

AGENCY STRATEGIC PLAN

Fiscal Years 2019-2023

by

TEXAS BOARD OF NURSING

<u>Board Member</u>	<u>Dates of Term</u>	<u>Hometown</u>
Kathleen Shipp, MSN, RN, FNP (President)	2011-2017	Lubbock
Patricia Clapp, BA (Vice-President)	2008-2019	Dallas
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Laura A. Disque, MN, RN	2015-2019	Edinburg
Diana Flores, MN, RN	2015-2021	Helotes
Monica Hamby, LVN	2013-2019	Amarillo
Doris Jean Jackson, DHA, MSN, RN	2015-2017	Pearland
Kathy Leader-Horn, LVN	2009-2021	Granbury
Beverley Jean Nutall, LVN	2004-2017	Bryan
Allison Porter-Edwards, DrPH, MS, RN, CNE	2015-2021	Bellaire
David Edward Saucedo, II	2015-2021	El Paso
Francis Stokes, BA	2015-2021	Port Aransas

June 8, 2018

Signed:



Katherine Thomas, MN, RN, FAAN
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Approved:



Kathleen Shipp, MSN, RN, FNP
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Table of Contents

Agency Mission and Philosophy.....	3
Agency Goals and Action Plan.....	4
Redundancies and Impediments	12
Schedule A. Budget Structure -- Goals, Objectives and Outcome Measures, Strategies and Output, Efficiency, and Explanatory Measures	15
Schedule B. Measure Definitions.....	17
Schedule C: Texas Board of Nursing Historically Underutilized Business Plan.....	30
Schedule D: Statewide Capital Plan	31
Schedule E: Health and Human Services Strategic Planning	32
Schedule F: Board of Nursing Fiscal Year 2019-2023 Workforce Plan.....	33
Schedule G: Report on Customer Service	38
Appendix A. Agency Information Technology Resource Planning.....	92

Agency Mission and Philosophy

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.

Agency Goals and Action Plan

BOARD OF NURSING OPERATIONAL GOAL AND ACTION PLAN
<p>Goal A: <u>Protection of the Public and Enforcement of the Nursing Practice Act</u> – The Board of Nursing is responsible for 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.</p>
<p style="text-align: center;">SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL</p> <ol style="list-style-type: none"> 1. The Board administers a system of enforcement and adjudication and also identifies, refers, and assists those nurses whose practice is impaired. Currently, each of these action items is ongoing and being implemented. <ol style="list-style-type: none"> a. Adopt rules relating to unprofessional conduct and professional character consistent with recommendations from the Texas Sunset Advisory Commission (done). b. Establish a process for re-evaluation of students immediately prior to licensure (done). c. Adopt rules to establish guidelines for participation in the Board’s peer assistance program based diagnosis and need by January 1, 2019. d. Implement performance measures for evaluating the Texas Peer Assistance Program for Nurses by January 1, 2019. 2. The Board initiates regulatory actions to address the opioid crisis. <ol style="list-style-type: none"> a. Adopt rules requiring licensees with prescriptive authority of controlled substances to utilize the statewide prescription drug monitoring program as set forth in statute by January 1, 2019. b. Provide guidance to licensees regarding responsible prescribing of opioids, benzodiazepines, barbiturates, and carisoprodol by January 1, 2019. c. Continue to collaborate with the Texas State Board of Pharmacy and other state agencies in relation to the Prescriptive Drug Monitoring Program. 3. The Board approves innovative alternative programs aimed to assess competency and remediate unsafe nursing practice. 4. The Board implements process changes to achieve earlier resolution of complaints through increased use of the alternative dispute resolution process. This action is currently under way and ongoing. 5. The Board will adopt rules related to nursing practice in telehealth settings by January 1, 2019.
<p style="text-align: center;">DESCRIBE HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE</p> <p>1. Accountable to tax and fee payers of Texas. The Board demonstrates accountability to tax payers responding to more than 16,000 complaints annually. BON staff members, in response to complaints, investigate reported violations of the NPA, Board Rules and Regulations, and other laws relating to the safe practice of nursing. Following investigation by Enforcement staff, disciplinary recommendation(s) are offered to nurses in the form of agreed orders. Orders disputed by nurses are brought before an administrative law judge (ALJ) for resolution and cases not resolved by ALJ go to District Court for resolution.</p> <p>Nurses determined to have impaired practice, either by substance abuse or mental illness, are referred to the Texas Peer Assistance Program for Nurses (TPAPN) for treatment and monitoring. Nurses refusing to participate in the TPAPN program are referred back to the Board for disciplinary action. Actions taken in response to refusal to participate in the TPAPN program may include suspension or revocation of nurse licensure depending on the specific facts of each case.</p> <p>2. Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions. Efficiency and transparency in achieving this goal is brought about through a consistent response to violations of the NPA, BON Rules and Regulations, or other laws pertaining to the safe practice of nursing. The Board utilizes a disciplinary action matrix when determining disciplinary action in response to investigatory findings. Utilization of the matrix eliminates inconsistency and guesswork concerning action in response to a complaint or criminal conviction. “Rap Back”, where the Board receives and responds to criminal conviction information on</p>

nurses from the Texas Department of Public Safety ensures that information pertaining to criminal conduct by nurses is received in a timely manner. A federal “Rap Back” process was implemented on 4/1/2018.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures, and implementing plans to continuously improve.

The agency fulfills agency core functions and maintains quantifiable accountability to the public through the efficiency, explanatory, and output measures below:

Efficiency Measures:

- Average time for RN complaint resolution; and
- Average time for LVN complaint resolution.

Explanatory Measures:

- Number of jurisdictional RN complaints received; and
- Number of jurisdictional LVN complaints received.

Output Measures:

- Number of RN complaints resolved;
- Number of LVN complaints resolved;
- Number of RNs participating in a peer assistance program; and
- Number of LVNs participating in a peer assistance program.

4. Attentive to providing excellent customer service.

The BON is committed to excellent customer service through all aspects of the enforcement and adjudication process. Website resources include Imposter Alerts, Board Policies & Guidelines, Courses & Compliance Resources, a description of what happens when a complaint is filed, downloadable complaint reporting forms, and disciplinary action reports.

5. Transparent such that agency actions can be understood by any Texan.

The Board publishes a quarterly notice of disciplinary action included in the agency newsletter and posted on the BON website. Online verification of licensure includes notification of current disciplinary action against a nurse. Agreed order documents, which include the findings of the Board and action taken in response to the findings, are linked to the verification page. Formal charge documents are provided upon request. Complainants are provided with progress updates 90 days after complaints are received. Online resources are provided describing how the complaint process works. Reporting of disciplinary action statistics takes place at each quarterly board meeting.

DESCRIBE ANY OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

Action Item 1:

House Bill (HB) 2950, the Texas Board of Nursing Sunset Bill, that passed during the 2017 legislative session, changed the Board’s laws related to *Good Professional Character* required for initial licensure and *Unprofessional Conduct* violations that may subject a nurse to licensure discipline. The Sunset Commission findings and recommendations as adopted in HB 2950 will have a direct impact on the Board’s processes associated with licensing or disciplining persons with criminal convictions. The Board will likely take less disciplinary actions regarding some crimes and behaviors, which may have previously been considered unprofessional conduct or demonstrated a lack of professional character.

At the January 2017 quarterly Board meeting, even before passage of HB 2950, the Board charged its Advisory Committee on Licensure, Eligibility and Discipline to review the Sunset Commission’s recommendations and provide input to the Board consistent with the Commission’s report. The Advisory Committee, whose membership was compromised of an appropriate stakeholders group, met on May 12, 2017; June 9, 2017; August 11, 2017; and September 15, 2017. As a result of the Advisory Committee’s input and HB 2950, Staff submitted proposed rule changes to the Board consistent with the new legislation and management suggestion

of the Sunset Commission. On October 26, 2017, the Board approved a rule proposal to amend 22 Texas Administrative Code §213.27, relating to *Good Professional Character*, and a rule proposal to revise 22 Tex. Admin. Code §213.28, relating to *Licensure of Individuals with Criminal History*. The Board also approved amendments to the Board's Disciplinary Guidelines for Criminal Conduct.

The new rules will have the most significant impact regarding those actions, if any, the Board takes against persons with criminal history. Section 301.252(a)(1) requires only that an applicant have "good professional character related to the practice of nursing." Further, if the applicant has not committed a violation that is based on a clear and rational showing on the ability to practice nursing effectively, they will be considered to have good professional character. Further, any finding of unprofessional conduct committed by a nurse or applicant must be "in the practice of nursing." See NPA, sec. (301.452(b)(10).

Similarly, the new rules will change how the Board will enforce its authority regarding the commission of misdemeanor crimes. Although the Board may evaluate an applicant or licensee concerning the commission of any felony offense, the Board is limited to take action only against those misdemeanors involving moral turpitude. Texas Courts have held that some crimes specifically do not involve moral turpitude. These crimes include misdemeanor Driving While Intoxicated and other misdemeanor crimes related to drugs and alcohol. In the future, the Board will monitor multiple misdemeanors that do not result in an investigation to identify the relationship to future disciplinary orders or criminal convictions.

Implementation of the HB 2950 directives through adoption of the Board rules will likely decrease conditional eligibility orders and substance use related investigations and discipline orders. The Board will no longer investigate misdemeanor drug or alcohol crimes and evaluate their potential impact, if any, on a nursing license. Particularly, if the drug or alcohol related crime is not a felony and did not happen while practicing nursing. In addition, most misdemeanor assault crimes will no longer be subject to disciplinary action unless they occur during the practice of nursing

Also pursuant to implementing requirements and recommendations of the Sunset Advisory Commission, the Texas Peer Assistance Program for Nurses (TPAPN) underwent an audit by the Citizen's Advocacy Center(CAC) in March 2018. The CAC report is scheduled to be complete in May 2018. The goal is to have any modifications suggested by CAC to TPAPN implemented by January 2019.

The Board is also in the process of consulting with experts in the field of Substance Abuse to determine appropriate treatment/monitoring for the three Substance Use Disorder Diagnosis of 1). Mild, 2). Moderate and 3). Severe, based on Sunset recommendations. This process should be complete and operational by January 1, 2019.

Action Item 2:

As one strategy to address the nation's opioid crisis, the Texas Prescription Monitoring Program (PMP) collects and monitors prescription data for all Schedule II, III, IV, and V controlled substances dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state. The PMP also provides a venue for monitoring patient prescription histories for practitioners and the ordering of Schedule II Texas Official Prescription Forms. The PMP is managed by the Texas State Board of Pharmacy (TSBP).

The 85th Texas Legislature enacted HB 2561, the TSBP Pharmacy Sunset bill, which mandates that each regulatory agency that issues a license, certification or registration to a prescriber must promulgate specific guidelines for prescribers regulated by that agency for the responsible prescribing of opioids, benzodiazepines, barbiturates, or carisoprodol.

Further, HB 2561 clarifies that the Board must require its regulated prescribers to periodically access the information submitted to the PMP. The Board is required to develop guidelines for Advanced Practice Registered Nurse (APRN) prescribers. APRN prescribers are required to check the PMP prior to prescribing one of these categories of drugs unless the patient is a cancer patient. In patterns indicating potentially harmful

practices, the Board must consider the number of times a prescriber prescribes one of these categories of drugs and also review the patterns of prescribing combinations of these drugs and other dangerous drug combinations. This has implications for non-therapeutic prescribing cases. The Board is required to provide names and contact information for prescribers to the TSBP.

Action Item 3:

In October 2013, the Board approved a two-year pilot program with the Texas A&M Rural and Community Health Institute (RCHI) and the College of Nursing (CON) to offer the Knowledge, Skills, Training, Assessment and Research Nursing (KSTAR) Pilot Program as an option to nurses with practice violations that result in a disciplinary sanction of a warning and below. KSTAR is a comprehensive program that utilizes an individualized assessment of a nurse with practice breakdown issues, and designs a personalized remedial education plan aimed at correcting any knowledge deficits that may exist. Based on successful outcomes, the KSTAR Nursing was approved in 2017 as a permanent disciplinary option for nurses meeting eligibility criteria as set out in Board Rule 213.35. The concept of targeted assessment and individualized remediation of nursing practice errors has been shown to be a promising alternative to conventional discipline. The Board will continue to encourage and consider proposals for pilots aimed to provide individualized remediation.

Action Item 4:

Board Staff is currently re-evaluating its docketing practices at the State Office of Administrative Hearings (SOAH). SOAH has implemented a docketing policy that makes it somewhat more difficult to obtain a hearing date more than 90 days out. Nevertheless, SOAH has offered to increase dates available for ALJ assisted mediations. As a result, Staff has begun requesting that SOAH assign mediators to Staff cases before a formal hearing date is requested and set at SOAH.

Staff anticipates having to set fewer cases for a formal SOAH hearing in the fiscal year 2019 and more mediations. Staff will be monitoring the number of mediations set and successfully settled. Similarly, Staff will continue to track the number of cases docketed, tried, or settled pursuant to the conventional practices of the past.

Action Item 5:

Telehealth remained a newsworthy topic throughout FY 2017 and the 85th Legislative Session. Telemedicine rules that required an initial face-to-face visit prior to practicing telemedicine with narrow exceptions in psychiatric practice were proposed then withdrawn by the Texas Medical Board (TMB). With the rules withdrawn, Senate Bill 1107 that passed during the 85th Legislative Session, now defines telemedicine and telehealth more clearly and prohibits a health professional regulatory agency from adopting rules pertaining to telemedicine medical services or telehealth services that would impose a higher standard of care than the standard described by the bill. Additionally, the bill requires coordinated rule making by the Board of Nursing, TMB, Texas Physician Assistant Board, and Texas State Board of Pharmacy to establish determination of a valid prescription in accordance with practitioner-patient relationship that meets statutory criteria. The bill also requires jointly developed responses to frequently asked questions (FAQs) on the aforementioned agencies' websites related to the determination of a valid prescription issued while telemedicine medical services are being provided.

BOARD OF NURSING OPERATIONAL GOAL AND ACTION PLAN

Goal B. The Board of Nursing (BON or Board) manages cost-effective, efficient licensure processes that assure the public that licensed nurses in Texas are qualified to provide safe nursing practice.

SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL

1. Ensure Minimum Licensure Standards for Applicants for Nurse Licensure – The action items accomplished by the Board are achievement of timely, cost-effective nurse licensure application processing, as well as

operation of a reliable, accurate, and efficient licensure/credentialing system for all qualified nurse applicants. Currently, each of these action items is ongoing and being implemented.

2. Leverage technology to increase licensure process efficiencies by 8/31/19.
3. Maintain active participation as a party state in the Enhanced Nurse Licensure Compact.

DESCRIBE HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE

1. Accountable to tax and fee payers of Texas.

The Board demonstrates accountability to nurse licensure fee payers by adjustment of fees when fee changes are warranted, including reductions in nurse licensure and renewal fees.

2. Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.

Waste of taxpayer dollars is minimized through utilization of strategies such as agency adoption of paperless operations wherever feasible. Completion of the Optimal Regulatory Board System (ORBS) process, which is currently being developed, will greatly advance meeting of this goal by 8/31/2020.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures, and implementing plans to continuously improve.

Fulfilling of agency core functions is demonstrated through utilization and analysis of the measures listed above.

4. Attentive to providing excellent customer service.

The BON's commitment to customer service includes gathering, analysis and use of feedback from constituents served by the agency through internal and external surveys conducted on an annual basis.

5. Transparent such that agency actions can be understood by any Texan.

Transparency of licensure information for stakeholders is accomplished by the agency through the Board website, Customer Service Department telephone system, webmaster e-mails, social media, and regular mail. All licensure requirements, BON Rules and Regulations, and the Nursing Practice Act may be accessed through the agency website. The Board's Examination, and Licensure goals support state strategic planning objectives by fulfilling agency core functions and maintaining accountability to nurse fee payers through the efficiency and explanatory measures below:

Efficiency Measures

- Percentage of new individual registered nurse (RN) licenses issued within ten days;
- Percentage of individual RN licenses renewed within seven days;
- Percentage of new individual licensed vocational nurse (LVN) licenses issued within ten days; and
- Percentage of individual LVN licenses renewed within seven days.

Explanatory Measures

- Number of individual RNs licensed;
- Number of individual LVNs licensed;
- Number of new individual RN licenses issued;
- Number of individual RN licenses renewed;
- Number of new individual LVN licenses issued; and
- Number of individual LVN licenses renewed.

DESCRIBE ANY OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

Action Item 1:

In a report by the Texas Center for Nursing Workforce Studies about the future demand for nurses and its subsequent implications for the growth of licensure in this state, they conclude:

"There are many factors that can influence either supply of or demand for nurses. It is important to keep in mind what the impact will be on demand for health care providers as more people gain health care coverage, as

the way people use health care services evolves, as the way health care services are delivered transforms, and as disease prevalence and acuity changes. Likewise, there are a number of factors that can impact supply, such as ability to draw nurses to the workforce and train them in adequate numbers, and improvements or declines in the economic climate that may drive retirement patterns. There are also factors worth considering that extend beyond just numbers such as ensuring diversity in the workforce in order to deliver culturally competent care and the geographical distribution of not just nurses but the right combination of nurses to meet demand for needed specializations and skillsets.” Texas Center for Nursing Workforce Studies, October 2016 www.dshs.texas.gov/chs/cnws. The Board will continue to work with the Center to monitor the demand for nurses while ensuring a timely, seamless process for nursing licensure in Texas.

On August 23, 2017, Governor Abbott issued a State Disaster Declaration for 30 Texas counties in anticipation of Hurricane Harvey making landfall in the Gulf Coast Region. This declaration allowed the Board to implement emergency licensure procedures with notification to the Office of the Governor. The Board requested rule exemptions from the Governor’s Office to allow nurses to be screened and approved expeditiously. Fees were waived and licensure processes were expedited. The Board issued approximately 1800 temporary licenses for the duration of the disaster following the disaster declaration. Following approval from the Governor, the Board waived certain licensure requirements for nurses from non-compact states to practice in Texas if they had a clear and current license from their home state.

The challenge in providing regulatory oversight when bringing in out-of-state nurses to Texas for disaster relief is to balance the need for a quick turnaround time and expedited review with protection of the public. Policies are now in place to maintain constant contact with the Office of the Governor and seek clarification of the intent of the disaster declaration. Communication must be extensive and ongoing with nurses and employers concerning the status of disaster relief and waived agency policy and procedures. The national database of nurse licensure and discipline (Nursys) was critical to confirming good standing of licensees coming to Texas. This information was instantly available from 48 states. In addition, nurses from other states in the Nurse Licensure Compact were able to come directly to Texas without further license review.

This is a great advantage during times when disaster relief is needed because provisions in the Nurse Licensure Compact ensure that nurses under a Board order are prohibited from practicing in another state until the order is successfully completed. Further, the compact provides jurisdiction to all Compact states if a violation of a state’s practice law occurs. Feedback from nurses and employers regarding the Board’s process and lessons learned from the event have been used to develop processes that can be replicated in the event of a future disaster.

Action Items 2 & 3:

House Bill (HB) 2950 was enacted by the 85th Texas Legislature and became effective September 1, 2017 that allowed the Texas Board of Nursing to enact the Enhanced Nurse Licensure Compact (eNLC), which currently includes 30 states. Texas was a member of the original Compact, which was enacted in 2000 and was codified as Texas Occupations Code Chapter 304. The newly enacted eNLC replaced the original Nurse License Compact. The eNLC allows RNs and LVNs to utilize one multi-state license issued by the home state to practice in other states belonging to the compact, without the necessity of obtaining or maintaining separate licenses in each compact state.

The eNLC created an Interstate Commission of Nurse Licensure Compact Administrators (Commission) who met in August, 2017 and voted to set the date of implementation of the eNLC on January 19, 2018. Though subject to change in the near future, three states in the original compact have not joined the eNLC (Colorado, New Mexico, and Rhode Island) and five new states not in the previous compact will implement the eNLC on January 19, 2018 (Florida, Georgia, Oklahoma, West Virginia and Wyoming).

A key part of this transition is the implementation of the Uniform Licensure Requirements (ULRs) for a nurse’s eligibility in obtaining a multi-state license. The ULRs include the requirements of having:

- graduated from an approved nursing program;
- completed a criminal background check;
- no felony convictions;
- not enrolled in an alternative to discipline program;
- a US social security number; and
- international credentials evaluated by an authorized credential review agency and passing an English proficiency examination, if the nursing program was not conducted in English (for internationally educated students).

To accomplish the transition from the current compact to the eNLC, the Licensing staff have two main tasks:

- allowing licensees in the current compact states not joining the eNLC to apply for and receive a single state license; and,
- aligning current processes and licensing software to fully implement the ULRs.

Licensing software and participation with NURSUS will allow the Board to implement both objectives but the number of licensees involved is not known at this time. Staff expect the largest transition to the eNLC to come from Florida, due to the high number of licensees registered there, and from Oklahoma because it is a border state. In an effort to ascertain the eNLC's effect on Texas licensure, Staff will evaluate the balance between the numbers of licenses changing to inactive status with the number of new licenses issued.

BOARD OF NURSING OPERATIONAL GOAL AND ACTION PLAN

Goal C: Ensure that Nursing Educational Programs are in Compliance with Board Rules – The BON ensures that 100% of Texas nursing education programs are in compliance with the Board's Rules and Regulations.

SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL

1. The Board accredits all pre-licensure Texas nursing education programs which must include the essential competencies of graduates in the educational curricula and by ensuring that all Texas Nursing Education programs are meeting Board rules, including required NCLEX pass rates. Currently, each of these actions is ongoing and being implemented.
2. The Board will collaborate with the Texas Higher Education Coordinating Board to establish an approval process for proposals for establishment of baccalaureate nursing degree programs by public junior colleges.

DESCRIBE HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE

1. Accountable to tax and fee payers of Texas.

The BON demonstrates accountability for competency in nursing in Texas by ensuring that nursing educational programs meet the requirements set forward in the Differentiated Essential Competencies for Graduates of Nursing Education Programs in Texas. The agency establishes rules governing Texas nurse educational programs leading to licensure as LVNs and RNs, conducts survey visits to educational programs to ensure compliance, and presents survey findings to the Board for further action as warranted by survey visit findings.

2. Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.

Waste of taxpayer dollars is minimized through added program requirements and/or board action, including program closure, for educational programs not meeting standards for passing the national examination for nurses known as the NCLEX examination.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures, and implementing plans to continuously improve.

Effectiveness is demonstrated through Texas educational program pass rates for the NCLEX examination. Texas pass rates for programs leading to licensure as LVNs and RNs exceed the national standards for the NCLEX-RN and NCLEX-PN exam for 2017.

4. Attentive to providing excellent customer service.

The Board’s commitment to customer service includes conducting orientations for new deans and directors of nursing educational programs, on-site visits to programs to offer guidance for program improvement, and communication of Board Policy/Rules/updates through attendance at events for nursing educators.

5. Transparent such that agency actions can be understood by any Texan.

Agency transparency concerning nursing educational programs is demonstrated through posting pass rate data, board reports concerning the status of educational programs, the website Education Dashboard for individuals inquiring about approved Texas nursing education programs, regular meetings with school associations, and surveys conducted by nursing educators. Accountability of the Board’s Nursing Education goals is also demonstrated through the efficiency and explanatory measures below:

Output Measures:

- Number of LVN programs surveyed;
- Number of LVN programs sanctioned;
- Number of RN programs surveyed; and
- Number of RN programs sanctioned.

DESCRIBE ANY OTHER CONSIDERATIONS RELEVANT TO YOUR GOAL OR ACTION ITEM

Action Item 1:

Since 2006, the Board of Nursing has approved 74 new nursing education programs. Approximately 22% (16) of these programs have since closed due to an inability to achieve and/or maintain a licensing examination (NCLEX-RN or NCLEX-PN) pass rate at or above the required benchmark of 80% for first time test takers, an inability to comply with other rule requirements, or in one instance, a decision not to enroll following initial approval. While the overall NCLEX-RN and NCLEX-PN pass rate averages for all Texas programs are above the 80% benchmark and above the national averages, 19 of the programs approved since 2006 currently have an NCLEX pass rate below the required 80% benchmark. These findings have led Board Staff to review and make improvements to the new program proposal requirements and process, as well as to identify risk factors for program success early on so that requirements and monitoring are implemented to address those risk factors. The NCLEX format is in the process of being revised. As this next generation NCLEX evolves and offers a new format of testing aimed to evaluate clinical reasoning and judgment, Board Staff will continue to serve as a liaison for nursing education programs to the NCLEX to ensure programs are fully informed in order to implement methods to best prepare graduates. Additionally, Board Staff will monitor the work of the National Council of State Boards of Nursing Education Metrics and Outcomes Committee to consider additional regulatory tools for evaluating program quality.

Action Item 2:

SB 2118 that passed during the 85th Regular Texas Legislative Session authorizes the Texas Higher Education Coordinating Board (THECB) to approve certain public junior colleges to offer baccalaureate degrees in specified fields of study, including nursing. The bill requires that nursing baccalaureate program proposals meet all Board of Nursing requirements, regardless of whether the program is a pre or post licensure baccalaureate degree program. Board and THECB Staff have been working since the bill passage to refine a proposal application process that avoids duplication, yet assures the required input of the Board’s expertise specific to nursing education. While several public junior colleges have expressed interest, only one proposal has been submitted so far, which was approved in April 2018. Board Staff will monitor this closely and continue to work collaboratively with THECB to ensure a coordinated approval process.

Redundancies and Impediments

REDUNDANCIES AND IMPEDIMENTS (REPEAT SECTION AS NECESSARY FOR EACH IDENTIFIED REDUNDANCY AND IMPEDIMENT)	
SERVICE, STATUTE, RULE, OR REGULATION (PROVIDE SPECIFIC CITATION IF APPLICABLE)	Texas Occupations Code §301.1581
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	This section requires the biennial dissemination of information to nursing licensees that relates to abusive and addictive behavior, diversion strategies, appropriate use of pain medications, and prescribing and dispensing pain medications. This information could be provided by other sources that may be able to provide more accurate and tailored information, such as the Texas Pharmacy Board or the Texas Medical Board. Further, some of the required information may not be relevant to nurses (such as dispensing information).
PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	Elimination
DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	
SERVICE, STATUTE, RULE, OR REGULATION (PROVIDE SPECIFIC CITATION IF APPLICABLE)	Texas Occupations Code §301.1582
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	This section requires the dissemination to nursing licensees of information relating to the services provided by poison control centers, This information could be provided by other sources, such as poison control centers, and would likely be more accurate and tailored if provided by another source.
PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	Elimination
DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	
SERVICE, STATUTE, RULE, OR REGULATION (PROVIDE SPECIFIC CITATION IF APPLICABLE)	Texas Occupations Code §301.466/Texas Government Code, Chapter 552
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	Requestors routinely seek documents from the Board's investigative file(s) and related materials under the Public Information Act. Although this information should not be releasable pursuant to an open records request (see 301.466(a)(1)), Board Staff must still submit a request for an opinion from the Attorney General's Office when this information is requested (no prior determination has been issued by the Attorney General's Office for this category of information).
PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	Statutory exemption in Chapter 552 or §301.466 that makes clear that the Board does not have to seek an opinion from the Attorney General's Office when an open records request seeks documents from the Board's investigative file(s) or related material.
DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	In 2014, the Board received 716 open records requests. Nine of these generated referrals to the Attorney Generals' Office. Of these, 7 related to

	investigatory documents. In 2015, the Board received 736 of open records requests. Nine of these generated referrals to the Attorney Generals' Office. Of these, 7 related to investigatory documents. Not having to seek an opinion from the Attorney General's Office regarding the release of investigatory documents would reduce the Board's workload related to open records referrals by 78%.
NATURAL DISASTER-RELATED REDUNDANCIES AND IMPEDIMENTS (IF APPLICABLE)	
SERVICE, STATUTE, RULE, OR REGULATION (PROVIDE SPECIFIC CITATION IF APPLICABLE)	None identified
DESCRIBE WHY THE SERVICE, STATUTE, RULE, OR REGULATION IS RESULTING IN INEFFICIENT OR INEFFECTIVE AGENCY OPERATIONS	
PROVIDE AGENCY RECOMMENDATION FOR MODIFICATION OR ELIMINATION	
DESCRIBE THE ESTIMATED COST SAVINGS OR OTHER BENEFIT ASSOCIATED WITH RECOMMENDED CHANGE	

Supplemental Schedules

Schedules A-G

Schedule A. Budget Structure -- Goals, Objectives and Outcome Measures, Strategies and Output, Efficiency and Explanatory Measures

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 2020/2021 biennium. This section is organized with the objectives, strategies, and outcome, output, efficiency, and effectiveness measures aligned with each goal.

Goal A: Licensing - 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.1.1: Licensing - Operate Efficient System of Nursing Credential Verification.

Efficiency Measures:

Percentage of New Individual Licenses Issued within Ten Days (RN)
Percentage of Individual Licenses Renewed within Seven Days (RN)
Percentage of New Individual Licenses Issued within Ten Days (LVN)
Percentage of Individual Licenses Renewed within Seven Days (LVN).

Explanatory Measures:

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

Outcomes:

Percentage of Licensees with No Recent Violations (RN)
Percent of Licensees Who Renew Online (RN)
Percent of New Individual Licenses Issued Online (RN)
Percentage of Licensees with No Recent Violations (LVN)
Percent of Licensees Who Renew Online (LVN)
Percent of New Individual Licenses Issued Online (LVN)

Output Measures:

Number of New Licenses Issued to Individuals (RN)
Number of Individual Licenses Renewed (RN)
Number of New Licenses Issued to Individuals (LVN)
Number of Individual Licenses Renewed (LVN)

Objective A.2: Ensure Nursing Education 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: Accreditation - Accredite programs that include Essential Competencies Curricula.

Efficiency Measure:

Average Cost of Program Survey Visit (RN and LVN)

Explanatory Measures:

Total Number of Programs Approved (RN)
Total Number of Programs Approved (LVN)

Outcome Measures:

Percentage of Nursing Programs in Compliance with Rules (RN)
Percentage of Nursing Programs in Compliance with Rules (LVN)

Output Measures:

Total Number of Programs Surveyed (LVN)
Total Number of Programs Sanctioned (LVN)
Total Number of Programs Surveyed (RN)
Total Number of Programs Sanctioned (RN)

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

Objective B.1: Protect Public and Enforce Nursing Practice Act – Adjudicate Violations - Investigate and resolve complaints about violations of the Nursing Practice Act.

Strategy B.1.1: Adjudicate Violations - Administer system of enforcement and adjudication.

Efficiency Measures:

Average Time for Complaint Resolution (Days) (RN)
Average Time for Complaint Resolution (Days) (LVN)

Explanatory Measures:

Number of Jurisdictional Complaints Received (RN)
Number of Jurisdictional Complaints Received (LVN)

Outcome Measures:

Percent of Complaints Resolved Resulting in Discipline (RN)
Percent of Complaints Resolved Resulting in Discipline (LVN)
Percent of Complaints Resolved in Six Months (RN)
Percent of Complaints Resolved in Six Months (LVN)

Output Measures:

Number of Complaints Resolved (RN)
Number of Complaints Resolved (LVN)

Strategy B.1.2: Peer Assistance - Identify, refer and assist those nurses whose practice is impaired.

Outcome Measures:

Recidivism Rate for RNs Enrolled in TPAPN
Recidivism Rate for LVNs Enrolled in TPAPN

Output Measures:

Number of Individuals Licensed Participating in a Peer Assistance Program (RN)
Number of Individuals Licensed Participating in a Peer Assistance Program (LVN)

Schedule B. Measure Definitions

Performance Measure Definitions

Licensing Strategy

GOAL:	To manage cost-effective, quality programs of approval, examination, licensure and regulation that ensure legal standards for nursing education and practice and which effectively serve the market demand for qualified nurses.
Short Definition:	The percent of the total number of licensed individuals (LVNs and RNs) at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
Purpose/Importance:	Licensing individuals (LVNs and RNs) helps ensure that practitioners meet minimum legal standards for education and practice. 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. The 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 <i>not</i> 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.
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Purpose/Importance:	The measure shows the number of RN and LVN programs and/or schools that have achieved an 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 provides a workforce measure. The Board has limited control over program compliance.
Calculation Type:	Non-cumulative.
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Higher than target.

3) Number of New Licenses Issued to Individuals.

Short Definition:	The number of licenses (LVN and RN) issued by examination and endorsement to previously unlicensed individuals during the reporting period.
Purpose/Importance:	A successful licensing structure must ensure that legal standards for education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
Source/Collection of Data:	Agency licensing software program captures the number of new licenses (LVN and RN) issued by examination and endorsement. The Operations Director adds both numbers to identify the total number of new licensees. The Operations Director is responsible for this data.
Method of Calculation:	This measure counts the total number of licenses (LVN and RN) issued to previously unlicensed individuals during the reporting period, regardless of when the application was originally received. Those individuals who had a license in the previous reporting period are not counted. Only new licenses issued by endorsement and examination are counted.
Data Limitations:	The agency has limited control over the number of students who take the NCLEX 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 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 measure 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 NCLEX Examination.

Calculation Type: Cumulative

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

Desired Performance: Higher than target.

6) Average Licensing Cost per Individual License Issued

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

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

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

Method of Calculation: Total funds expended and encumbered during the reporting period for the processing of initial and renewed licenses for individuals divided by the total number of initial and renewed licenses for individuals issued during the reporting period. Costs include the following categories: salaries; supplies; travel; postage; and other costs directly related to licensing, including document review, handling, and notification. Costs include: salaries - Clerk IV & V (10%), Accounting Clerk (10%), Accounting Staff (10%), Licensing Staff (50%), Data Processing Staff (80%), Licensing Supervisor (50%), Examination Staff (80%), Examination Supervisor (50%), Data Processing Supervisor (10%), Data Entry Clerk (30%); Overhead (8% of Salaries); Printing and Mailing (100%); and Postage (100%).

Data Limitations: None.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.

7) Percentage of New Individual Licenses Issued within 10 days

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

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

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

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

Data Limitations: None.

Calculation Type: Non-Cumulative

New Measure: Yes.

Desired Performance: Higher than target.

8) Percentage of Individual License Renewals Issued within 7 days

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

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

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

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

Data Limitations: None.

Calculation Type: Non-Cumulative.

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

Desired Performance: Higher than target.

9) Percentage of New Individual Licenses Issued Online.

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

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

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

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

Data Limitations: N/A. The agency has moved to “semi-mandatory” online renewal but cannot require complete compliance due to the lack of access to computer technology.

Calculation Type: Non-Cumulative.

New Measure: No.

Desired Performance: Higher than target.

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

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

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

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

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

Data Limitations: N/A.

Calculation Type: Non-Cumulative.

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

Desired Performance: Higher than target.

11) Average Cost of Program Survey

Short Definition:	The total funds expended and encumbered during the reporting period for salaries, travel and other costs directly associated to the survey visit to RN or LVN programs during the reporting period.
Purpose/Collection of Data:	This measure is a reflection of how cost effectively the agency is carrying out the approval process.
Source/Collection of Data:	The accounting department accesses all costs from the Uniform Statewide Accounting System (USAS) of all expenditures directly associated with school survey visits. The Accounting Department is responsible for this data.
Method of Calculation:	In particular, costs associated with a survey visit include the salaries of the Nursing Consultant conducting the visit, travel by the Nursing Consultant and 28% overhead for salaries. The total costs of the survey visits is divided by the total number of survey visits conducted in the reporting period.
Data Limitations:	None.
Calculation Type:	Non-cumulative.
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Lower than target.

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

Short Definition:	Total number of individuals licensed at the end of the reporting period.
Purpose/Importance:	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
Source/Collection of Data:	Agency licensing software program tabulates the total number of persons licensed on the final day of each reporting period. The Operations Director is responsible for this data.
Method of Calculation:	This total includes unduplicated number of individuals licensed that is stored in the licensing database by the agency at the end of the reporting period. This number only includes those persons who hold an active or current license.
Data Limitations:	This is explanatory and is a workload measure. The agency has little control over this measure.
Calculation Type:	Non-cumulative.
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Higher than target.

13) Pass Rate

Short Definition:	The percent of individuals to whom the national licensed vocational nurse or registered nurse licensure examination was administered during the reporting period who received a passing result.
Purpose/Importance:	The measure shows the rate at which those examined passed. The examination is an important step in the licensing process and a low pass rate may indicate inadequate educational preparation of licensure applicants or other quality issues with the approved nursing program.
Source/Collection of Data:	The pass rate is provided by the National Council of State Boards of Nursing and the contracted testing service. The Operations Director is responsible for this data.
Method of Calculation:	The total number of individuals who passed the examination (numerator) is divided by the total number of individuals examined (denominator). The result should be multiplied by 100 to achieve a percentage.
Data Limitations:	This is explanatory and a workload measure. The agency has limited control over this measure.
Calculation Type:	Non-cumulative.
New Measure:	No.
Desired Performance:	Higher than target.

Enforcement Strategy

GOAL:	To ensure swift, fair and effective enforcement of the Nursing Practice Act (NPA) so that consumers are protected from unsafe, incompetent and unethical nursing practice by registered professional nurses and licensed vocational nurses.
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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.
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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 Enforcement 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 (i.e., the current fiscal year).
Data Limitations:	This is an explanatory measure. The agency has very limited control over this measure.
Calculation Type:	Non-cumulative.
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Lower than target.

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

Short Definition:	The total number of complaints resolved during the reporting period.
Purpose/Importance:	The measure shows the workload associated with resolving complaints.
Source/Collection of Data:	The agency discipline software module captures the total number of complaints resolved within the reporting period. The Director of Enforcement is responsible for this data.
Method of Calculation:	The total number of complaints during the reporting period upon which final action was taken by the Board for which a determination is made that a violation did not occur. A complaint that, after preliminary investigation, is determined to be non-jurisdictional is not a resolved complaint.
Data Limitations:	None.
Calculation Type:	Cumulative.
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Higher than Target.

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

Short Definition:	The number of licensed individuals (LVN and RN) who participated in a peer assistance program sponsored by the agency during the reporting period.
Purpose/Importance:	The measure shows licensed individuals who continue to practice in their respective field who are participating in a substance abuse program.
Source/Collection of Data:	This data is provided by the Texas Peer Assistance Program for Nurses. The Operations Director is responsible for this data.
Method of Calculation:	The summation of all the individuals who are listed as participating in the program during the reporting period.
Data Limitations:	This is an explanatory measure. The agency has no control over this measure as it is operated by a third party.
Calculation Type:	Non-Cumulative.
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Higher than target.

7) Average Time for Complaint Resolution

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

Schedule C: Texas Board of Nursing Historically Underutilized Business Plan

Texas Administrative Code §20.13(b) requires that each state agency make a good faith effort to award procurement opportunities to businesses certified as historically underutilized. The goal of this good faith effort is to ensure that a fair share of state business is awarded to Historically Underutilized Businesses (HUBs).

The Historically Underutilized Business (HUB) program is governed by the Texas Government Code, Title 10, Subtitle D, Chapter 2161. The purpose of the program is to increase contracting opportunities with the State of Texas for minority and women-owned businesses.

HUB Mission Statement

Texas Board of Nursing will make a good faith effort to award procurement opportunities to historically underutilized businesses. Texas Board of Nursing has developed strategies to increase the agency's HUB participation and ensure that the agency remains in compliance with all of the laws and rules established for the HUB program.

HUB Goals

Texas Board of Nursing has set an overall goal of purchasing 20% of all agency services and goods from historically underutilized businesses. Procurement awarded to HUBs should provide the agency the best value and must be the most cost effective.

HUB Program Strategy

In an effort to meet the agency's goals, the Texas Board of Nursing has strategies that include:

- Complying with HUB planning and reporting requirements
- Following the HUB purchasing procedures and requirements established by the Comptroller's Texas Procurement and Support Services division
- Attending HUB Coordinator meetings and any HUB training
- Utilizing HUB resellers from the DIR contracts as often as possible
- Utilizing the Comptroller's Centralized Master Bidders List (CMBL) and HUB search to ensure that a good faith effort is made to award goods and services contracts to HUBs
- Promoting HUBs in the competitive bid process for goods and services

Schedule D: Statewide Capital Plan

2020-2021
CAPITAL EXPENDITURE PLAN
REPORTING EXEMPTION

Agency: Texas Board of Nursing
Agency Number: 507
Contact Person: Katherine A. Thomas, MN, RN, FAAN
Title: Executive Director
Phone: (512) 305-6888
Email: kathy.thomas@bon.texas.gov

I hereby attest that, through fiscal year 2021, our agency will not have a project requiring capital expenditures for:

- (1) land acquisition;
- (2) construction of building and other facilities;
- (3) renovations of buildings and other facilities estimated to exceed \$1 million in the aggregate for a single state agency or institution of higher education; or
- (4) major information resources projects estimated to exceed \$1 million.

OR

The agency is exempt from reporting due to the following: *(check one)*

- Article X, Section 2(a) of the General Appropriations Act
- No capital budget
- Self Directed Semi Independent Agency
- Other: _____

This document is to be signed by the agency Executive Director or Chief Financial Officer and returned to the Texas Bond Review Board.

Signed:  Date: 05/08/2018
Title: Executive Director

Fax, interagency hard copy, or email submission is acceptable

Schedule E: Health and Human Services Strategic Planning

(Not Applicable)

Schedule F: Board of Nursing Fiscal Year 2019-2023 Workforce Plan

I. AGENCY OVERVIEW

The Board of Nursing (BON) has one of the largest licensee database in the State of Texas. The Board regulates over 410,000 nurses and 209 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 124.7 positions. The agency has 48 FTEs in the Enforcement Division, 43.7 FTES in the Operations Division, 16 in the Nursing Division and 17 Administrative Employees including the Executive Director. The majority of staff is located in the Austin, Texas office and recently, staff have been hired outside Austin. The board has 13 members from throughout the State of Texas.

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**, supersedes 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, and Advanced Practice Registered Nurses (APRNs), approves schools of nursing, approves eligible students to take the national nursing exams, investigate alleged violations of the Nursing Practice Act and the Board's Rules and Regulations.

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

The Board has implemented strategies to go paperless by using available technology and anticipate migrating to the Optimal Regulatory Board System in fiscal year 2019. Plans are being made to implement additional strategies in the future.

E. *Additional Considerations*

Key Economic and Environmental Factors

The Board is experiencing a steady annual growth rate of 2% for currently licensed LVNs and 5% for currently licensed RNs and over 10% for APRNs. The number of new Texas licensees from examination and endorsement has added to this increase due to the dramatic growth of students. For the past two fiscal years, the BON has used all appropriated general revenue funds granted by the legislature. The BON has used appropriated receipts in the Licensing strategy allowing the agency to fund all programs adequately.

Challenges to Providing Competitive Salaries

As with all high performing organizations, the BON regards the agency staff as the agency's most valuable resource. The BON strives to recruit and retain the best employees in the State of Texas. The Board has addressed turnover by consistently allowing for pay for performance via the merit raise system and implementing the compensation philosophy of exceeding the average mid-range in the state classification pay groups. With the continued growth in the central Texas economy, the agency is experiencing increased competition for nursing staff. As shown in the Survey of Employee Engagement, the BON's alternative work schedule and educational leave policies continue to receive high ratings from staff. As with the entire state, employee pay remains the agency's lowest satisfaction category. The BON continues to look for extrinsic rewards for staff as agency salaries continue to slip behind the agency's counterparts in the private sector including working from home and flexible work schedules.

The BON continues to receive numerous phone, written and e-mail inquiries. Agency statistics show the following number of phone calls accessing our automated system:

Fiscal Year 2013 - 204,920 Calls
Fiscal Year 2014 - 199,594 Calls
Fiscal Year 2015 - 215,407 Calls
Fiscal Year 2016 – 286,414 Calls
Fiscal Year 2017 – 187,087 Calls

The phone call numbers above do not include the number of direct calls that go 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 eight staff members to the task of answering calls.

II. CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

A. Agency Demographics

Gender:	Female	76.0%
	Male	24.0%
Race:	African-American	11.57%
	Hispanic	24.79%
	Other	1.65%
	Caucasian	61.98%

Percentage of Workforce Eligible to Retire in the Next Five Years: 17%

Job Categories	State Civilian Workforce					
	African American		Hispanic American		Females	
2017 Data	BON %	State %	BON %	State %	BON %	State %
Officials, Administration	25%	7.4%	0%	22.1%	50.00%	37.40%
Professionals	6.9%	10.4%	27.8%	19.3%	75%	55.3%
Technicians	0%	14.4%	0%	27.2%	0%	55.3%
Administrative Support	19%	14.8%	23.8%	34.8%	85.7%	72.1%

B. Employee Turnover

Turnover has been dropping over the past five years with the agency’s ability to pay competitive salaries to new staff and pay for performance to current staff. Due to resignations and retirements, the Board has lost valuable institutional knowledge. To compensate for this loss, detailed policies and procedures and a succession plan are being made.

Agency Turnover Percentages: 2014-2017

- Fiscal Year 2014 - 16.4%
- Fiscal Year 2015 - 10.9%
- Fiscal Year 2016 – 20.7%
- Fiscal Year 2017 – 10.4%

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 Master’s Degree prepared nurses for consulting. Both 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 the Board's 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 affects business processes.

D. *Projected Employee Attrition Rate over the Next Five Years*

Fiscal Year 2018 - 17%
Fiscal Year 2019 - 17%
Fiscal Year 2020 - 18%
Fiscal Year 2021 - 18%
Fiscal Year 2022 - 16%

The agency anticipates ongoing difficulty in filling Nurse Investigator and Nurse Consultant positions at least until fiscal year 2020 due to the acute competition for nursing faculty and staff at schools and hospitals. If unable to secure sufficient operating funds, the agency will look for new ways to apply the merit raise system which is the most effective tool in the recruitment and retention of staff. The BON has begun to feel the effect of Baby boomers beginning to retire since fiscal year 2015. Beginning in fiscal year 2017, there will be 18 staff members eligible for retirement.

III. FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)

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

As the agency moves towards a paperless environment, it is anticipated that additional and ongoing training in the area of computer software and imaging processes will be needed.

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.

Board staff 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. Staff 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

The Board does 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, it is anticipated that a shortage of RNs to fill Enforcement and Nursing Consultant duties due to the public and private demand for the limited number of RNs in the workforce.

Currently, there are 29 positions requiring registered nurses. The agency anticipates the need for additional RNs by the end of the next five-year cycle. They will be needed in the Practice Department to testify of alleged violations of the law and rules and three will be used in a consultant capacity to interpret complex practice issues and serve as an expert witness on cases.

The BON believes staff have the fundamental skills to complete tasks but need additional training to enhance their skills to perform more efficiently and effectively. Since there is movement towards more technology based business processes, there will no longer be a need for microfilming skills.

V. STRATEGY DEVELOPMENT

In order for the agency to recruit and retain some of the most critical skills such as nursing knowledge, the agency will have to leave unfilled positions open longer to have the funds to hire and retain nurses at the mid-range of the pay scale. To bring the Nurse Investigators along faster in the enforcement area, they will be paired with mentors within the agency. Use of the Council on Licensure, Enforcement and Regulation (CLEAR) organization will facilitate investigator training. Leaders will be identified within the organization to provide internal and external training opportunities to enhance skills and help the agency in succession planning.

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:	<ol style="list-style-type: none"> 1. Request additional operating funds in the next legislative session to enhance employee compensation especially in the recruitment and retention of nurses. 2. Develop and revise agency policy and procedures to be consistent and detailed. 3. Develop mandatory training components for recognized agency sub-par skill sets. 4. Establish a mentorship program with current staff and those from other small state agencies to demonstrate best practices in needed skill sets. 5. Complete a succession plan which incorporates time lines and minimal skill sets. 6. Conduct a risk assessment to the agency due to potential knowledge loss of key staff. 7. Establish and implement a career ladder for all staff.
Goal 2	Establish an agency culture of change enhancements to business processes.
Rationale:	Resources will always be limited. At best, funding will remain constant but staff 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 before.
Action Steps:	<ol style="list-style-type: none"> 1. Develop an ongoing mandatory training module on change enhancements. 2. Add the skill of change enhancements and change management to the minimal core of essential job functions. 3. Reorganize agency structure around processes. 4. Develop a pay system that rewards constructive change management.

Schedule G: Report on Customer Service

Texas Board of Nursing

***Report on Customer Service
for Fiscal Years 2019-2023***



Submitted: May 18, 2018

I. Inventory of Customers Served by the BON

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

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

- The Public (citizens of Texas) - The mission of the BON 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 Board 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 website; the *Texas Board of Nursing Bulletin*; the BON Facebook page; and written, phone, and electronic communication.
- Health Care Organizations - The Board 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 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 Board approves 116 RN Nursing Programs and 92 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, the Board provides students with the information needed to choose a Texas nursing education program and assists students in registering and taking the exams needed for licensure.
- Respondents - The Enforcement Department of the BON must afford nurses under investigation due process in the course of investigating complaints.

II. Information-Gathering Methods

During this biennium, the Board obtained stakeholder feedback from three sources:

- The National Council of State Boards of Nursing (NCSBN) 2016 "Commitment to Ongoing Regulatory Excellence" (CORE) Project survey data;
- Survey data from the BON Customer Service Survey conducted from April 1 to May 30, 2017; and
- Direct stakeholder responses to letters sent in February 2018 requesting input concerning: needs and demands of BON stakeholders; strengths, weaknesses, opportunities, or obstacles which characterize the Board's relationship with its stakeholders; and feedback concerning the extent to which stakeholders are satisfied with the services that the Board provides.

The NCSBN CORE Project was initiated in 1998 and has conducted biennial reviews of performance measures of a total of 54 BONs. CORE utilized several sources of data for the 2016 review including satisfaction surveys sent to Texas constituents: 1500 nurses, 300 employers of nurses, and 197 educational programs. Limitations to the CORE data are described in Agenda Item 7.8 from the April 2017 BON Board Meeting (https://www.bon.texas.gov/pdfs/board_meetings_pdfs/2017/April/7-8.pdf). Concerns discussed included low 2016 response rates in comparison to the 2014 CORE review for employers of nurses and disciplined nurses.

The BON Customer Service Survey gathered stakeholder perceptions of the agency website, the *Board of Nursing Bulletin*, and interactions with agency customer service staff through the BON phone system. The 2017 BON Customer Service Survey was completed by 167 people during the two-month period that the survey was offered through the BON website.

Letters soliciting Strategic Plan feedback were sent to 254 nursing stakeholders on February 12, 2018. Stakeholders contacted included all BON advisory committee members, 17 professional organizations, and all deans and directors of approved nursing education programs.

III. Inventory of External Customers by Strategy

The Governor’s Office and Legislative Budget Board require all state agencies to provide an inventory of their external customers organized by the strategies listed in the General Appropriations Act, as well as a brief description of the types of services provided. For the Board of Nursing, these are as follows:

Strategy: Licensing

Section/Division	External Customer Groups	Customer Services
Operations	The Public, Nurses, Health Care Organizations, Schools of Nursing, Nursing Students, and the Legislature	Operate efficient system of nursing credential verification

Strategy: Accreditation

Section/Division	External Customer Groups	Customer Services
Nursing	The Public, Schools of Nursing, Nursing Students, Nurses, and the Legislature	Accredit programs that include Essential Competencies Curricula

Strategy: Adjudicate Violations

Section/Division	External Customer Groups	Customer Services
Enforcement, Legal, Nursing, Operations	The Public, Nurses, Health Care Organizations, Schools of Nursing, Nursing Students, Respondents, and the Legislature	Administer system of enforcement and adjudication

Strategy: Peer Assistance

Section/Division	External Customer Groups	Customer Services
Enforcement, Legal, Nursing	The Public, Nurses, Health Care Organizations, Respondents	Identify, refer and assist those nurses whose practice is impaired

IV. Analysis of Findings

A. The CORE Project

CORE is a comparative performance measurement and benchmarking process for state boards of nursing (BONs). Development of the CORE process was initiated in 1998 by National Council of State Boards of Nursing's (NCSBN) Board of Directors and the process utilizes surveys of BONs, as well as three external stakeholder groups including nurses, employers of nurses, and nursing educational programs.

Its purpose is to track the effectiveness and efficiency of nursing regulation nationally, as well as on an individual BON level in order to assist BONs with improving program performance and providing accountability to higher levels of authority and the public.

CORE Study Methodology

The CORE Study has been conducted by the NCSBN to assist member boards of nursing since FY 2000 on a biennial basis. 2016 CORE Study data was summarized and presented to the Board in the Spring of 2017, and sections of the report provided measurement of Texas BON stakeholder perceptions related to practice, education, licensure, and governance for the Texas BON as well as 53 other participating BONs.

Of the 1500 Texas nurses surveyed, 151 (10%) responded. One hundred and ninety-seven Directors for BON-approved educational programs were asked to provide feedback and 42 (21.3%) programs responded and are represented in the data. Three hundred employers were asked to provide feedback and 18 (6%) employers are represented in the data. The NCSBN then sent in-depth surveys to the stakeholders on a wide range of topics including perceptions of the agency website, telephone system, newsletter, adequacy of regulation, effectiveness in protecting the public, the complaint process, and how they obtained nursing practice information. It should be noted that survey response rates dropped from 2014 to 2016 in most categories.

Findings of the CORE Study Related to Customer Service

Findings regarding key customer service activities by the Internet, telephone, and print are presented below.

Respondents rated each on a scale of excellent to poor. Tables 1 and 2 present the average responses of nurses, employers, and educators concerning the Texas BON website. The survey questions addressed ease of navigation and helpfulness of content. The Texas survey responses are then compared to the aggregate responses from all participating BONs.

1. Website Perceptions

Table 1: Ease of Website Navigation - Texas BON (2016)

<u>Ease of Navigation - Nurses</u>		<u>Ease of Navigation - Employers</u>		<u>Ease of Navigation - Educators</u>	
Excellent	42.7%	Excellent	50.0%	Excellent	50.0%
Good	41.5%	Good	43.8%	Good	38.1%
Fair	14.6%	Fair	0%	Fair	11.9%
Poor	1.2%	Poor	6.2%	Poor	0%

For all BONs surveyed, 74.8% of **nurses** reported that the ease of navigation on their board’s website was **excellent or good**. In Texas, 84.2% of **nurses** reported that the ease of navigation on the BON website was **excellent or good**.

For all BONs surveyed by NCSBN, 74% of **employers** reported that the ease of navigation on their board’s website was **excellent or good**. In Texas, 93.8% of **employers** reported that the ease of navigation on the BON website was **excellent or good**.

For all BONs surveyed, 76.4% of **educators** reported that the ease of navigation on their boards’ website was **excellent or good**. In Texas, 88.1% of **educators** reported that the ease of navigation on the BON website was **excellent or good**.

Table 2: Website Content Rating - Texas BON Website (2016)

<u>Content Rating - Nurses</u>		<u>Content Rating - Employers</u>		<u>Content Rating - Educators</u>	
Excellent	42.7%	Excellent	53.8%	Excellent	61.0%
Good	42.7%	Good	30.8%	Good	34.1%
Fair	8.5%	Fair	7.7%	Fair	4.9%
Poor	6.1%	Poor	7.7%	Poor	0%

In the 2016 Report on Customer Service, nurses, employers, and schools of nursing participating in the CORE Study were asked about the helpfulness of the Board’s website content. For the 2016 CORE Study, participants were asked simply to rate the content of the website.

For all BONs surveyed, 78.1% of **nurses** reported that the helpfulness of their board’s website was **excellent or good**. In Texas, 85.4% of **nurses** reported that the helpfulness of the BON website was **excellent or good**.

For all BONs surveyed, 77.3% of **employers** reported that the content of their board’s website was **excellent or good**. In Texas, 84.6% of **employers** reported that the helpfulness of the BON website was **excellent or good**.

For all BONs surveyed, 84% of **educators** reported that the helpfulness of their board’s website was **excellent or good**. In Texas, 95.1% of **educators** reported that the helpfulness of the BON website was **excellent or good**.

2. Telephone Inquiry Perceptions

Tables 3, 4, and 5 present the average responses of nurses, employers, and educators concerning ease of use, timeliness, and helpfulness of responses received to telephone inquiries made to the Texas BON.

Table 3: Ease of Use of BON Telephone System - Texas BON (2016)

<u>Ease of Use - Nurses</u>		<u>Ease of Use - Employers</u>		<u>Ease of Use - Educators</u>	
Excellent	31.6%	Excellent	71.4%	Excellent	60.6%
Good	47.4%	Good	28.6%	Good	24.2%
Fair	0%	Fair	0%	Fair	15.2%
Poor	21.0%	Poor	0%	Poor	0%

For all BONs, 74.6% of **nurses** reported the ease of use of their telephone system used to contact their board was **excellent or good**. In Texas, 79% of **nurses** reported the ease of use of their telephone system used to contact the BON was **excellent or good**.

For all BONs, approximately 77.7% of **employers** reported the ease of use of their telephone system used to contact their board was **excellent or good**. In Texas, **100%** of **employers** reported the ease of use of their telephone system to contact the BON was **excellent or good**.

For all BONs, 80% of **educators** reported the ease of use of their telephone system used to contact their board was **excellent or good**. In Texas, 88.8% of **educators** reported the ease of use of their telephone system to contact the BON was **excellent or good**.

Table 4: Timeliness of Response Regarding Telephone Inquiry - Texas BON (2016)

<u>Timeliness - Nurses</u>		<u>Timeliness - Employers</u>		<u>Timeliness - Educators</u>	
Excellent	26.3%	Excellent	71.4%	Excellent	66.7%
Good	31.6%	Good	14.3%	Good	24.2%
Fair	10.5%	Fair	0%	Fair	3.0%
Poor	31.6%	Poor	14.3%	Poor	6.1%

For all BONs, 69.1% of **nurses** rated the timeliness of their board of nursing in response to their telephone inquiry as **excellent or good**. In Texas, 57.9% of **nurses** rated the timeliness of the BON in response to their telephone inquiry as **excellent or good**.

For all BONs, 74.7% of **employers** rated the timeliness of the response from their board in response to their telephone inquiry as **excellent or good**. In Texas, 85.7% of **employers** rated the timeliness of the BON in response to their telephone inquiry as **excellent or good**.

For all BONs, 77.8% of **educators** rated the timeliness of their board in response to their telephone inquiry as **excellent or good**. In Texas, 90.9% of **educators** rated the timeliness of the response from the BON in response to their telephone inquiry as **excellent or good**.

Table 5: Helpfulness of Response Regarding Telephone Inquiry - Texas BON (2016)

<u>Helpfulness - Nurses</u>		<u>Helpfulness - Employers</u>		<u>Helpfulness - Educators</u>	
Excellent	26.3%	Excellent	71.4%	Excellent	84.9%
Good	36.8%	Good	28.6%	Good	12.1%
Fair	15.8%	Fair	0%	Fair	0%
Poor	21.1%	Poor	0%	Poor	3.0%

For all BONs, 71.9% of **nurses** reported the helpfulness of their board’s response to a telephone inquiry as **excellent or good**. In Texas, 63.1% of **nurses** rated the helpfulness of the BON response to a telephone inquiry as **excellent or good**.

For all BONs, 78.7% of **employers** rated the helpfulness of their board’s response to a telephone inquiry as **excellent or good**. In Texas, **100%** of **employers** rated the helpfulness of the BON response to a telephone inquiry as **excellent or good**.

For all BONs, 85.7% of **educators** reported the helpfulness of their board’s response to a telephone inquiry as **excellent or good**. In Texas, 97% of **educators** rated the helpfulness of the BON response to a telephone inquiry as **excellent or good**.

3. Publications/Magazines

Table 6 presents the responses of nurses, employers, and educators concerning Texas Board of Nursing publications. BON publications include the *Board of Nursing Bulletin* (hard copy and online), the *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs* (online only), and the *Nursing Education Newsletter* (online only). The Board also offers other publications for download from the BON website including: Texas Nursing Practice Act, BON Rules and Regulations, Education and Practice Guidelines, Position Statements, and information relating to Eligibility and the Complaint Process.

Table 6: Rating Regarding the Usefulness of the Board of Nursing’s Publications/Magazines - Texas BON (2016)

<u>Usefulness - Nurses</u>		<u>Usefulness - Employers</u>		<u>Usefulness - Educators</u>	
Useful	79.4%	Useful	88.8%	Useful	95.2%
Not Useful	10.0%	Not Useful	0%	Not Useful	0%
Not Used	7.3%	Not Used	5.6%	Not Used	4.8%
Not Aware	3.3%	Not Aware	5.6%	Not Aware	0%

For all BONs, 51.6% of **nurses** responded that their board’s publications/magazines were useful. In Texas, 79.4% of **nurses** responded that the BON’s publications/magazine were useful.

For all BONs, 61.1% of **employers** responded that their board’s publications/magazines were useful. In Texas, approximately 88.8% of **employers** responded that the BON publications/magazines were useful.

For all BONs, 72.8% of **educators** responded that their board’s publications/magazines were useful. In Texas, 95.2% of **educators** responded that the BON publications/magazines were useful.

Core Project Analysis

The 2016 CORE Study results used to measure BON customer service for this report reveal that among Texas nurses who responded to questions concerning the phone system, agency website, and publications, the agency website received the most positive feedback for content and ease of navigation. When compared to 2014 CORE Study data, Texas nurse perceptions of ease of navigation for the website dropped 1.8 percent while perceptions of BON website content improved almost one percent. Nurse perceptions of helpfulness of telephone inquiries also dropped almost five percent from 2014 to 2016.

In contrast to nurses, the 2016 Core Study revealed that nurse educators provided higher positive feedback (+ 3%) in 2016 to helpfulness of phone inquiries, usefulness of agency publications (+1.1%), and BON website content (- 1.1%). Ease of website navigation received the lowest scores from Texas nurse educators.

Since the 2016 CORE Survey was conducted, nursing staff members have met several performance targets related to response times for webmaster and phone inquiries. Customer Service staff have also set and met performance targets relating to response time for webmaster and phone inquiries. This department receives the majority of phone calls within the agency and therefore is challenged to keep up with the volume of calls received by the agency.

B. 2017 Board of Nursing Customer Service Survey

The Board conducted an online survey in 2017, hosted by Survey Monkey, which was linked through the BON website home page.

Methodology

The BON home page for the website included a link to the Customer Service Survey from April 1 to May 30, 2017. The survey was announced on page one of the April 2017 issue of the *Board of Nursing Bulletin* which was sent to all currently licensed nurses residing in Texas (approximately 374,000 nurses) as well as all paid newsletter subscribers (approximately 800 individuals). The survey, which consisted of 23 questions, solicited opinions concerning: the agency newsletter, website, interactions with customer service staff, the agency Facebook page and webmaster inquiries. Results from the survey are provided below.

The BON Customer Service Survey was taken a total of 167 times, a low response rate for more than 374,000 licensees. Survey takers were given the opportunity to offer additional comments concerning customer service at the end of the survey. A brief summary of their comments/recommendations will also be provided. Comments not related to the survey questions are not included in the comment summary sections.

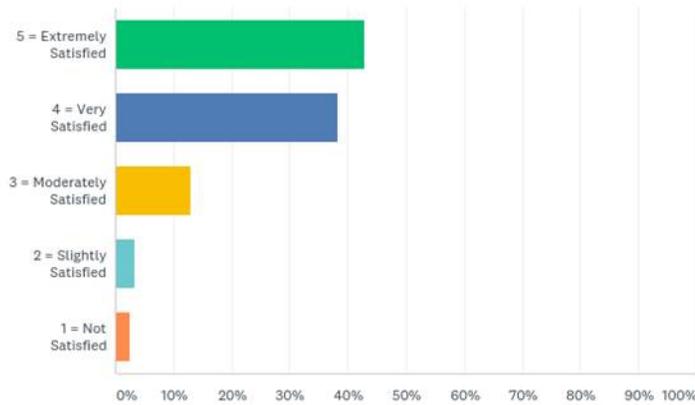
Findings of the Nursing Customer Service Survey

Board of Nursing Bulletin

Survey questions 8, 9, 10, and 11 concerned the usefulness of content included in the *Board of Nursing Bulletin*.

Q8: The Patient Safety features in the Bulletin are useful and informative.

Answered: 154 Skipped: 15



Powered by SurveyMonkey

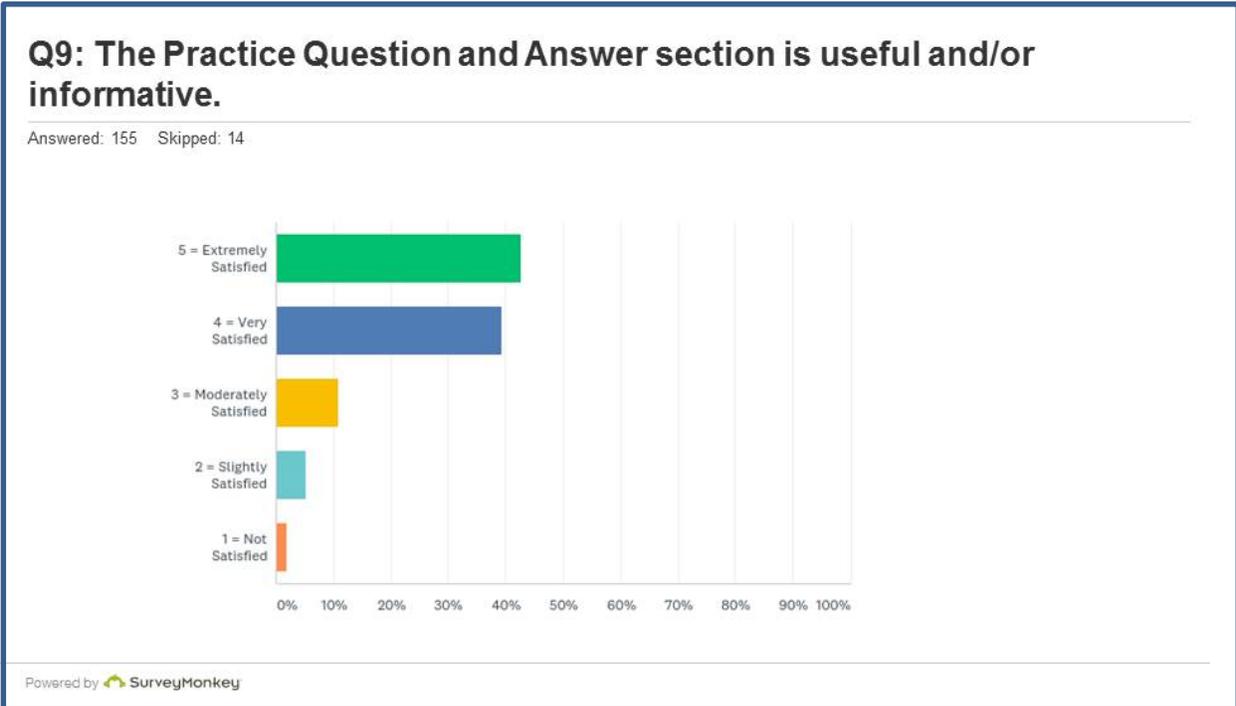
Q8: The Patient Safety features in the Bulletin are useful and informative.

Answered: 154 Skipped: 15

ANSWER CHOICES	RESPONSES	
5 = Extremely Satisfied	42.86%	66
4 = Very Satisfied	38.31%	59
3 = Moderately Satisfied	12.99%	20
2 = Slightly Satisfied	3.25%	5
1 = Not Satisfied	2.60%	4
TOTAL		154

Powered by SurveyMonkey

More than 81% of respondents indicated that they were extremely satisfied (42.86%) or very satisfied (38.31%) with the *Patient Safety Features* appearing in the *BON Bulletin*.



Q9: The Practice Question and Answer section is useful and/or informative.

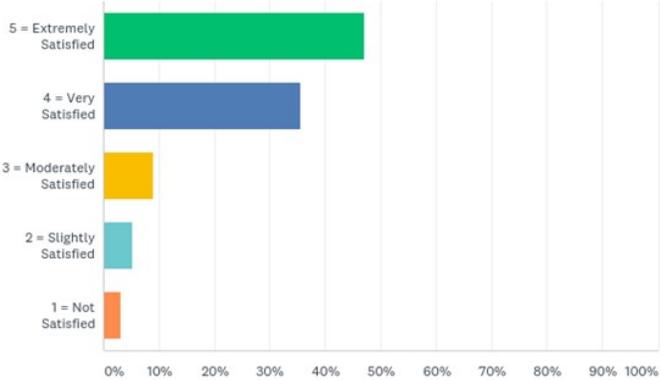
Answered: 155 Skipped: 14

ANSWER CHOICES	RESPONSES	
5 = Extremely Satisfied	42.58%	66
4 = Very Satisfied	39.35%	61
3 = Moderately Satisfied	10.97%	17
2 = Slightly Satisfied	5.16%	8
1 = Not Satisfied	1.94%	3
TOTAL		155

Powered by SurveyMonkey

Q10: The Notice of Disciplinary Actions and Imposter Warnings is useful and/or informative.

Answered: 155 Skipped: 14



Powered by SurveyMonkey

Q10: The Notice of Disciplinary Actions and Imposter Warnings is useful and/or informative.

Answered: 155 Skipped: 14

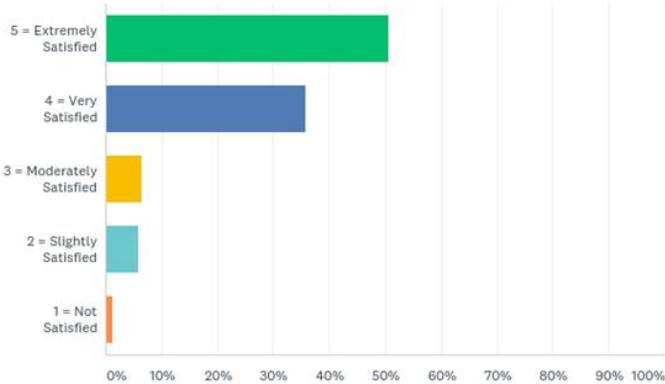
ANSWER CHOICES	RESPONSES
5 = Extremely Satisfied	47.10% 73
4 = Very Satisfied	35.48% 55
3 = Moderately Satisfied	9.03% 14
2 = Slightly Satisfied	5.16% 8
1 = Not Satisfied	3.23% 5
TOTAL	155

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More than 82% of respondents indicated that they were extremely satisfied (47.10%) or very satisfied (35.48%) with the *Notice of Disciplinary Action and Imposter Warnings* appearing in the *BON Bulletin*.

Q11: The Bulletin feature articles, notifications, and updates are useful and/or informative.

Answered: 154 Skipped: 15



Powered by SurveyMonkey

Q11: The Bulletin feature articles, notifications, and updates are useful and/or informative.

Answered: 154 Skipped: 15

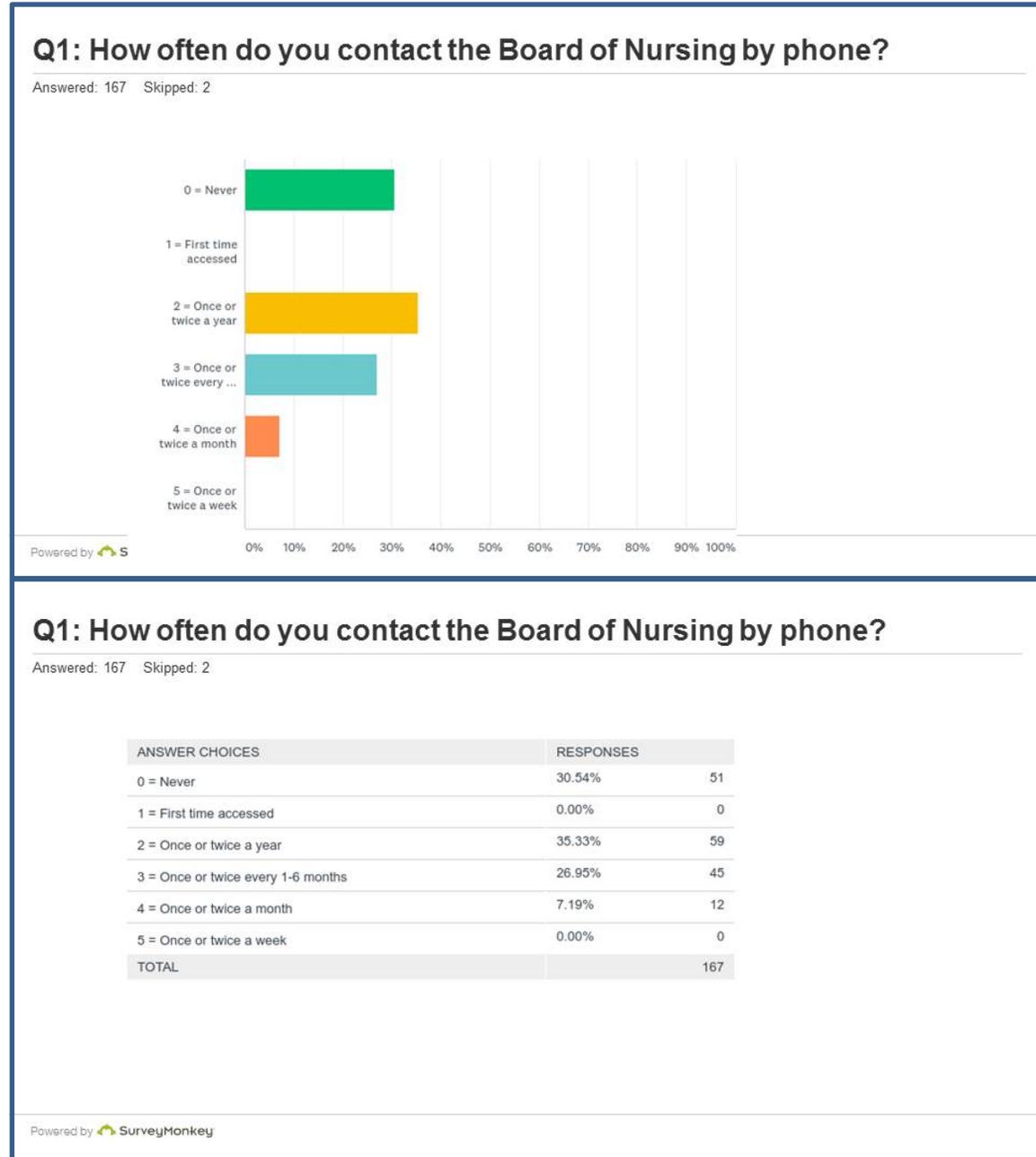
ANSWER CHOICES	RESPONSES	
5 = Extremely Satisfied	50.65%	78
4 = Very Satisfied	35.71%	55
3 = Moderately Satisfied	6.49%	10
2 = Slightly Satisfied	5.84%	9
1 = Not Satisfied	1.30%	2
TOTAL		154

Powered by SurveyMonkey

More than 50% of respondents indicated that they were extremely satisfied and 35.71% of respondents were very satisfied with the BON articles and notification on continuing education (CE).

Feedback on Telephone Inquiries

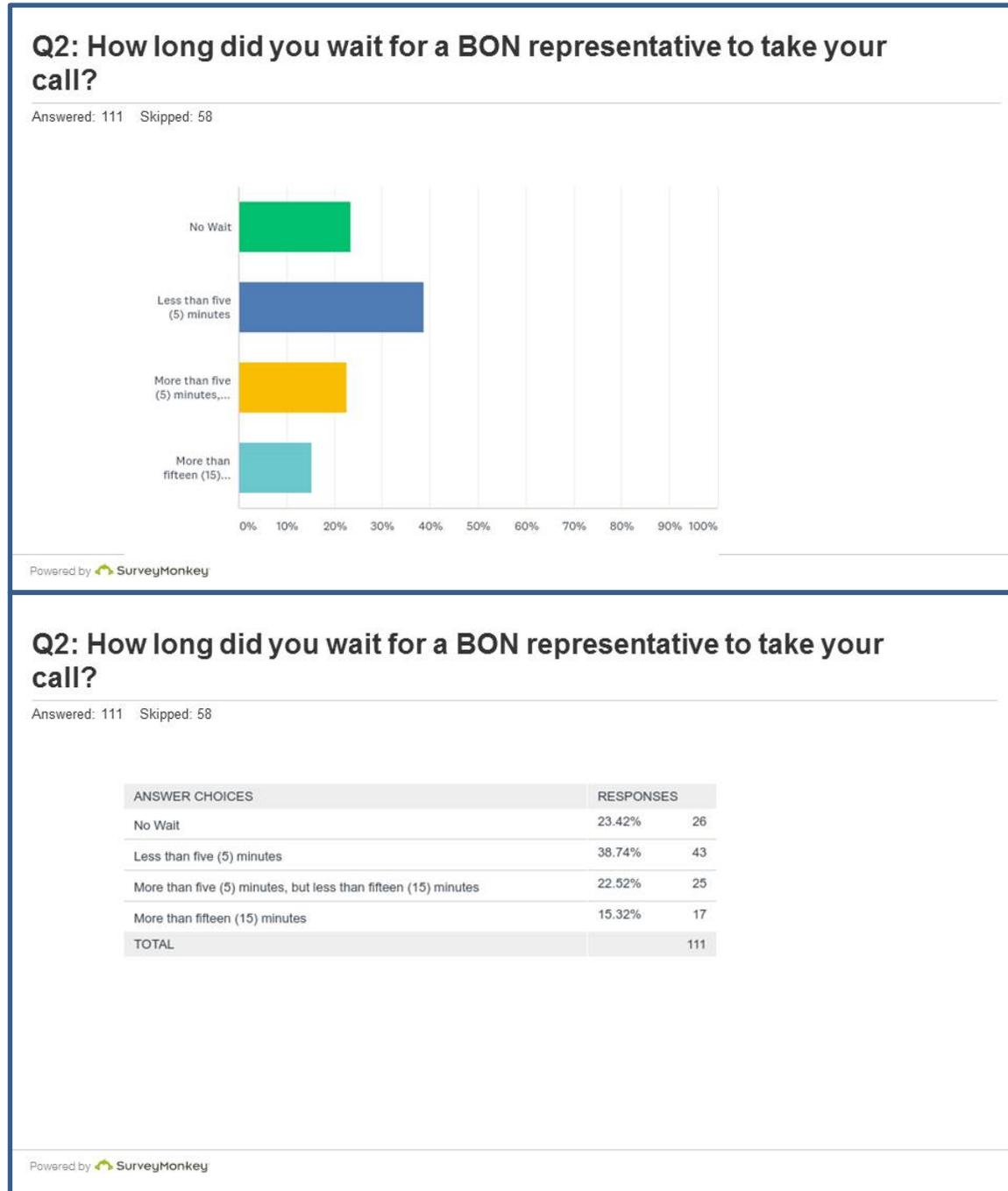
Survey questions 1-7 related to frequency, wait time, reason for calling, as well as how knowledgeable, courteous, and helpful Board staff members were in responding to calls.



More than 62% of respondents indicated that they contact the Board by phone once or twice a year (35.33%) or once or twice every one to six months (26.95%).

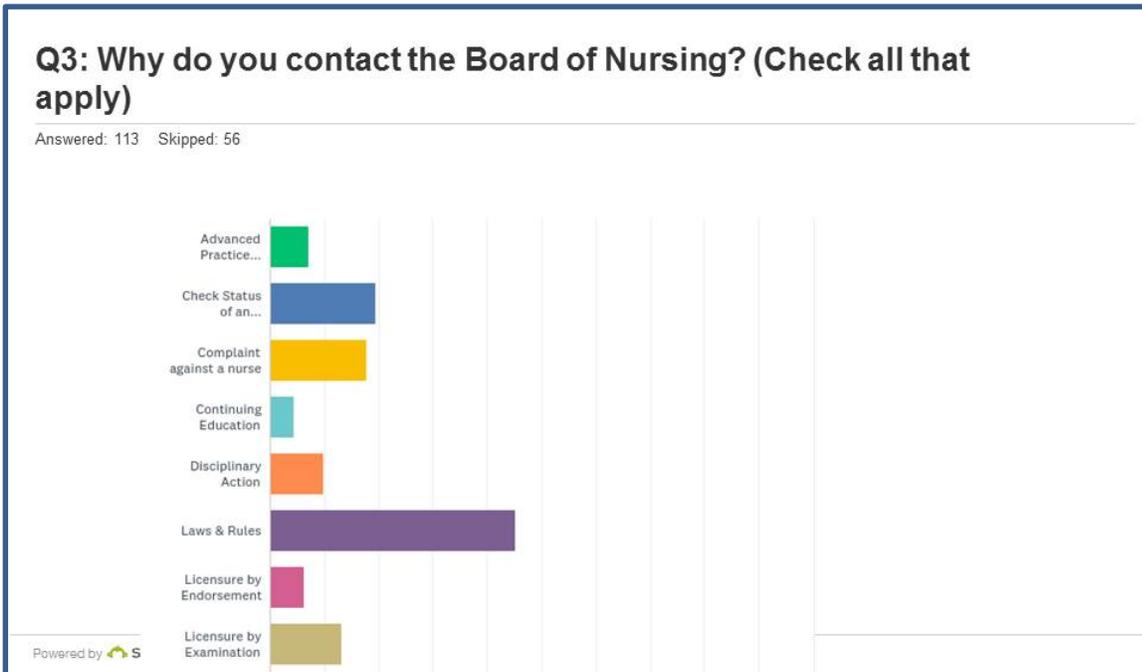
How long did you wait for a BON representative to take your call?

- * More than 37% of respondents indicated that they waited five minutes or less to talk to a BON representative.
- * More than 38% indicated that they waited more than five minutes.



Respondents were next asked why they contacted the BON.

- * 40.7% of respondents indicated that they were contacting the Board about nursing education or nursing continuing education.
- * 45.13% of respondents indicated that they inquired about laws and regulations and more than 19% were checking the status of a license application.



Q3: Why do you contact the Board of Nursing? (Check all that apply)

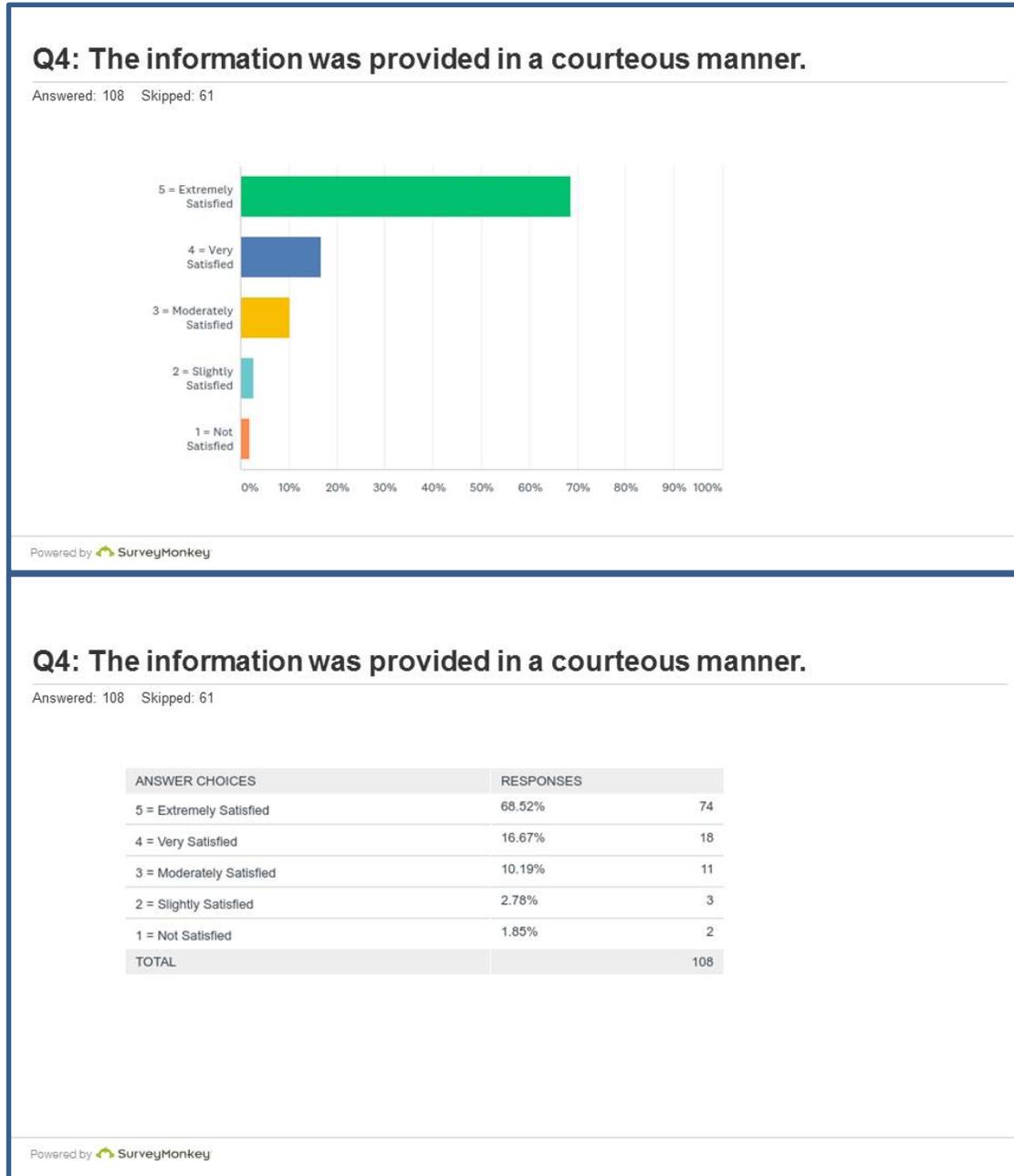
Answered: 113 Skipped: 56

ANSWER CHOICES	RESPONSES	Count
Advanced Practice Information	7.08%	8
Check Status of an application	19.47%	22
Complaint against a nurse	17.70%	20
Continuing Education	4.42%	5
Disciplinary Action	9.73%	11
Laws & Rules	45.13%	51
Licensure by Endorsement	6.19%	7
Licensure by Examination	13.27%	15
Renew License	9.73%	11
Nursing Practice Information	28.32%	32
Nursing Education Information	36.28%	41
Verify License	17.70%	20

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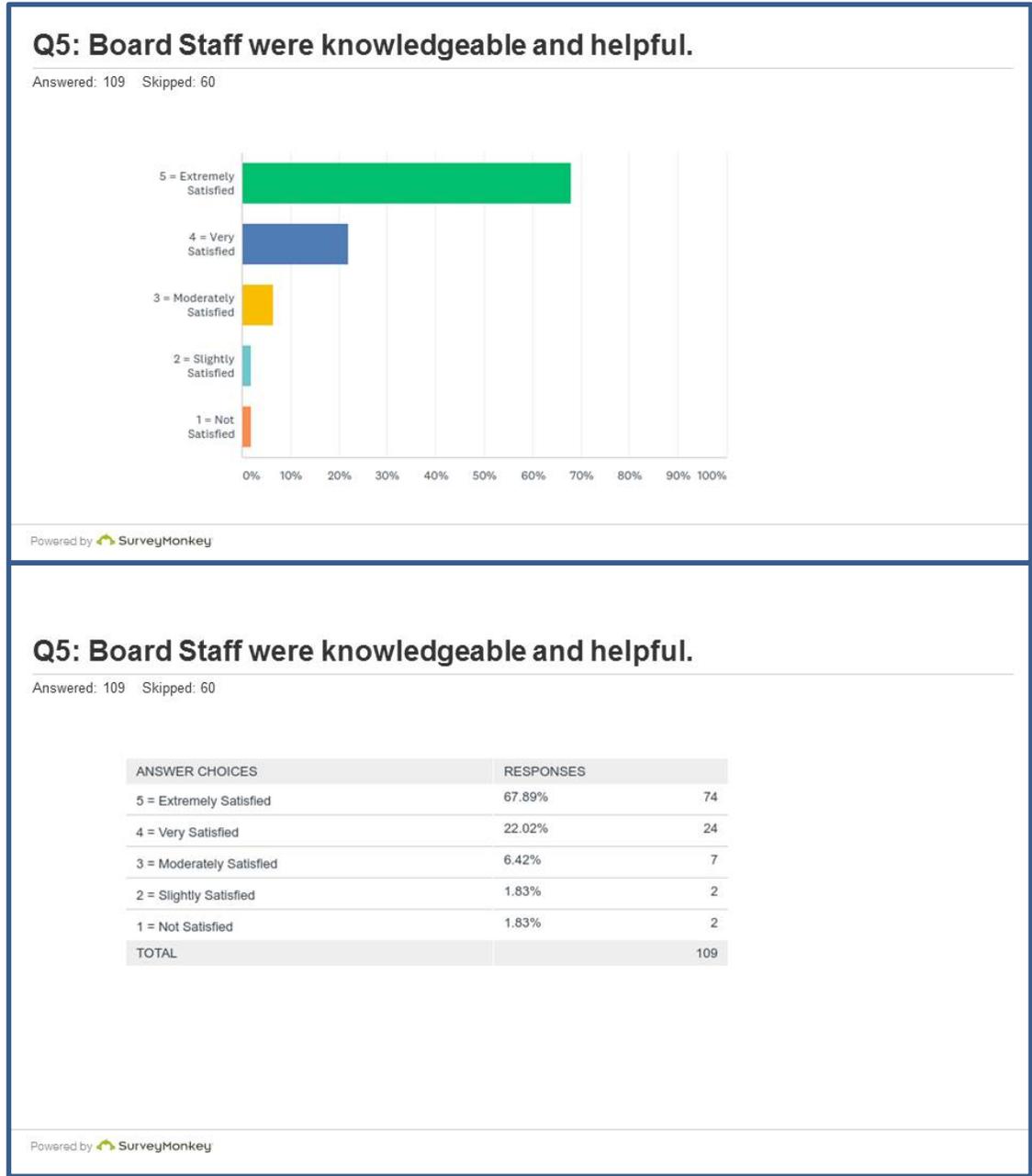
Respondents were next asked if the information they requested was provided in a courteous manner.

- * More than 68% were extremely satisfied and more than 16% were very satisfied with the courteousness of how the information was provided to them.



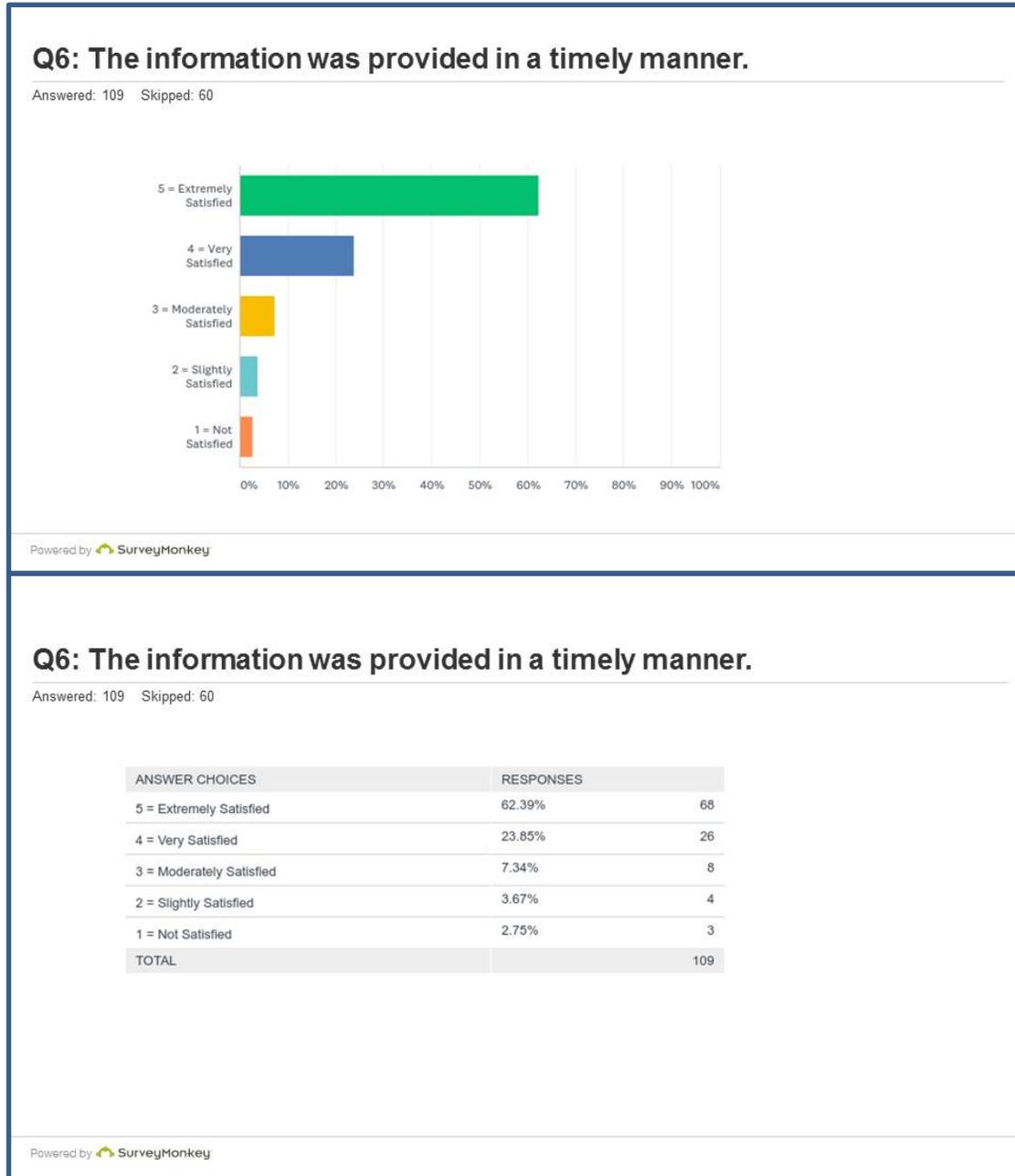
Were BON staff knowledgeable and helpful?

- * More than 67% of respondents indicated that they were extremely satisfied with the information received from BON staff.
- * More than 22% of respondents indicated that they were very satisfied with the response they received from BON staff.



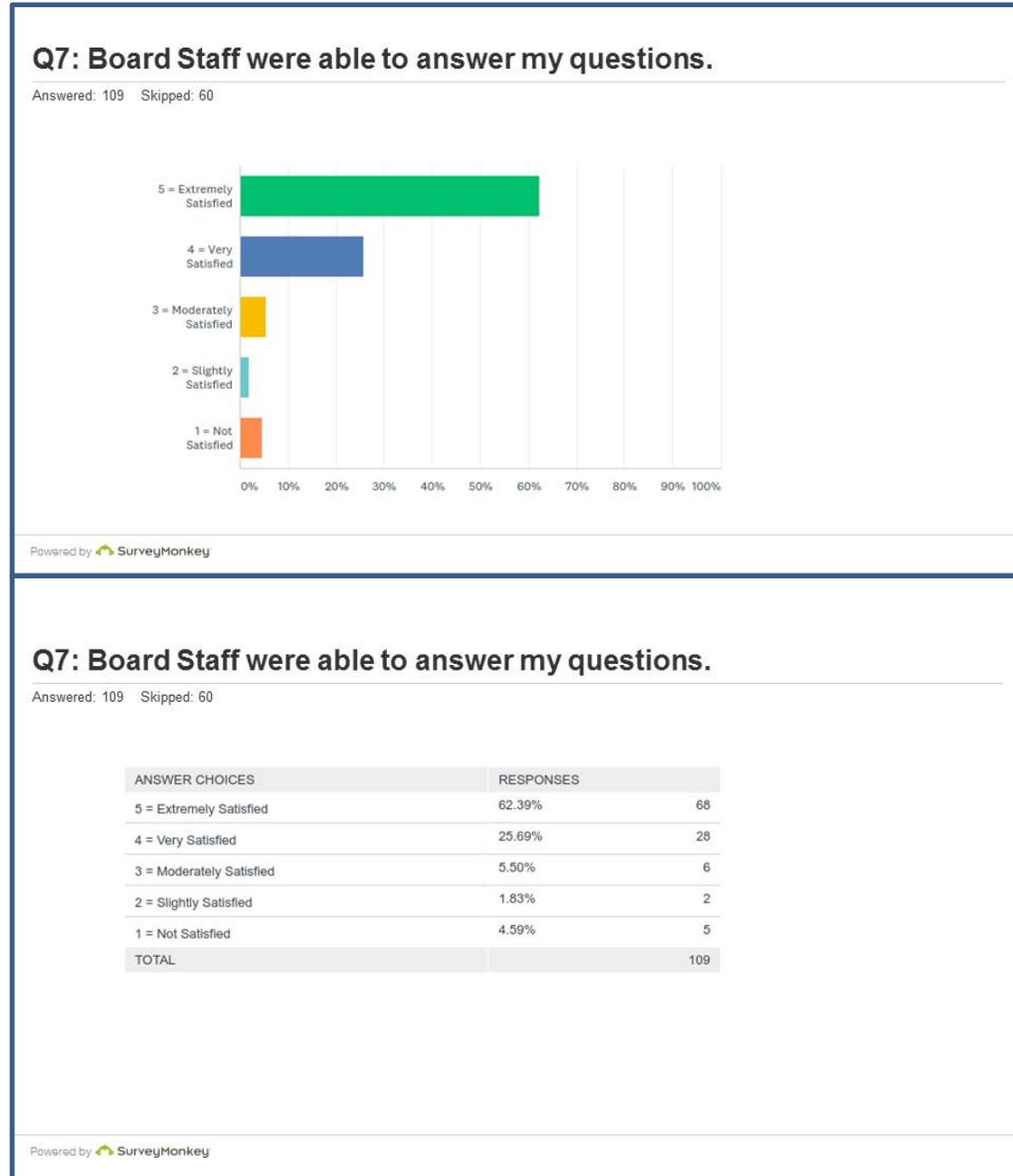
Was the information provided in a timely manner?

- * More than 86% of respondents indicated that they were extremely satisfied (62.39%) or very satisfied (23.85%) with the timeliness of the information provided to them by the Customer Service Group.



Were Board staff members able to answer the questions of respondents?

- * More than eighty-eight percent of respondents indicated that they were extremely satisfied (62.39%) or very satisfied (25.69%) with the ability of the staff of the Customer Service Group to answer respondent questions.

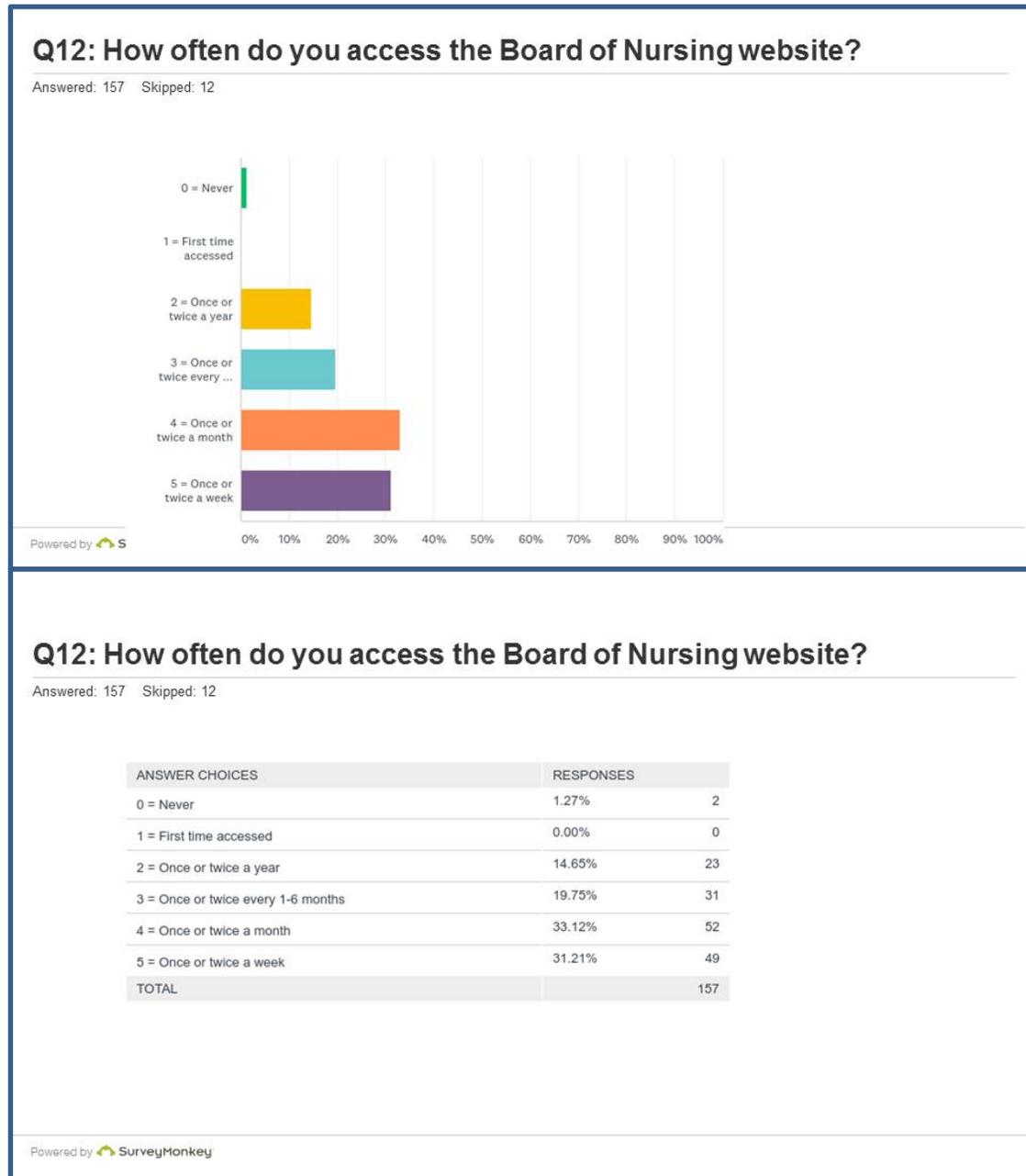


BON Website

Questions 12 -17 sought website user feedback concerning the BON website including: frequency of access, ease of navigation, sections visited, topic location, and understandability of instructions.

How often do you access the BON website?

- * More than 31% (31.21%) of respondents indicated that they visit the site once or twice a week, 33.12% indicated that they visit the site once or twice a month, and almost 20% (19.75%) visit once or twice every one to six months.

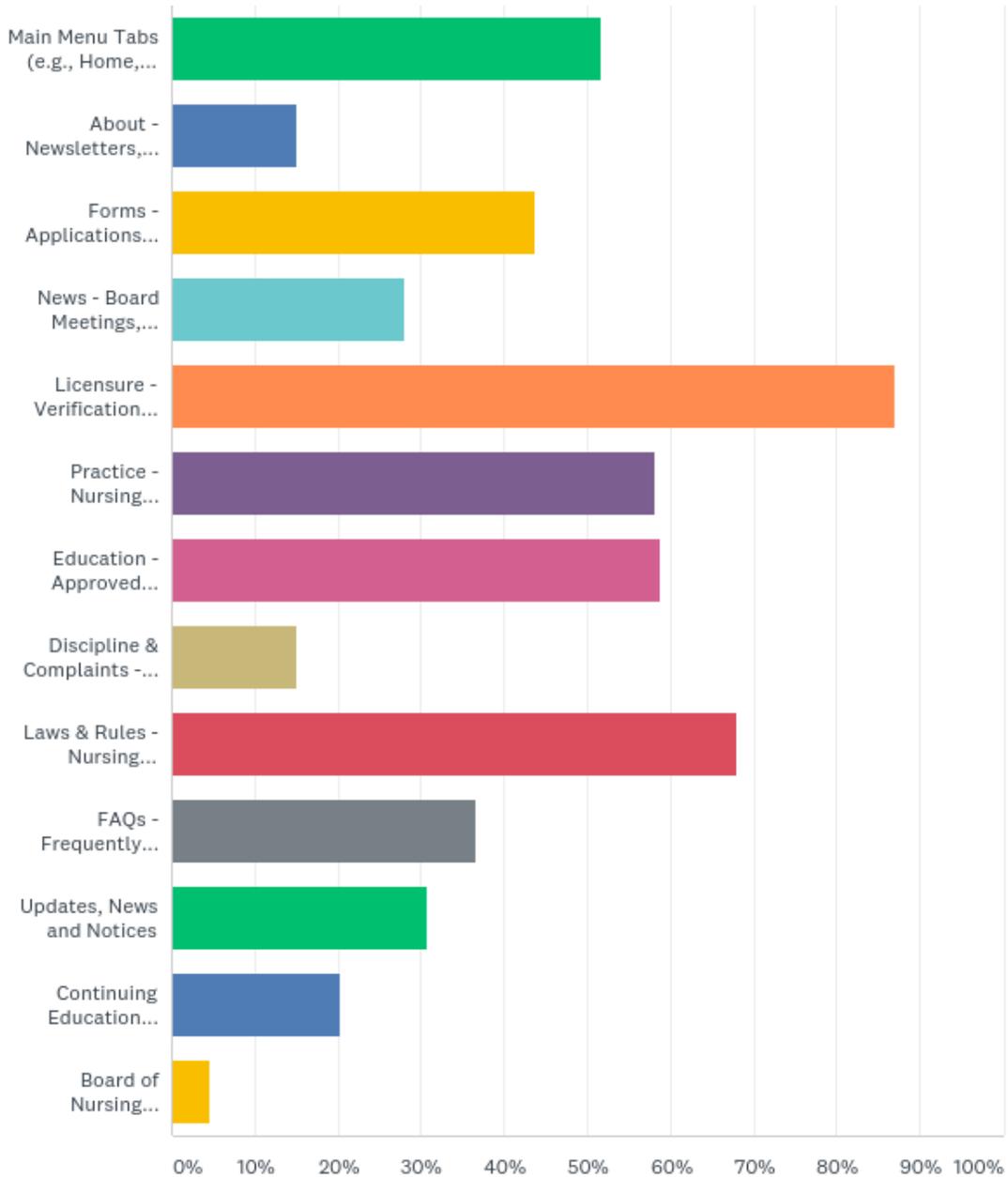


Which sections (of the website) did you visit?

* More than 86% of respondents indicated that licensure verification, renewal, endorsement, or examination sections were visited; followed by visits to learn about the Nursing Practice Act, agency rules and regulations, and rule changes (67.97%); and visits to inquire about approved nursing education programs, education guidelines, and refresher or remedial education courses (58.82%).

Q13: Which section(s) did you visit? (Check all that apply)

Answered: 153 Skipped: 16

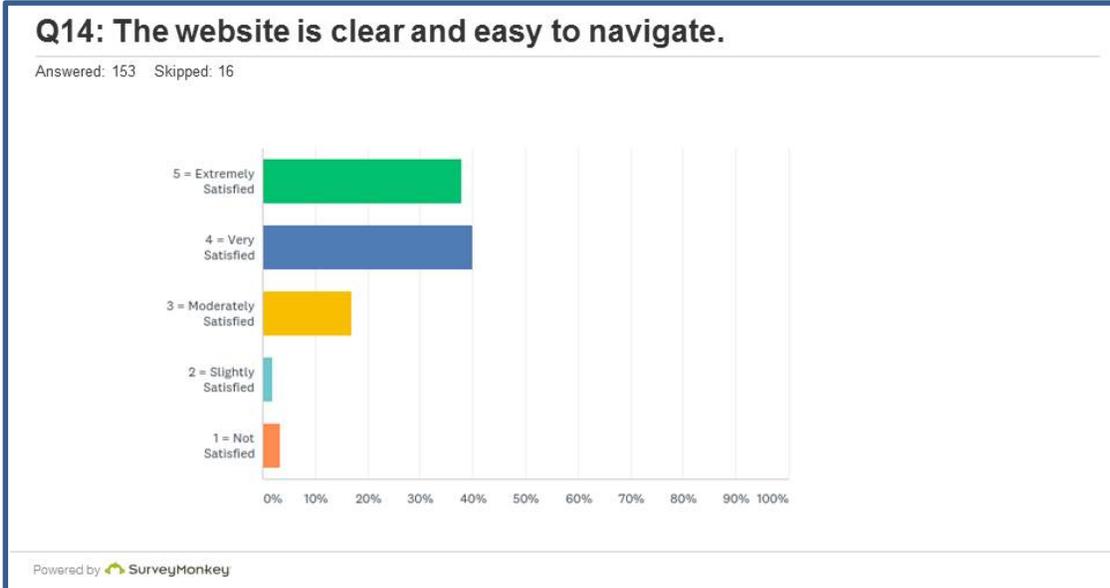


Q13: Which section(s) did you visit? (Check all that apply)

ANSWER CHOICES	RESPONSES	
Main Menu Tabs (e.g., Home, Public, Nurses, Students, Employers, Military, Contact Us)	51.63%	79
About - Newsletters, Publications, Employment Opportunities	15.03%	23
Forms - Applications and Online Services	43.79%	67
News - Board Meetings, Committee Meetings, Calendar of Events	28.10%	43
Licensure - Verification, Renewal, Endorsement, Examination	86.93%	133
Practice - Nursing Practice Information, Scope of Practice, BON Position Statements & Guidelines	58.17%	89
Education - Approved Nursing Programs, Education Guidelines, Refresher Courses, Remedial Education	58.82%	90
Discipline & Complaints - Complaints, Policies & Procedures, Imposter Alerts	15.03%	23
Laws & Rules - Nursing Practice Act, Rules & Regulations, Rule Changes	67.97%	104
FAQs - Frequently Asked Questions	36.60%	56
Updates, News and Notices	30.72%	47
Continuing Education Course Catalog	20.26%	31
Board of Nursing Facebook Page	4.58%	7
Total Respondents: 153		

Is the website clear and easy to navigate?

- * 77.78% of survey takers indicated that they were extremely satisfied (37.91%) or very satisfied (39.87%) with the ease and clarity of navigating the BON website.



Q14: The website is clear and easy to navigate.

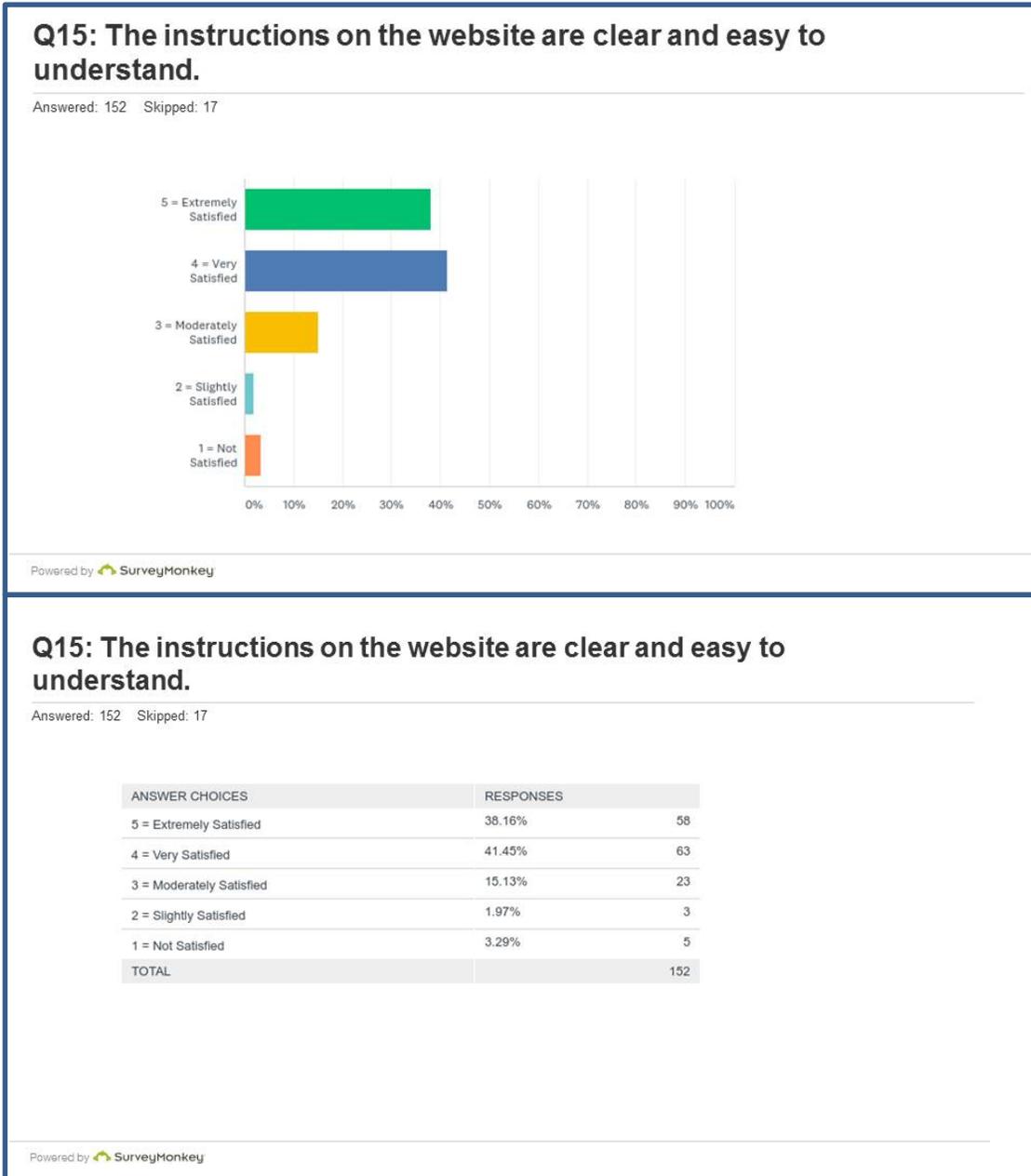
Answered: 153 Skipped: 16

ANSWER CHOICES	RESPONSES
5 = Extremely Satisfied	37.91% 58
4 = Very Satisfied	39.87% 61
3 = Moderately Satisfied	16.99% 26
2 = Slightly Satisfied	1.96% 3
1 = Not Satisfied	3.27% 5
TOTAL	153

Powered by SurveyMonkey

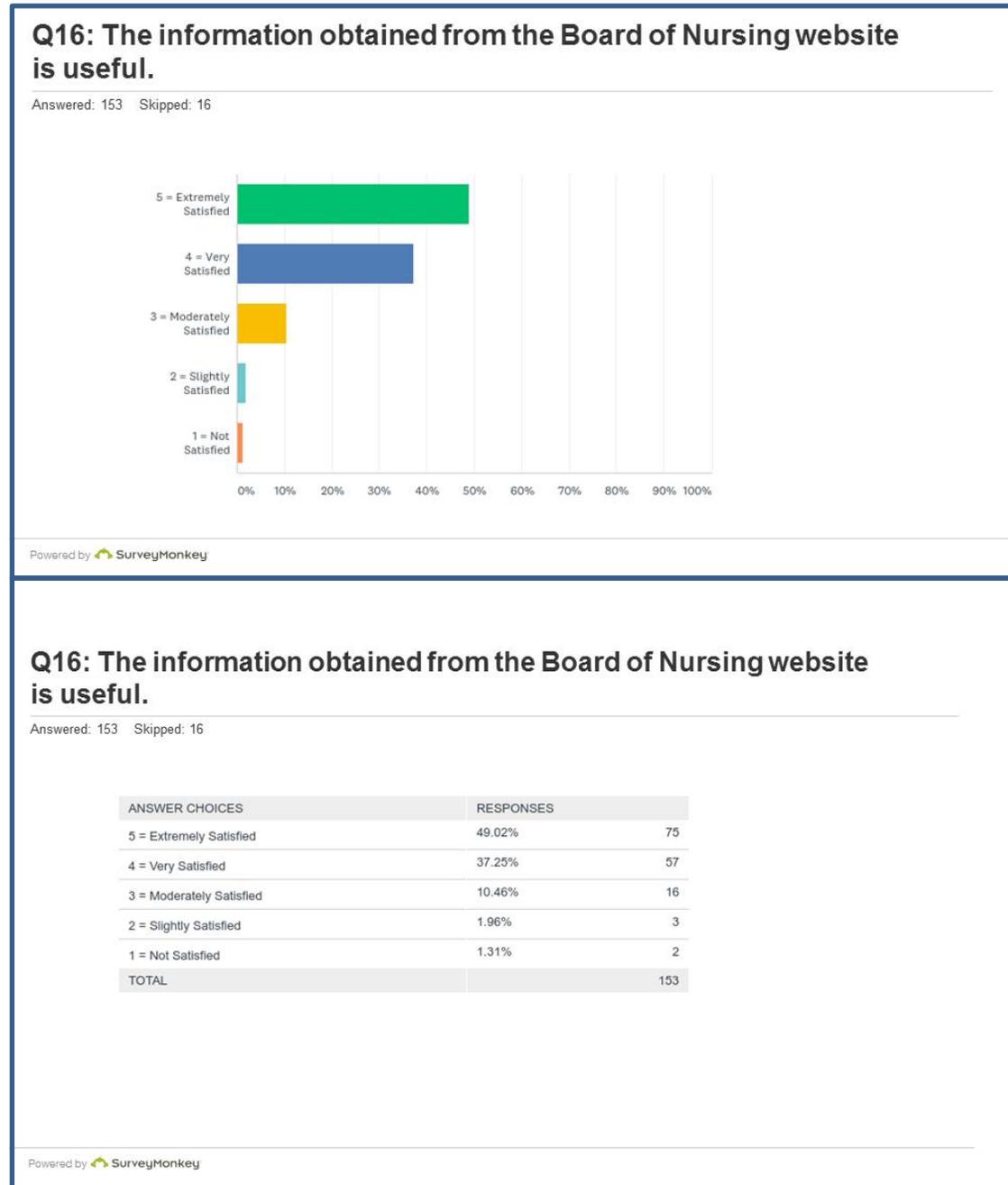
Were the instructions on the website clear and easy to understand?

- * Instructions on the website were clear and easy to understand for more than 79% of respondents with 38.16% indicating that they were extremely satisfied and 41.45% of respondents very satisfied with the instructions on the website.



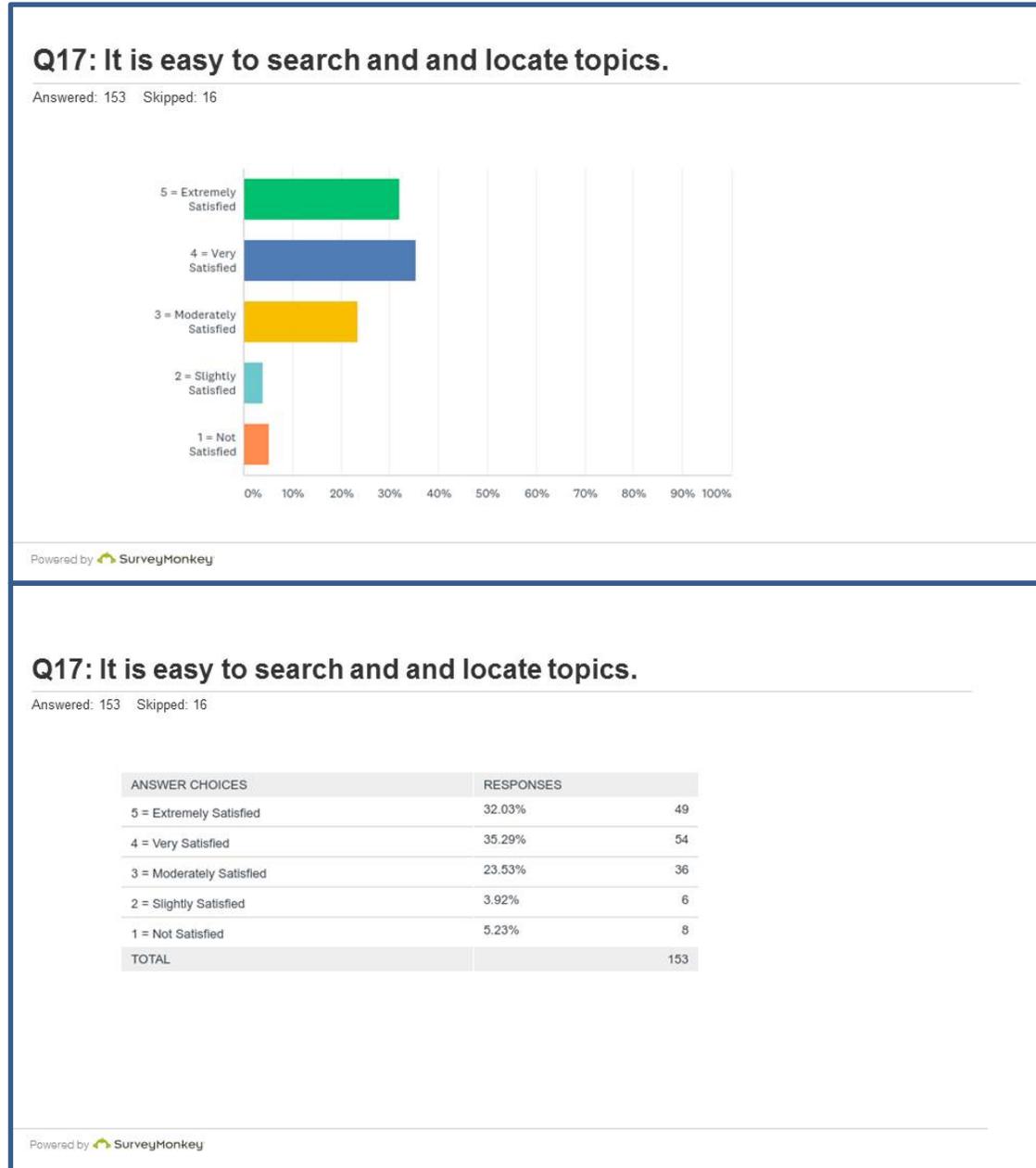
Was the information obtained from the BON website useful?

- * More than 86% of survey takers indicated that the information is useful. 49.02% were extremely satisfied and 37.25% of respondents were very satisfied with the usefulness of information obtained from the BON website.



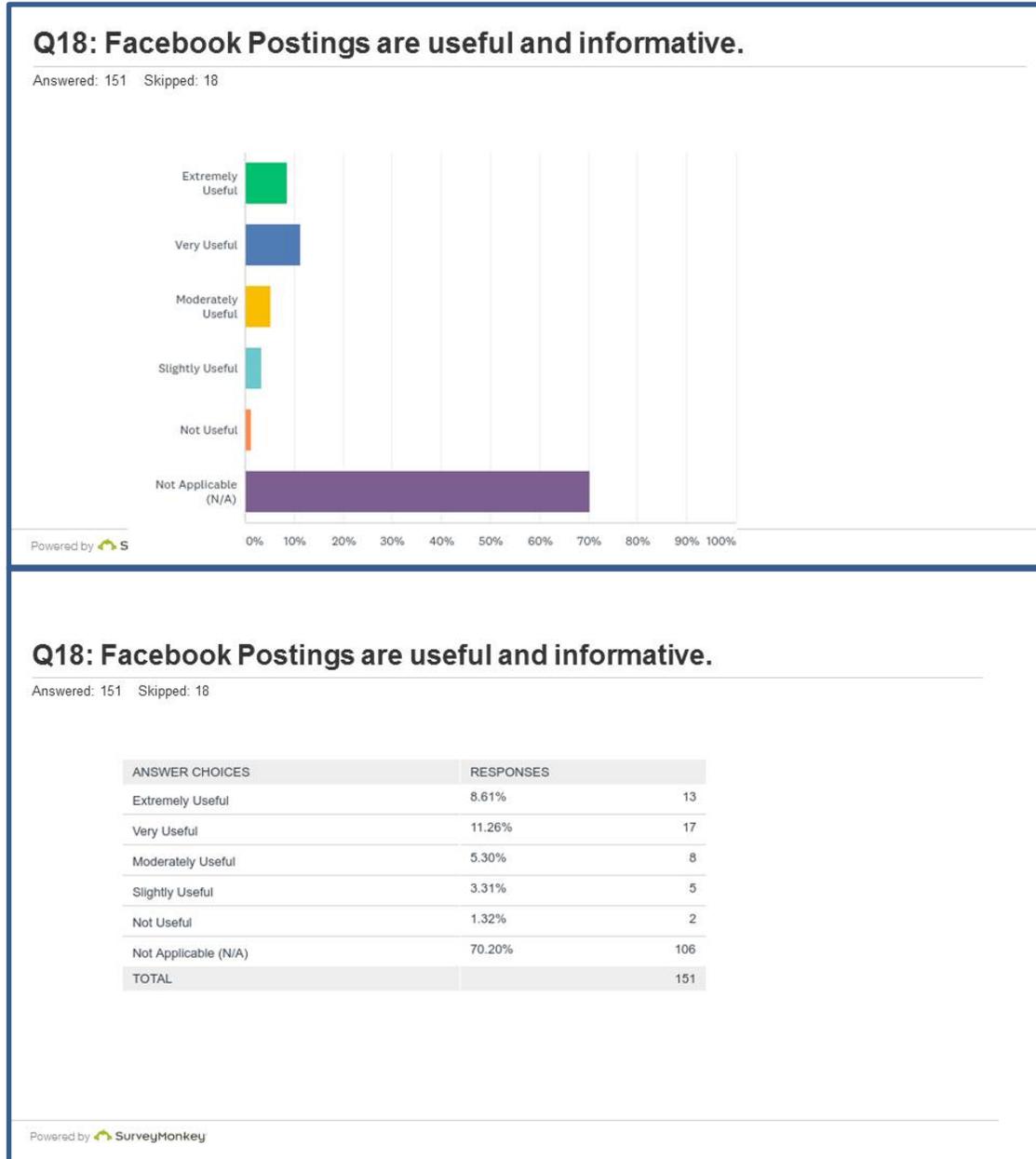
Is it easy to search and locate topics?

- * Improvements made to the search window on the BON website continue to receive positive feedback from survey takers. When asked if it is easy to search and locate topics, 32.03% were extremely satisfied and 35.29% of respondents were very satisfied with the ease of searching for and locating topics on the BON website.



BON Facebook Page

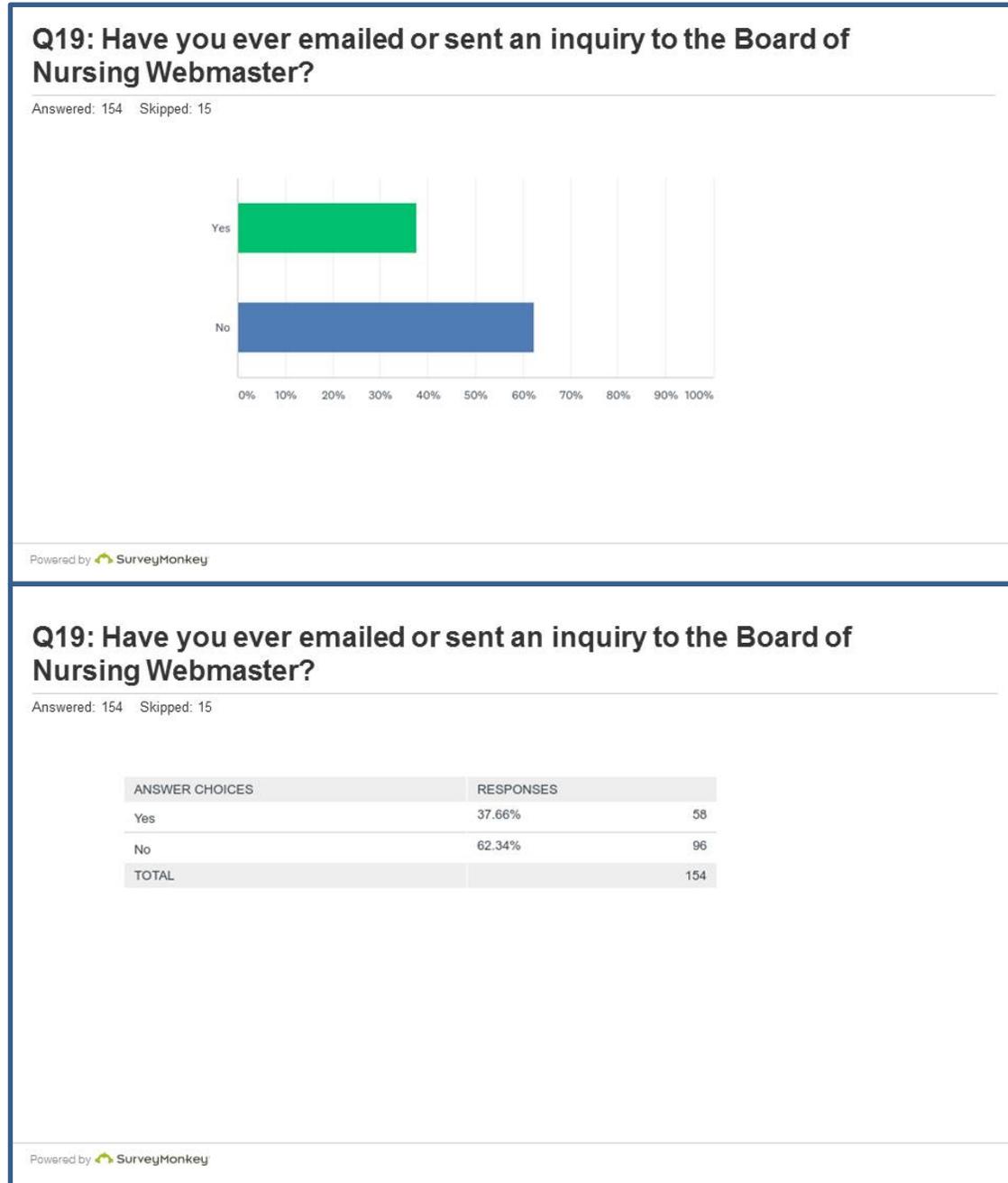
- * The BON Facebook page, launched in 2015, received the least feedback from survey takers. More than 70% of survey takers were not familiar enough with the page to provide feedback to the survey.



Webmaster E-Mail Inquiries

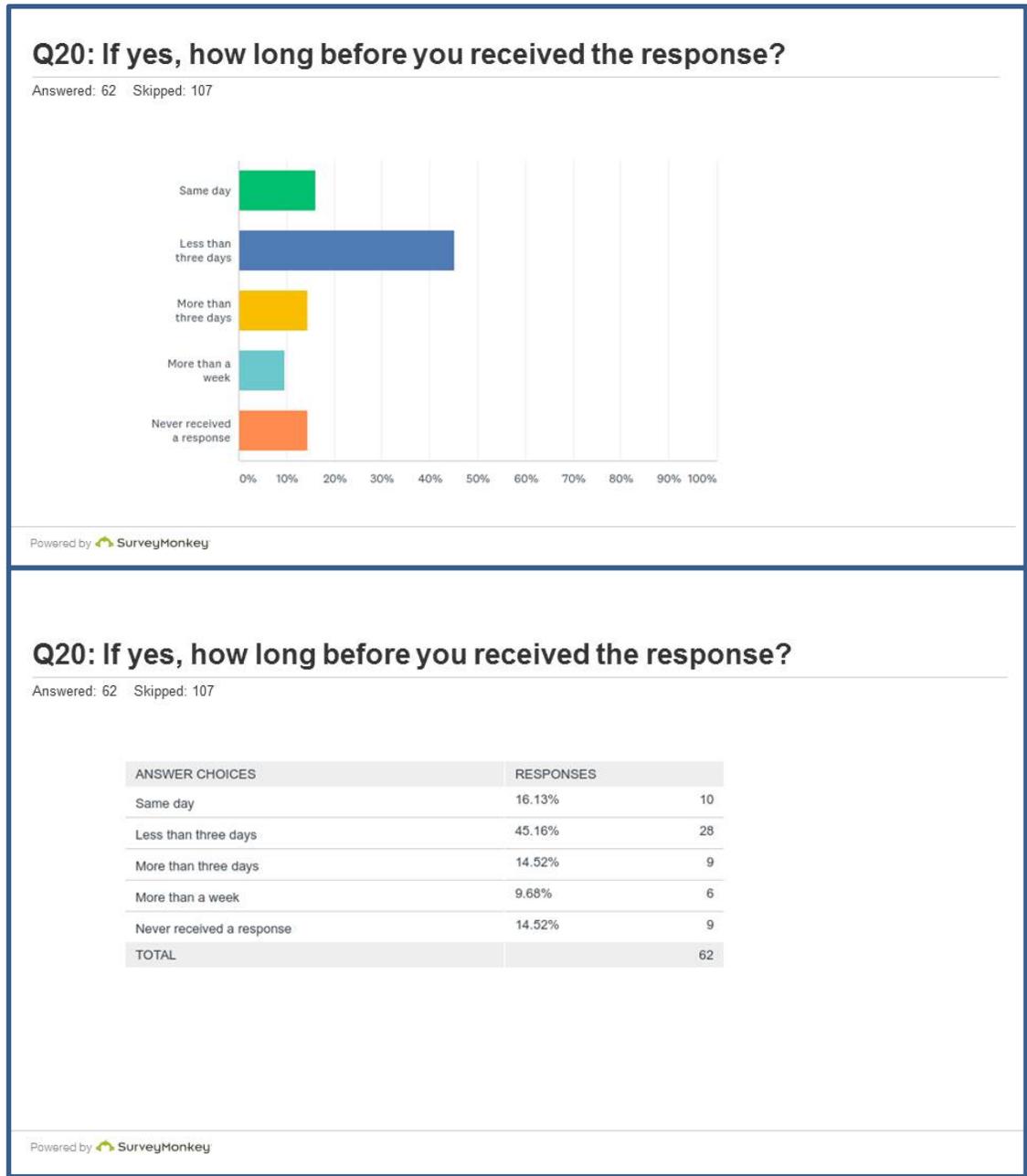
Have you ever e-mailed or sent an inquiry to the BON Webmaster?

- * When asked if they had ever e-mailed an inquiry to the BON Webmaster, only 37.66% (N=58) of survey takers indicated that they had done so. When asked how long before they received a response to their e-mail inquiry, the largest response was from respondents indicating that they received a response in three or less days (45.16%).



If yes, how long before you received the response?

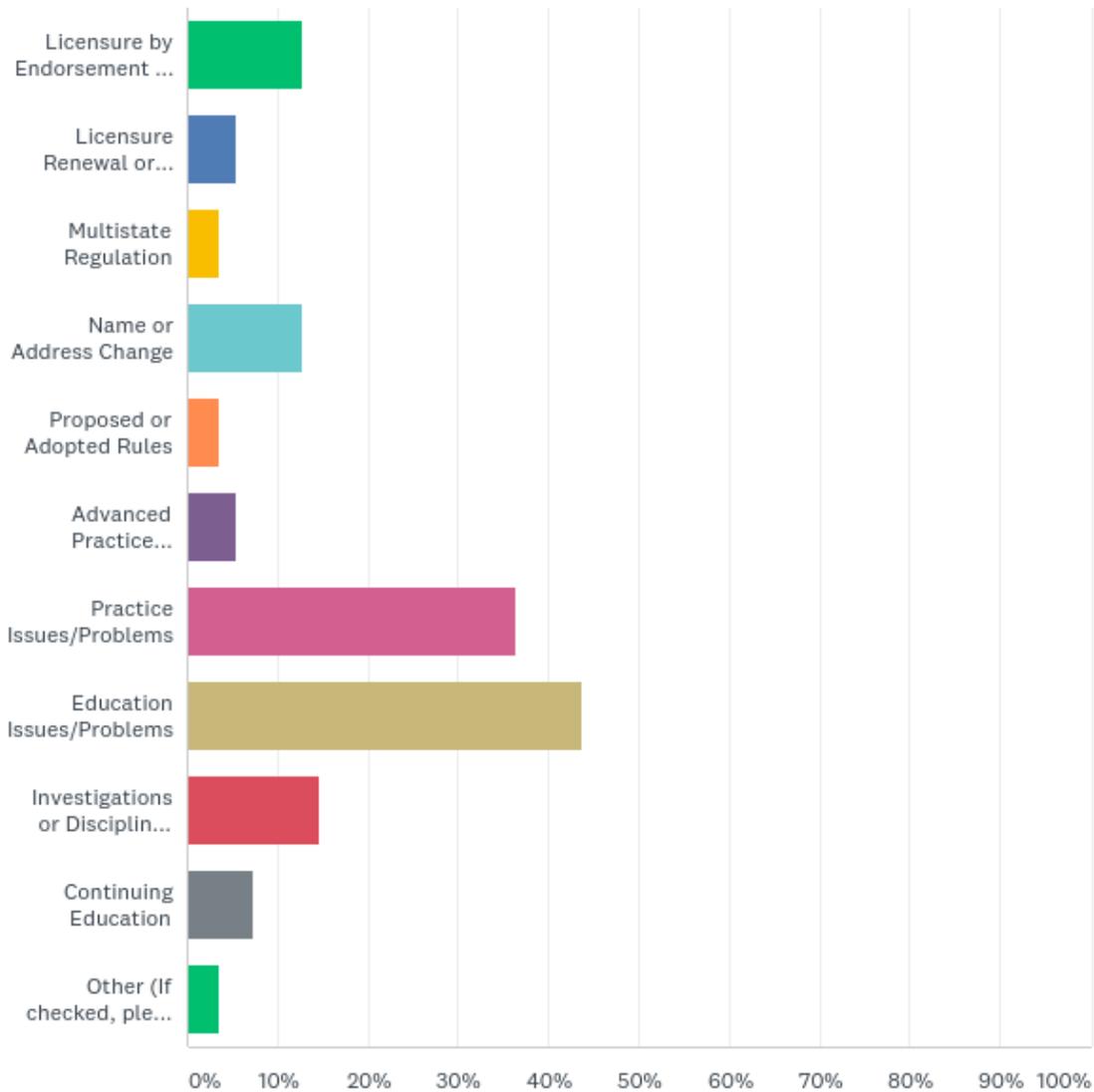
* When asked how long they waited before receiving the response to an e-mail inquiry to the Board of Nursing Webmaster, 45.16% (N=28) of survey takers indicated that they received a response in less than three days. 14.52% (N=9) of survey takers indicated that they had never received a response. Explanations for this response include: lack of entry in the subject line, which are blocked by the agency firewall for security reasons, incomplete questions, or questions requiring responses from multiple departments which must be responded to by other departments and may require several days to complete. Board staff will add clarifying instructions on the website for submission of webmaster inquiries to determine if these statistics change in future customer service surveys.



In emailing the BON Webmaster, which of the following categories of information did you request or have questions about? (Check all that apply)

* The largest percentage of questions submitted to the BON Webmaster related to education issues or problems (43.64%) N=24, followed by practice problems/issues (36.36%) N=20, and questions relating to investigations or the disciplinary action process (14.55%) N=8.

Q21: In emailing the BON Webmaster, which of the following categories of information did you request or have questions about? (Check all that apply)



Q21: In emailing the BON Webmaster, which of the following categories of information did you request or have questions about? (Check all that apply)

ANSWER CHOICES	RESPONSES	
Licensure by Endorsement or Examination	12.73%	7
Licensure Renewal or Reactivation	5.45%	3
Multistate Regulation	3.64%	2
Name or Address Change	12.73%	7
Proposed or Adopted Rules	3.64%	2
Advanced Practice Issues/Problems	5.45%	3
Practice Issues/Problems	36.36%	20
Education Issues/Problems	43.64%	24
Investigations or Disciplinary Process/Action	14.55%	8
Continuing Education	7.27%	4
Other (If checked, please describe)	3.64%	2
Total Respondents: 55		

Q22: What regulatory topics would you like to see presented by the Board of Nursing for continuing nursing education credit?

Answered: 20 Skipped: 149

Regulatory topics identified by survey takers included: Nursing Homes/Assisted Living, APRN topics, Minor Incidents, Safe Harbor, Scope of Practice, Peer Review, Gerontology (2), School Nursing, Nursing Education, Jurisprudence (2), and Mental Health.

Q23: Are there any other General Comments/Feedback related to customer service that you would like to provide?

Answered: 47 Skipped: 122

Question 23 of the Customer Service Survey provided respondents the opportunity to provide feedback in their own words. Responses were received and are summarized below:

The largest percentage of comments (33.9%) N=43 were positive towards the Customer Service Group or specific staff members that respondents communicated with by phone or e-mail. The second largest percentage of comments were non-responses such as “n/a” or “No” or vague responses which could not be categorized (21.3%) N=27. Criticisms of the agency included: long wait time to talk with staff or for processing of application N=11, faxes not checked frequently enough N=1, trouble understanding the licensure process N=2, agency understaffed N=2, difficulty understanding the advanced practice application process N=2, experienced trouble with online renewal N=1, provide more notification when license applications are missing documents N=1, respondents felt that they were rushed on phone N=3, requested faster criminal background checks N=3, licensure eligibility issues slowed licensing process N=7, continuing education audit issues or difficulty understanding requirements N=4, Notice of Disciplinary Action should appear online only N=1, fingerprinting concern N=1, too slow taking action on complaints N=1, incorrect information (not specified) provided on web site N=2,

Constructive feedback/suggestions included: change notification to nurses when temporary licenses expire that they cannot work N=1, make invoking safe harbor easier for nurses N=1, make improvements to the website search engine N=4, offer color licenses for those willing to pay N=1, provide a list of non-approved schools N=1, employ a nursing consultant for each area of practice N=1, Board website not “Mac-friendly” N=1, unaware of E-Notify N=1, and unaware Board had Facebook page N=1.

BON Customer Service Survey Summary Analysis

A comparison between the responses received in the 2015 and the 2017 Customer Service Surveys revealed areas of improvement in BON customer service:

- 17% more respondents reported a wait time of less than five minutes to speak with a BON representative;
- when asked why they contacted the Board, 10% more respondents indicated that Laws and Rules were why they contacted the Board and 16% more respondents indicated that they were seeking information on Nursing Practice;
- when asked if information was provided in a courteous manner, 26% more respondents stated that they were extremely or very satisfied with the courtesy of BON staff;
- when asked whether staff were knowledgeable and helpful, there was a 24% increase in the number of respondents indicating that they were extremely satisfied or very satisfied with BON staff in 2017;
- when asked if the information was provided in a timely manner, there was a 26% increase in the number of respondents indicating that they were extremely or very satisfied with the timeliness of the response received from the BON; and
- when asked if BON staff were able to answer their questions, 21% more respondents indicated that they were extremely or very satisfied with the ability of BON staff to answer their questions;

Comparing 2015 and 2017 responses received concerning the BON Bulletin:

- The number of respondents indicating that the Patient Safety features were useful and informative increased 5.52% from 2015 to 2017;
- satisfaction with the Practice Questions and Answers increased 8.25% from 2015 to 2017; and
- the Notice of Disciplinary Action and Imposter Warnings sections saw an increase of 10.36% in satisfaction among respondents from 2015 to 2017;

The BON website saw increased positive feedback from 2015 to 2017:

- Respondents visiting the BON website 1-2 times a month increased 7.1% from 2015 to 2017;
- among sections visited, traffic to Nursing Practice Information increased 9.14%, Laws and Rules traffic increased 10%, and FAQ traffic increased 3%;
- the number of respondents who felt the BON website is clear and easy to navigate increased 13.87% from 2015 to 2017;
- 15.78% more respondents indicated that the instructions on the website were clear and easy to understand from 2015 to 2017;
- 10.56% more respondents indicated that the information received from the BON website is useful from 2015 to 2017; and
- 10.18% more respondents reported that it is easy to search and locate topics from 2015 to 2017.

While feedback concerning the BON Facebook page was limited, 6.49% more respondents reported that the postings were useful and informative from 2015 to 2017.

Feedback concerning the Webmaster inquiries also improved from 2015 to 2017. The number of respondents indicating that they received a response to their Webmaster inquiry the same day that they sent it increased 7.43% and the number of respondents who reported that they received a reply in three days or less increased 6.75% from 2015 to 2017. Comparing the 2015 to 2017 survey data, 17.7% fewer respondents indicated that they inquired about licensure by endorsement or examination, 18.9% fewer nurses inquired about renewal or reactivation, and 15.1% fewer nurses submitted name or address changes through the Webmaster. The reduced number of Webmaster inquiries concerning examination, endorsement, renewal, and reactivation may indicate that nurses are becoming more comfortable with searching the website for information relating to licensure and the online processes relating to licensure. The reduction in the number of nurses going through the Webmaster for name and address changes may be explained by the addition of a dedicated e-mail address (changes@bon.texas.gov) for name or address changes introduced in July 2016 which has been promoted on the website and in the *BON Bulletin*. The surveys did reveal an increase in Webmaster inquiries for Practice Issues/Problems of 25.06% and Education Issues/Problems of 10.6% from 2015 to 2017 which may be indicative that problems in nursing practice settings are becoming more complex and that nursing educators are also facing more challenges in nursing education.

One concern revealed in the survey was a 10% decrease in the number of nurses visiting the BON Continuing Education Course Catalog from 2015 to 2017. This decrease may be due to the smaller number of constituents who completed the 2017 Customer Service Survey. Board staff are already planning to extend the length of time that the 2019 Customer Service Survey remains on the BON website to see if the number of survey takers increases.

Data collected by the survey has been shared with all departments to help facilitate improvements in customer service provided by the Board. Staff will continue to survey respondents on customer service on a biennial basis to solicit feedback and, where possible, make changes to improve the interactions between the BON and the customers served by the agency.

C. 2018 Letters/Emails sent to Stakeholders

Methodology

In February 2018, 254 stakeholders from professional nursing organizations, Health Professions Council agencies, deans and directors for all approved nursing education programs in Texas, and all members of BON advisory committees were contacted by letter to obtain feedback concerning the 2018 BON Strategic Plan. Stakeholders contacted are included at the end of this report. Twenty-one stakeholders (8.26%) provided feedback to the

Board. Organizations/Agencies that responded included: Baylor School of Nursing, Brazosport College, Central Texas College, Chamberlain College – Houston, Chamberlain College – Irving, Concordia University, Education Advisory Committee member – Lolly Lockhart, Navarro College, North Texas Central College, Patty Hanks Shelton School of Nursing, San Antonio College, Tarrant County College, Weatherford College, Texas Clinical Nurse Specialists, Texas Hospital Association, Texas Nurses Association, Texas Nurse Practitioners, the Texas School Nurses Organization, and the Texas Organization of Nurse Executives.

Stakeholder Feedback

Stakeholder feedback was varied. Comments are summarized below. Note that multiple similar responses are indicated by numbers in parenthesis following the comments.

What major issues, conditions, or problems related to the practice of nursing are relevant to the delivery of the Board's services?

- Lack of consistent regulations for APRNs including CNSs across the nation.
- Shortage of qualified faculty, particularly PhDs.
- Insight into the causes and solutions to nursing faculty shortage could be gained with open dialogue between healthcare systems, education, the BON, and the Texas Workforce Commission.
- The growing use of technology for learning and nursing care practices.
- Evolution of nursing roles across the continuum of care and defining “full scope of practice”.
- Ongoing issues with transition to practice.
- Lack of enforcement to protect the public from LVNs practicing outside their scope of practice while treating public school children and employees.
- School nursing is a unique practice setting and requires more clarity in guidelines. Schools are considered unstructured setting and as such there should be clear regulations guiding the use of LVNs in the school setting and practicing within their scope of practice.
- Delegation in the school setting. Often school nurses are faced with managing the administration of emergency medications. The BON provides a prescriptive list of emergency medications a RN may delegate. This list does not keep pace with emerging diagnoses in children (i.e., adrenal insufficiency). The Texas Education Code allows school administration to assign medication administration to unlicensed individuals, in theory relieving the RN of the "burden" of delegation. Registered Nurses working in the school setting are concerned that their education of UAP could be considered delegation.
- LVNs practicing outside of their scope of practice.
- Inconsistencies between scope of practice for the RN/LVN and policy delivery from the Texas Association of School Boards and TEA.
- Lack of direction for administration of emergency medications.
- More delegation guidance needed with clearer guidelines for the school nurse.
- Further delegation review and/or explanation of the rules may be of beneficial value for school nurses across Texas.
- Further guidance needed concerning UAPs including clarification if education of UAP considered delegation and legal liability of RN training UAPs when principal will be assigning nursing task that a nurse cannot delegate.
- Increase in accelerated programs, e.g., ADN to MSN and relevance of undergraduate education to support of graduate education.
- Focus on opioid overuse issue as it relates to APRN practice.
- Desire of hospitals to obtain magnet status has pushed education programs to produce more BSN graduates creating concerns for employability of ADN and VN graduates (2).
- More bedside nurses needed in acute care settings – LVNs and ADNs can fill this role.
- Increase emphasis on care for uninsured/underinsured populations needed in nursing programs – potential growth area for LVNs and ADNs.

- Formal guidelines that direct decisions for faculty without undergraduate nursing education or major concepts essential to baccalaureate education need to be added to BON Rules and Regulations.
- Social media and professional boundaries (2).
- Sharing the TERCAP tool utilized by the Board with peer review committees and other stakeholders to facilitate their work in evaluating nursing practice breakdown and external factors that may improve safety and prevent errors.
- Need to alleviate student confusion about the declaratory order process and blue cards.
- Salvaging nurses through peer assistance and TPAPN.
- Bullying and lateral violence in the practice setting.
- Blue cards notifying potential nursing students that their background check was clear should be received by students within 30 days.
- Put more focus on nurse educator peer review.
- More focus on outpatient care for VN education programs with less focus on acute care since VNs not being hired as hospitals move to magnet status.
- More training on electronic health records in nursing education programs, patient safety considerations, and nurse culpability related to unintended consequences of electronic health records system design for which nurses may have little or no control (2).
- New practices related to technological advances, e.g., telehealth roles, use of artificial intelligence, and data analytics/projections and the effect on role and scope of nurses.
- Changing delivery models: resultant new/expanded roles for nurses and allied health and unlicensed assistive personnel create new challenges for nursing delegation/ supervision/ advocacy, e.g., the ability of respiratory care practitioners to insert PICC lines.
- Board needs to review clinical requirements for VN specialties such as pediatrics and obstetrical nursing.
- Board needs to develop one-stop CEU logging/tracking program for nurses.
- Board needs to provide links for meeting CE requirements in gerontology and jurisprudence.
- Nurses not backed by some facilities where they are employed – suggested that when nurses renew licenses, they are given the opportunity to complete an employee satisfaction survey in an effort to provide direction to those in need of jobs with adequate nursing support.
- Benefits of LVN and ADN programs to provide a “lifeline” to minimize shortage of nurses in acute and long term care should be supported by BON as responsive to needs of nursing stakeholders (2).
- Board should consider limiting number of new BSN programs because clinical placements for VN and ADN programs are limited.
- Overuse/abuse of preceptors with clinical training may be contributing to burnout of nursing faculty and increases in the number of errors by student nurses. More research needed to determine if this is trend in other education programs.
- Assurance of patient safety begins with consistent oversight of Texas healthcare providers by TBON.
- Provide additional guidance to nursing education programs and nurses related to disaster process specifics such as: what to do if the education has to close for an extended period of time, what is the process as it relates to the BON, what the process is for nurses to register in advance for deployment in the event of a disaster, and information on the registration process for Texas nurses versus nurses from other jurisdictions.
- Disciplinary actions against nurses too often are seen as punishing nurses for system problems that too often do not address the problem, nor provide measures ultimately to protect the safety of patients. The public can be best protected when the nursing workforce is supported in working together to bring about changes in the health care environment to ensure quality, safe, patient-centered care. Solutions include usage of a patient safety event analysis worksheet where analysis is done of the context of the nurse action being investigated and sharing information on the system or agency issues that contributed in part to the nurse’s actions with the nurse administrator who is responsible for creating a safe work environment, providing the nurse administrator the opportunity to follow up on systems issues with the nursing peer review committee or facility safety committee.
- Sufficient BON funding for background screening to enable individuals who have filed a declaratory order petition to receive an answer as expediently as possible. Funding should allow for additional temporary clerical support so that schools of nursing can receive confirmation that their candidates for admission are

entered into the system as eligible and to obtain digital fingerprints by one business week of receiving the rosters from the schools of nursing. The ability of the Board to respond to health crises with timely position statements, guidelines and educational programming is essential. The Board's comprehensive response to Hurricane Harvey is an example of the need for and benefit of the Board maintaining the ability to be a supportive resource as a problem is unfolding.

- Education and other supportive services in response to both ongoing healthcare problems such as opioid abuse and ongoing nursing education challenges such as aging faculty.
- In response to BON mail sent to nurses that is returned to the Board as undeliverable, which may result in adverse action against a nurse, a proposed fee be charged to the "returned mail nurse" when they are located through other means with that fee going to pay for staff attempts to contact the nurse using other methods such as by e-mail or phone.

What are the most significant needs and demands of the Boards stakeholders?

- More communication of changes to internal board processes such as system and computer updates that have impacted new graduates.
- licensure renewal process (30-day grace period) created significant issues for acute care settings.
- Processing issues related to NCLEX services.
- More clinical hours needed for RNs prior to graduation.
- Comprehensive one-stop required CEU logging/tracking system is needed.
- Consider the number of newly approved BSN programs and its impact on VN and A.D.N. programs. As more BSN programs are approved clinical placements for VN and ADN are limited.
- Webinar on "Determining the Scope Practice" of School Nursing or "Delegation the Rules and Regulations in School Nursing" needed for school nurses.
- BON needs to actively seek out and develop robust partnerships with TEA and TASB to address regulatory issues of LVN and RN practice in schools on behalf of 5.3 million children in Texas public schools.
- Deficit of clinical practice areas for clinical rotations in specialty areas such as pediatrics. Clarification of how many hours of clinical practice is needed for all courses and re-evaluation of the number of hours necessary in the physical clinical sites.
- An intentional fact-finding versus evidence-gathering approach needed for investigation of complaints.
- Clarity needed on APRN roles specific to consensus model.
- Provide a link for readily available CEU, i.e., Gerontology and Jurisprudence.
- Peer Review – need to focus on Nurse Educator role as currently the process addresses clinical (hospital/clinical) nursing.
- Review of mandatory clinical course requirements for Vocational Nursing program needed for specialties such as pediatrics and obstetrical nursing.
- Increased availability of BON staff during "off hours" for consultation.
- Nurse residency programs needed for all newly-licensed registered nurses entering workforce.
- May be helpful to formulate standing policies and protocols to expedite licensure of out-of-state applicants, particularly during disasters when timely mobilization of APRNs is so critical.
- Increased investment in BON staffing to meet the growing application and practice needs of Texas APRNs is needed.
- Focusing discipline on practice breakdown related to careless and reckless behavior or incompetence rather than human error (North Carolina BON has an excellent tool guiding the evaluation of practice breakdown).
- Implementing an inter-relator reliability process for case review to decrease variability in case investigation and documentation among investigators.
- Graduate nurses needed to provide acute bedside care requiring up to a year of post-graduation training.
- Board needs to look at growing trends and opportunities in telehealth and implications for APRN practice.
- Timely response and assessments of licensure issues whether new applications or renewals.

- Nursing programs need to have focus on articulation agreements and importance of bringing in students to entry level health care profession (PCT, CNA, VN, ADN, BSN...) to bring nurses into the profession more quickly and then encourage progression of education and role.
- Need consistent guidelines for endorsement of APRN/CNS faculty coming to state.
- In an effort to determine educational needs of nurses, quarterly board reports listing disciplinary action should include which criteria under Rule 213.32 were most often cited and characteristics of the nurses for whom that action is taken rather than a public board order.
- Referring to the Accelerated change issue, if information technology compiles details and processing of applications and investigations, such as use of Culpability Chart, could better be tracked and, as a result, detailed reports generated from that data to assess interrater reliability and other measures to promote consistency. The goal is to define and correct the deficits, not only to punish the nurse.
- Board advisory committee members should be able to recommend agenda items and the committee members should be able to set agendas for the meetings accordingly.
- Perform follow-up analysis on nurses with a history of DUIs over a period of 5 to 10 years to determine if psychological evaluations and referrals to TPAPN are necessary or whether the nurse's action was a result of poor judgement or youthful indiscretion rather than substance abuse addiction.
- Discontinue usage of lie detectors by psychologists in evaluating nurses since use of lie detectors has been found to be invalid, not admissible in court, inappropriate, and possibly unethical.
- Because many of TBON's rules and regulations are often so broad they can also be a little unclear, confident and knowledgeable TBON representatives should be available to answer concerns and to provide clarification and guidance.
- Continued streamlining of licensing process across state lines to provide easy transition to practice.
- Preparing nurse graduates for the licensure exam and for complex practice environment that are in a constant state of change continues to present education challenges as well as for changes to the NCLEX exam anticipated for 2019 (2).
- BON workshops offered in different cities around the state.
- Confirming education program congruence, i.e., number of class, clinical hours, didactic content, with requirements set forward in DEC's or national standards (2).
- Finding clinical space for nursing students becoming more challenging. Suggested that BON mandate that facilities allow LVN students to participate in the learning process even if they do not hire any LVNs.
- As the role of the nurse practitioner evolves and is incorporated into hospital and facility-based practices, the BON should be at the forefront of this emerging trend and establish clear scope of practice guidelines to help hospitals and hospital employees navigate these issues. BON should revisit this and other contemporary scope of practice topics and develop new FAQ/advisory opinions to guide hospitals, nurse practitioners, and other stakeholders in utilizing NPs appropriately and within parameters set out by the agency, state and federal law, and other relevant rules and regulations.
- Decreased time to investigate complaints and take action.
- Data included in quarterly statistical reports on informal settlement conferences (ISCs) and SOAH should be expanded: ISC reporting should include number of cases resulting in no action, number of cases with reduced restrictions or stipulations, number of cases with increased restrictions or stipulations, and number of cases referred to SOAH defining criteria/rationale for unable to settle at ISC. For SOAH cases, include number of cases where BON accepts the ALJ decision, and number of cases where BON does not accept ALJ decision and rationale.
- Continued guidance through written guidelines and Board sponsored workshops regarding how to successfully and innovatively change instructional design in response to student needs and changing resource availability. For example, as clinical site availability in traditional settings continue to decrease in many areas, guiding programs to redesign clinical instruction to both include using community healthcare delivery settings and measuring the effectiveness of these sites to achieve student learning outcomes would be very helpful. Guiding programs to meet nursing student requests for increased online instruction while ensuring that this type of instruction achieves student learning outcomes would also be very beneficial.
- Assisting programs to successfully improve student application of judgment and reasoning is essential for both future NCLEX success and graduate transition to practice is essential.

- Continued education for nursing faculty and leadership concerning the nursing peer review process, Jurisprudence, and ethics.

What strengths, weaknesses, opportunities or obstacles characterize the Boards relationship with its stakeholders?

- The BON makes many efforts to reach nurses in the state (publications, workshops, webinars, website).
- The BON needs to continue to work on timeliness and personalized responses when nurses call or email questions and practice concerns, instead of standardized email that paraphrase rules and position statements.
- Assisting nurses through TPAPN and other pro-nurse programs.
- Education and Practice consultants should hold all nursing programs to high standards of excellence while supporting and encouraging programs that are on warning or conditional status to help create an ongoing collaborative culture of excellence and continuous improvement.
- Education consultants always provide timely, clear and helpful responses to any inquires or questions posed by nursing schools and/or nursing students (2).
- More investigators needed.
- Find ways to track nurses' physical addresses due to frequent moves and reliance on Email for personal and business transactions that the BON does not accommodate.
- One strength of the Board is its innovative thinking and leadership nationwide. Texas BON is on the forefront of new knowledge in nursing education and practice which elevates the profession of nursing.
- KSTAR and other programs to allow nurses remediation to keep licensure.
- The AOG process works smoothly. Applicants are informed quickly.
- Emails are answered quickly, quick response time for Board (2).
- Printable licensure forms which can be filled out online and then printed (new forms added to BON website on April 6, 2018).
- APRN Advisory Committee continues to be one of the agency's most underutilized Committees and resources. Committee could be better employed to address APRN scope of practice issues.
- Additional APRN BON board position overseeing APRN practice needed due to increasing number of APRNs in Texas.
- BON Education Consultants provided rationale and clarification concerning differences in accreditation agency standard on faculty credentials and college policy concerning teaching in ADN program.
- Engagement of BON education consultants with the orienting and ongoing professional development for Deans and Directors is a strength (3).
- Nursing education is turning the corner with the many accelerated programs now available that are quite creative and certainly serve the need to increase the number of BSN graduates. Are programs omitting the essentials that educators need in providing a quality education?
- Perception by some stakeholders that the TBON is "trying to catch you" doing something wrong (2).
- BON listens to school nurse concerns, indicates it wants school nurses at the table, but does not include them in discussions regarding solutions to the concerns.
- Limited physical space available to attend and observe the Texas Board of Nursing meetings is an obstacle. This creates missed opportunities for students to learn about BON proceedings, processes, and deliberation that impact individual nurses, nursing programs, and the profession. Broadcasting the meetings would create the opportunity for expanded student education and timely dissemination of important board decisions and information to constituents.
- Nursing consultants available to answer questions relating to nursing practice.
- Students have complained about the long wait time on phone calls (2).
- Website needs to be more user-friendly and easy to navigate.
- Sunset review addressed the overreach issues related to the BON's disciplinary actions, TPAPN is adapting to the Sunset regarding individualization of the services (2).
- More BON staff needed due to volume of work done by the Board.

- Strong policies concerning the procedures and processes for investigations and actions reports to the board lack transparency.
- Evidence of commitment and desire to protect the public but many actions appear to the public to be excessive based on violations.
- Nurses with limited evidence of mental health or SUD issues may be referred for psychological evaluation that is very costly.
- There may be an inclination to refer to TPAPN even when the events are more than 5 years past and evidence that the problem was poor judgment or youthful indiscretion.
- Board staff maintain excellent relationships with nurse educators, as evidenced by attending and presenting at both professional and vocational nursing organization meetings, holding Advisory Committee for education meetings on a regular basis, and the responsiveness to individual queries by program directors.
- Movement to increase mediation/arbitration to seek most appropriate action, if any, for the nurse and in the shortest period of time possible. Investigations are lengthy and may be passed to Legal Department without solid evidence to support the action and then closed after long periods at great financial and emotional cost to the nurse. In the past, mediation has not been effective in some cases where it would have saved the BON and the nurse unnecessary stress and cost.

To what extent are stakeholders satisfied with the services the Board provides and what progress has been made by the Board toward achieving the Board's objectives and desired outcomes?

- Timeliness has improved for processing new graduates.
- The electronic NPA is a great reference, with items easy to find.
- Excellent website – ease of navigation, verification of licensure (2).
- Very satisfied, greatly satisfied, doing well (3).
- Improvement needed (2).
- Texas School Nurses Organization representative needed to participate in discussions on delegation rules and regulations relating to school nurses.
- BON services have evolved over the years towards excellence by updating rules and services for nurses and the public.
- Ready response in allowing out of state nurses to work in Texas post Hurricane.
- Ease of online re-licensing is a satisfier (2).
- Might be helpful is to have email updates sent to all nurses in Texas. One way BON can do it is to have a "subscribe to Texas Board of Nursing" option when renewing. Other federal and state agencies offer this and it is tremendously valuable.
- The focus on patient safety and early adoption of the TERCAP program is a major satisfier especially in the practice environment for protection of the public and to identify key areas for development.
- Board is to be commended for advancing the multi-state license compact, knowledge of the NCLEX Next Generation Project, and the Taxonomy of Error Root Cause Analysis and Practice Responsibility (TERCAP).
- As an educational facility, we are very satisfied with the services the Board provides. The Differentiated Education Competencies (DECs) instrumental in creating clinical evaluation for students and transition from beginning students to expert students.
- The BON made considerable effort to make necessary changes in response to the concerns expressed. When that is done, the BON and BON Advisory Committees need to evaluate the changes in relation to stakeholder's perceptions.
- The Central Texas College Department of Nursing & Allied Health are greatly appreciative for the many years of guidance provided by TBON.
- Significant progress has been made by the Board and its staff to address the opportunities identified through Sunset Review.
- Chamberlain University's Houston and Irving campus is satisfied with the Board's services. The campus faculty and leadership would like commend the BON for leadership to advance the multi-state license compact,

knowledge of the NCLEX Next Generation Project, and the Taxonomy of Error Root Cause Analysis and Practice Responsibility (TERCAP).

- I am very satisfied with the level of support the BON provides to nursing programs and its directors!!! That level of support and commitment to nursing programs has been instrumental in my adjustment to the role of Program Chair.
- The Board seeks to be proactive in addressing the needs of the public and nursing programs and this keeps our profession relevant and current.
- The Board has made significant efforts to resolve complaints against nurses within a reasonable timeframe, achieving their goal of resolving 75% of cases within one year. We commend the Board's achievement of this metric.
- The BON's services have evolved over the years toward excellence by way of updating rules, and services for nurses and the public.
- Overall, our experience with the Texas BON has been an overwhelmingly positive one. We receive excellent guidance from the BON's APRN practice consultant when questions regarding APRN scope of practice arise or when we need an expert opinion on relevant rules and regulations governing APRN practice. Overall, customer satisfaction levels with BON services among our nurse practitioner (NP) members rates consistently high, and we receive positive feedback regarding our members' experience with licensure application processes, the quality of BON educational outreach activities at our conferences, and other interactions with the Board.
- Board use of multiple advisory committees for nursing education, nursing disciplinary issues, and nursing practice has been very beneficial for both the Board and stakeholders in nursing practice and education.
- Board staff provide ongoing publicity that demonstrates the Board's success in meeting its objectives that are well designed to serve the needs of stakeholders.
- PHSSN is very satisfied with all Board services. I think nursing education is turning the corner with the many accelerated programs now available. They are quite creative and certainly serve the need to increase the number of BSN graduates but are we omitting the essentials that educators need in providing a quality education. Many times we are presented with this information with a new hire.

Issues out of purview of the Board:

- More support needed for independent APRN practice (2).
- NCLEX needs to reflect increased emphasis on care given to geriatric populations.
- Support needed for increasing number of nursing educators since many current educators are at or near retirement age.
- School nurse needs to serve on the BON for the purpose of representing the unique specialty practice and unique practice setting of the school nurse.
- Holding TEA accountable as a regulating body for school nurses and helping them keep the public safe through enforcement.
- Since school nurses are not a recognized practice and schools are not required to have a school nurse, not all students receive the same support from health services.
- School nurses must often become emergency responder and must be prepared to assume that role in a very independent practice setting.
- Geriatric CNE requirement seems excessive for the school nurse, as compared the Jurisprudence CNE requirement. Seems the training requirement should be flipped for the school nurse.
- School nurse must navigate legalese of IDEA, 504, TEC, Health and Safety Codes, and multiple regulatory guidelines of DSHS, while never deviating from the NPA.
- Professional school nursing is practiced in a plethora of different healthcare and educational frameworks.
- More acute care nurses needed in hospitals and other settings, lack of front line staff, nursing shortage (9).
- Lag in number of minority/ESL nursing students. Programs needed to increase number of bilingual and culturally appropriate nurses.

- Virtual clinical experiences/studies as part of the licensure exam would capture the students who are poor test performers but have been assessed to be excellent clinically and able to demonstrate safe nursing practice in the academic setting.
- Continued evaluation of impact and value of APRN Compact for Texas needed.
- Ability to recruit and compensate faculty for schools of nursing.
- Ability to provide schools of nursing in rural Texas to support the health of these communities.
- Critical need is the shortage of acute care nurses to provide care within hospitals and other employment opportunities.
- Lack of inpatient beds for psychiatric patients, especially, but not limited to unfunded patients.
- Ability to recruit and compensate faculty for schools of nursing.
- Without an APRN state compact or similar reciprocity agreement, Texas does not have a process in place that allows Texas to readily recognize or process out-of-state APRN licenses.
- May need to seek restatement in the NPA to broaden the Board Mission to acknowledge support of nurses and the profession as a means to promote patient safety and wellbeing.
- Ability to provide schools of nursing in rural Texas to support the health of these communities.
- BON and Texas Higher Education Coordinating Board should pursue authority over non-licensure education programs such as RN to BSN and MSN programs to ensure quality or develop guidelines and criteria for recognition of excellence which would be more meaningful than national accreditation.

This feedback was shared with Board members and BON staff to assist with the strategic planning process and for consideration in future nursing advisory committee meetings.

BON Stakeholder Feedback Analysis

Feedback from constituents has been circulated to the Board as well as all agency departments for consideration. Board staff were satisfied with the data collected from the surveys conducted from 2016 to 2018 but found areas where improvements could be made in the future as the agency continues to gather feedback concerning customer service provided by the agency. Future improvements include reviewing survey questions to improve the accuracy of scoring survey user feedback, and conducting smaller more targeted surveys to measure customer satisfaction with specific areas of customer service such as Nursing Practice and/or APRN.

Customer Service Measures

Outcome Measures

<u>FY16 (NCSBN - CORE)</u>	<u>FY17 (BON Survey)</u>	
88.16%	82.68%	Percentage of Surveyed Customer Respondents expressing Overall Satisfaction with Services Received
2.25%	.006%	Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Output Measures

<u>FY16</u>	<u>FY17</u>	
2,007	n/a*	Number of Customers Surveyed
400,726	414,516	Number of Customers Served

Efficiency Measures

<u>FY16</u>	<u>FY17</u>	
0	\$3.59	Cost Per Customer Surveyed

Explanatory Measures

<u>FY16</u>	<u>FY17</u>	
400,726	414,516	Number of Customers Served
8	8	Number of Customer Groups Inventoried

* This number is not available as the survey was conducted online with information about the survey provided to all currently licensed nurses residing in Texas receiving the *BON Bulletin*, paid newsletter subscribers, those viewing the BON Facebook page via the agency, and anyone visiting the BON website in the period when the survey was taking place.

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

Outcome Measures

1) *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:	2016 BON Stakeholder responses from CORE Study results on Website, Telephone System, and Newsletter averaged to produce aggregate stakeholder score of 88.16 for FY 16. Data from Tables 1 (84.2%, 93.8%, 88.1%), 2 (85.4, 84.6%, 95.1%), 3 (79.0%, 100.0%, 88.8%), 5 (63.1%, 100.0%, 97%), and 6 (79.4%, 88.8%, 95.2%) used for calculation of 2016 score. For calculation of the FY 2017 score of 82.68%, four survey questions for each customer service area (Customer Service Department, <i>Board of Nursing Bulletin</i>, and the BON website) were selected as measures. Scoring was based on all positive and negative responses received. Neutral or non-responses were not considered in the calculations. A Likert Scale was utilized using five levels of response ranging from extremely satisfied to not satisfied. The satisfaction rating was calculated by averaging the percentages for positive responses divided by the total number of responses. Slightly Satisfied and Not Satisfied were considered as negative responses. The overall score was determined by averaging the scores received for the twelve indicator questions. In the 2017 BON Customer Service Survey, for the Customer Service Department, questions 4 (85.19%), 5 (89.91%), 6 (86.04%), and 7 (88.08%) were utilized. For the <i>Board of Nursing Bulletin</i>, questions 8 (81.17%), 9 (81.93%), 10 (82.58%), and 11 (86.31%) were utilized. For the Board of Nursing website, questions 14 (77.78%), 15 (79.61%), 16 (86.27%), and 17 (67.32%) were utilized.

Data Limitation: The agency has no control over how many BON customers will respond to the survey.

It is the agency's intention to gather survey data either through external or internal surveys.

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 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.

Sources of Data: NCSBN develops/-mails a survey to agency Customers. The BON posts a survey online from April to May 2017. BON tabulates survey data from those who respond to the surveys.

Method of Calculation:

NUMERATOR - Total number of BON customers who responded to the surveys with suggestions for improvements relating to BON customer service. For CORE Study, 45 written suggestions for improvement of BON customer service were received from the 1997 respondents surveyed. For BON online survey, 23 respondents provided written suggestions for improvements relating to customer service on Survey Question 23.

DENOMINATOR - Total number of surveys that were mailed to BON customer. For 2016 CORE Study, 1,997 surveys were sent to Texas nursing stakeholders. For BON online survey, the number of nurses that were mailed copies of the BON Bulletin (374,733) plus the number of paid subscribers (800) to the *Bulletin*. This performance measure is calculated by dividing the numerator by the denominator and multiplying by 100 to achieve a percentage.

Data Limitation: The agency has no control over how many BON customers will return the surveys. It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium if no other survey data is available. This performance measure does not lend itself to a quarterly or annual report. On the Board of Nursing Web Survey, a total of 167 customers responded. 211 customers responded to the NCSBN Survey.

Calculation Type: Non-cumulative.

New Measure: No.

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

Output Measures

(1) *Number of Customers Surveyed*

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

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

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

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

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

of people who want to obtain a nursing license, or who want to obtain information).

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

Calculation Type: Non-cumulative.

New Measure: No.

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

(2) *Number of Customers Served*

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

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

Source/Collection of Data: The number of customers served is the actual number of Board customers in each identified major group. These groups include but are not limited to: number of registered nurses, advanced practice registered nurses, licensed vocational nurses, schools of nursing, nursing associations, estimated number of employers, petitioners, and complainants.

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 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 measure entitled *Number of Customers Surveyed*.

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

Source/Collection of Data: Funds expended would include all direct costs attributable to the survey. For this biennium, the cost is the subscription for the SurveyMonkey service, which is \$300.00 annually multiplied by two because SurveyMonkey use, analysis, and development of future surveys is a continuous process. The NCSBN incurred all costs with the CORE Project.

Method of Calculation: BON Accountant keeps record of costs. Cost calculation – 167 (respondents) divided by \$600.00 (two-year subscription to SurveyMonkey).

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 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 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.**

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Korbi Berryhill, RN, MSN	VN Deans and Directors
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Appendix A. Agency Information Technology Resource Planning

A technology initiative is defined as a current or planned activity that will improve, expand, or significantly change the way information technology (hardware, software, and services) is used to support one or more agency objectives. In the Technology Initiative Assessment and Alignment section, the BON has identified the initiatives that will be addressed over the next five years.

1. Initiative Name: Technology Refresh - Continued replacement and upgrading of computer hardware/software in alignment with Technology Refresh plan.	
Initiative Description: The BON replaces hardware and software in compliance with the Board’s Technology Refresh Plan of four years. The refresh schedule staggers the replacement and yearly purchases of these systems to assist the BON in maintaining a consistent budget and workload. Analysis of services, software, costs, and purchase versus lease, is performed prior to each purchase.	
Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency’s information technology detail.	
Name	Status
Desktop PC, Laptops, and Printer Lifecycle Replacement	Planned
Server and Major Network component Upgrades and Lifecycle Replacement	Planned
SANS Devices Upgrades and Lifecycle Replacement	Planned
Software Lifecycle	Planned
Office 365	Planning
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • Virtualization • Data Management • Infrastructure
Anticipated Benefit(s): The BON anticipates benefits in the following areas: <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements • Compliance (required by State/Federal laws or regulations) 	
Capabilities or Barriers: The barriers in implementation of this project are costs.	

2. Initiative Name: Security - Strengthen, maintain and enforce policies and infrastructure for data privacy and system security.	
Initiative Description: The BON has recognized that the landscape of IT security is changing rapidly and has been updating the five-year plan every two years to respond to new security threats and new technologies. The BON is committed to staying on the front end of systems security through investments, training, and application of best practice principles.	
Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's information technology detail.	
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities that the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy 	<ul style="list-style-type: none"> • Cyber Security • Data Management
Anticipated Benefit(s): The BON anticipates benefits in the following areas: <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements • Compliance (required by State/Federal laws or regulations) 	
Capabilities or Barriers: The barriers in implementation of this project are lack of funding, lack of IT staffing, training, and overall costs associated with an ever-changing IT specialty.	

3. Initiative Name: Development of new capabilities for real time data sharing, updating and processing with other individual, State, and Federal entities.	
Initiative Description: The BON is investigating and reviewing every data sharing path within the agency and has created a position for integration of new systems and new processes to import and export meaningful data with our partners on a real-time, weekly, monthly, or yearly basis, or upon request. New initiatives in this area include the effort to post de-identified raw data used for statistical reporting for public use and research and the ability to allow constitutes real time access to their own data and the ability to update their non-licensing base information.	
Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's Information technology detail.	
Agency Objective(s): Licensing, Nursing Education, Data Sharing, APRN Compact, Transparency in Regulation, and Security.	
Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications 	<ul style="list-style-type: none"> • IT Workforce • Data Management • Mobility

<ul style="list-style-type: none"> • Business Continuity • Enterprise planning and collaboration 	<ul style="list-style-type: none"> • Network
<p>Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:</p> <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements 	
<p>Capabilities or Barriers: The barriers in implementation of this project are limitations of equipment, lack of IT staffing, and reverse engineering of older established systems written in a variety of programming languages.</p>	

<p>4. Initiative Name: Upgrade Licensing System - Expansion of existing and new licensee data, electronic file systems, and shared data services.</p>	
<p>Initiative Description: The BON’s current licensure application is 16 years old, but has been maintained and upgraded using a valid software migration path and is up-to-date in regards to system and data maintenance. However, the data architecture is outdated and due to the functionality of newer developmental software and the integration of web interfaces and mobile technology, the BON will be partnering with the National Council of State Boards of Nursing to develop a new licensure application which is cloud based, called the Optimal Regulatory Board System (ORBS). This new system will allow information to be gathered and updated among the other compact boards of nursing in the U.S. in real time.</p>	
<p>Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency’s information technology detail.</p>	
Name	Status
Optimal Regulatory Board System (ORBS)	In Progress
<p>Agency Objective(s): All agency objectives</p>	
<p>Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.</p>	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • Data Management • Mobility
<p>Anticipated Benefits: Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:</p> <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements 	

Capabilities or Barriers: The barriers in implementation of this project is getting the required infrastructure from DIR to meet requirements of a web based system.

5. Initiative Name: Rapid information dissemination to constituents – expanding the mobile application offerings and services.

Initiative Description: The BON plans to build upon its public available systems that have already been released redesigned website and mobile applications that will allow anyone to verify licenses and applications in real time to get the most current news and postings from the BON to be able to get the information that is important to the stakeholder and to complete routine changes such as address changes or to get almost real time interaction with BON staff.

The BON will continue to put effort in the new Mobile market by continuing to improve the existing and new websites and applications to be both more useful and friendlier for mobile device users.

Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency’s Information Technology Detail.

Agency Objective(s): All agency objectives.

Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

- | | |
|--|--|
| <ul style="list-style-type: none">• Cloud Services• Business Continuity | <ul style="list-style-type: none">• Mobility• Network |
|--|--|

Anticipated Benefits: Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:

- Operational efficiencies (time, cost, productivity)
- Citizen/customer satisfaction (service delivery quality, cycle time)
- Foundation for future operational improvements

Capabilities or Barriers: The barriers in implementation of this project are lack of IT staffing and overall costs.

6. Initiative Name: Disaster Recovery and BON distributed service infrastructure.

Initiative Description: The BON plans to continue building on its distributed computing infrastructure to be prepared for catastrophic failures at its offsite datacenter. By continuing to upgrade and expand the functionalities of its disaster recovery center at University of Texas Health Science Center in San Antonio. This will allow staff to work remotely, as if they were at the physical Austin offices, ensuring that, in the event of a disaster, the BON can continue serving the public.

This is not limited to the technology systems infrastructure but also the phone systems as the BON seeks to convert over to VoIP systems that will allow staff to still be in contact with their stakeholders even if they cannot be at the office location.

Associated Project(s): Name and status of current or planned project(s), if any, that support the

technology initiative and that will be included in agency's Information Technology Detail.	
Name	Status
Remote Accessibility infrastructures	In Production
Virtualized Desktop Systems	Planning
DIR site	In Production; Planning expanded capabilities
Cloud based servers	In Production
IVR and VoIP	In Production
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • Virtualization • Data Management • Mobility • Network
Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include: <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Security improvements • Foundation for future operational improvements 	
Capabilities or Barriers: The barriers in implementation of this project are lack additional infrastructural costs.	

7. Initiative Name: BON to be Paperless operations	
Initiative Description: As industries have moved more towards paperless operations, there have been many benefits. The BON in conjunction with the adoption of ORBS has made the decision to take make the agency paperless. The goal is to be able to complete the entire business process of initial licensure, renewal, and enforcement in a virtual paperless workflow system.	
Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's Information Technology Detail.	
Name	Status
Document Management System	Planning
Document Management System Infrastructure	Planning
Agency Objective(s): All agency objectives.	

Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration | <ul style="list-style-type: none"> • IT Workforce • Virtualization • Data Management • Network |
|---|--|

Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative.

Types of benefits include:

- Operational efficiencies (time, cost, productivity)
- Security improvements
- Cost Savings and space savings with little to no printing of paper documents
- Efficiently replicated to Disaster Recovery site to insure no information lost in event of disaster
- Foundation for future operational improvements
- Integration into Licensing management system ORBS.

Capabilities or Barriers: The barriers in implementation of this project policy creation, workflow mapping, and overall infrastructural costs.

8. Initiative Name: Hyper-Convergent infrastructure; distributed networking

Initiative Description: The IT industry has been migrating to scalable, robust, and reliable systems structures. The BON, in conjunction with the following initiatives: Licensure Management System, BON going Paperless, Disaster Recovery and BON distributed serviced infrastructure, is looking at a more reliable and scalable IT system that is as reliable as the current system but can grow quickly with the business needs of the Board.

This system will allow all users and systems to run virtually. This allows users to work both in the office or off-site and have the same experience and with the same level of productivity. In the case of a disaster, the BON will continue to operate from distributed networking nodes, either at our disaster recovery sites, or from other hosted servers. The whole agency will be operating in a virtual environment and therefore can be easily moved to new physical locations, if needed.

Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and will be included in agency’s information technology detail.

Name	Status
Hyper Convergent Infrastructure	In Production
Hyper Convergent Infrastructure - DR- High Availability Failover	Planning
DIR faster link speeds and more reliable WAN	Planning

connectivity	
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • IT Workforce • Virtualization • Data Management • Network
<p>Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative.</p> <p>Types of benefits include:</p> <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Security improvements • Cost savings running more on less hardware. • Real-time replication and failover for quick system failover and continuous Business Continuity. • Virtual Systems allows for cheaper end user and server hardware. • Virtual Desktops allow for remote users to have the same level of security and the same experience as if they were in the office. • Allows expedient growth without changing the underlying system designs at a predictable linear cost. • Foundation for future operational improvements 	
Capabilities or Barriers: The barriers in implementation of this project are increased infrastructural costs.	