

Fiscal Year 2014 Trends, Issues and Implications

Summary of Report:

Review the Annual 2014 Trends Report.

Historical Perspective:

The Executive Director provides an annual report to the Board for the Fiscal Year preceding 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 2014, the period beginning September 1, 2013 and ending August 31, 2014.

Staff Recommendation:

No action required. For information and discussion.

FY 2014 TRENDS

NURSING EDUCATION

Growth of Nursing Education Programs

The Board of Nursing (BON or Board) assumed regulation of Vocational Nursing (VN) education programs on February 1, 2004 following passage of House Bill 1483 (2003). The number of approved VN education programs on August 31, 2014 was 95. An estimated eleven (11) of the VN programs currently have extension campuses. Many of these extension campuses were previously individual programs with separate NCLEX program codes, but mergers with sister campuses consolidated the extension campuses under the main campus structure. These mergers accounted for the decrease in the number of VN programs but not in the number of sites or in staff workload associated with the programs. One (1) proposal for a new vocational nursing education program will be considered at the October 2014 Board meeting.

The number of professional nursing (RN) programs on August 31, 2014 was 117 including one (1) remaining diploma program in the state, sixty-nine (69) ADN programs, and forty-eight (48) baccalaureate programs. [The University of Texas Alternate Entry Master's Degree Program and one (1) Family Nurse Practitioner Program that does not yet hold national nursing accreditation are both included in the professional nursing education program total. One (1) proposal for a new Family Nurse Practitioner Program that does not yet hold national accreditation is scheduled for Board consideration at the October 2014 meeting. Additionally, letters of intent to close have been received from two (2) baccalaureate programs, one (1) ADN program and (1) VN program. These closures will be considered at the October 2014 Board meeting. Table 1 provides an overview of the total number of VN and RN programs by year below:

Table 1: Trends in Numbers of VN and RN (Prelicensure) Nursing Education Programs in Texas by Calendar Year

2006-2014

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
VN	115	99	91	95	97	98	99	98	95
RN Pre- licensure	96	97	95	97	97	107	110	115	117

The Impact of Growth in Nursing Education in Texas

The growth in nursing education in Texas has occurred in various ways:

- the addition of fifty-six(56) new nursing education programs in the State since September 1, 2006 through the Board approval process;
- growth in enrollments in programs seeking to produce more nursing graduates;
- the expansion of nursing education programs to new extension campuses/sites;
- the number of nursing education programs using online delivery to increase educational opportunities for students; and
- aggressive growth in existing and new RN-to-BSN programs to address the Institute of Medicine's recommendation to increase the number of registered nurses in the country with a BSN to 80% by 2020.

These have created new challenges in Texas based upon:

- greater demands for clinical settings to provide learning experiences for nursing education programs;
- the lack of regulation or standards for online education;
- the lack of regulation or standards for RN-to-BSN programs;
- little monitoring of extension campuses/sites; and
- the shortage of MSN-prepared nursing faculty.

A description of the new nursing education programs approved since September 1, 2006 is provided in Table 2 below:

Fiscal Year 9/1-8/31	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL
New Public RN Programs	0	6	1	0	5	2	4	1	19
New Career School RN Programs	0	1	3	0	4	2	2	2	14
New Private College RN Programs	1	0	0	1	2	0	1	2	7
New Public VN Programs	0	0	1	0	0	0	0	0	1
New Career School VN Programs	3	1	3	2	2	3	0	1	15
Total New	4	8	8	3	13	7	7	6	56

The total number of approved programs often changes after each Board meeting since newly approved programs are added, programs may elect to close, and the Board may withdraw approval of programs. Board action to withdraw program approval was unknown in recent history until October 2010 when an

ADN program had experienced NCLEX-RN® examination pass rates of below 80% for seven (7) years. The Board realized that action to withdraw approval was not only necessary, but somewhat delayed. Since that date, the Board has consistently followed the process described in the rules, resulting in withdrawal of approval of seven (7) other programs by Board action. Four (4) of the programs that closed did so by voluntarily submitting letters of closure prior to the Board meeting when action would have been taken.

Program Compliance

Board staff follow programs' compliance with rules closely that includes achieving an annual NCLEX examination pass above 80%. Programs normally have a number of noncompliance issues and weaknesses in their programs when their annual NCLEX examination pass rate consistently falls below 80%. Possible factors that may have contributed to challenges affecting the success of programs include:

- an increase in enrollments in response to statewide promotions and incentives to produce more graduates to meet the demand for nurses in the state;
- a high turnover of program directors and nursing faculty;
- the establishment of many new nursing programs straining clinical resources for the provision of adequate clinical learning experiences;
- the establishment of extension sites/campuses and/or evening/weekend tracks within a program;
- a shortage in the number of qualified faculty in the state; and
- programs focusing more on increasing the number of students rather than on evaluating and revising the curriculum.

As of August 31, 2014, there were eleven (11) active and potential proposals for new nursing education programs. These trends and challenges are continuing, suggesting a greater need for Board Staff to provide a higher level of monitoring and developing new methods of support to 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. The Texas Team reported the percentage of Texas RNs with a BSN or higher degree increased from 45.6% in 2007 to 52.5% in 2014. 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 Differentiated Essential Competencies (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*. There is little, if any, monitoring of RN-to-BSN programs in Texas.

Increases in the Numbers of Programs with Sanctions

Another outcome of the growth in the number and size of nursing education programs is a dramatic increase in the number of programs with sanctions. Types of sanctions include an approval status of Full with Warning, Initial with Warning, or Conditional Status. The annual NCLEX examination pass rate provides one (1) indicator that signals problems in a nursing program. Other signs of non-compliance with Board rules or deficiencies include: complaints about the program, frequent turnover in the director

role, NEPIS data indicating a rapid growth in enrollment of students with poor retention and graduation rates, loss of clinical practice settings, and high turnover of faculty with persistent vacancy rates.

On August 31, 2014, the number of programs with an approval status of Full (or Initial) with Warning or with Conditional Approval has grown to (11) programs with sanctions and one (1) program (whose approval has been withdrawn) in a teach-out of enrolled students:

- Initial with Warning 1 ADN Program
- Full with Warning 5 VN Programs and 1 ADN Program
- Conditional Approval 1 VN Program, 2 ADN Programs, and 1 BSN Program
- Approval Withdrawn and Program in Teach-Out 1 ADN Program

Usually when a program's pass rate drops, there are factors that contribute to the decline and the program needs to identify those factors and begin making changes. This is accomplished through a Self-Study Report. Every year there are about six (6) to ten (10) programs in each program type (VN, RN) that may be required to write a Self-Study Report. For the 2013 NCLEX-RN and NCLEX-PN pass rates, thirty (30) RN programs and seven (7) VN programs were required to develop a Self-Study Report respectively. The passing standard for the NCLEX-RN examination was raised by NCSBN in April 2013, which may have contributed to the drop in some of the RN programs' pass rates. The rationale for the new passing standard was based upon the fact that nurses today are caring for more complex patients in a changing health care environment, necessitating that their knowledge and skills match the workplace requirements. In addition, the opinions of many nursing experts, Boards of Nursing, recommendations from the NCLEX Examination Committee, a group of standard setting judges, and the NCSBN Board of Directors were considered before the change was made. After the NCLEX results were reported, several programs commented that their curriculum had not been updated for years, their admission and progression policies are out-dated, or their remediation strategies have not been effective. Board Staff are committed to assisting nursing education programs to meet the challenges of the changing environment, but the growth in nursing education complicates the workload.

A summary of the first-time candidate NCLEX-PN and NCLEX-RN pass rate trends are presented in Tables 3-4 and Figures 1-4.

Table 3: Vocational Nursing Programs Trends in Numbers of First-Time Candidates and Annual NCLEX Pass Rates 2003-2013											
Exam Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number First-Time Candidates	Not available	Not available	Not available	4440	4886	5032	5488	5627	5879	6028	5401
Candidate Who Passed	Not available	Not available	Not available	4043	4362	4461	4461	4990	5099	5155	4668
Texas Pass Rate %	90.45%	92.6%	91.28%	91.06%	89.28%	88.65%	88.19%	88.68%	86.73%	85.52%	86.43%
National Pass Rate	88.71%	89.36%	89.06%	87.87%	87.25%	85.62%	85.73%	87.06%	84.84%	84.23%	84.63%

Figure 1: Texas Vocational Nursing Program Trends in Numbers of First-Time NCLEX-PN Candidates 2006-2013

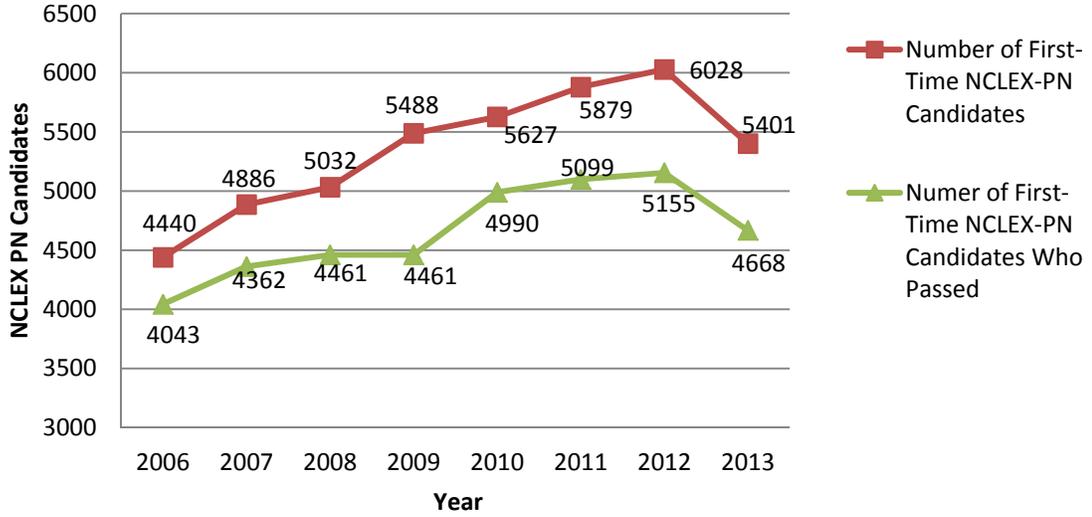


Figure 1: Vocational Nursing Program Trends in Annual NCLEX-PN Pass Rates 2005-2013

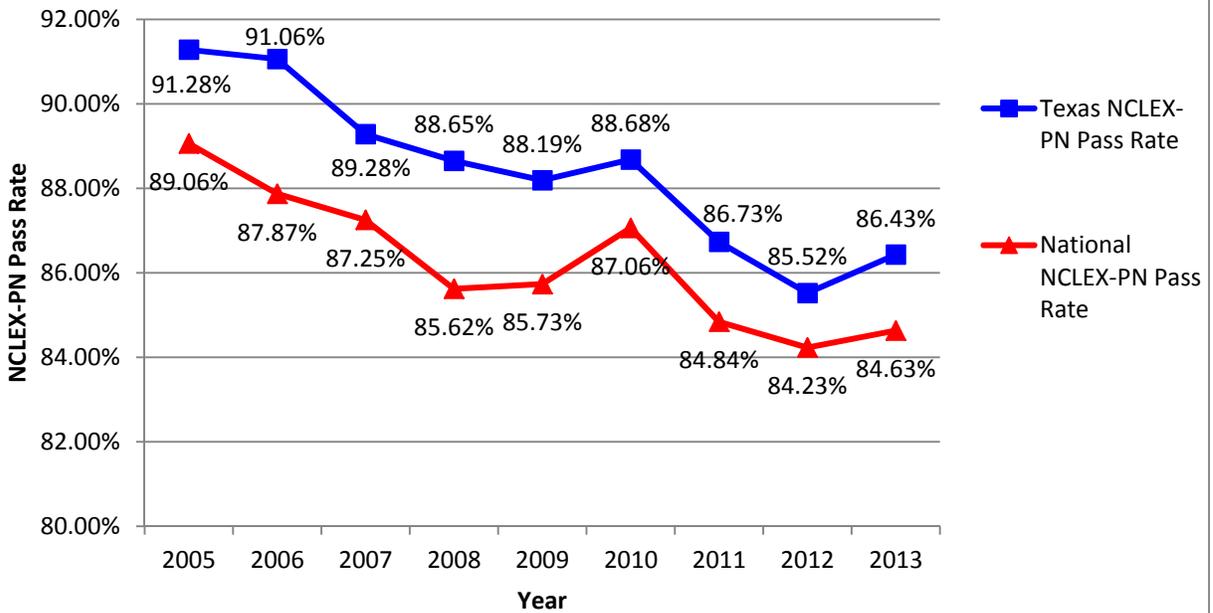


Table 4: Professional Nursing Programs											
Trends in Numbers of First-Time Candidates and Annual NCLEX-RN Exam Pass Rates 2003-2013											
Exam Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number First-Time Candidates	Not available	5496	3591	6022	7001	7521	8146	8912	9711	10615	11069
Candidates Who Passed	Not available	4837	3215	5468	6314	6819	7413	7959	8452	9628	9290
Texas Pass Rate	90.82%	88.01%	89.47%	90.80%	90.19%	90.67%	91.00%	89.12%	87.04%	90.70%	83.93%
National Pass Rate	87.00%	84.40%	85.58%	86.53%	87.36%	86.67%	88.20%	87.56%	87.81%	90.22%	84.29%

Figure 3: Texas Prelicensure RN Program Trends in Numbers of First-Time NCLEX-RN Candidates 2005-2013

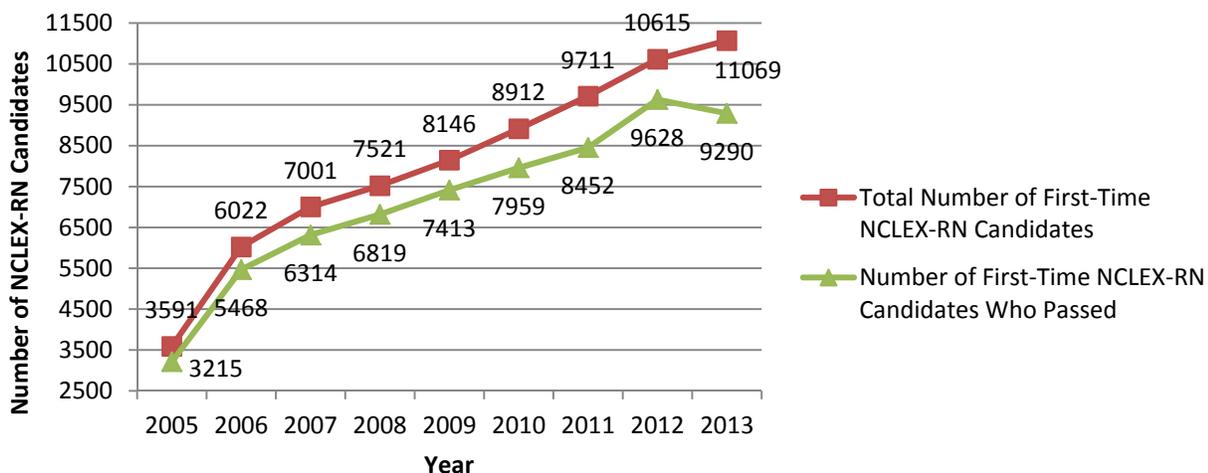
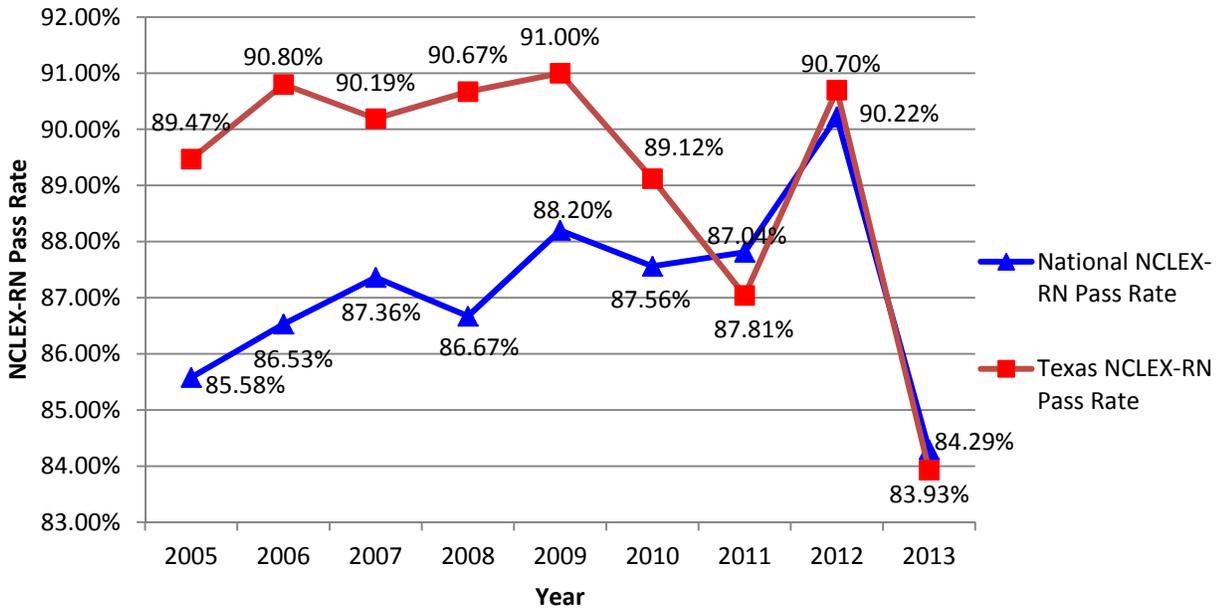


Figure 4: Prelicensure RN Program Trends in NCLEX-RN Pass Rates



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 were issued at the October 2013 Board meeting. The Task Force expanded to include more representatives from practice settings and met throughout FY 2014 to address new charges to develop a new education guideline for optimal clinical instruction as well as complete an analysis of the clinical hours reported by programs in the 2013 Nursing Education Program Information Survey (NEPIS). A report reflecting the completion of both of these charges will be considered at the October 2014 Board meeting. Board staff and members of the Task Force are planning a statewide faculty workshop in March 2015 to present the new guideline. It is anticipated that the Board will direct the Task Force to direct future work to facilitate dialogue among education program representatives and clinical partners.

Texas Board of Nursing Education Department Outreach Activities

During fiscal year 2014, staff have initiated numerous 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:

- Hosting an NCSBN NCLEX Exam workshop in June 2014 for faculty of pre-licensure nursing education programs
- Enlisting an experienced nursing educator as a Program Evaluator to conduct survey visits to maintain the current status of program survey visits that was achieved during a survey visit “blitz” to seventy (70) approved nursing programs across the state from June 2012 to August 2013
- 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 more frequently to allow for smaller groups and more interactive sessions
- 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
- Facilitating meetings of the Task Force to Study Implications of Growth of Nursing Education Programs in Texas with significant progress made toward a new guideline for optimal clinical instruction
- Initiating a quarterly electronic education newsletter for all nursing faculty, deans, directors and coordinators
- Serving as an information resource to the Texas Team Education Committee
- Conducting conference calls with thirty seven (37) program directors and faculty of programs required to submit a self-study
- Monitoring the Innovative Pilot Project implemented by six (6) ADN Programs using a concept-based curriculum for ADN programs has been developed as a part of a THECB grant proposal. Data from this pilot project will provide valuable evidence since there is growing interest in the concept-based curriculum among ADN programs in the state.

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)

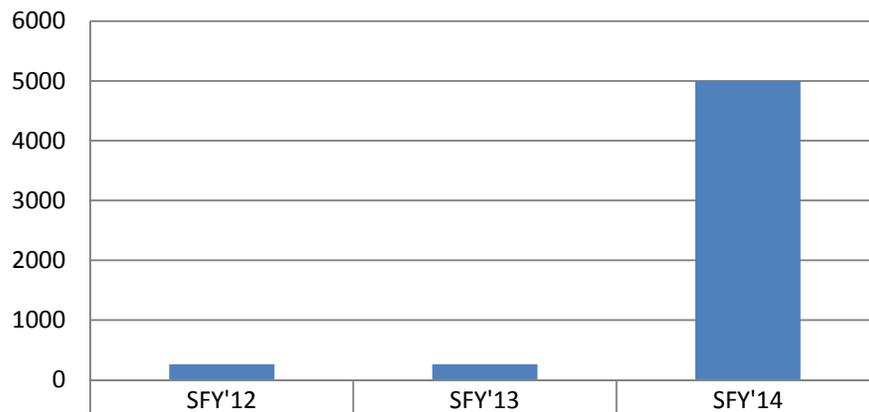
- Collaboration with TCNWS during the year in the analysis of data from the NEPIS
- Meeting with THECB and TNA regarding proposed nursing education grant opportunities and RFPs

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 Fiscal Year (FY) 2014, the nursing department answered approximately 7,500 phone calls and over 1,718 webmaster inquiries. These numbers reflect emails forwarded by the webmaster and calls received through the practice, education and APRN lines, but do not reflect all of the calls or emails that come directly to individual nursing department staff. For example, APRN licensing responded to over 5,000 direct emails during FY 2014.

In FY 2014, the Practice Department expanded workshops by conducting the first advanced practice registered nurse workshop along with shorter break out workshop sessions covering LVN Scope of Practice, Delegation in the Community Setting and Nursing Peer Review. A total of 10 workshops were conducted statewide and 12 webinars including topics such as the LVN Scope of Practice, Professional Boundaries, Nursing Peer Review, Safe Harbor, the APRN Application Process and Standards of Practice for APRNs were offered. The Practice Department worked with eStrategy Solutions (eSS) to transition all educational offerings to an online registration process. The number of registrants for the interactive online jurisprudence course has increased dramatically from 259 in FY 2013 to 4,996 in FY 2014 (see Figure 5). This is largely due to passage of SB 1058 during the 2013 Legislative Session, requiring all nurses to complete two hours of continuing nursing education (CNE) in nursing jurisprudence and ethics every third licensure renewal cycle along with requirements for completion of two hours of geriatric CNE upon renewal for nurses whose practice includes geriatric populations. Based upon a trend of increases in the number registrants for asynchronous online offerings compared to live webinars, staff will continue to offer webinars, but aim to transition more webinars into asynchronous, online interactive offerings through eSS, as well as investigate other innovative methods for reaching and educating nurses about patient safety.

Figure 5: Total Number of Registrants for Interactive Online Jurisprudence CNE Course



■ Total Number of Registrants for Interactive Online CNE Course	261	259	4996
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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 FY14, the Board contracted with a nursing informaticist and two statisticians to assist with interpretation of data from the Texas Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP) Pilot Project as it reached completion of the two year pilot on August 31, 2014. Should the Board approve the TERCAP Pilot Project to continue, additional data will be gathered to better understand factors impacting nursing practice breakdown.

The Nursing Practice Department seeks input from the Nursing Practice Advisory Committee (NPAC) and interested stakeholders on trends influencing patient safety and the practice of nursing. As a result, rules, position statements, and guidelines are developed and recommended to the BON for their use in the regulatory decision making process. In 2013, SB 1058 and SB 1191 were passed during the 83rd Regular Legislative Session that required changes to the Board rules in Chapter 216, Continuing Competency. NPAC recommended and the Board adopted the proposed revisions to Chapter 216, Continuing Competency, requiring nurses to take continuing nursing education in the areas of nursing jurisprudence and ethics, geriatrics and the care of older adults, and forensic training when performing sexual assault examinations. NPAC will resume meeting again to review Rule 217.16, Reporting of Minor Incidents following the 2015 Legislative Session.

During FY 2014, the Nursing Practice Department sought input from the Delegation Task Force to review and propose revisions to Chapter 224: Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments. The Board will consider these proposed rule changes in October 2014. If adopted, Board staff will begin working on initiatives such as Frequently Asked Questions (FAQ) to educate nurses about the rule changes.

Additional resources developed by the Nursing Practice Department are frequently asked questions (FAQs) and position statements. Numerous FAQs have been created from questions submitted in emails or asked during phone calls. For example in FY 2014, FAQs on the requirements for nursing jurisprudence and ethics CNE were developed.

The Texas BON Bulletin is another avenue by which the Nursing Practice Department strives to inform nurses on a quarterly basis. Bulletin articles reach thousands of nurses annually and are important for relaying patient safety messages. The Bulletin regularly features a column to inform nurses on the most current nursing practice information. In FY 2014 topics included the use of checklists in healthcare, practice implications of SB406 for APRNs, an FAQ related to initiation of cardiopulmonary resuscitation, the Texas TERCAP Pilot and the new CNE requirements. With the increased use of social media, the Nursing Practice Department will begin using social media in FY 2015 to reach more nurses to promote safe nursing practice.

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. Just Culture is an approach to patient safety that strives for a culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions. A Just Culture environment encourages people to report mistakes so that the causes of the errors can be understood in order to fix system issues. In a Just Culture there is a distinction between errors that are human in nature versus at risk or intentionally reckless behaviors in that it does not tolerate conscious disregard for risks to patients or gross misconduct. The agency should continue to explore the application of the Just Culture principles and the Board's role in working with employers of nurses with practice related disciplinary actions.

In October 2013, the Board approved a two year pilot to implement KSTAR for Nurses with practice errors in collaboration with the Texas A&M Health Science Center Rural and Community Health Institute (RCHI). KSTAR stands for Knowledge, Skills, Training, Assessment and Research. KSTAR for physicians was developed by the Texas A&M Health Science Center (RCHI) 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. Beta testing for the pilot was completed in September 2014 and it is anticipated that the first candidates will begin enrolling in KSTAR by December 2014.

The Texas Board of Nursing has several additional strategies that promote a Just Culture. These include:

- Use of Nursing Peer Review, a process for peers within facilities to review complaints against nurses and advise the Board on appropriate action;
- Minor Incident rules that do not require a report to the Board for certain minor violations of the NPA;
- Ability to approve Patient Safety Pilot Projects to exempt facilities from mandatory reporting of certain nurse conduct if the facility evaluates the nurse, remediates if necessary and addresses systems problems;
- Use of the TERCAP tool during the investigative process for practice violations reported to the Board to discover individual and systems factors contributing to error;
- Continued implementation of the Texas TERCAP Pilot Project to discover individual and systems factors contributing to practice breakdown not deemed Board reportable by nursing peer review committees;
- Reporting to CNOs of systems issues identified in Board investigations;
- Articles in the Board's Newsletter regarding patient safety and error prevention;
- Statutory authority to expunge or defer certain violations of the NPA in cases in which the Board proposes to impose a sanction other than a reprimand, denial, suspension, or revocation of a license; and
- Statutory authority to resolve certain violations of the NPA through confidential, corrective actions.

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 remain a point of discussion 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 scheduled remains 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. The agency's appropriations request for one additional practice consultant FTE in fiscal year 2014-2015 biennium was approved. This FTE is now assisting to accomplish the Practice and Advanced Practice Department's mandates. A significant number of SOAH hearings involving pill mill type complaints have also led the practice department to assist legal with reaching out to interview external APRN expert witnesses to provide testimony. It is anticipated that the number of SOAHs requiring nursing consultant expert witness testimony will remain a significant portion of consultant workload necessitating the request for two additional consultant positions.

APRN: Advanced Practice Registered Nurses

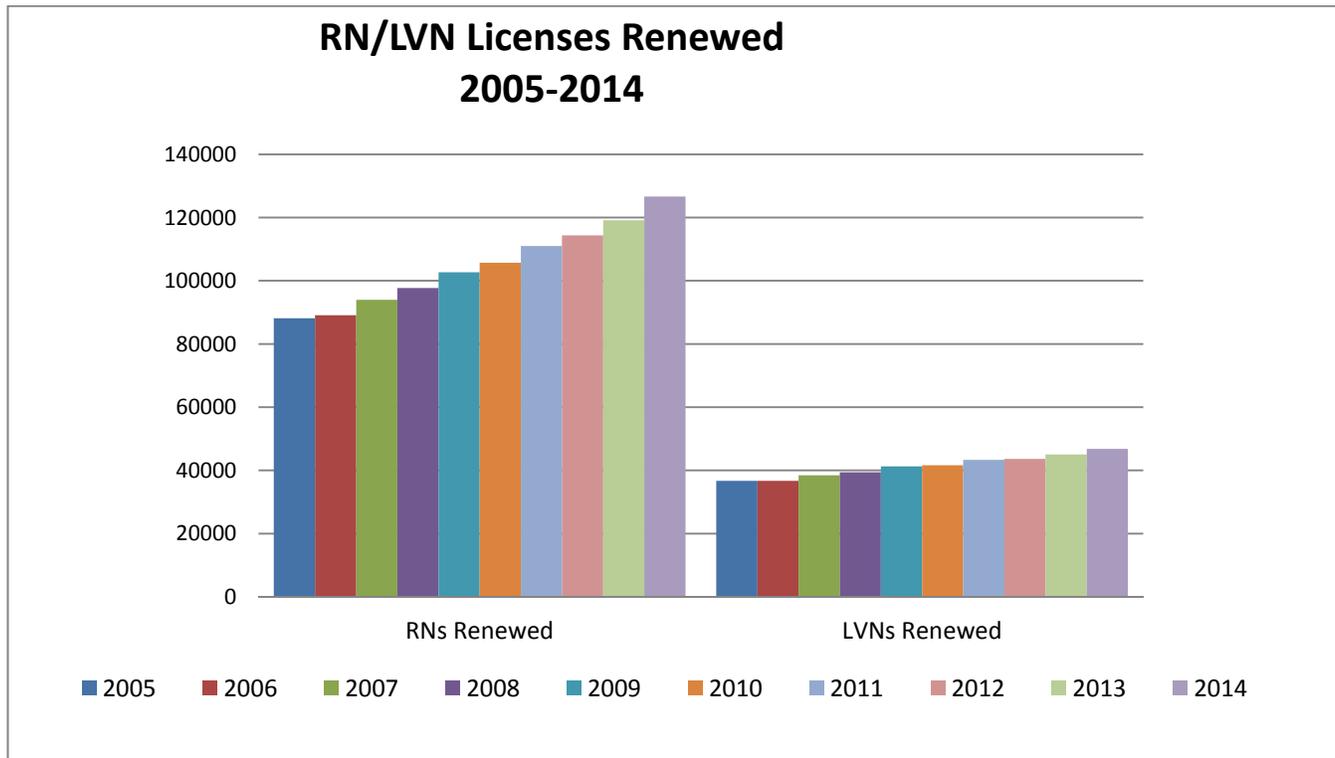
During FY14, 2,086 APRN licenses were issued as compared to 2,005 approvals during FY13. The total number of APRNs licensed in Texas as of 8/31/2014 was 19,509, up from 18,967 in FY13. The average number of days taken to approve APRN applications decreased from 53.48 days in FY13 to 10.29 days in FY14. It should be noted that calculations for this measure were revised in FY14 to more accurately reflect the performance measure. 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. However, as the population of APRNs continues to grow, additional administrative support will be needed to maintain current performance levels.

Nurse Licensure

Number of Renewed Licenses

There has been consistent growth in both RN and VN renewals. Specifically, from fiscal year 2013 to fiscal year 2014, the increase was 6.3% for RNs and 3.9% 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.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of RNs Renewed	88,155	89,115	93,972	97,702	102,666	105,711	110,999	114,370	119,160	126,631
Number of VNs Renewed	36,719	36,690	38,475	39,424	41,287	41,644	43,355	43,633	45,059	46,796

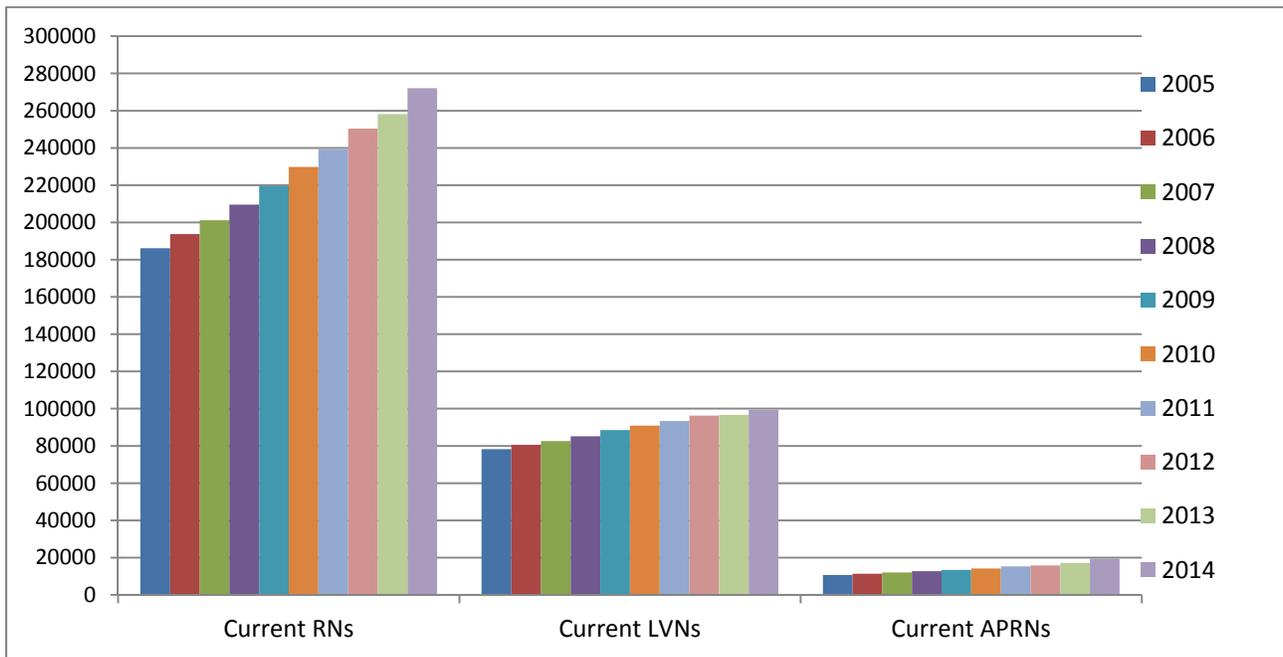


Number of Current Licensees

This fiscal year, the increase in the number of current RNs and VNs was significant. From fiscal year 2013 through 2014, the average annual increase was 5.4% of currently licensed RNs and 2.7% increase of currently licensed VNs. Although the trend over the 10 year period was upward, the percent increase for FY 2014 was unusual. This may be due to the increased number of endorsements and renewals.

The number of current APRNs from FY 2013 to FY 2014 increased by 13.6%. This increase is likely related to the increased enrollments and graduations from APRN programs.

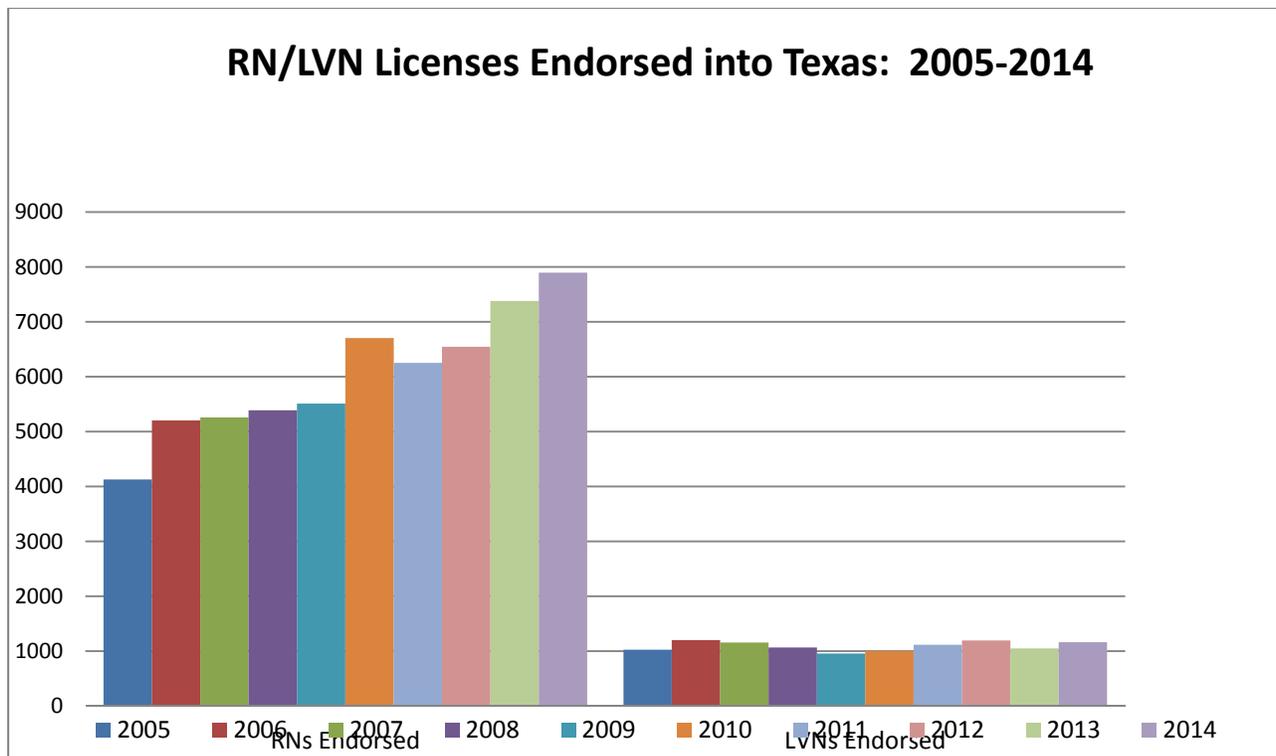
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of Current RNs	186,192	193,764	201,172	209,588	219,458	229,798	239,377	250,385	258,208	272,128
Number of Current VNs	78,258	80,538	82,621	85,175	88,493	90,905	93,413	96,275	96,724	99,347
Number of Current APRNs	10,650	11,368	12,024	12,748	13,395	14,164	15,279	15,841	17,177	19,509



Licensure by Endorsement

The number of licenses issued by endorsement has increased from fiscal year 2013 to fiscal year 2014 by 7% for RNs and 10.9% for VNs. The economic climate in Texas may be a factor in this trend of immigration.

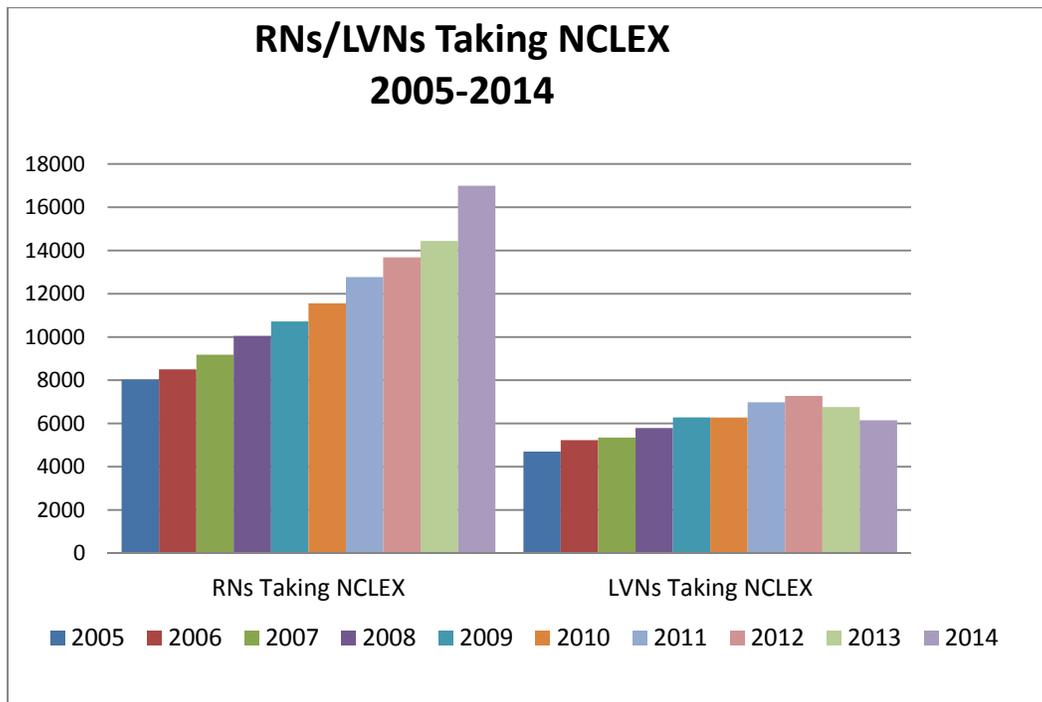
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of RNs Endorsed into Texas	4,127	5,202	5,257	5,387	5,510	6,705	6,251	6,545	7,379	7,894
Number of VNs Endorsed into Texas	1,026	1,200	1,156	1,065	957	1,001	1,116	1,195	1,049	1,163



Examination Applicants

From FY 2013 to FY 2014 the number of new graduates taking the NCLEX-PN through Texas dropped by 9.1% while the RN examination rate increased by 17.6%. The marked RN increase may be due to the drop in pass rate for Texas RN graduates and retesting of those who failed the exams. Keep in mind that these examinees include those who test in Texas but are educated outside of Texas.

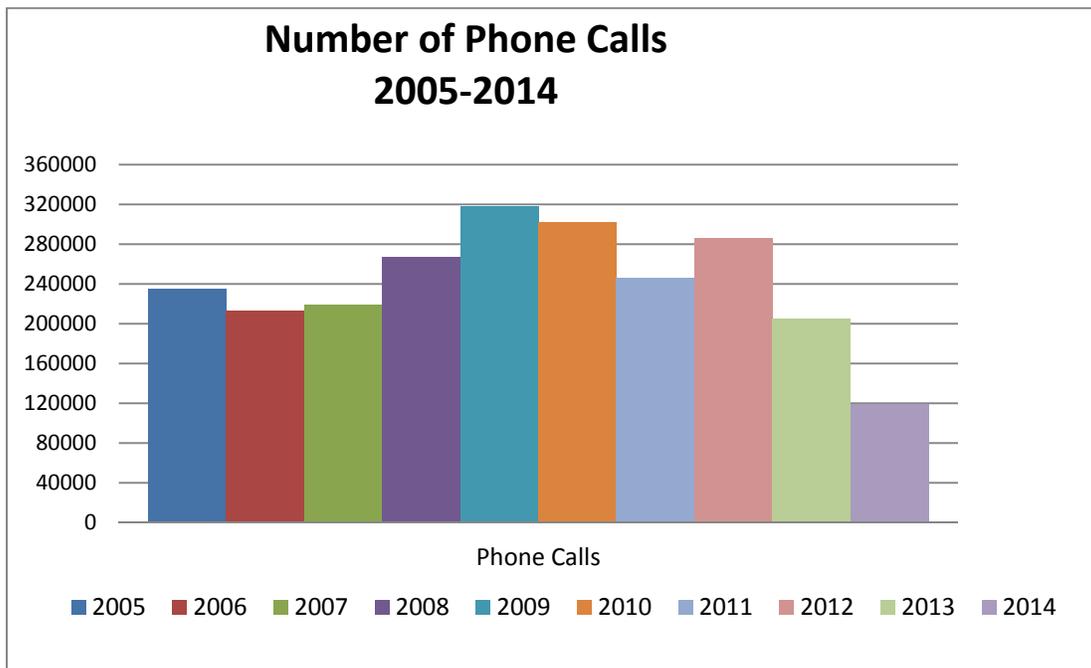
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of RNs taking the NCLEX RN	8,028	8,504	9,181	10,051	10,715	11,556	12,770	13,683	14,442	16,991
Number of VNs taking the NCLEX PN	4,704	5,229	5,345	5,791	6,281	6,275	6,981	7,276	6,761	6,147



Phone Calls

In both fiscal years 2013 and 2014, the trend of phone calls is leveling off to around 200,000 per year. This may be due to the launching of the new website where information is much more readily available and constituent increase use of email to communicate questions. Keep in mind that these totals do not include calls that go directly to departments or individual staff.

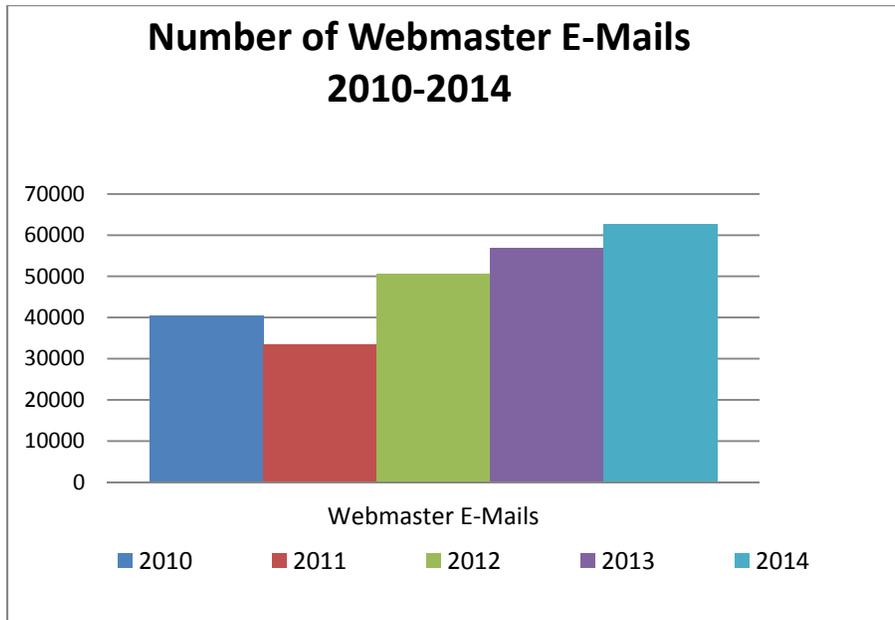
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of Phone Calls	235,386	212,641	219,438	267,401	318,418	302,284	246,402	285,715	204,920	119,594



Webmaster Emails

With the increased reliance on technology, there has been a continual increase in requests for information and submission of forms via the webmaster. The trend reveals a 54.9% increase since fiscal year 2010. In FY 2014 we have 1.5 FTEs addressing the questions and forwarding to the appropriate staff.

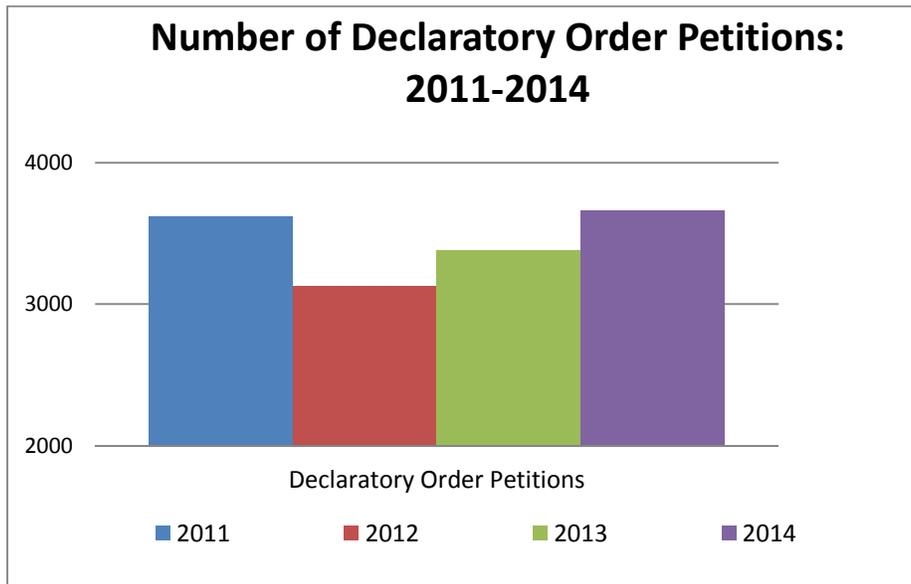
	2010	2011	2012	2013	2014
Number of Webmaster Emails	40,385	33,389	50,548	56,743	62,570



Eligibility Petitions processed by Operations

The Operations department has received a consistent volume of declaratory order petitions since fiscal year 2011 of over 3,000 per fiscal year. The Board now has two administrative staff dedicated to this process which is timely with the new/accepted student criminal background process now mandatory as of September 1, 2014.

	2011	2012	2013	2014
Number of DO Petitions	3,623	3,128	3,384	3,667



Information Technology Trends for FY 2014

This past fiscal year has seen a strong trend among staff and consumers from personal computing to increasing reliance on “on the go” technology such as phones and tablets. This is a trend that is expected to continue as the internet becomes more and more accessible via devices. The BON launched a mobile application and has expanded our online offerings of webinars, CE, Nursing Jurisprudence Examination and publications.

Security of data and resources has been greatly enhanced. In the past year, the media has documented major breaches in systems such Home Depot and Target. This has received the attention of the whole industry and shown us that a single protection system or device is no longer sufficient. The BON has focused on keeping our data secure using the layered security approach and monitoring. Firewalls were replaced with newer Next-Gen firewalls with new spam and virus protection layers. A new Security Information and Event Management (SIEMs) device is being installed which will allow us to closely monitor activity inside the network to identify and catch rogue programs and malware in real time.

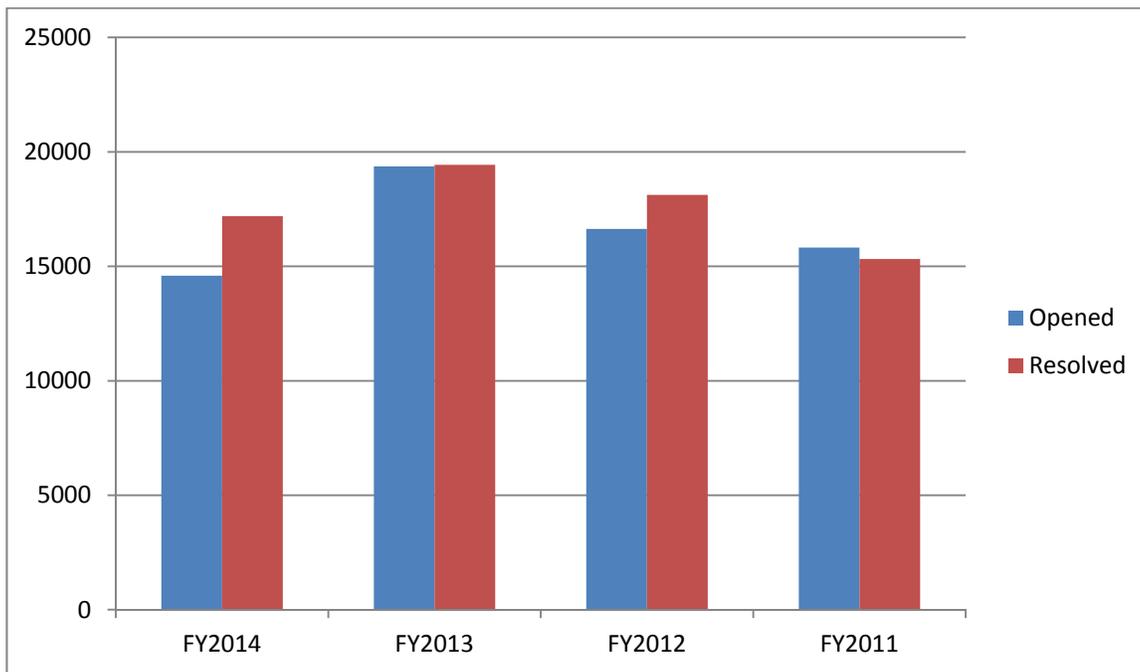
Another trend is focusing on making information to the public that is as clear and readable as possible. As more and more users access the web to find information, companies have made their websites more readable and searchable. The BON launched a new website with this in mind. The agency has consistently received positive feedback from users of the new BON website. The site is continuously updated and added new information to the website toward the end of making it easier for the end user to obtain and read the information they need, resulting in more open and transparent information and processes to its constituents.

Enforcement and Legal

Fewer Cases In FY 2014 And Improved Case Resolution

As expected, the number of complaints in FY2014 were less than in FY2013 [-24.67%; FY2014 14,587; FY2013 19,363], primarily due to reduced number of criminal background checks being completed for licensees as the renewal CBC process nears completion. The reduced number of new cases combined with internal initiatives resulted in significant improvements case resolution during FY 2014.

Enforcement resolved more complaints than received, resulting in significant reduction in case backlog.



	FY2014	FY2013	FY2012	FY2011
Opened	14587	19363	16631	15823
<u>Resolved</u>	<u>17189</u>	<u>19432</u>	<u>18118</u>	<u>15318</u>
Net to Backlog	- 2602	- 69	- 1487	+ 505

Improved average times to complete investigations

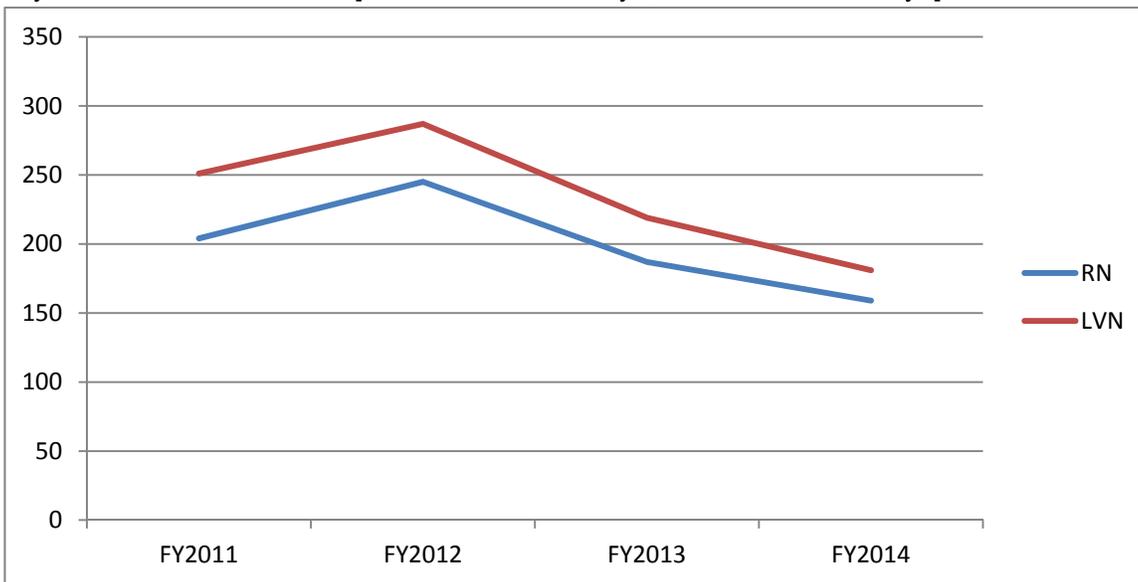
Compared to FY2013, there was a 19.54% improvement in the average number of days to complete RN investigations [FY2014 90.62 days; FY2013 112.63 days] and a 22.10% improvement in the average number of days to complete LVN investigations [FY2014 103.47 days; FY2013 132.83 days].

Average Days to Complete Investigations by Type of License



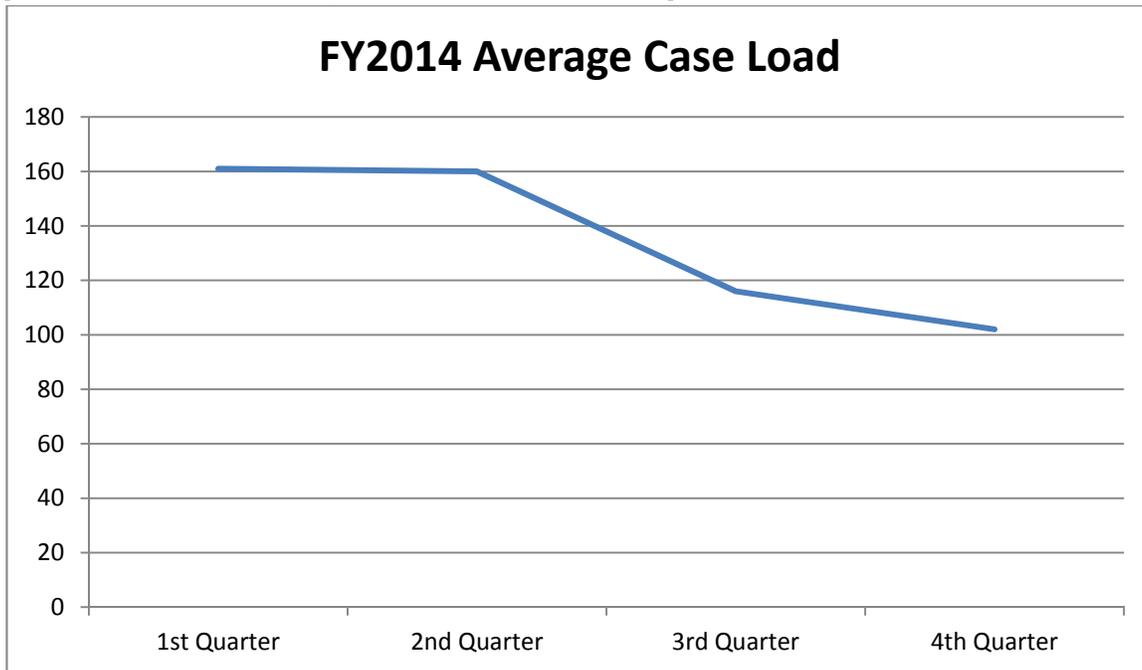
Improved average times to final resolution of cases

Compared to FY2013, there was a 46.78% improvement in the average number of days to resolve RN cases [FY2014 158.86 days; FY2013 186.87 days] and a 17.38% improvement in the average number of days to resolve LVN cases [FY2014 181.235 days; FY2013 219.35 days].



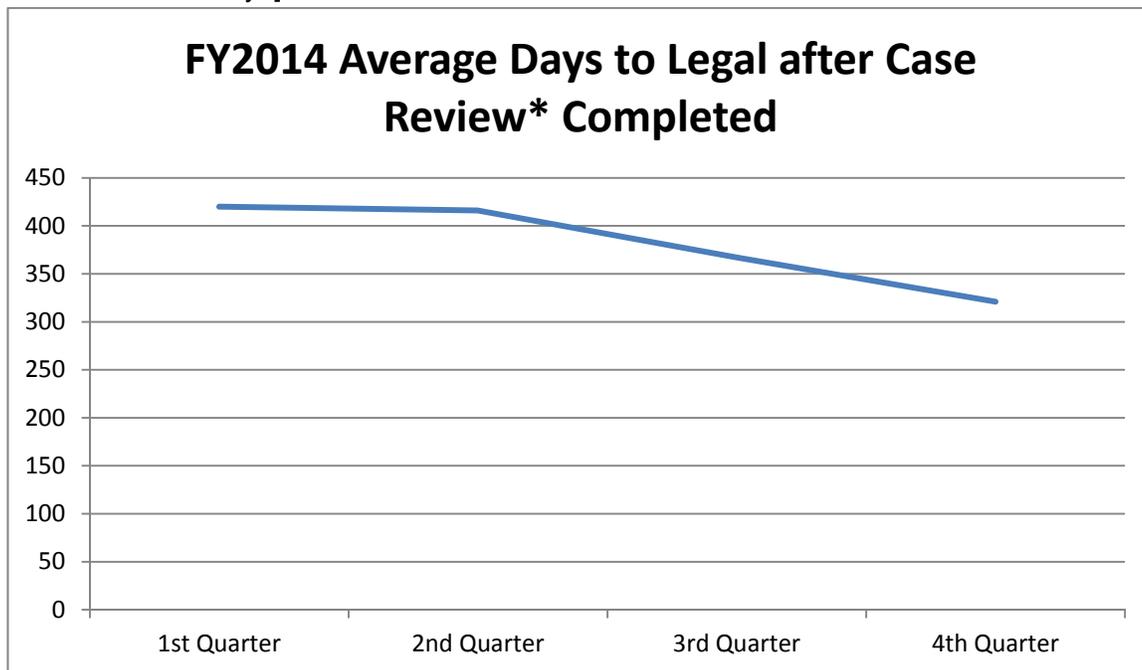
Reduced average case load per investigator

Due to reduced number of new cases and initiatives to resolve existing cases, average case load per investigator by the end of FY2014 was reduced by 57% when compared to the first quarter of FY2014 [4th Quarter 102.52 cases; 1st Quarter 161.37 cases].



Cases are being more quickly referred from enforcement to legal for SOAH hearings

By the end of FY2014, there was a 23.63% reduction in the time for a case to be referred to the legal department for setting a hearing at SOAH after completion of investigations [4th Quarter 320.69 days; 1st Quarter 419.91 days].



*Following an initial case review report by investigator, several staff review and make recommendations; a draft agreed order is developed and sent to the nurse; waiting period is provided for response; negotiation may be necessary; charges may need to be filed; and waiting period for response is provided. These various stages explain the length of time required to complete investigation.

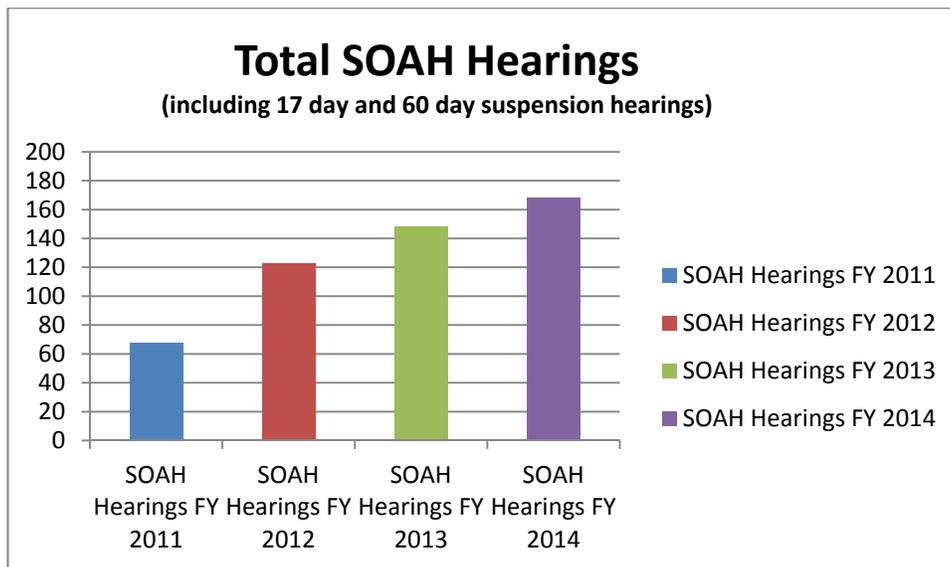
Contested Case Trends

Staff Is Setting More Cases with Faster Resolution

The number of cases requiring resolution through the State Office of Administrative Hearings continues to grow. However, it appears that the significant increase is due to the number of Temporary Suspensions based on violations of Board orders.

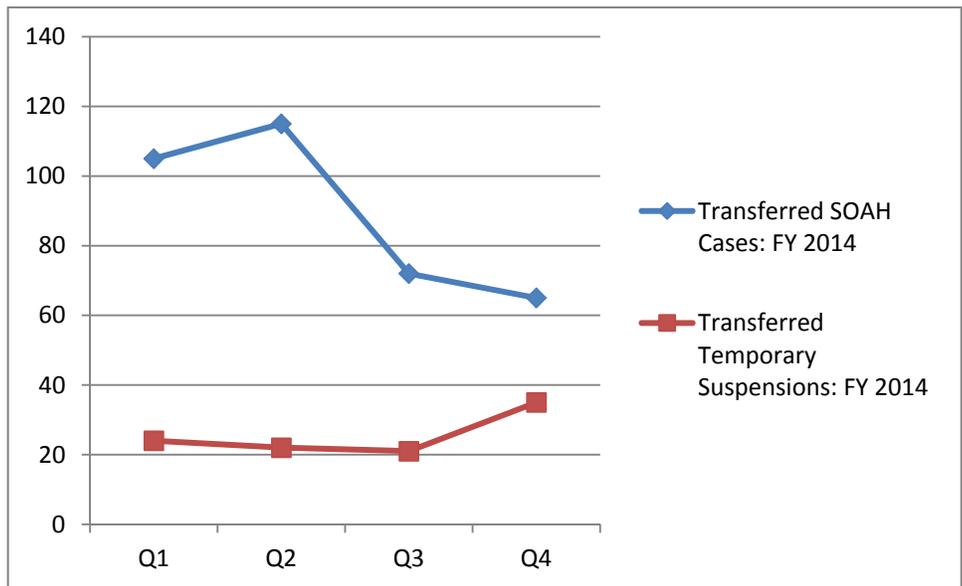
Statistics for FY 2014 show that the average contested case is set and heard at SOAH in 104.43 days. This is a 61.08% improvement from the 268.33 day average recorded in FY 2013. The total number of SOAH hearings increased by 12% from FY 2013 (148) to FY 2014 (168). This increase includes the expedited hearings associated with the Board's temporary suspension authority.

SOAH Hearings (including 17 day probable cause and 60 day final suspension hearings):

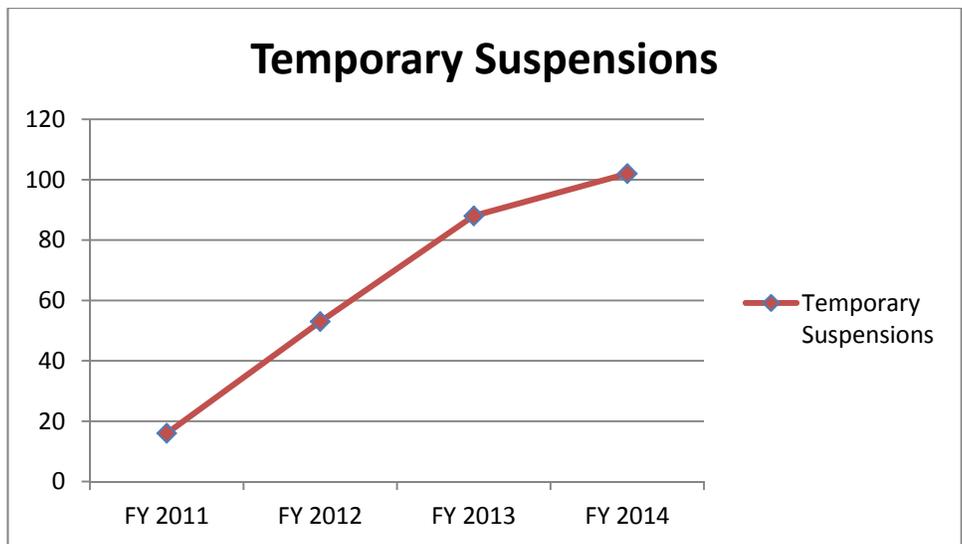


Decline in Standard SOAH Cases vs. Increase in Temporary Suspensions:

The increase in SOAH hearings, as shown above, has continued despite the recent decline of SOAH cases transferred to legal in FY 2014 (Q1: 105; Q2: 115; Q3: 72; Q4: 65).



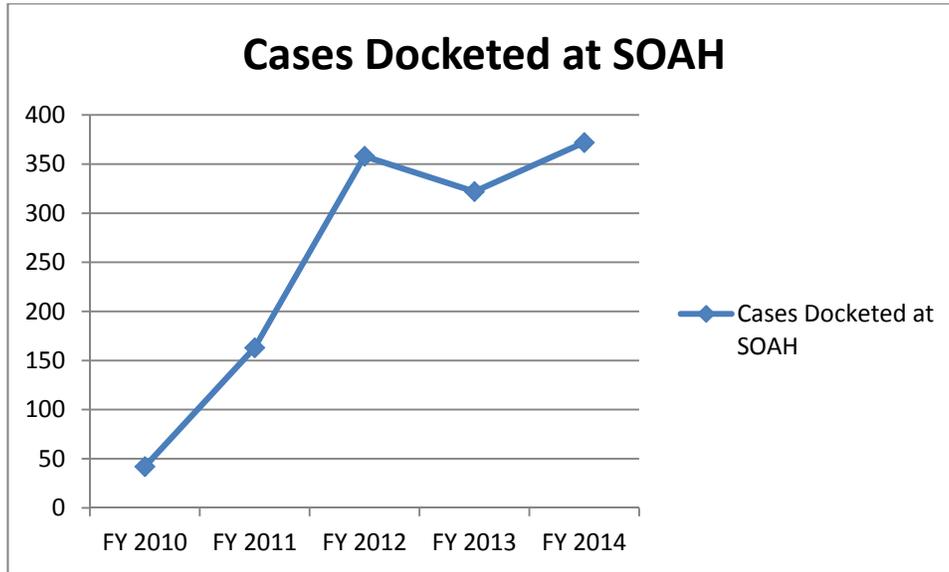
As shown above, the number of Temporary Suspension cases increased in Q4 of FY 2014 (Q1: 24; Q2: 22; Q3: 21; Q4: 35), but the number of Temporary suspensions has been steadily increasing since FY 2011. (FY 2011: 16; FY 2012: 53; 2013: 88; FY 2014: 102).



This increase in Temporary Suspension cases explains why although the number of SOAH cases transferred to Legal has declined in FY 2014, the overall number of hearings has still increased.

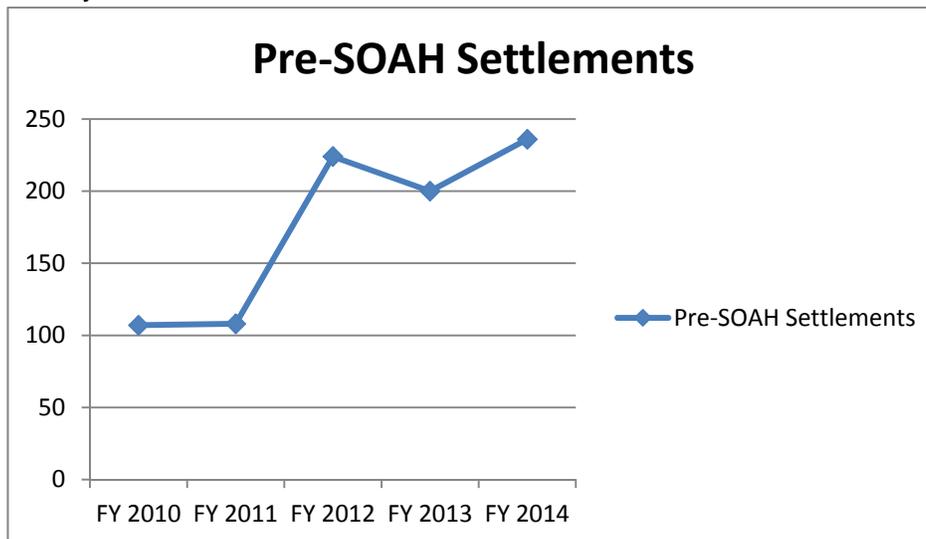
Cases Docketed at SOAH:

Despite the decrease in transferred cases, the number of cases actually docketed for a contested case hearings at SOAH has increased dramatically from FY 2010 to FY 2014, as follows: FY 2010: 42; FY 2011: 163; FY 2012: 358; FY 2013: 322; FY 2014: 372.



Pre-SOAH Settlements:

Despite the declining number of transferred SOAH cases, the number of cases settled prior to the SOAH hearing increased to 236, including Temporary Suspensions, in FY 2014 from 200 in FY 2013. This trend is more pronounced when considering the number of pre-SOAH settlements over the past five fiscal years: FY 2010: 107; FY 2011: 108; FY 2012: 224; FY 2013: 200; FY 2014: 236.



Achieving successful settlement agreements prior to SOAH hearings not only achieves expedited discipline, but also correlates with the Board's litigation success at SOAH hearings. In FY 2014, of the twenty-eight (28) non-default Proposals for Decision issued, the Administrative Law Judges only recommended a different sanction than that proposed by Staff five (5) times. Successful SOAH litigation results help to facilitate more favorable, and timely, settlement agreements that work to remediate poor nursing practice and protect the public and patients.

Nontherapeutic Prescribing (Pill Mill Cases):

In FY 2014, the legal department has begun addressing Advanced Practice Registered Nurse cases involving non-therapeutic prescribing of controlled substances as part of practices commonly referred to as "Pill Mills." The legal department has coordinate with the Texas Medical Board, the Drug Enforcement Administration (DEA), the Texas Department of Public Safety, and various local law enforcement personnel to conduct further investigation, obtain medical records, obtain video from undercover operations, and other evidence to prosecute these complex non-therapeutic prescribing cases. Expert witnesses have been utilized to successfully resolve five (5) non-therapeutic prescribing cases through either an Agreed Order or adopted Proposal for Decision. Of the twenty-two (22) pending assigned cases, nine (9) are currently set for SOAH. The remaining assigned cases are awaiting expert witness review, additional medical records, other DEA evidence, or additional investigation prior to setting the cases for SOAH. These cases use a great deal of resources.