, Improved Disaster Recovery preparedness.	Best Practice: Utilized DIR negotiated contracts
Expansion of existing and new licensee data, electronic file systems and shared data services.	External Assessments: IV. Regulation of Unlicensed Assistive Personnel, X. Paperless Business	1-4,2-2,3-1,3-2,4-1,4-2,4-3	Planned	Protection of the Public, Customer Satisfaction, Data Sharing	Best Practice: Utilized DIR negotiated contracts

Appendix F

Texas Board of Nursing Fiscal Year 2009-2013 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 290,000 nurses and 183 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 84.7 positions. The agency has 32 FTEs in the Enforcement Division, 31.7 FTES in the Operations Division, 14 in the Nursing Division and 7 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 APNs 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	<u>Licensing & Accreditation</u> : 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	<u>Licensing & Examination</u> : 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	<u>Accreditation</u> : to ensure that 100 percent of nursing programs are in compliance with the Board of Nursing's rules.
Goal B	<u>Enforcement</u> : 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	<u>Protect Public</u> : To guarantee that 100 percent of written complaints received annually regarding nursing practice or non-compliance with the Board of Nursing's 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, recognizes Advanced Practice Nurses, approves 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 changes in our mission to include regulating Certified Nurse Aides, other unlicensed assistive personnel and expand our FBI criminal background checks. We see changes in how we approve nursing schools by increased reliance on outside accrediting entities. We have implemented some strategies to go "paperless" by using available technology and plan to discontinue issuing paper licenses. 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 fiscal issues for the next biennium are request for additional funding to:

- hire additional staff for the student FBI fingerprint process;
- increase operational funds for merit increases;
- increase retention funding for nursing staff;
- allow the Board to pay the Executive Director in higher pay group;

As public safety continues to be an important issue as reflected in the Institute of Medicines patient safety reports, we anticipate a move to regulate unlicensed assistive personnel and certified nurse aides due to their direct patient contact.

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 2008, 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

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	70.0%
	Male	30.0%
Race	African-American	10.2%
	Hispanic	29.5%
	Other	1.3%
	Caucasion	59.0%

Percentage of Workforce Eligible to Retire in the Next Five Years: 15%

Job Categories	State Civilian Workforce					
	African American		Hispanic American		Females	
2006 Data	BON %	State %	BON %	State %	BON %	State %
Officials, Administration	25%	15.30%	0%	15.65%	50%	47.78%
Professionals	7.7%	18.51%	0%	28.69%	92%	91.7%
Technical	0%	28.27%	25%	24.32%	50%	49.65%
Protective Services	0%	n/a	20%	n/a	70%	n/a
Para-Professional	11.11%	n/a	11.11%	n/a	88%	n/a
Administrative Support	19.14%	12.35%	36.17%	15.81%	78.72%	57.13%

B. Employee Turnover

Agency turnover has been dropping over the past four years but has started to increase due to the 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%

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 2007 - 15%
Fiscal Year 2008 - 17%
Fiscal Year 2009 - 20%
Fiscal Year 2010 - 20%
Fiscal Year 2011 - 20%

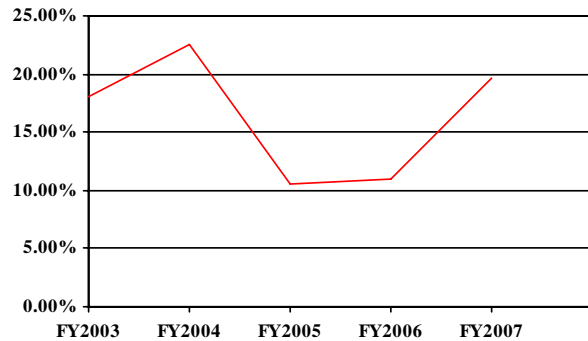
The agency anticipates ongoing turnover in the Nurse Investigator and Nurse Consultant positions at least until fiscal year 2013 due to the acute competition for nursing faculty and staff at schools and hospitals. If we continue this attrition rate, the Board will be challenged to stretch its human resources 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.

III. FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)

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

With the consolidation of the RN and LVN Boards in fiscal year 2004, we were involved in an intensive business process review which will lead to the elimination of overlapping duties. We anticipate staff temporarily transferring from one department to another, resulting in the need for re-training. This will also intensify the need for functional cross training since the prospect of new employees would be limited. As the agency moves toward 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 and 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 two additional RNs by the end of the next five year cycle. Both 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 to address agency workforce competency gaps, the BON establishes the following goals:

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:	<ul style="list-style-type: none"> • 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.
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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:	<ul style="list-style-type: none"> • 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.

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.

Appendix G

Survey of Organizational Excellence

The School of Social Work for the University of Texas at Austin conducts the Survey of Organizational Excellence 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 Survey of Organizational Excellence since 1994. In 2007, 77% 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 2007
Supervisor Effectiveness	307	348	369	361	370
Fairness	338	373	379	383	390
Team Effectiveness	324	337	365	364	361
Job Satisfaction	381	387	396	394	382
Diversity	325	356	368	380	383
Fair Pay	271	219	258	286	275
Adequacy of Physical Environment	376	387	394	400	411
Benefits	373	364	325	376	378
Employment Development	323	351	350	365	382
Change Orientated	334	344	378	371	373
Goal Orientated	343	366	403	392	390
Holographic	317	351	383	379	385
Strategic Orientation	398	413	430	427	430
Quality	359	403	428	421	418
Burnout	326	386	399	390	391
Empowerment	309	370	384	386	390
Time and Stress Management	381	382	397	386	376

Texas Board of Nursing

Report on Customer Service for Fiscal Years 2009-2013



Submitted: June 2, 2008

Customer Service Initiative

A critical component of the Strategic Plan is the report on Customer Service. Section 2113 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 97 RN Nursing Programs and approves 99 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 educational 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 educational 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 November 2007, and provided measurement of BON stakeholder perceptions related to practice, education, licensure and governance for the Texas Board of Nursing as well as 41 other participating boards of nursing in the United States. Study data relating to practice, education, licensure and governance was collected by the NCSBN in FY 2005. Additional data for the CORE Study was drawn from BON participation in a previous pilot data study on nurses during FY 2000, and FY 2003.

BON Stakeholders Provided to Core Study

The NCSBN asked the BON to provide contact information on stakeholders for the CORE. Of the 1000 nurses surveyed, 14 (1.4%) responded. One hundred and eighty-four Directors for BON-approved educational programs were asked to provide feedback and 76 (41%) programs are represented in the data. Six associations (38%) responded from the 16 professional associations surveyed in Texas. For the data representing stakeholders involved in the disciplinary process, 50 Texas-licensed nurses who had complaints filed against their licenses were surveyed with 5 responses (10%) and 50 individuals who had filed complaints with the Texas Board of Nursing had a response rate of 12 (24%). 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 1 (excellent) to 4 (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

<u>BON Web Site</u>	<u>Rating</u>	<u>BON Phone System</u>	<u>Rating</u>	<u>Newsletter</u>	<u>Rating</u>
Nurses	(1.96)	Nurses	(2.4)	Nurses	(1.93)
Employers	(1.46)	Employers	(2.13)	Employers	(1.88)
Associations	(1.83)	Associations	(2.13)	Associations	(1.88)
Nursing Ed.	(1.64)	Nursing Ed.	(2.45)	Nursing Ed.	(1.53)
Programs		Programs		Programs	

The data in Table 1 indicates a problem in the area of the telephone system. Both Texas and other state board data indicate dissatisfaction with the phone system. Board staff members are considering measures to improve customer service interactions via the BON phone system. Additional staff positions in the customer service area would probably positively impact customer service perceptions of the BON telephone system.

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:

Nursing practice law and rules	<u>Percentage</u> (81.7%)
Board newsletter	(36.5%)
Board web site	(50.4%)
Personal communication with board staff or member	(15.7%)
Public meetings or educational workshops	(13.9%)
Public hearings	(1.7%)
Public notice	(5.2%)
Other assn. newsletter	(7.8%)
Other assn. web site	(9.6%)

Employers surveyed provided the feedback below:

	<u>Percentage</u>
Nursing practice law and rules	(94.4%)
Board newsletter	(55.6%)
Board web site	(77.8%)
Personal communication with board staff or member	(38.9%)
Public meetings or educational workshops	(16.7%)
Public hearings	(0.0%)
Public notice	(16.7%)
Other assn. newsletter	(16.7%)
Other assn. web site	(16.7%)

Taking data results from the 2002 CORE Study into consideration, the 2005 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 23% from 2002 to 2005.

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 1=excellent; 2=good; 3=fair; and 4=poor. Survey results appear below:

	<u>Rating</u>
Nurses	(1.72)
Employers	(1.77)
Associations	(1.50)
Education Programs	(1.30)

Survey results indicate a good to excellent stakeholder satisfaction level with the BON 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: 1= too much regulation; 2=adequate regulation; or 3=too little regulation.

Results from nurses surveyed appear below:

	<u>Rating</u>
Practice Standards/Scope of Practice	(2.00)
Complaint Resolution/Discipline Process	(1.98)
Requirements for Licensure	(2.00)

Results from employers surveyed appear below:

	<u>Rating</u>
Practice Standards/Scope of Practice	(1.94)
Complaint Resolution/Discipline Process	(2.06)
Requirements for Licensure	(2.18)

Texas nursing education programs surveyed provided the feedback below:

	<u>Rating</u>
Practice Standards/Scope of Practice	(1.91)
Complaint Resolution/Discipline Process	(1.97)
Education Program Approval	(1.76)
Requirements for Licensure	(1.95)

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.

Factors Affecting Nurses' Abilities to Provide Safe Nursing Care

Nurses and employers were asked to identify the extent to which each of the following factors affect nurses' ability to provide safe nursing care in their work settings.

(Scale: 1 = no significant problem; 2 = a minor problem; 3 = a major problem)

Responses from nurses surveyed appear below:

	<u>Rating</u>
Caseload	(2.39)
Staff skills or experience	(1.68)
Training opportunities	(1.67)
Appropriateness of assignments to nurses	(1.75)
Adequacy of equipment	(1.75)
Adequacy of supplies	(1.64)
Quality of supervision	(1.48)
Appropriateness of assignment to assist. pers.	(1.54)
Admin. paperwork	(1.93)
Work schedules	(1.62)
Adequate org. commitment to performance	(1.56)
Adequate error reduction program	(1.47)

Responses from employers surveyed appear below:

	<u>Rating</u>
Caseload	(2.00)
Staff skills or experience	(2.28)
Training opportunities	(1.83)
Appropriateness of assignments to nurses	(1.50)
Adequacy of equipment	(1.47)
Adequacy of supplies	(1.41)
Quality of supervision	(1.61)
Admin. paperwork	(2.28)
Work schedules	(1.72)
Adequate org. commitment to performance	(1.39)

Adequate error reduction program (1.67)

Among nurses, nursing caseload and administrative paperwork were identified as problematic both in Texas and with other boards of nursing participating in the study as factors affecting the nurse's ability to provide safe nursing care. Among employers, caseload, nursing staff skills or experience, and administrative paperwork ranked the highest in affecting nurses' ability to practice safely.

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:

	<u>Percentage</u>
Fully understand	(35.8%)
Understand somewhat	(48.9%)
Differences are not clear	(15.3%)

One of the areas to be addressed in the jurisprudence examination that will be implemented September 1st will involve distinguishing between the Board of Nursing and professional organizations.

Full text of the CORE Report can be located at <http://www.bon.state.tx.us/about/NCSBN-Core-Report-2007.pdf>.

Board of Nursing Survey

The Board of Nursing posted a Customer Service Survey on the BON web site in January, 2008. 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, 2008 until April 1, 2008. A summary of the data is provided below:

Number of Respondents

The BON Customer Service Survey was taken a total of 99 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

- | | | |
|---|------------|-----------|
| 1. Have you contacted the Board of Nursing during the past six months for information services? | <u>Yes</u> | <u>No</u> |
| | 50 | 42 |

If Yes, in which area(s):

Advanced Practice	6
Complaints against a Nurse	4
Continuing Education	11
Licensure by Endorsement	5
Licensure by Examination	3
Nursing Practice	12
Renewal	15
Verification	23

- | | | | | | |
|--|---------------------|-------------------------|----------------|---------------------------|-----------------------|
| | <u>Very Helpful</u> | <u>Somewhat Helpful</u> | <u>Neutral</u> | <u>Somewhat Unhelpful</u> | <u>Very Unhelpful</u> |
| 2. Was the information provided helpful? | 50% (29) | 12% (7) | 12% (7) | 9% (5) | 17% (10) |

- | | | | | | |
|---|--------------------|------------------------|----------------|--------------------------|----------------------|
| | <u>Very Timely</u> | <u>Somewhat Timely</u> | <u>Neutral</u> | <u>Somewhat Untimely</u> | <u>Very Untimely</u> |
| 3. Was the information (written or verbal) provided in a timely manner? | 47% (28) | 14% (8) | 15% (9) | 5% (3) | 19% (11) |

- | | | | | | |
|--|-----------------------|---------------------------|----------------|-----------------------------|-------------------------|
| | <u>Very Courteous</u> | <u>Somewhat Courteous</u> | <u>Neutral</u> | <u>Somewhat Uncourteous</u> | <u>Very Uncourteous</u> |
| 4. Was the information provided in a courteous manner? | 46% (26) | 16% (9) | 25% (14) | 9% (5) | 4% (2) |

- | | | | | | |
|--------------------------------|-------------------|-----------------------|----------------|-------------------------|---------------------|
| | <u>Very Prof.</u> | <u>Somewhat Prof.</u> | <u>Neutral</u> | <u>Somewhat Unprof.</u> | <u>Very Unprof.</u> |
| 5. Was the staff professional? | 52% (29) | 13% (7) | 25% (14) | 4% (2) | 7% (4) |

- | | | | | | |
|--|------------------|-----------------|------------------|-------------------|-----------------|
| | <u>Immediate</u> | <u>1-5 Min.</u> | <u>6-10 Min.</u> | <u>11-15 Min.</u> | <u>16+ Min.</u> |
| 6. If calling by phone, how long was the wait? | 15% (5) | 27% (9) | 21% (7) | 9% (3) | 27% (9) |

Board of Nursing *Bulletin*

- | | | | | | |
|-------------------------------|--------------------|------------------------|----------------|---------------------------|----------------------|
| | <u>Very Useful</u> | <u>Somewhat Useful</u> | <u>Neutral</u> | <u>Somewhat Unusefull</u> | <u>Very Unuseful</u> |
| 1. Is the information useful? | 60% (43) | 31% (22) | 8% (6) | 0 | 1% (1) |

- | | | | | | |
|--|--------------------|------------------------|----------------|---------------------------|----------------------|
| | <u>Very Useful</u> | <u>Somewhat Useful</u> | <u>Neutral</u> | <u>Somewhat Unusefull</u> | <u>Very Unuseful</u> |
| 2. Are the articles on laws and rules helpful or informative to you? | 60% (43) | 31% (22) | 8% (6) | 1% (1) | 0 |

	<u>Very Helpful</u>	<u>Somewhat Helpful</u>	<u>Neutral</u>	<u>Somewhat Unhelpful</u>	<u>Very Unhelpful</u>
3. Are the practice questions and answers helpful or informative to you?	58% (42)	30% (22)	8% (6)	3% (2)	1% (1)

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
4. Is the format "reader friendly"?	67% (66)	7% (7)	26% (26)

Board of Nursing Web Site

	<u>First Time</u>	<u>Weekly</u>	<u>Monthly</u>	<u>1-6 Months.</u>	<u>Once a Year</u>
1. How often have you accessed the web site?	11% (9)	15% (13)	16% (14)	34% (29)	24% (20)

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

	<u>Qty.</u>
Advanced Practice Information Pages	7
Board Meetings and Events	11
Complaint Form to Report a Nurse	2
Electronic Nurse Lists	2
Declaratory Order Information	3
Nursing Education Information Pages	29
Nursing Practice Act	35
Nursing Practice Information Pages	26
Online Applications (Renewal or Initial Licensure)	34
Online Verifications	39
Position Statements	15
Rules and Regulations	32
School List - Approved Nursing	6
School List - Advance Practice Nursing	0

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
3. Was the index clear and easy to follow?	70% (69)	14% (14)	16% (16)

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
4. Were the instructions on the web site clear?	69% (68)	15% (15)	16% (16)

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
5. Was the information obtained useful?	70% (69)	12% (12)	18% (18)

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
6. Were the topics you were seeking easily accessed?	61% (60)	19% (19)	20% (20)

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

	<u>Qty.</u>
Licensure by Endorsement	2
Licensure by Examination	1
Licensure Reactivation	0
Requirements for APN Recognition	2
Criminal Background Checks	3
Multi-state Regulation	1

Proposed or Adopted Rules	3
Requirements for Prescriptive Authority	1
Practice Issues/Problems	8
Education Issues/Problems	2
Changing a Name or Address	8
Requesting a Duplicate License	0
Continuing Education	3
Disaster Relief/Volunteer Work	2
Advisory Committee Actions	2

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
8. Did you receive a response to your inquiry?	12% (12)	19% (19)	69% (68)

9. If yes, how long before you received the response?	<u>Qty.</u>
Same Day	3
1 Day	5
2-5 Days	4
More than 5 Days	2

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
10. Did the response answer your question inquiry?	9% (9)	6% (6)	85% (84)

The BON web site had the highest approval rating among the three areas surveyed, followed by the newsletter and the Customer Service Department. Written suggestions concerning the Customer Service Department included adding a toll-free number, several comments expressing concerns on the pending plans for paperless licensure and several comments on the wait to talk to a representative. Comments on the agency newsletter included several requests to include more information on continuing education, more real examples in practice situations to learn from, more questions and answers and more information on staff to patient ratios. In the written comments, the favorite section was the Question and Answer Section and the least favorite section was the Notice of Disciplinary Action. Positive comments on the BON web site included liking the online verification section and reading about new regulations.

Customer Service Measures

Outcome Measures

<u>FY07</u>	<u>FY08</u>	
80.96%	84.83%	Percentage of Surveyed Customer Respondents expressing Overall Satisfaction with Services Received
12.3%	77%	Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Output Measures

<u>FY07</u>	<u>FY08</u>	
1,400	n/a	Number of Customers Surveyed
283,793	287,926	Number of Customers Served

Efficiency Measures

<u>FY07</u>	<u>FY08</u>	
0	0	Cost Per Customer Surveyed

Explanatory Measures

<u>FY07</u>	<u>FY08</u>	
283,793	287,926	Number of Customers Identified
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, 92 registered nurse schools of nursing are approved by the BON at the Diploma, Associate Degree, Baccalaureate Degree, and Master's Degree levels and 91 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 07, the BON closed approximately 59% of RN cases within 6 months, 23% within 6-12 months, and 27% in over 1 year. The BON closed approximately 57% of LVN cases within 6 months, 23% within 6-12 months, and 26% in over 1 year. The average resolution time for registered nurse jurisdictional complaints was 192 calendar days and 201 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 three business days. This is a challenge since the agency receives approximately 186,000 calls a year.
 - **Nurses are informed of standards, laws, rule changes and changes in BON policy** through a quarterly newsletter and 11 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 3 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 BNE 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 a jurisprudence examination as required by passage of House Bill 2426 during the 80th Regular Texas Legislative Session. The Board will transition to paperless licensure beginning September 1, 2008. The Board 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 1.935. Data from the survey with Likert scale scoring of one to four was adjusted to percentages with 0 to 1 scoring 90% to 100%, 1 to 2 scoring 80% to 90%, 3 to 4 scoring 79% or below. For calculation of the FY 2008 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 2, 3, 4 and 5 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. 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. BON tabulates survey data from those who respond to the survey.

Method of Calculation: NUMERATOR - Total number of BON customers who responded to the survey with written comments.

DENOMINATOR - Total number of surveys that were mailed to BON customers.

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 survey. 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. This performance measure does not lend itself to a quarterly or annual report. On the Board of

Nursing Web Survey, a total of 231 written responses were received for three different customer service area, averaging 77 responses per customer service area. Response score was determined by dividing the number of responses per area by the total number of survey respondents.

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/mailes a survey to a random sample of BON licensees, including complainants, individuals disciplined by the BON, schools of nursing approved by the Board, and nursing organizations and associations.
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, who want to obtain information, or who want to file a complaint).

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*

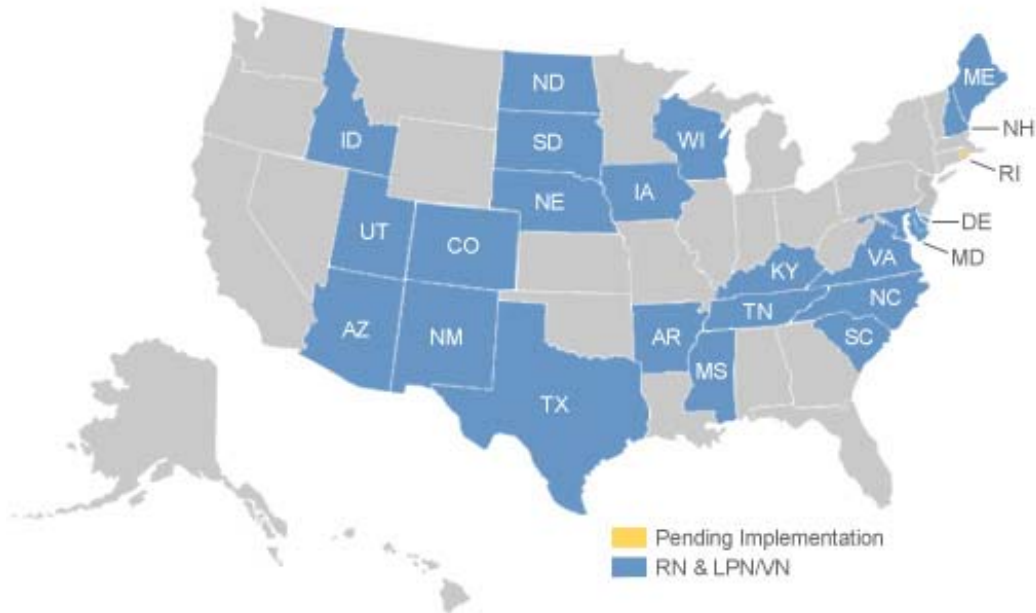
Short Definition:	Total funds expended (including those encumbered) for the cost to survey the agency's customer, including costs of mailing the survey and costs of personnel time to develop the BON Customer Service Survey and evaluate the data collected. This total cost is divided by the number of customers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

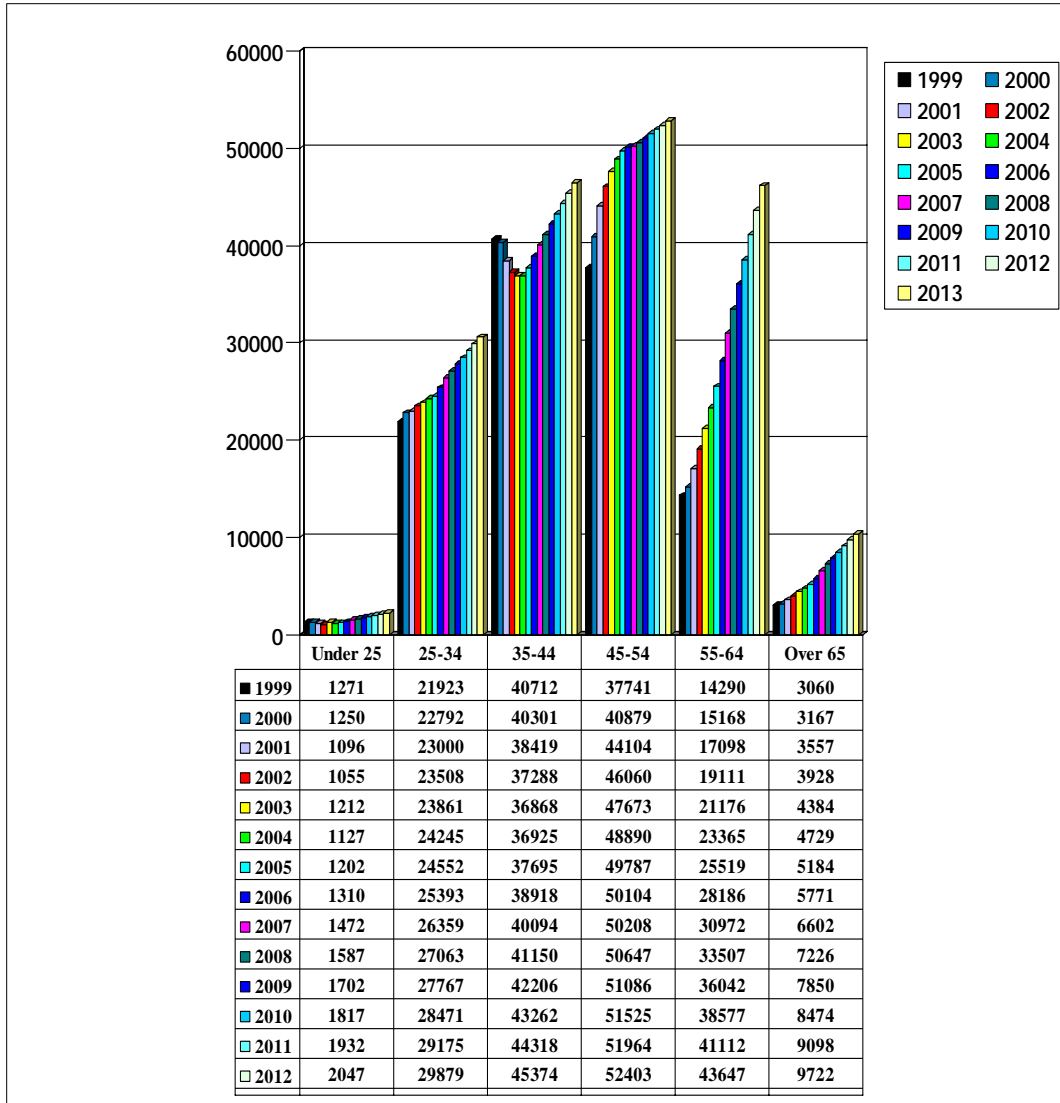
Map of State Compact Bill Status



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
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

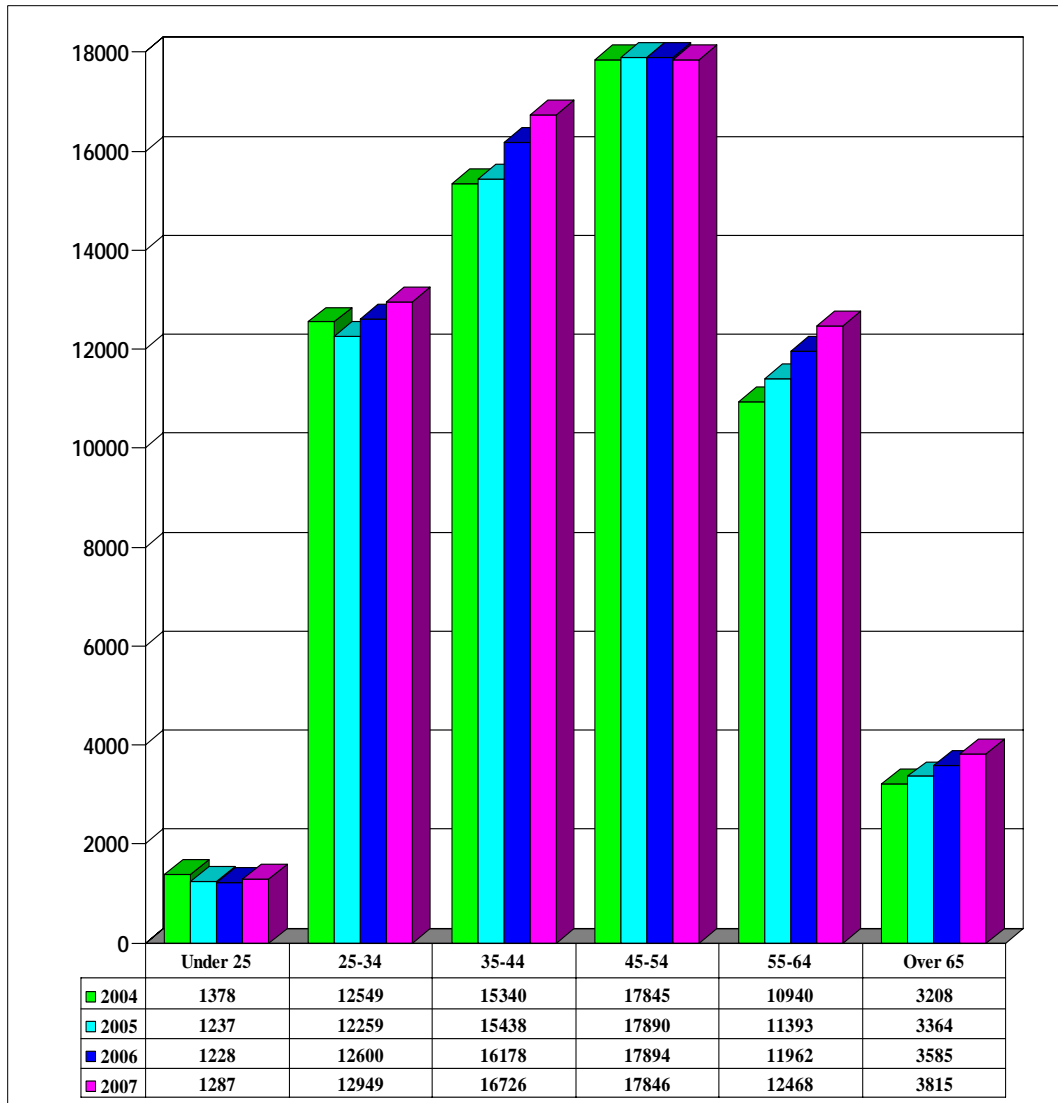
Appendix J

Texas RNs Employed in Nursing By Age: 1999-2013



One age group decreased in number from FY 1999 to FY 2007. The number of RNs ages 35 to 44 decreased 2% from FY 1999 to FY 2007. The number of RNs ages 25 to 34 increased 16%, nurses ages 25 to 34 increased 20%, nurses ages 45 to 54 increased 33%, ages 55 to 64 increased 117% and RNs over age 65 increased 116% in number from FY 1999 until FY 2007. Projected increases/decreases based upon average increases/decreases occurring during the 2004 to 2007 data period.

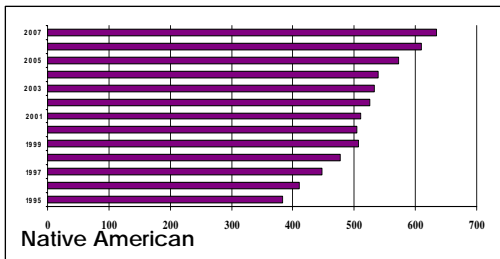
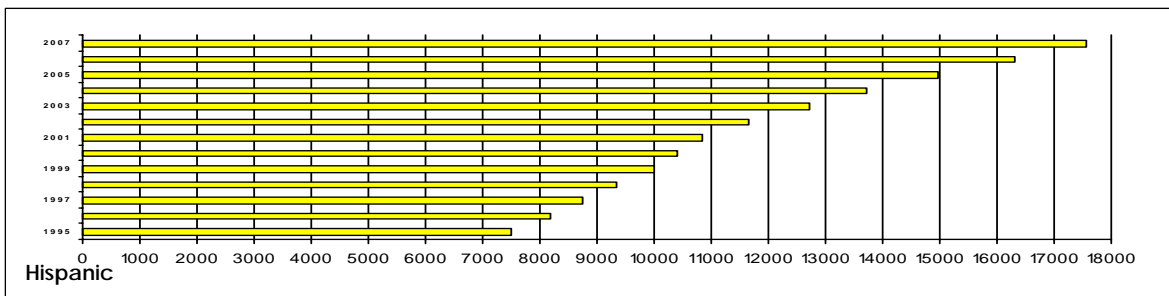
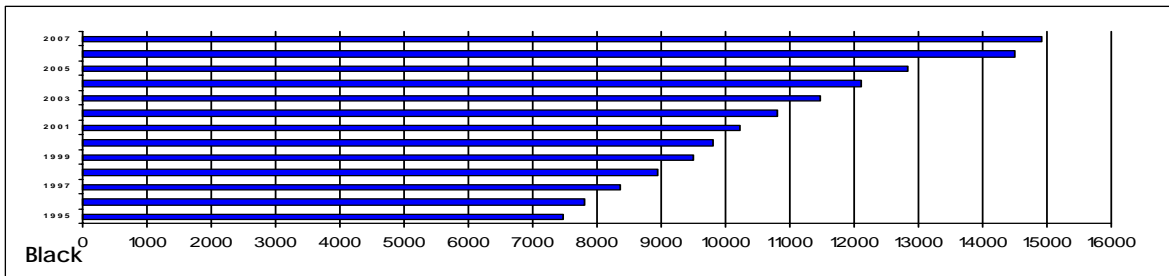
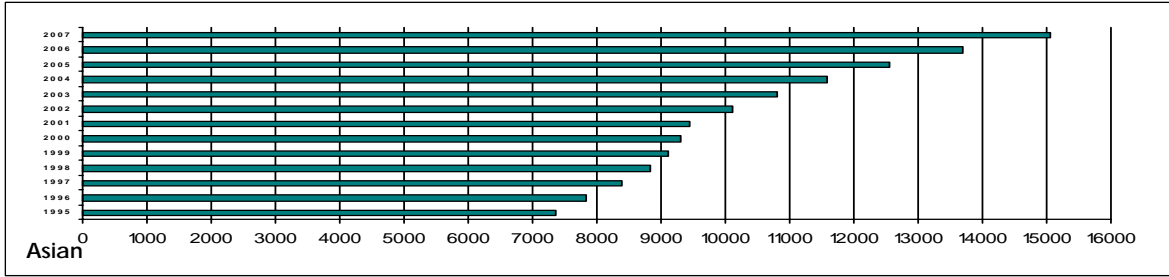
Texas LVNs Employed in Nursing By Age: 2004-2007



One age group decreased in number from FY 2004 to FY 2007. The number of LVNs under age 25 decreased 7%. LVNs ages 25 to 34 increased 3%, LVNs ages 35 to 44 increased 9%, LVNs ages 45 to 54 increased .006%, LVNs ages 55 to 64 increased 14% and LVNs over 65 increased 19% from FY 2004 to FY 2007.

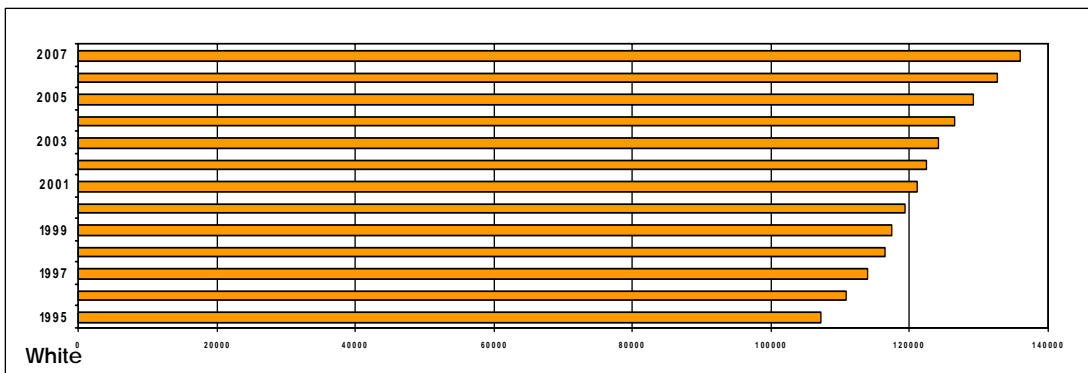
Appendix K

Currently Licensed RNs Residing in Texas by Ethnicity: 1995-2007

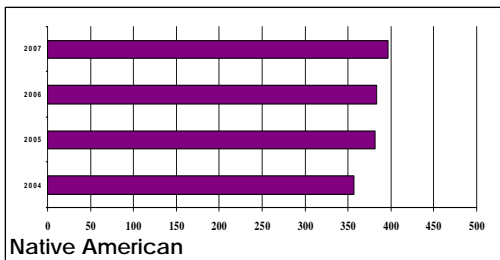
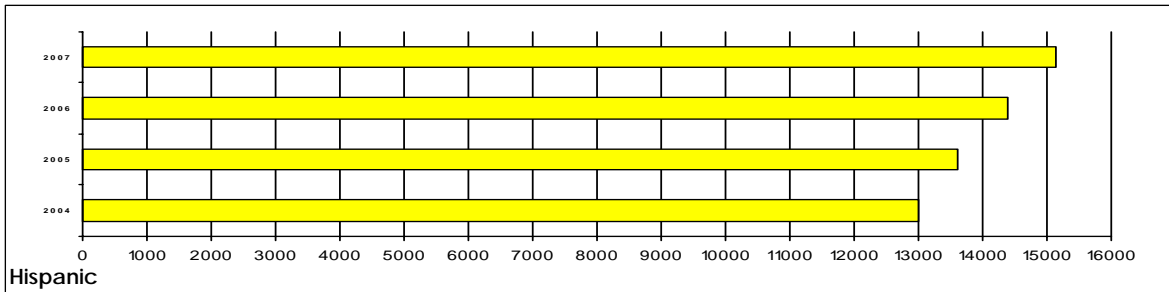
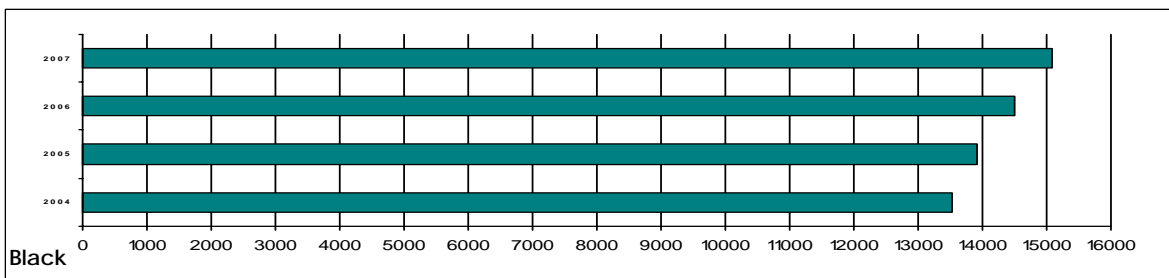
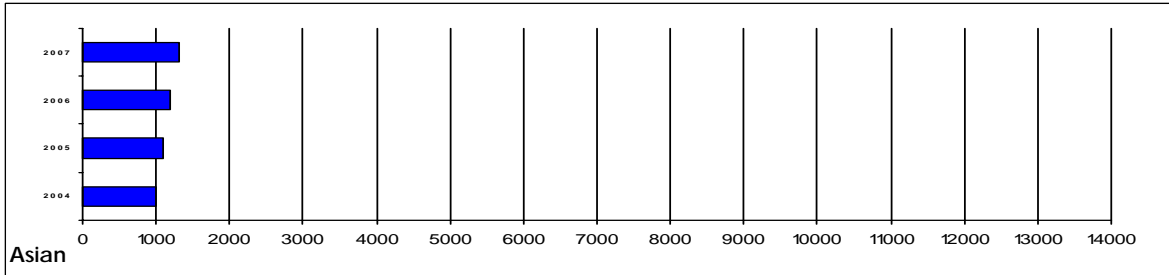


RNs from all ethnic groups increased in number from 1995-2007. Hispanic RNs had the largest percentage increase in size of group (134%). Percentage of growth for other groups was:

- 104% - Asian,
- 100% - Black,
- 66% - Native American
- 27% - White.

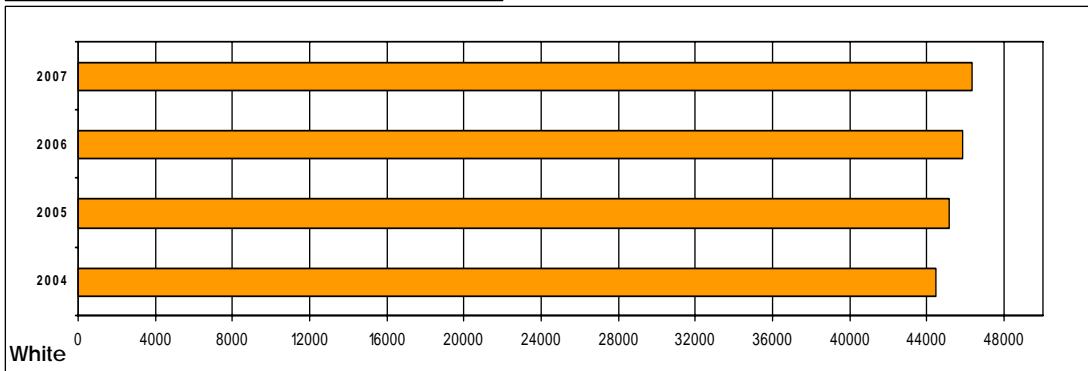


Currently Licensed LVNs Residing in Texas by Ethnicity: 2004-2007



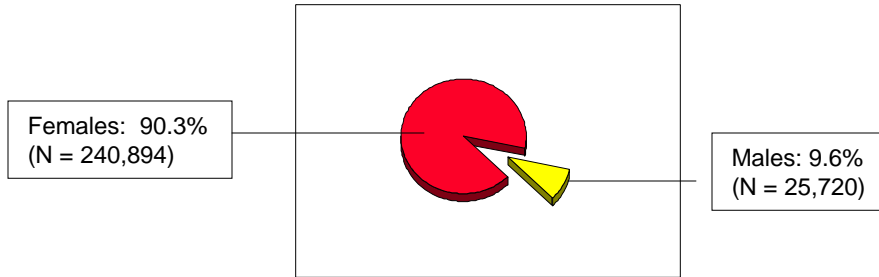
LVNs from all ethnic groups increased in number from 2004-2007. Asian LVNs had the largest percentage increase in size of group (30%). Percentage of growth for other groups was:

- 16% - Hispanic
- 11% - Black,
- 6% - Native American
- 4% - White.

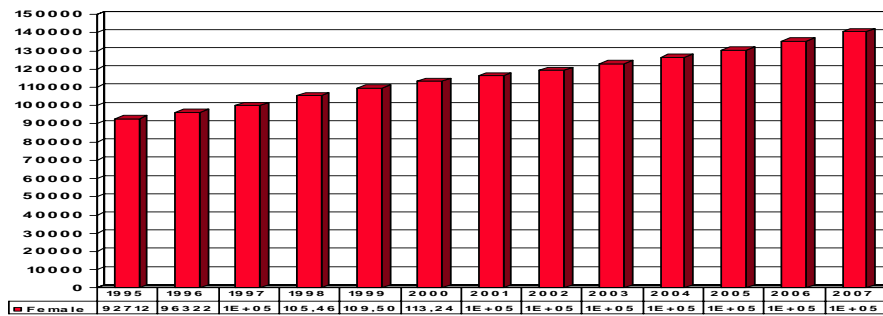


Appendix L

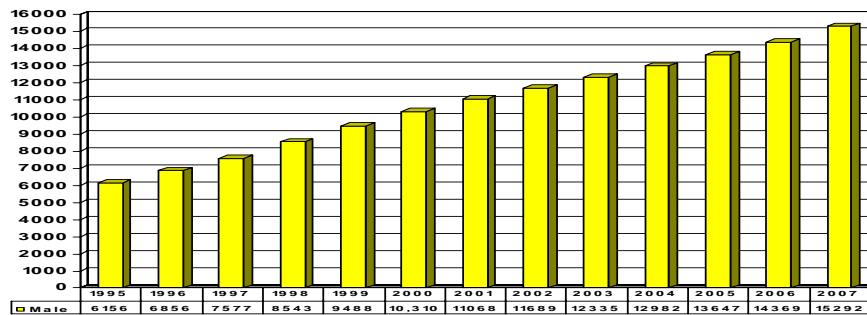
**Licensed Nurses residing in Texas
by Gender: 2007**



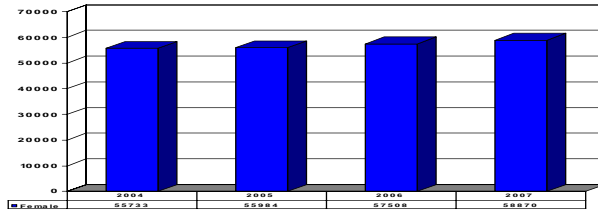
Female RNs Employed in Nursing: 1995-2007



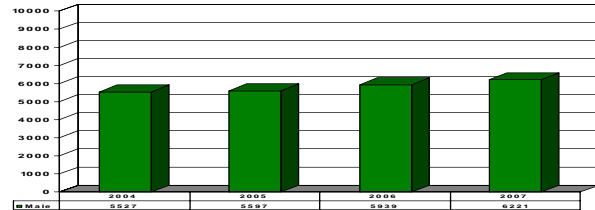
Male RNs Employed in Nursing: 1995-2007



Female LVNs Employed in Nursing: 2004-2007



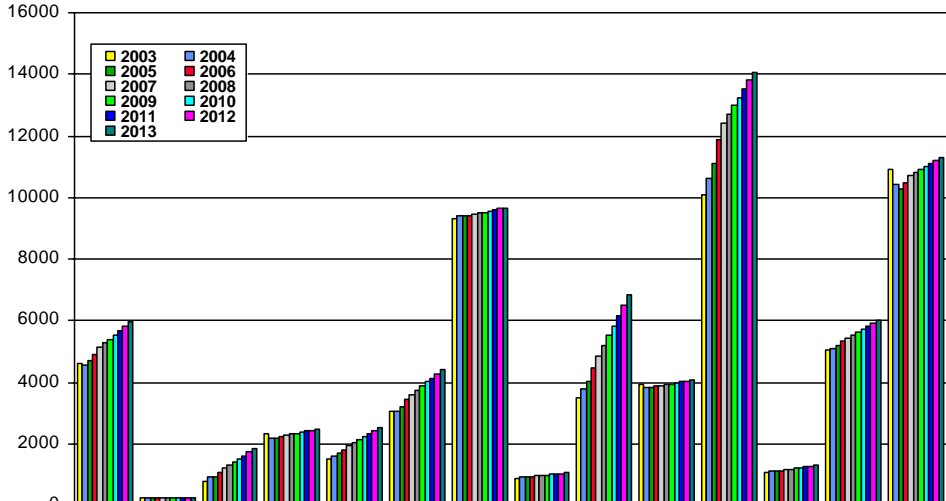
Male LVNs Employed in Nursing: 2004-2007



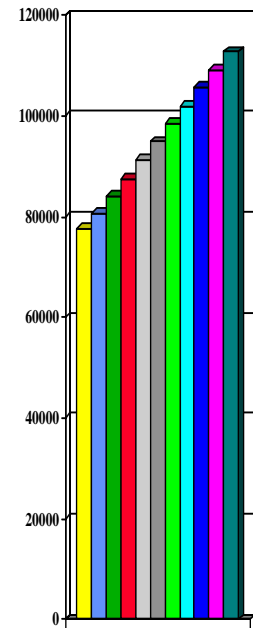
The number of female RNs employed in nursing increased 11% from 2004-2007. The number of male RNs employed in nursing increased 18% from 2004-2007. The number of female LVNs employed in nursing increased 6% from 2004-2007. The number of male RNs employed in nursing increased 13% from 2004-2007.

Appendix M

**Employed Licensed RNs/APNs Residing in Texas
By Position Type: 2003-2013**



	ADMN	CNM	CNS	CONS	CRNA	ED	HN	I/SD	NP	ON	OTH	RSH	SN	SUPV
2003	4595	240	781	2314	1509	3061	9304	867	3488	3914	10080	1076	5052	10885
2004	4558	241	935	2203	1621	3072	9382	905	3774	3829	10623	1105	5082	10411
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	5268	245	1305	2320	2025	3736	9485	965	5170	3916	12695	1181	5535	10796
2009	5403	246	1410	2349	2128	3871	9521	984	5506	3945	12972	1202	5631	10892
2010	5538	247	1515	2378	2231	4006	9557	1003	5842	3974	13249	1223	5727	10988
2011	5673	248	1620	2407	2334	4141	9593	1022	6178	4003	13526	1244	5823	11084
2012	5808	249	1725	2436	2437	4276	9629	1041	6514	4032	13803	1265	5919	11180
2013	5943	250	1830	2465	2540	4411	9665	1060	6850	4061	14080	1286	6015	11276



Year	Staff Nurse
2003	77526
2004	80660
2005	83958
2006	87481
2007	91353
2008	94917
2009	98481
2010	102045
2011	105609
2012	109173
2013	112737

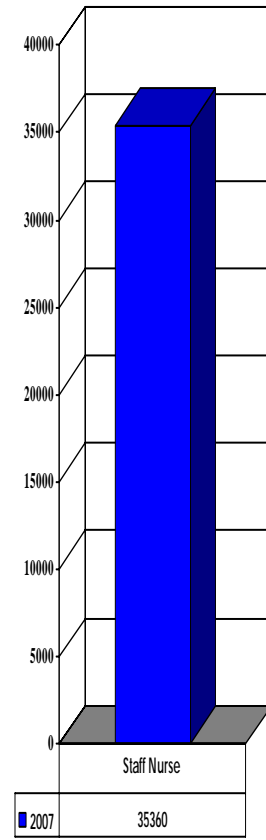
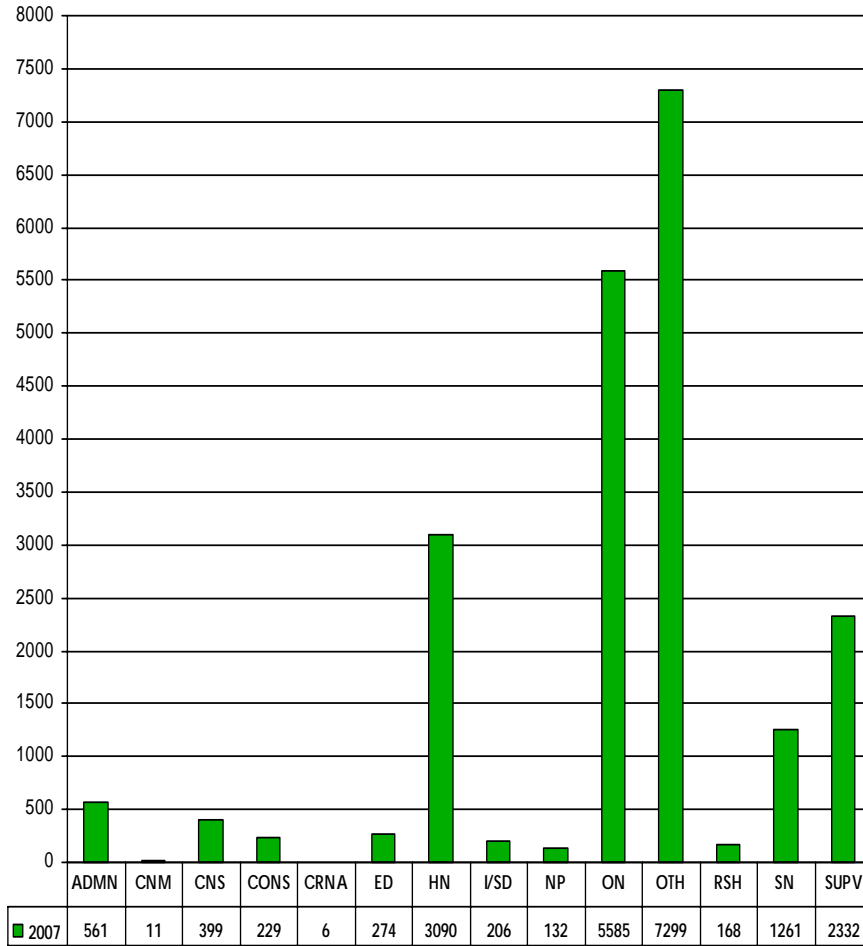
CODE KEY

- 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

2003-2007

- Administrator or Asst - Up 12%
- Clinical Nurse Specialists - Up 53%
- Certified Nurse Midwives - Up 2%
- Certified RN Anesthetists - Up 27%
- Consultant - Down 1%
- Faculty/Educators - Up 18%
- Head Nurse or Asst. - Up 2%
- Inservice/Staff Development - Up 9%
- Nurse Practitioner - Up 39%
- Office Nurse - Down 1%
- Other Position - Up 23%
- Researcher - Up 8%
- School Nurse - Up 8%
- Staff Nurse/General Duty - Up 18%
- Supervisor or Asst. - Down 2%

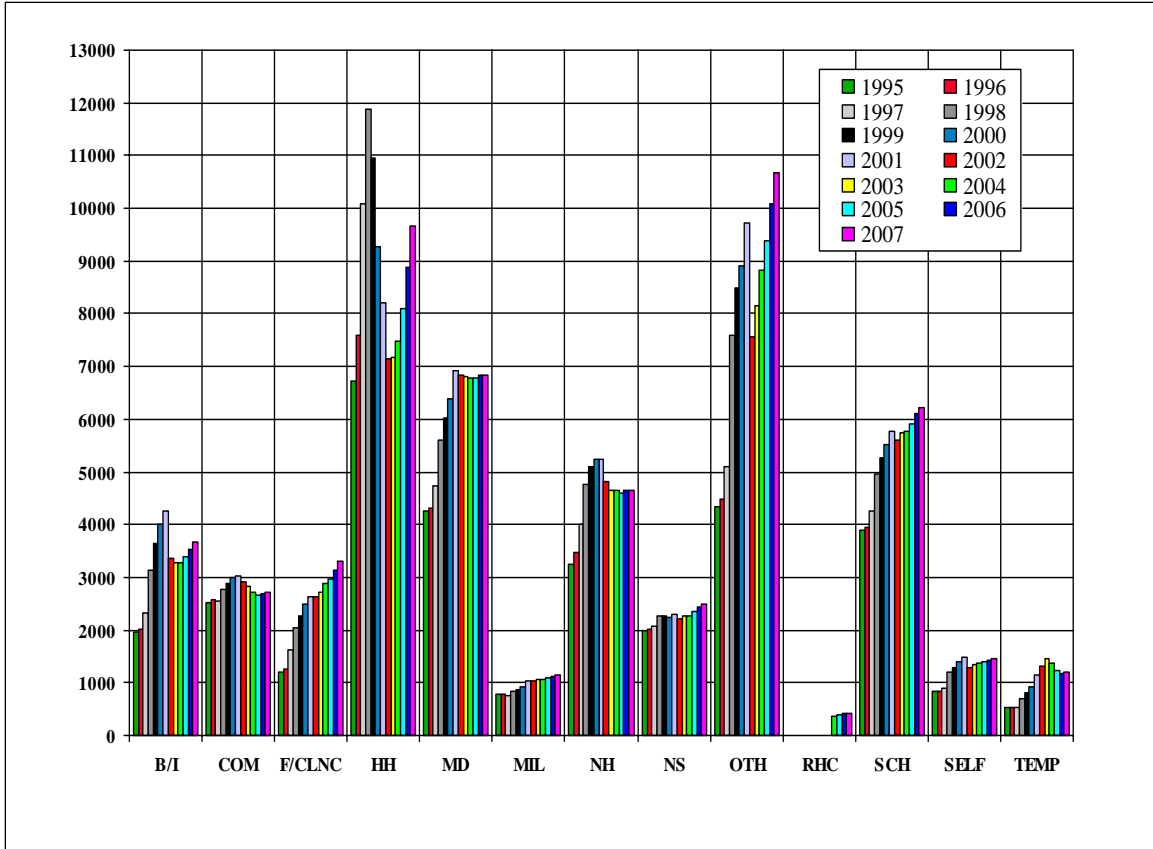
Employed Licensed LVNs Residing in Texas By Position Type: 2007



NOTE: FY 2005 was the first period of data collection period for this type of data. 8,179 LVNs indicated no response on the question on position type when queried.

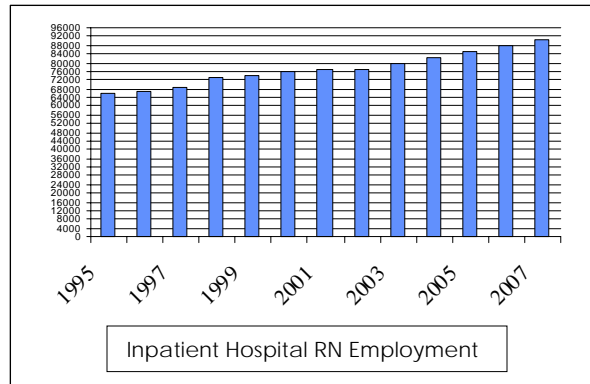
Appendix N

**Currently Licensed Texas RNs By
Primary Place of Employment: 1995-2007**



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

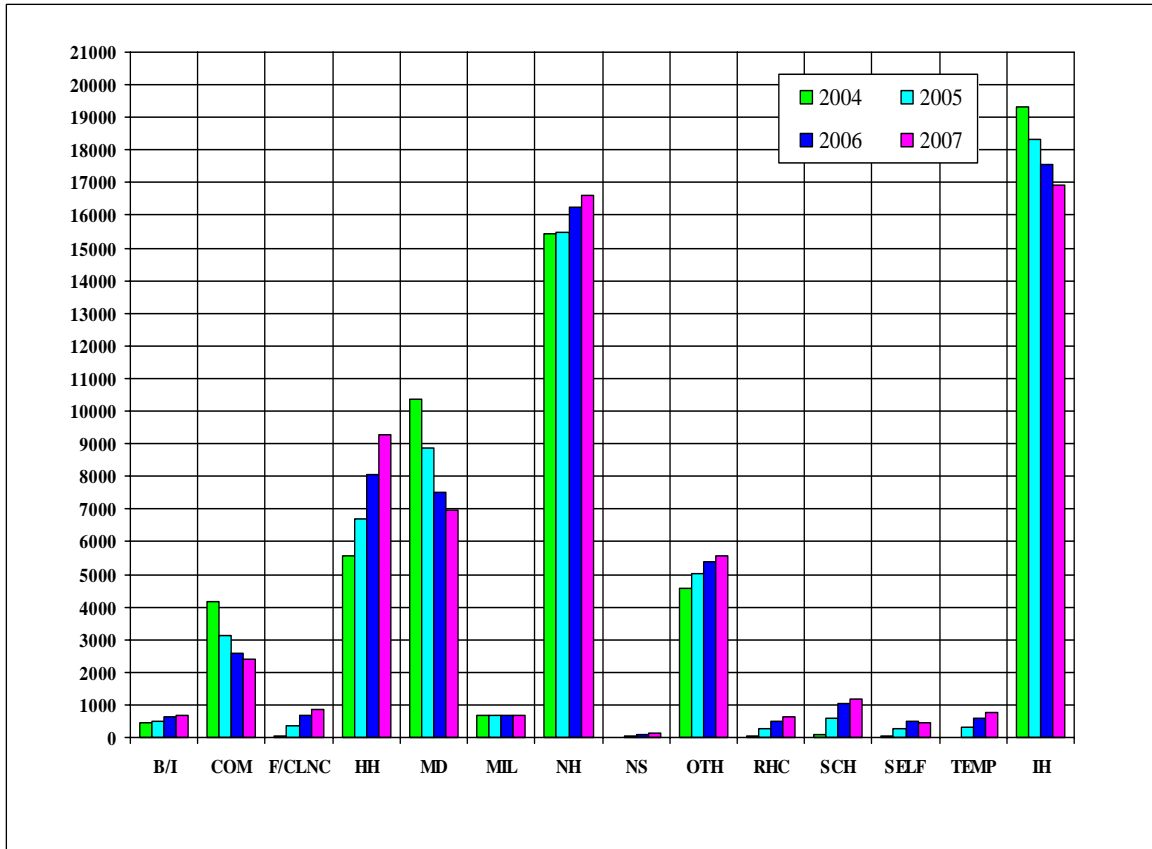


Increases: 2003-2007

- Business/Industry - Up 11%
- Community/Public Health - Down 3%
- Freestanding Clinics - Up 22%
- Home Health - Up 35%
- Inpatient Hospital - Up 14%
- Military - Up 8%
- Nursing Homes/Extended Care - Up .3%

- Other Place of Employment - Up 31%
- Physician/Dentist Office - Up .3%
- School/College Health - Up 9%
- Schools of Nursing - Up 10%
- Self-Employed/Private Practice - Up 8%
- Temp. Agencies - Down 17%
- Rural Health Clinics - Up 11%

Currently Licensed Texas LVNs By Primary Place of Employment: 2004-2007



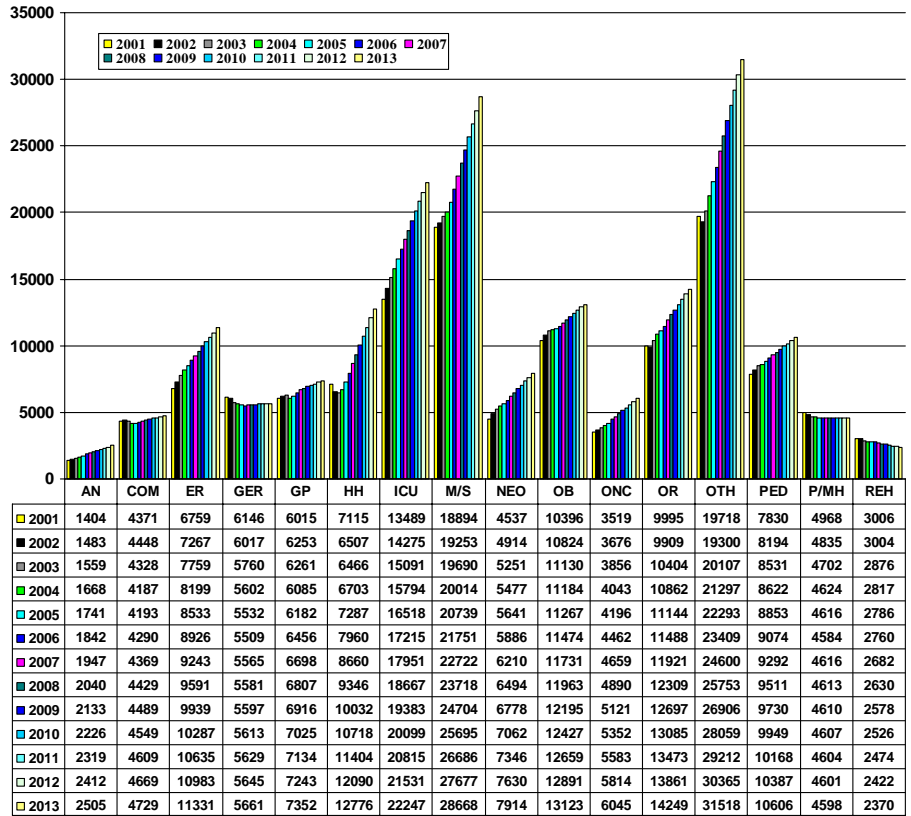
NOTE: FY 2004 and FY 2005 were the first periods of data collection period for this type of data. 1,606 LVNs indicated no response on the question on primary place of employment when queried for FY 2006 and 2007.

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

Appendix O

**Licensed Employed RNs in Texas
By Clinical Practice Area: 2001-2013**



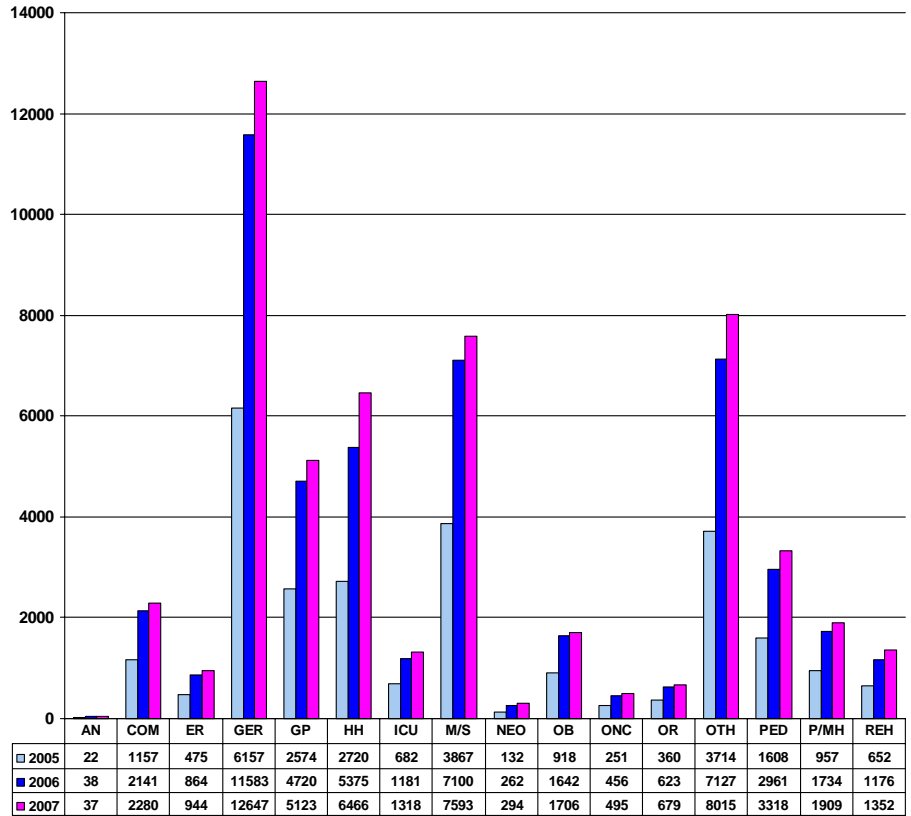
CODE KEY

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

Increases/Decreases: 2003-2007

Anesthesia - Up 25%	Neonatology - Up 18%
Comm./Public Health - Up .9%	Obstetrics/Gynecology - Up 5%
Emergency Care - Up 19%	Oncology - Up 21%
Geriatrics - Down 3%	Operating Room - Up 15%
General Practice - Up 7%	Other Practice Area - Up 22%
Home Health - Up 34%	Pediatric - Up 9%
Intensive Care/Critical Care - Up 19%	Psychiatric/MH - Down 2%
Medical/Surgical - Up 15%	Rehabilitation - Down 7%

Licensed Employed LVNs in Texas By Clinical Practice Area: 2005-2007



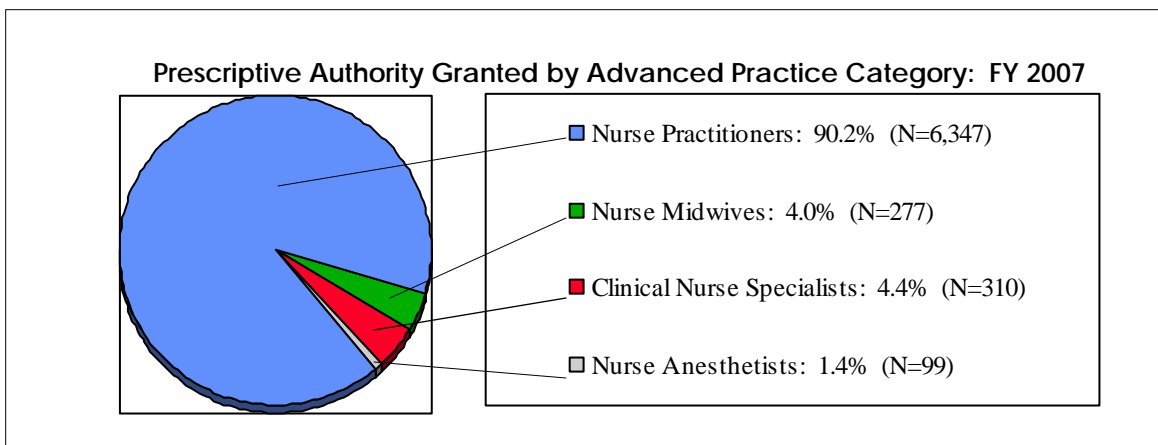
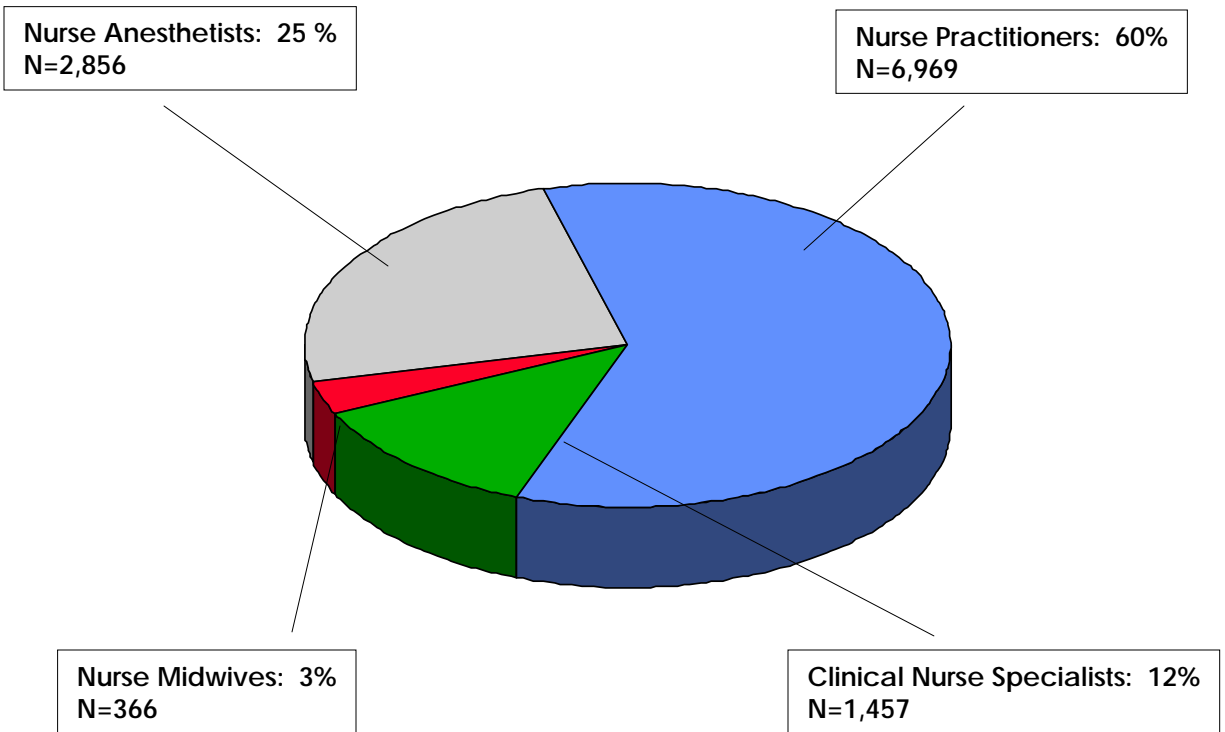
CODE KEY

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

NOTE: FY 2005 was the first period of data collection period for this type of data. In FY 2007, 14,143 LVNs indicated no response on the question on clinical practice area when queried.

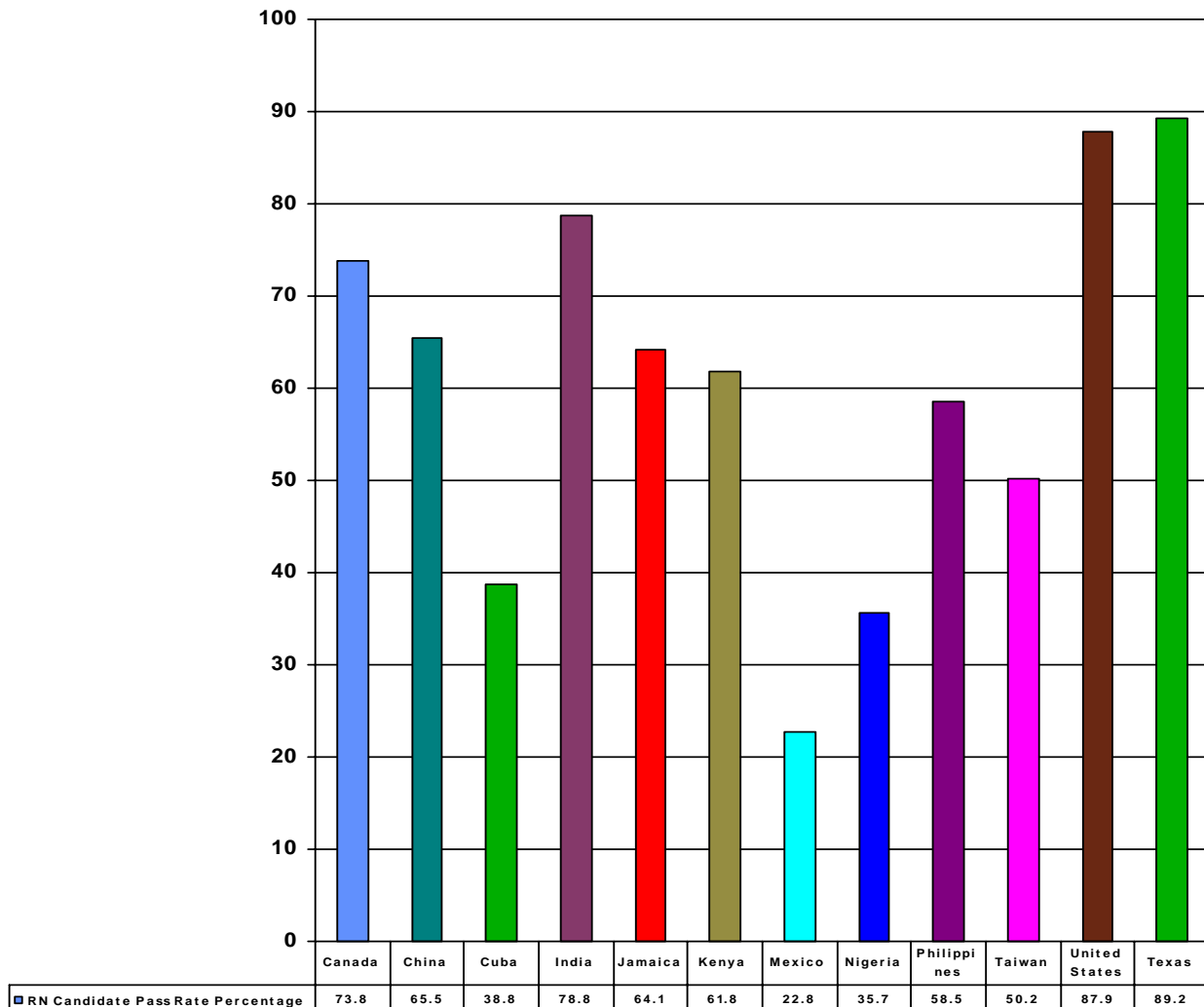
Appendix P

**Currently Licensed RNs Recognized as
Advanced Practice Nurses
by Category: 2007**



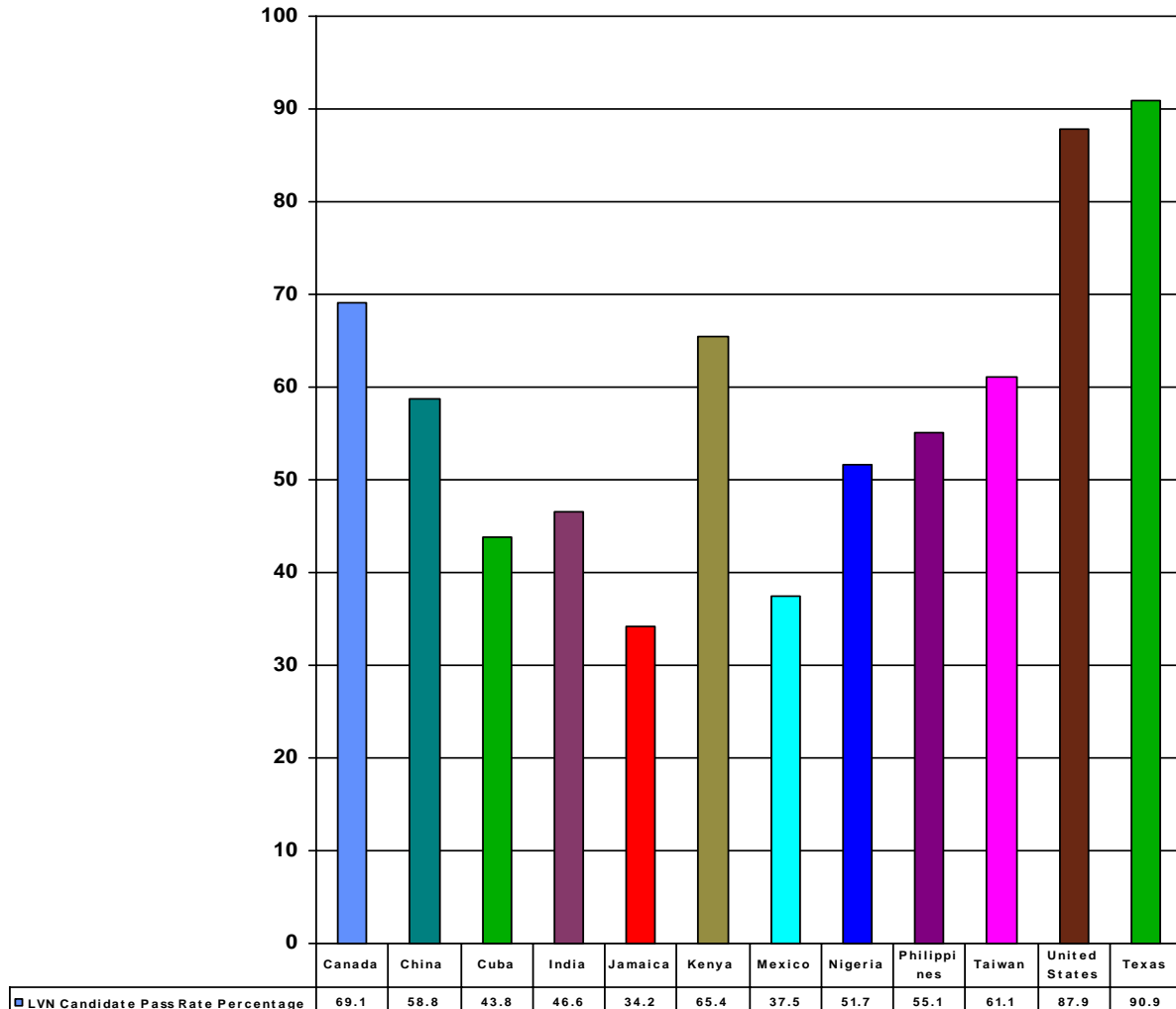
Appendix Q

Comparison of First-Time NCLEX Pass Rates for Texas, U.S., and Foreign RN Candidates for Licensure: January 1, 2006 to December 31, 2006



Data Source: 2006 Nurse Licensee Volume and NCLEX Examination Statistics, National Council of State Boards of Nursing, February, 2008.

Comparison of First-Time NCLEX Pass Rates for Texas, U.S., and Foreign LVN Candidates for Licensure: January 1, 2006 to December 31, 2006



Data Source: 2006 Nurse Licensee Volume and NCLEX Examination Statistics, National Council of State Boards of Nursing, February, 2008.

Appendix R

Board of Nursing Jurisprudence Exam Test Blue Print May 16, 2008

Note: All students will be tested at the “knowledge” level.

Subject Area	Source in Statute, Rule, or Other Resource Documents	Objectives
A) NURSING LICENSURE & REGULATION In TEXAS		
	NPA-First Page Rules & Regulations: Preface	1) Restate the mission of the BON.
	FAQ on BON Web Page/Nursing Practice Section	1) Differentiate the roles and functions of the BON from those of nursing and healthcare specialty associations.
	FAQ on BON Web Page (*same for #4)	3) Discuss the role of the Texas Legislature in relation to the state statutes that relate to Nursing.
	§301.151; Rules: Introduction FAQ (*same for #3)	4) Discuss how the BON Rules relate to the statutes in Texas Occupations Code, [Ch. 301, Ch. 303, Ch. 304, and Ch. 305].
	Rule §211(b)	5) Explain the functions of the Board.
	§301.251	6) Explain why a license is required to practice nursing.
	§301.251 and 301.4515	1) Locate the statutes and rule that protect the title “nurse.”
	§301.351 and §217.10	1) List the minimum information required on a name badge.
	§217.5 and Guideline http://www.bon.state.tx.us/practice/grads.html	9) Discuss when a temporary permit is used.
	January 2008 BON Bulletin/ front page http://www.bon.state.tx.us/about/pdfs/ian08.pdf	10) Choose appropriate methods of verifying a nurse’s license.
	§301.301, §301.3011, §301.302 and §217.6	11) List requirements for licensure renewal.
	§304 and §220	1) Describe the nurse licensure compact.
	§216; CE Brochure http://www.bon.state.tx.us/about/pdfs/ceu.pdf	13) Locate the rule and resource information that lists the Continuing Education requirements for licensure renewal.

B) NURSING ETHICS		
	§301.4535; §213.28; Disciplinary Guidelines for Criminal Conduct http://www.bon.state.tx.us/disciplinaryaction/discp-guide.html	1) List the criminal behaviors that may be bars to licensure.
	§213.27, §213.28, §213.29, §213.30 and §217.12	2) Distinguish ethical conduct in nursing and why it is important.
	§213.27	1) Discuss rule 213.27, Good Professional Character and identify the factors used to evaluate whether or not a nurse has these characteristics.
	§217.11(1)(J), §217.12(6)(D); BON Bulletin: Jan '08, pg 4-5	1) Define professional boundaries and the nurse's role in maintaining them.
	§217.11(1)(J), §217.12(6)(D) NCSBN web page: Professional Boundaries Brochure https://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf	5) Identify actions by a nurse that would constitute "boundary violations" as defined by the National Council of State Board of Nursing.
	NPA 301.452 §213.28, §213.29, §217.12	6) Identify actions by a nurse that could constitute unprofessional conduct and grounds for BON disciplinary action, other than boundary violations.
C) NURSING PRACTICE		
	§301.002 217.11(2)(A), (3)(A)	1) Identify differences in the nursing process for professional nursing and vocational nursing.
	§301.457 and BON web site	2) Explain how to file a report or complaint regarding a nurse who is believed to have violated some portion of the statutes or rules.
	§301.353, §217.11 (2) and Interpretive Guideline for LVN Scope of Practice Under §217.11 http://www.bon.state.tx.us/practice/lvn-guide.html	3) Identify who can supervise the nursing practice of a vocational nurse;
	§301.401(1); §217.11(1)(K); §217.16	4) Describe conduct by a nurse that is subject to reporting to the BON, versus non-reportable conduct.
	§301.402, §301.4025 and §217.11(K)	5) Discuss the mandatory reporting requirement of a nurse.

	301.403, §301.404, §301.405, §301.406, §301.407, §301.408, §301.409, §301.410	6) Identify others who have a mandatory reporting requirement.
	§301.452, §301.453, §301.4535	7) List the grounds for disciplinary action against a nurse's license authorized in statute.
	§301.463, §301.468, 301.469 and §213.1(27)	8) Select possible stipulations of a board agreed order.
BON website		9) Explain the purpose of the BON's position statements, guidelines, and other documents on the BON web page other than the statutes and board rules.
217.11(1)(B) Position Statement 15.14		10) Define the nurse's duty to the patient.
Nursing Practice: Scope of Practice Link on Web Page http://www.bon.state.tx.us/ practice/gen_practice.html #Scope_of_Practice		11) Locate appropriate resources a nurse can use to determine what is or is not within his/her individual scope of practice.
Nursing Practice Section of Web Page Under "Guidelines/Interpretive Guidelines"		12) Discuss the guidelines associated with graduate vocational and graduate nurses and newly licensed nurses; and with nurses who are transitioning back into practice or to a new practice setting.
Nursing Practice Section of Web Page Under "Scope of Practice"		13) Differentiate the role of the LVN and RN according to the Interpretive Guideline for LVN Scope of Practice under rule 217.11.
Nursing Practice Section of Web Page Under "Scope of Practice" http://www.bon.state.tx.us/ practice/gen_practice.html #Scope_of_Practice		14) Describe how to use the Board's Six-Step Decision-Making Model for Determining Nursing Scope of Practice.
§217.11		15) Discuss rule 217.11, Standards of Nursing Practice and identify the standards that apply to all nurses; then differentiate the standards of practice for LVNs, RNs and RNs with advanced practice authorization.
	BON Web Page: Nursing Work Hours & Fatigue; Nurse's On- Guard & other Patient Safety Article in BON Bulletins (starting April 2006 http://www.bon.state.tx.us/ about/pdfs/apr06.pdf ; include web links for patient safety sites (ISMP, Joint Commission, etc); BON Bulletin Oct 05, pg 3.	16) Recognize human factors, such as fatigue and look-alike medication packaging, that contribute to nursing errors and can place patients at risk of harm.

D) RN Delegation		
	§217.11(3)(B), §224 and §225	1) Identify the level of nursing licensure required in Texas in order to delegate tasks to unlicensed personnel.
	§224.4 (3), §224.10, §225.4(6), §225.13, and §217.11 (1) (S)(U), (2); Guideline for LVN Scope of Practice Under Rule 217.11	2) Differentiate training, supervision and delegation.
	§217.11(4)	3) Articulate the advanced practice nurse's role in delegation.
E) NURSING PEER REVIEW		
	§303.001(5)	1) Express the general purpose of peer review.
	§217.19(d) §217.20(h)	2) Describe minimum due process for the nurse during incident-based peer review and safe harbor peer review.
	§217.19(f) §217.20(f)	3) List the exclusions to the minimum due process requirements in incident-based peer review and safe harbor peer review.
	§301.352 and §217.19(m) §217.20(l)	4) Discuss the whistleblower protections when a nurse reports to a licensing board or accrediting body any unsafe practices that potentially exposed patients to a risk of harm.
	§301.419 and §217.16 §217.19 & §217.20 (def)	5) Define a minor incident.
	§217.16(d)(1) (A)-(D)	6) Identify the criteria to determine if a minor incident is board reportable.
	§217.20(d)	7) Describe the process for invoking safe harbor.
	§301.352, §303.005(c) and §217.20(e)	8) Identify the protections provided when a nurse invokes Safe Harbor.
	217.20(e)(4), (g)(1)(A)-(B)	9) List the 2 situations when a nurse can refuse to accept an assignment when invoking safe harbor.
	§217.20(g)(2)	10) List the mandatory requirement to be carried out collectively by the nurse and supervisor if the nurse refuses an assignment when invoking safe harbor.

F) DISCIPLINARY ACTION		
	§301.401, §301.410, §213.29 and Disciplinary Sanction Policy http://www.bon.state.tx.us/ disciplinaryaction/pdfs/che mical.pdf ; BON Bulletins: April '07, pg 5; Jan '06, pg 7-8.	1) Discuss how chemical dependency or related drug conditions, mental illness, or diminished mental capacity can relate to a nurse's fitness to practice.
	§301.452(b)(12), §217.12 Disciplinary Sanction Policies http://www.bon.state.tx.us/ disciplinaryaction/dsp.html Disciplinary Guidelines for Criminal Conduct http://www.bon.state.tx.us/ disciplinaryaction/discp- guide.html	2) Analyze how unprofessional conduct relates to the practice of nursing and why it can impact patient safety.
	§301.401, §301.410, §213.29 and Disciplinary Sanction Policy; BON Bulletin, Jan 06 http://www.bon.state.tx.us/ about/pdfs/jan06.pdf	1)Discuss how chemical dependency or related drug conditions, mental illness, or diminished mental capacity can relate to a nurse's fitness to practice.
	§301.452, §217.11	1) Identify nursing actions that would constitute possible violations of NPA 301.452 and Standard of Nursing Practice in rule 217.11.