Fiscal Year 2013 Trends, Issues and Implications

Summary of Report:

Review the Annual 2013 Trends Report.

Historical Perspective:

The Executive Director provides an annual report to the Board for the Fiscal Year proceeding the October meeting. The purpose of the report is to review trends and issues identified in the prior year and consider implications for the new fiscal year. This report pertains to Fiscal Year 2013, the period beginning September 1, 2012 and ending August 31, 2013.

Staff Recommendation:

No action required. For information and discussion.

FY 2013 TRENDS

NURSING PRACTICE

In order to maximize the opportunity to promote patient safety, a proactive approach to nursing regulation is necessary. Educating nurses about their role in the prevention of error and patient harm is an integral component of continued competency and professional development. The Practice Department has done this by answering practice inquiries that come to the agency, conducting workshops around the state, and offering webinars on a variety of patient safety topics to reach more nurses. During FY13, the nursing department answered 3,342 phone calls and 2,072 practice webmaster inquiries. A total of six jurisprudence and ethics workshops were conducted in four locations throughout Texas, e.g. Lubbock, Houston, Arlington and Austin and nine webinars on the LVN Scope of Practice, Professional Boundaries, Nursing Peer Review, Safe Harbor, the APRN Application Process and Standards of Practice for APRNs.

In 2013, the Practice Department expanded webinars to advanced practice registered nurses and will be conducting the first advanced practice registered nurse workshop in FY 2014. The Practice Department began to work with eStrategy Solutions (eSS) this year, to transition all educational offerings to an online registration process. In FY13, the Practice Department coordinated the migration of the Nursing Jurisprudence and Ethics Prep Course, Online CE Course and the Nursing Jurisprudence Exam to eSS. Staff will continue to develop webinars and online interactive offerings through eSS as well as investigate other innovative methods for reaching and educating nurses about patient safety. For example, the Practice Department is planning to conduct 10 workshops in 7 geographically diverse locations.

The Texas Board of Nursing continues to strive to become the official source of information for Texas nurses, their employers and the public when it comes to patient safety and nursing regulation. During FY13, the Board contracted with a nursing informaticist to assist with interpretation of data from the Texas TERCAP Pilot Project as it reached completion of the first of a two year pilot focused on patient safety and understanding nursing practice breakdown. The board will continue work toward new methods to reach a broader audience. As the demand for evidence-based regulation intensifies, the need for a nursing informaticist to evaluate data will continue as the number of pilot programs and projects increases.

Movement of Health Care into Community Based Settings

Many hospitals are beginning to hire only BSN RNs; therefore, ADNs and LVNs are seeking employment in community settings such as home health, hospice and school health. However nursing education at the Associate Degree and Vocational Nursing levels does not traditionally address population health and community settings. There is growing concern that the workforce may not be prepared to care adequately for the healthcare challenges in community-based settings. In addition, the LVN must ensure he or she has an appropriate supervisor and employers are often unaware of this statutory requirement. In some settings, clinical supervisors may be located some distance away geographically from the LVN, making timely and readily available supervision a challenge when emergency situations occur.

Due to huge budget cuts in public education, school districts have reduced the number of RNs in school clinics either through lay-offs or attrition. In many instances, these RNs are being replaced with LVNs or unlicensed personnel. The healthcare needs of Texas school children have grown in complexity, given the increase in developmental disabilities and chronic

diseases. This staffing shift, from RNs to LVNs or unlicensed personnel has the potential to impact the health and safety of over 4 million Texas school children.

SB 1857 directs the Board, in conjunction with the Department of Aging and Disability (DADS), to work together in the development of new models of health care delivery for nursing and non-nursing staff. The LVN On-Call Pilot Program has completed the second year of implementation and will continue until September 1, 2015. The purpose of the pilot is to ascertain if LVNs can safely provide on-call services within selected DADS programs. During the development of the pilot, it became clear that many employers and LVNs lack an understanding or awareness that LVNs have a directed scope of practice and must have a clinical supervisor. The pilot program should help resolve this issue. It will also be important to ascertain if the LVN's non-nursing clinical supervisor, such as a physician, understands his/her role in supervising the LVN's scope of practice. With the growing number of LVNs in community settings, the LVN curricula may need to be reviewed.

Chapter 225 of the Delegation Rules addresses RN delegation to unlicensed assistive personnel in community-based settings. The rules are highly complex and are currently under revision through a Board Task Force on Delegation to provide more clarity and address stakeholder input. There is an increasing demand, with the aging population and ongoing thrust of community based services, for RNs to safely and effectively delegate nursing tasks. Direct-care workers or unlicensed assistive personnel (UAPs) will increase in numbers to handle the growing population of elderly and disabled. Resources are needed to assist RNs in learning the advanced managerial skill of delegation, in order to meet the rising demands. The Practice Department plans to further develop the Board's Delegation Resource Packet to include in-depth Frequently Asked Questions and a Guideline that will interpret these complex rules.

Telehealth is a technology which could increase access to health care in remote areas of the state and in home health settings. There is a role for nursing to maximize this technology.

Just Culture

The science of patient safety and the Just Culture approach continues to be a prominent theme in nursing regulation. The agency should explore the application of the Just Culture principles and the Board's role in working with employers of nurses with practice related disciplinary actions.

The agency is exploring the use of KSTAR for Nurses with practice errors. KSTAR stands for Knowledge, Skills, Training, Assessment and Research. KSTAR for physicians was developed by the Texas A&M Health Science Center Rural and Community Health Institute and is now ready to be applied to nursing. KSTAR determines within a nurse's practice, the reason for a practice breakdown and develops an individualized remediation plan. This type of innovative alternative to discipline may enhance the Board's ability to ensure the public that a nurse's individual practice has improved and is ready to return to practice.

Another evidence-based program the agency should explore is the use of TeamSTEPPS. TeamSTEPPS is a model developed by the Agency for Healthcare Research and Quality to improve communication and teamwork skills among health care personnel. Participation in this type of program may be valuable in cases where the nurse's lack of or miscommunication has resulted in a practice breakdown. The agency may need to explore whether requiring this type of program may remediate a communication breakdown.

Institute of Medicine

The four key messages of the Robert Wood Johnson Foundation (RWJ) and the Institute of Medicine (IOM) Future of Nursing Report should be discussed in our agency and compared to our resource documents to determine if any regulatory implications exist.

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

State Office of Administrative Hearings

The number of SOAH hearings continues at a high level, thus placing more of a demand on the nursing practice consultants' participation as resources to legal and enforcement staff as well as functioning as expert witnesses during the hearings. This trend along with other increases in the workload of the practice department has necessitated changing one education consultant FTE into a practice consultant FTE. The agency's appropriations request for an additional practice consultant FTE in fiscal year 2014-2015 biennium was approved. This FTE will be able to assist in accomplishing the Practice and Advanced Practice Department's mandates.

APRN: Advanced Practice Registered Nurse:

Progress has been made on the implementation of the Consensus Model. The agency will continue our work in implementing the Consensus Model including bringing Advanced Practice Registered Nurse (APRN) title recognition in line with those outlined in the model. The agency is currently working toward developing a process to issue an APRN license and continues to explore remediation of APRNs through appropriate stipulations in situations in which disciplinary actions are imposed against those licenses. The passage of SB 406 has helped with these changes as the amendments to the Nursing Practice Act clarify that the Board will grant licensure to APRNs. It is anticipated that the agency will begin to issue licenses in the fall. Currently, Board staff is beginning to notify key stakeholders including other state and federal agencies who will need to be aware that Texas APRNs will have a license number. Additionally, Board staff is working with NCSBN to add our APRN licensure data to the NURSYS database.

The APRN Compact expired on 12/31/11 and the agency will need to consider changes to prepare for introduction in the 2015 Legislative Session.

APRN total numbers of approvals continue to increase and tax our resources and further validate the need for our new APRN consultant position which was recently filled. During FY13, 2,005 APRNs were approved as compared to 1,671 approvals during FY12. The total number of APRNs approved is now over 17,000. The average number of days taken to approve APRN applications increased slightly from 50.04 days in FY12 to 53.48 days in FY13. It is anticipated that with increased efficiencies in the application approval process, outreach via webinar to applicants, and the ability for applicants to view their application status and needs online that this time will decrease in the next FY.

NURSING EDUCATION:

Texas Board of Nursing Education Department Outreach Activities: Staff have invested in educational outreach activities designed to educate constituents and to reach out to various nursing education groups to assist them as well as to gather data and determine constituent needs. These activities include:
- Enlisting five (5) experienced nursing educators as Program Evaluators to conduct survey visits to seventy (70) approved nursing programs across the state from June 2012 to August 2013 providing an up-to-date status of most programs
- Offering periodic information Sessions for institutions interested in developing new nursing programs
- Providing a New Director Module to provide early orientation to education rules immediately after new director approval
- Providing a new Deans and Directors Orientation required of new directors
- Updating directors and educators at regular meetings of the Texas Association of Vocational Nurse Educators (TAVNE), Texas Association of Deans and Directors of Professional Nursing Programs (TADDPNP) and Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE)
- Presenting a Board update at the annual meeting of Career Schools and Colleges
- Adding a revised education guideline on the use of Preceptors and a new guideline on the use of part-time clinical faculty to education guidelines on BON web page

**Collaborative Activities with other State of Texas Agencies:**

- Meetings with Texas Workforce Commission (TWC) and The Texas Higher Education Coordinating Board to develop a crosswalk comparing approval processes that relate to new nursing education programs
- Joint visits with TWC Staff to a jointly regulated institution
- Communications with Texas Higher Education Coordinating Board (THECB) staff to discuss new program proposals, including need for program in local community.
- Meetings with Texas Center for Nursing Workforce Studies (TCNWS) throughout the year to plan the 2013 Nursing Education Program Information Survey (NEPIS)
- Collaboration with TCNWS during the year in the analysis of data from the NEPIS
- Meeting with THECB and TNA regarding proposed nursing education grant opportunities and RFPs

Growth of Nursing Education Programs

The Institute of Medicine *Future of Nursing* Report recommended that by 2020 eighty percent (80%) of registered nurses have a baccalaureate or higher degree. It is expected that there will be growth in enrollment in current RN-to-BSN programs, more programs will be delivered with online instruction, and more programs will be developed in the state. Board Staff developed a document entitled "Defining Quality Indicators for Baccalaureate Degree Nursing (BSN) Nursing Education" in response to concerns from established programs about maintaining quality of all RN-to-BSN programs. The document is based upon the BSN competencies presented in the DECs. In addition Board Staff collaborated with two nursing professors in an article published in the July 2013 issue of the Journal of Nursing Regulation entitled *A Regulatory Challenge: Creating a Metric for Quality RN-to-BSN Programs.*

Vocational Nursing Programs
Trends in Numbers of First-Time Candidates and Annual NCLEX Pass Rates

Exam Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number First-Time Candidates	Not available	Not available	Not available	4440	4886	5032	5488	5627	5879	6028
Candidates Who Passed	Not available	Not available	Not available	4043	4362	4461	4461	4990	5099	5155
Texas Pass Rate	90.45%	92.6%	91.28%	91.06%	*89.28%*	88.65%	88.19%	88.68%	86.73%	85.52%
National Pass Rate	88.71%	89.36%	89.06%	87.87%	87.25%	85.62%	85.73%	87.06%	84.84%	84.23%
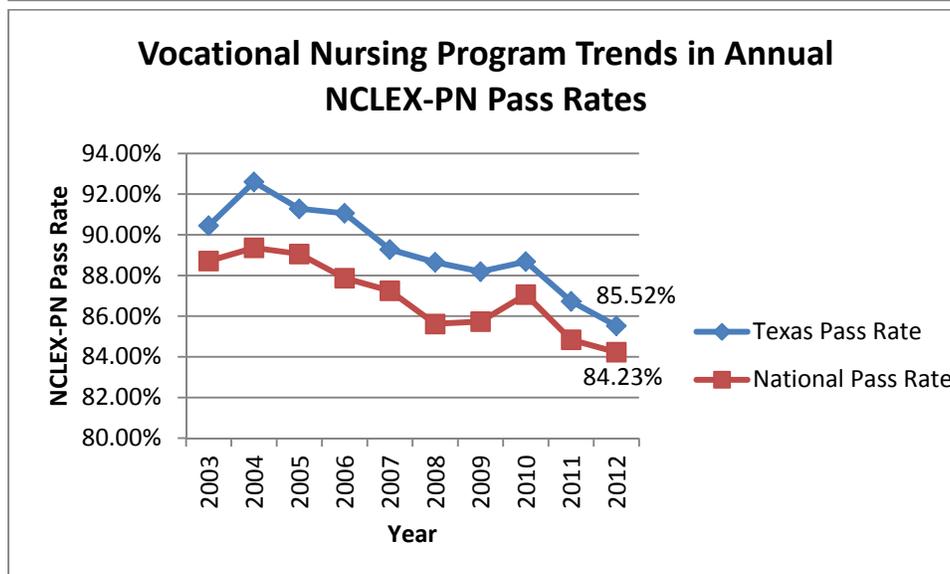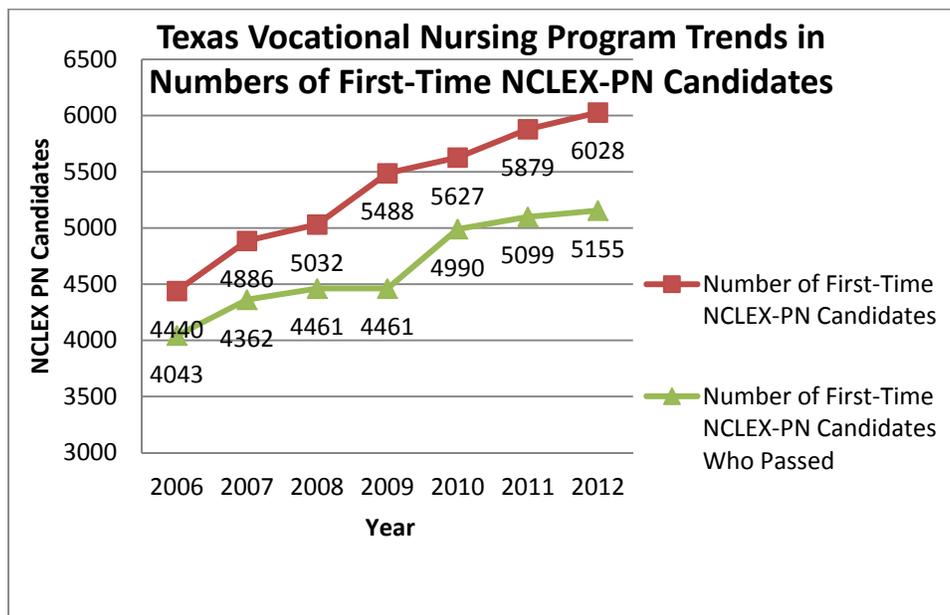
Texas Vocational Nursing Program Trends in Numbers of First-Time NCLEX-PN Candidates

Vocational Nursing Program Trends in Annual NCLEX-PN Pass Rates

Professional Nursing Programs
Trends in Numbers of First-Time Candidates and Annual NCLEX Exam Pass Rates

Exam Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number First-Time Candidates	Not available	5496	3591	6022	7001	7521	8146	8912	9711	10615
Candidates Who Passed	Not available	4837	3215	5468	6314	6819	7413	7959	8452	9628
Texas Pass Rate	90.82%	88.01%	89.47%	90.80%	90.19%	90.67%	91.00%	89.12%	87.04%	90.70%
National Pass Rate	87.00%	84.40%	85.58%	86.53%	87.36%	86.67%	88.20%	87.56%	87.81%	90.22%

Texas Prelicensure RN Program Trends in Numbers of First-Time NCLEX-RN Candidates
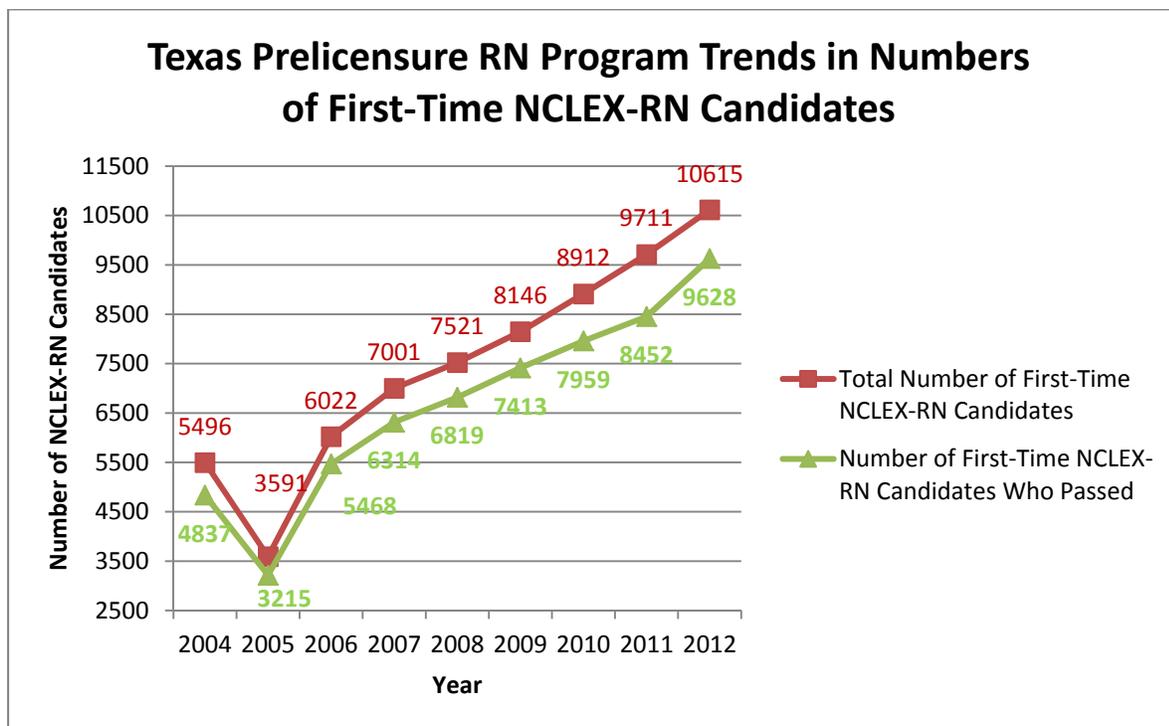
Prelicensure RN Program Trends in NCLEX-RN Pass Rates
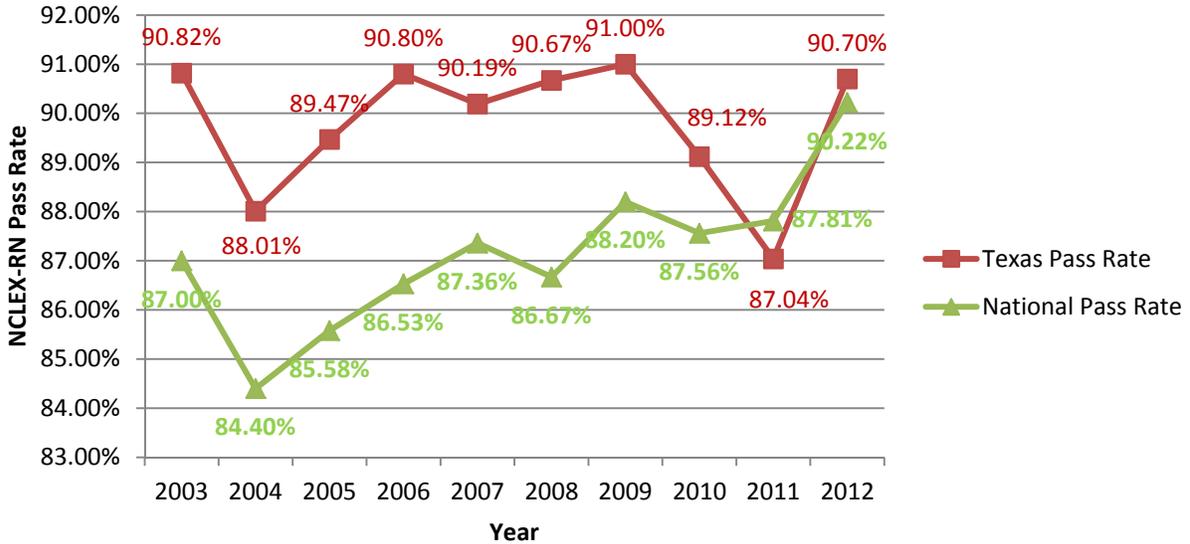
Trends in Numbers of VN and RN(Prelicensure) Nursing Education Programs in Texas 2006-2013

Year	2006	2007	2008	2009	2010	2011	2012	2013
VN	115	99	91	95	97	98	99	98
RN (Prelicensure)	96	97	95	97	97	107	110	115

Trends in Numbers of VN and RN (Prelicensure) Nursing Programs in Texas 2006-2013
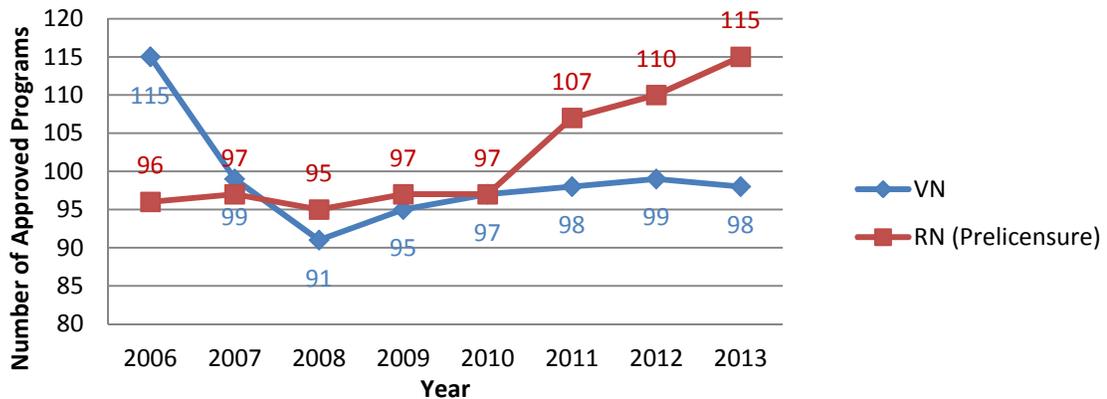
New Program Approvals

Fiscal Year 9/1-8/31	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
New Public RN Programs	0	4	1	0	6	1	0	5	2	4	23
New Career School RN Programs	0	0	0	0	1	3	0	4	2	2	12
New Private College RN Programs	0	0	1	1	0	0	1	2	0	1	6
New Public VN Programs	0	1	1	0	0	1	0	0	0	0	3
New Career School VN Programs	2	1	3	3	1	3	2	2	3	0	20
Total New	2	6	6	4	8	8	3	13	7	7	64

After the consolidation of the two Boards, over twenty (20) VN programs consolidated where there were individual program codes for extension sites or for evening programs under one school. This accounts for the drop in the number of VN program by 2008.

Changes in program totals are also affected by programs closing or consolidating (example: LVN to ADN and generic programs consolidating at Cisco College). Because of this, the trajectory is not always upward even though the sites remain the same.

It is obvious that the number of professional programs has increased drastically. The work is different because of the career schools entering the education of nurses since they do not have experience in this discipline. The total number of new programs since September 2006 is fifty (50) though this is not reflected in this data.

By the end of FY13, 95.65% of RN Nursing Education programs and 94.90% Nursing Education programs were on full approval status. A total of 10 nursing education programs were on sanction by the end the FY (5 VN and 5 RN).

In October 2011 the Board approved the establishment of a Task Force to study the implications of the growth in nursing education in Texas. A committee of fifteen (15) members representing

nursing practice, education, and organization, as well as other state agencies was appointed with Pat Yoder-Wise, EdD, RN, NEA-BC, ANEF, FAAN as chair. The committee met during 2012 and presented a report to the Board based upon the four (4) major areas of discussion:

- availability of clinical learning experiences
- lack of qualified nursing faculty
- developing and emerging models of nursing education
- workforce issues and transition into practice

The report presented strategies and products related to the four issues, with a plan to continue beginning fall 2013 after new charges are issued at the October Board meeting. The new charges will focus on indicators of quality clinical education in nursing programs and an ongoing evaluation of data related to clinical requirements in nursing programs.

Because of the increasing responsibilities of Board Staff to review proposals for new programs and monitor existing programs, an additional full time staff position for education was approved during the 83rd Legislative Session.

Nurse Licensure

Number of Current Licensees

This fiscal year saw a decline in the percentage increase in the number of current RNs and VNs. From fiscal year 2008 through 2012, the average annual increase in the number of current RNs was between 4.0% to 4.5%. In FY 2013, we dropped to an annual increase of 3.0%. The drop for VNs was even more.   From FY 2008 to FY 2012, the annual VN increase averaged between 2.7% and 3.7% and then dropped drastically in FY 2013 to .005%. Staff are uncertain of the reason although there is a decline in the number of students taking the exam which may have contributed to this trend.

Licensure by Examination

As indicated above, after years of consistent growth in the number of students taking the examination through Texas, we experienced a 5.3% decrease in the number of RN students taking the NCLEX from FY 2012 to FY 2013 while the VN examination rate dropped by 9.6% over the same period.

Licensure by Endorsement

We have been somewhat flat in the number of licensures by endorsement over the past six years but this year we experienced an increase in the number of RNs licensed by endorsement by 11.3% over fiscal year 2012 and experienced a decrease in the number of VNs licensed by endorsement by 13.9% during the same period. This increase in the overall number of endorsements contributed the increase in the number of days it takes to issue a license by endorsement for both RNs and VNs by 12.9% and 7.2% respectively. The average days it takes to produce a license by endorsement for VNs has gone over 120 days which is the length of a temporary license. This will need to be addressed in FY 14.

Number of Renewed Licenses

There has been consistent growth in both RN and VN renewals averaging 4% for RNs and 3.2% for VNs. Although there is not consistent growth in the number of new nurses licensed by examination, many current nurses are staying in the workforce due to the economic environment.

Phone Calls

This statistic may be inaccurate. The number of phone calls decreased by 39.5% but may be more indicative of the lack of staff to answer the calls than fewer calls.

Webmaster Emails

The 10.9% increase in the number of webmaster emails is consistent with past experience.

Live Chat Sessions

This number dropped drastically with the turnover in customer service but was re-instituted in the last quarter. But with the continued turnover in this area, staff do not see this area growing.

Number of Current APRNs

The number of current APRNS from FY 2012 to FY 2013 increased by 7.8%. This may be due to having a qualified temporary employee and new APRN consultant.

Eligibility Petitions processed by Operations

This area is steady but most likely will see an increase in the next fiscal year due to the mandatory background check process for new students.

Enforcement and Legal

Continued Increase in Disciplinary Complaints and Investigations

Disciplinary complaints and investigations have grown significantly over the last 5 years. For example, during FY 2012, the Board received approximately 16,600 jurisdictional complaints [BON Statistical Report for FY 2012 (9,709 RN jurisdictional complaints, 6,922 LVN jurisdictional complaints)]. By comparison, in FY 2008 the Board received approximately 10,500 jurisdictional complaints [BON Statistical Report for FY 2008 (5,634 RN jurisdictional complaints, 4,851 LVN jurisdictional complaints)]. In FY 2013, the Board had 19,363 jurisdictional complaints. [BON Statistical Report for FY 2013; 11,094 RN jurisdictional complaints, 8,269 LVN jurisdictional complaints]. Given the estimated annual growth of the licensee population and the fact that complaints are in consistent proportion to the number of licensees, growth may continue. However, the Criminal Background Check audit is complete and although staff expect the mandatory student CBCs to increase complaints, the overall number of complaints is likely to decrease, at least somewhat.

Investigations associated with applications for licensure is also growing. Applicants for licensure must submit to criminal background checks and are required to disclose information that might affect eligibility for licensure. Those applicants that disclose information relevant to eligibility

may have to submit a petition for eligibility which requires that they provide criminal history documentation and explanations. For example, in FY 2011, Petitions for Eligibility numbered 5,010 annually (FY 2011 BON Statistical Report). In FY 2012, the number of petitions totaled 4,898. [FY 2012 BON Statistical Report]. By comparison, the number of petitions counted in FY 2008 was 2,889 [FY 2008 BON Statistical Report]. Despite the slight decrease in Petitions processed in FY 2012 (112 fewer than FY 2011), in FY 2013, there were 5,350 annual Petitions for Eligibility. [BON Statistical Report for FY 2013].

Continued Increase in Disciplinary Actions

During FY 2012, the Board issued approximately 3,505 disciplinary actions [BON Statistical Report for FY 2012 (1,802 RN disciplinary actions, 1,605 LVN disciplinary actions)]. By comparison, the Board issued approximately 2,100 disciplinary actions in FY 2010 [BON Statistical Reports for FY 2010 (1,110 RN actions, 990 LVN actions)], and approximately 2,638 disciplinary actions in FY 2011 [BON Statistical Reports for FY 2011 (1,384 RN actions, 1,254 LVN actions)]. In FY 2013, the Board issued 3,574 disciplinary actions [BON Statistical Report for FY 2012 (1,871 RN disciplinary actions, 1,703 LVN disciplinary actions)]. This reveals only slight growth year to year over 2012.

New Staff Positions and Effect on Backlog

During FY 2011, the number of days to investigate cases, and bring them to final disposition began to increase. For FY 2010, Average Days for Investigation totaled 121.78 for RN cases and 122.66 for LVN cases. Average Days for Disposition totaled 172.25 for RN cases and 195.79 for LVN cases. A comparison of FY 11 and FY 12 follows:

	FY 2011	FY 2012
Average Days for Investigation (RN):	129.36	161.17
Average Days for Investigation (LVN):	133.81	188.50
Average Days for Final Disposition (RN):	204.39	244.52
Average Days for Final Disposition (LVN):	251.44	287.37

In the 82nd Legislative Session, the Legislature provided the Board an increase in full time FTEs to address the agency's ever-increasing workload. As a result, five (5) new investigators were hired in March 2012, and, once fully trained, they joined the other investigators in Enforcement in their efforts to address the backlog of investigations; reduce existing investigators' caseloads; and facilitate improved timeliness of case resolution. As a result, in FY 2013, Average Days for Investigation dropped to 112.63 for RN Cases and 132.83 for LVN cases, and Average Days for Final Disposition fell to 186.87 for RN cases and 219.35 for LVN cases.

Corrective Action Agreements and Deferral of Final Disciplinary Actions

The complaints resolved with Corrective Action Agreements, or Deferred Discipline were combined together for FY 2010, and then again for FY 2011, as follows: Total Resolved with Corrective or Deferred Action [BON Statistical Reports for FY 2010 (55 RN and 35 LVN)] and Total Resolved with Corrective or Deferred Action for FY 2011 [BON Statistical Reports for FY 2011 (172 RN and 125 LVN)]. The Corrective and Deferred Actions were separated for FY 2012 and FY 2013:

	FY 2012	FY 2013
Total Resolved with Corrective Action Agreements (RN):	152	151
Total Resolved with Deferral of Final Disciplinary Action (RN):	86	26
	238 RN	177 RN
Total Resolved with Corrective Action Agreements (LVN):	106	81
Total Resolved with Deferral of Final Disciplinary Action (LVN):	55	18
	161 LVN	99 LVN

The number of Petitions closed with Corrective Action Agreements has continued to increase each fiscal year. BON Statistical Reports for FY 2011 (50 Closed with Corrective Action Agreements); BON Statistical Reports for FY 2012 (82 Closed with Corrective Action Agreements); and BON Statistical Reports for the first three quarters of FY 2013 (155 Closed with Corrective Action Agreements).

In 2013, the legislature made the Deferred Disciplinary Action a standard option with amendments to the NPA effective September 1, 2013.

Temporary Suspensions

The number of Temporary Suspensions based on violation of 301.4551 account in part for a significant increase in the Suspend/Probate orders reflected. There was a total of 62 RN and 50 LVN suspensions in FY 13. Staff currently notes a trend in 301.4551 violations for Board order monitoring as opposed to TPAPN compliance violations and would expect the Suspend/Probate and Revocation ratios to continue increasing in FY 14.

Increased Number of Priority Cases

Both the number and percentage of total for Priority 1 and Priority 2 increased during FY 2013:

	FY 2012		FY 2013		
	Number	Percent of Total	Number	Percent of Total	FY 12 - FY 13 Percent Increase
Priority 1	169	1.10%	218	1.24%	29.0%
Priority 2	438	2.84%	621	3.53%	41.8%
Priority 3	14,805	96.06%	16,747	95.23%	13.1%
Total	15,412	100%	17,586	100%	14.1%

*Does not include cases without a priority designation.

Compared to FY 2012, the agency experienced an overall increase of 14.1% in cases opened during FY 2013 and the number of Priority 1 cases increased by 29.0% while the number of Priority 2 cases increased by 41.8%. While the number of Priority 3 cases increased in FY 2013, the percentage increase of Priority 3 cases was 13.1%, slightly less than the 14.1% increase in overall cases. This data suggests that, while the total number of complaints continues to increase, higher priority cases are increasing at rates greater than the overall increase.

Confidential TPAPN Orders

Effective September 1, 2013, TPAPN Orders became confidential by statute, which may result in there being more TPAPN Orders and those orders being more quickly accepted by Respondents. While the initial period of data is limited at this time, a comparison of the first 24 days of September in FY 2014 supports this possibility.

Ratified TPAPN Orders, September 1 through September 24:

FY 2014   (not confidential)   9 (7 licensees and 2 petitioners)

FY 2014   (confidential)   11 (9 licensees and 2 petitioners)

SOAH Hearings

The number of SOAH hearings increased 29% from FY 11 to FY 12, consistent with the increased rate of case resolution. The time required to have these cases heard at SOAH, however, after the investigation was completed increased by an average of almost 80 days. The number of cases set at SOAH has been relatively constant from FY 12 to FY13, with slightly over 300 cases being set. The number of attorneys handling litigation at SOAH has also remained constant with relatively no increase in case load per attorney from FY 12 to FY13.