

TEXAS BOARD OF NURSING

Agency 507

STRATEGIC PLAN

FOR FISCAL YEARS 2015-2019



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AGENCY STRATEGIC PLAN

For the Fiscal Years 2015-19 Period

by

TEXAS BOARD OF NURSING

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June 23, 2014



Signed:

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Approved:

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Statewide Elements

The Vision of Texas State Government

- * Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means, and limiting the growth of government;
- * Investing in critical water, energy, and transportation infrastructure needs to meet the demands of our rapidly growing state;
- * Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace;
- * Defending Texans by safeguarding our neighborhoods and protecting our international border; and
- * Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.

The Mission of Texas State Government

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

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

The Philosophy of Texas State Government

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

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

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

Relevant Statewide Goal and Benchmarks

Regulatory Priority Goal

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

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

Benchmarks

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

Agency Mission

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

Agency Philosophy

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

Introduction

The regulation of nursing continues to evolve in response to the passage of legislation; factors influencing nursing practice and education; and the changing healthcare environment. Following the 83rd Texas Legislative Session the Texas Board of Nursing (BON or Board) responded to the passage of four bills amending the Nursing Practice Act (NPA) and impacting the regulation of nursing in Texas.

House Bill (H.B.) 581 authorizes a nurse employed by a hospital operated by or on behalf of a state or local entity to sue the governmental entity to recover limited damages for certain retaliatory actions taken against the nurse for fulfilling obligations as a licensed nurse practicing under Texas law; and specified that sovereign immunity of the state or local governmental entity from suit and from liability is waived for the limited purpose of allowing the nurse to maintain a lawsuit in state court to obtain such relief.

Senate Bill (S.B.) 406 eliminated the requirement for on-site physician supervision of Advanced Practice Registered Nurses (APRNs) and increased the number of APRNs a physician can supervise from four to seven. Additionally, physicians are allowed to delegate authority to prescribe Schedule II controlled substances in hospitals and hospice settings with required periodic face-to-face meetings taking place between APRNs and the delegating physician.

S.B. 743 requires the BON to suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of an offense involving a violation of certain court orders or conditions of bond under Section 25.07, 25.071, or 25.072, Penal Code, punished as a felony, or other offenses.

S.B. 1058 added new continuing education requirements related to nursing jurisprudence and ethics, as well as continuing education related to older adults or geriatric populations for nurses working in a practice area related to geriatric populations. S.B. 1058 also made criminal background checks mandatory for students accepted for enrollment in a nursing education program and permits the Board of Nursing (BON or Board) to initiate declaratory orders for eligibility proceedings based on positive criminal background checks; made permanent the Board's authority to impose deferred disciplinary action; clarified that action may be taken against a nurse's license based on action taken by a division of the United States Military; authorized the BON, in conjunction with a disciplinary action, to require a nurse to abstain from use of alcohol and drugs and submit to random drug testing; provided for limited non-disclosure of disciplinary proceedings that result in a Board order requiring the nurse to participate in a Board-approved peer assistance program to address a problem that the nurse is experiencing with mental illness or chemical dependency; as well as making other changes relating to disciplinary action taken by the Board.

Overview of Agency Scope and Functions

Main Functions

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

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

Statutory Basis and Historical Perspective

The BON is responsible for licensing, regulating, and monitoring the status of approximately 260,000 licensed registered nurses, 97,000 licensed vocational nurses, and 18,000 advanced practice registered nurses. The BON is responsible for licensing more healthcare provider licensees than any other health occupation licensing board in the State of Texas. The Enforcement Division for the Board conducts more investigations and takes more disciplinary action in response to jurisdictional complaints than any other licensing board in Texas. Among the health profession licensing boards, the Board of Nursing is the only board approving and monitoring educational programs leading to licensure. The BON approves 114 nursing education programs for registered nurses and 98 programs for licensed vocational nurses. In 1909, the State of Texas formally recognized professional nursing with the passage of the first Nursing Practice Act (NPA). In 1951, the State of Texas formally recognized licensed vocational nursing with the passage of H.B. 47, which authorized the issuance of licenses to licensed vocational nurses. The Texas Board of Nursing is established pursuant to V.T.C.A., Occupations Code, Chapters 301, 303, and 304.

This strategic plan marks the Board's 105th year providing service to the people of Texas. Two key elements to the Board's continuing success are innovation and its ability to anticipate

change within the health care and regulatory arenas. The Legislature has, throughout the 105 years following the enactment of the NPA, amended the Act to address changes in health care and nursing practice. Timely amendments have ensured that the State's definition of nursing reflects contemporary practice; the Board's disciplinary authority expands as practice becomes increasingly complex; and the Board's accountability to approve nursing education programs is appropriate. Public safety and access to qualified practitioners have been central themes in statutory revisions.

Major changes in the NPA during the past 33 years include:

- 1981 - The composition of the Board was changed to include 33% representation by consumers, increasing the board to nine members.
- 1987 - Mandatory reporting and peer review by RNs was authorized. Texas continues to be the only state to require peer review for all nurses in certain situations.
- 1989 - Mandatory continuing education for all RNs and limited prescriptive authority for advanced practice registered nurses (APRNs) were included in the NPA.
- 1991 - The BON was authorized to investigate and grant Declaratory Orders of Eligibility to individuals prior to entering or graduating from professional nursing education programs. Mandatory continuing education became a requirement for all Texas licensed vocational nurses.
- 1993 - During Sunset, NPA changes clarified the Board's regulatory procedures, authorized funding for a quarterly newsletter, and permitted the Board to receive grants and other funds.
- 1995 amendments to the NPA:
 - Incorporated the role of advanced practice nurses (APRNs) into the definition of nursing;
 - Specified the role of the RN in LVN peer review;
 - Defined good professional character;
 - Identified qualifications for RN members of the Board;
 - Provided protection for the RN who refuses to engage in reportable conduct; and
 - Granted additional prescriptive authority for APRN practice in concert with changes in the Medical Practice and Pharmacy Acts.

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

- 1999 legislation:
 - Recodified the Nursing Practice Act into the Texas Occupations Code, Chapters 301 and 303, under the direction of the Texas Legislative Council, whose goal was to clarify and organize, for future expansion, all statutes relating to regulatory and licensing agencies.
 - Enacted the Nurse Licensure Compact (H.B. 1342) which enables Texas licensed Registered Nurses to practice in other compact states under their Texas license. There are currently 24 states that have passed legislation to join the compact (see Appendix H).
 - Required that the Board of Nursing adopt rules regulating the provision of anesthesia services by persons licensed by the Board in specific outpatient surgical settings. The Board can be requested to inspect equipment utilized in outpatient settings by Certified Registered Nurse Anesthetists and determine if it meets acceptable safety and operational requirements agreed upon by the Board of Nursing, the Texas Medical Board and other public groups and organizations.

- 2001 legislation:
 - The 77th Texas Legislature passed H.B. 2812 which moved legislation enacted in the 76th Texas Legislative Session from Vernon’s Texas Civil Statutes into the Texas Occupations Code (Code). All language relating to the Nursing Practice Act (NPA) formerly located in Vernon’s Texas Civil Statutes was relocated into the Texas Occupations Code. The Outpatient Nurse Anesthesia Statute and the Nurse Licensure Compact were moved from Vernon’s Texas Civil Statutes to Chapters 301 and new Chapter 304 of the Texas Occupations Code.
 - The 77th Texas Legislature enacted five bills, including H.B. 803, H.B. 2650, S.B. 338, S.B. 572 and S.B. 1166 amended the Texas Occupations Code. H.B. 803 authorized the Board to establish education and certification of Registered Nurse First Assistants (RNFAs). H.B. 2650 and S.B. 338 required RN licensees to obtain at least two hours of continuing education relating to hepatitis C between

June 1, 2002 and June 1, 2004. S.B. 572, relating to the nursing shortage, authorized the Board to establish a Workforce Data Center. S.B. 1166 amended the definition of professional nursing to include the performance of an act delegated by a physician under new sections of the Medical Practice Act (MPA). S.B. 1166 required the creation of a committee to make recommendations on sites qualifying for a waiver from certain limited prescriptive authority restrictions for advanced practice nurses and physician assistants.

- 2003 legislation:
 - The 78th Texas Legislature, during the Regular Session, enacted legislation which significantly altered the way that nurses are regulated in the State of Texas. H.B. 1483 created a combined Texas Board of Nursing (BON) to regulate RNs and LVNs. H.B. 1483 abolished the Board of Vocational Nurse Examiners (BVNE) and moved its functions to the BON. The number of board members increased from nine to thirteen members and the Nursing Practice Act was amended to apply specific provisions to licensed vocational nurses. The consolidation occurred on February 1, 2004, and staff members from the BVNE were transferred to the BON. H.B. 1483 also added requirements for two hours of continuing education relating to response to bioterrorism by license holders.
 - H.B. 2208 added requirements that applicants for licensure as registered nurses submit to a criminal background check prior to issuance of a license.
 - H.B. 660 granted authority to conduct criminal background checks for applicants for licensure as licensed vocational nurses prior to issuance of a license.
 - H.B. 3126 addressed the nursing shortage in Texas by authorizing larger grants to nursing students as well as authorizing a portion of license renewal fees be spent on funding for the Nursing Workforce Data Center, authorized by S.B. 572 (enacted in the 77th Texas Legislature but not funded). The Center was moved to the Statewide Health Coordinating Council under the Texas Department of Health.
 - H.B. 2985 established the Office of Patient Protection within the Health Professions Council. The Office was funded through license renewal fees collected by the various agencies licensing health professionals in Texas including the Texas Board of Nursing. The mission of the office is to provide the public with assistance and information regarding healthcare complaint processes.
 - S.B. 718 authorized the Board of Nursing to conduct pilot studies relating to nursing competency and reporting of errors. The bill also addressed other subject areas relating to nursing practice including: usage of RN insignias and the RN title, minor incidents, evaluation of systems errors, safe harbor peer review protection for nurses, and the application of ergonomic principles in hospital settings.
 - H.B. 2131, relating to reimbursement for Registered Nurse First Assistants (RNFAs), allowed registered nurses working in certain settings to continue to directly assist in surgery. The bill established a time limit (January 1, 2007) for

nurses working in the role of RNFA to complete training to become an RNFA or stop functioning in that role.

- S.B. 144 required that during each biennium, the BON provide license holders information regarding the services provided by poison control centers as well as information relating to: prescribing and dispensing pain medications, with emphasis on Schedule II and Schedule III controlled substances; abusive and addictive behavior of certain persons who use prescription pain medications; common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns; and the appropriate use of pain medications and the differences between addiction, pseudo-addiction, tolerance, and physical dependence.
- H.B. 1095 allowed physicians to delegate authority to prescribe Schedule III-V controlled substances to advanced practice registered nurses and physician assistants.
- H.B. 776 required that institutions providing care to dementia patients provide one hour of continuing education training per year to nurses providing care at their facility.
- S.B. 160 required the Texas Department of Health to develop an educational program relating to organ donation for use in nursing school curriculum as funding permits.
- 2005 legislation:
 - H.B. 1366 made a number of amendments to the NPA that strengthened the BON's enforcement authority by permitting the BON to take action based on deferred adjudication; authorizing automatic revocation of nurse licensure for a variety of criminal offenses, including many serious felonies committed against the person and any assault other than a Class C misdemeanor, felony violations of drug laws, etc., and permitting the BON to impose emergency restrictions on licenses.
 - S.B. 1000 made corrective amendments to the NPA. Corrections made include: amending definition of "vocational nursing" to add more detail and parallel format of definition of "professional nursing"; clarifying that a nurse's conduct is reportable to the BON only when the conduct creates an unnecessary risk of harm to a patient; clarifying relationship between employer reporting and conducting of nursing peer review when a terminated nurse elects not to participate in peer review; and making the Nurse Licensure Compact permanent.
 - S.B. 39 amended the NPA requiring forensic collection training for nurses working in emergency room settings. Passage of S.B. 39 required changes in agency licensing procedures to identify nurses who are required to obtain coursework and added agency monitoring of course completion. New forensic collection requirements (Rule 216.3) must be met by September 1, 2008 or by the second anniversary of initial license for nurses working in emergency room settings.

- H.B. 2680 reduced fees and continuing education requirements for a retired health care practitioner whose only practice is voluntary charity care. Passage of bill allows “retired” nurses to work for organized charities. Board adopted rules to reduce fees (Rule 223.1) and implement CE requirements [Rules 216.3, 217.9(d)] for the nurses.
- H.B. 1716 repealed Sections 301.1525 - 301.1527 of the NPA. First assisting language moved to new Section 301.353. New provisions allow APRNs with appropriate education to first assist without obtaining certification in perioperative nursing. Also created provisions for nurses not qualified as RNFAs to assist at surgery.
- H.B. 2018 made non-substantive changes to the NPA.
- 2007 legislation:
 - The 80th Texas Legislature, during the Regular Session, enacted legislation with far-reaching significance to the regulation of nurses in Texas. H.B. 2426, Sunset Bill for the BON, included changes such as: further refinement of agency rules relating to criminal background checks; reduction in overlap of nursing education program regulation by the BON, the Texas Higher Education Coordinating Board and the Texas Workforce Commission; attainment of approval by national accrediting bodies for Texas nursing education curriculum; refinement of BON rules relating to advisory committees working on behalf of the Board; development and administration of a jurisprudence exam; implementation of the advanced practice nurse licensure compact to be implemented no later than 2011; authority to issue emergency cease and desist orders to non-nurses violating the Nursing Practice Act, and development of a program assisting hospital-based nursing education programs.
 - S.B. 993, effective September 1, 2007, included changes to the rules relating to nursing peer review. Changes included: amending and clarifying rules relating to reporting of violations and patient care concerns; changing requirements to allow a nurse or other agency to report to a peer review committee (PRC) instead of the BON; clarifying reporting duty of employers as related to a nurse’s actions that constitute reportable conduct where, if a PRC determines that system factors impacted a nursing error, that information be provided to patient safety committees or the CNO; clarifying language that administrative decisions are not subject to peer review; adding requirements that the BON report systems issues to patient safety committee at a facility or to the CNO if they believe a nurse’s deficiency in care was the result of a factor beyond the nurse’s control; and requiring that a facility that utilizes 10 or more “nurses” must have policies and be able to convene a peer review committee. Those changes were implemented by agency rule changes which became effective May 11, 2008. S.B. 993 also addressed continuing education requirements for nurses, eliminating acceptance of Type II continuing education offerings.

- 2009 legislation:
 - H.B. 3961: enacted new requirements for physical and psychological evaluations related to fitness to practice; required confidentiality of information collected for emergency relief work and certain health information provided for licensure; and also authorized a study by the Texas Center for Nursing Workforce Studies, at the Texas Department of State Health Services, evaluating competencies of clinical judgments and behaviors that professional nurses should possess at graduation from professional nursing programs.
 - H.B. 4353 provided a temporary provision for issuance of a special license to a person already licensed to practice nursing in Mexico, allowing for the practice of nursing in a Texas hospital located in a county that borders Mexico. The person must have received a score of at least 475 on a Test of English as a Foreign Language (TOEFL) examination and a passing score on the English language version of the National Council Licensure Examination (NCLEX). A passing score of 560 on the TOEFL exam must be achieved within a year of receiving the special license to continue practicing nursing in Texas. The provisions of H.B. 4353 expire September 1, 2013.
 - S.B. 476 added new Section 301.356 relating to *Refusal of Mandatory Overtime* to the Nursing Practice Act. With passage of S.B. 476, nurses working in a hospital may refuse to work mandatory overtime and refusing to work overtime “does not constitute patient abandonment.” S.B. 476 also amended the Texas Health and Safety Code adding Chapters 257 and 258, requiring the governing body of a hospital to adopt, implement, and enforce a written official nurse services staffing policy that ensures that an adequate number and skill mix of nurses are available to meet the level of patient care needed. SB 476 also calls for hospitals to establish nurse staffing committees as standing committees of the hospital. These committees must meet at least once per quarter. The nurse staffing committee is required to develop and recommend a nurse staffing plan to the hospital’s governing body. The requirements for committee membership are specific and require the various types of nursing services provided by the hospital to be adequately represented on the committee. The Chief Nursing Officer (CNO) is a voting member of the committee and 60% of the committee must be RNs who spend at least 50% of their work time in direct patient care. RNs serving on the committee must be elected by their peers who provide direct patient care at least 50% of their work time. Committees are to meet during working hours and nurses are to be relieved of other duties in order to attend the meetings. Nurse staffing plans should be used as a component in setting the nurse staffing budget and nurses are encouraged to provide input to the nurse staffing committee without fearing retaliation from their employer.
 - S.B. 1415 requires the Board to study the feasibility of implementing a pilot program regarding the deferral of final disciplinary action. The pilot program would only apply to sanctions other than reprimand, denial, suspension or revocation of licensure for violations of the Nursing Practice Act. The Board adopted amendments to Agency Rules 211.6 and 213.34.

- 2011 legislation enacted included:
 - S.B. 192, which expands immunities from liability for persons who, in good faith, make reports required or authorized by the NPA related to patient safety concerns; changes the NPA to include immunity from civil and criminal liability for nurses making a report, so as to not deter nurses from making reports that could enhance or promote patient safety; and extends non-retaliatory protections for nurses refusing an assignment, making a good faith report related to patient care, or requesting a Safe Harbor Peer Review Committee determination. Nurses who advise other nurses about their rights and obligations to report in good faith are extended the same protections. Under S.B. 192, the appropriate licensing agency may impose an administrative penalty up to \$25,000.00 against a person who retaliates against someone making a good faith report. The NPA was changed to: define a good faith report, permit a person to file a counterclaim to recover costs, and amend the definition of Nursing Peer Review to include this information. The Board approved changes to BON Rules 217.19 and 217.20 in response to the passage of S.B. 192.
 - S.B. 193 extended protection of confidentiality to certain information for a Petition for Declaratory Order for candidates for nurse licensure; allows nurses under 65 years of age to apply for retired status and use the appropriate title signifying this status; authorizes the disclosure of the results of a physical or psychological exam to the Board of Nursing (BON) to determine fitness to practice nursing; and allows the BON to develop a standardized error classification system for use by Nursing Peer Review Committees. The Board approved changes to BON Rule 217.9 in response to passage of S.B. 193.
 - S.B. 1179 repealed NPA Section 301.165, removing BON requirements to prepare annual reports on pilot programs, as well as eliminating redundant annual reports to the Legislature and Governor's Office concerning all funds received and disbursed.
 - S.B. 1303 amends Section 303.005 of the NPA, reenacting changes made by S.B. 993 enacted during the 80th Regular Texas Legislative Session.
 - H.B. 2975 and S.B. 1360 (identical) amended Section 301.304 of the NPA. Nurses treating patients with tick-borne diseases are encouraged to participate in continuing education related to treatment of tick-borne disease. Nurses who are subsequently investigated related to treatment of patients with tick-borne illnesses can show participation in continuing education within the two years prior to the investigation for consideration during the investigation.
- 2013 enacted legislation included:
 - H.B. 581, by Donna Howard, authorizes a nurse employed by a hospital operated by or on behalf of a state or local entity to sue the governmental entity to recover limited damages for certain retaliatory actions taken against the nurse for fulfilling obligations as a licensed nurse practicing under Texas law; and specifies that sovereign immunity of the state or local governmental entity from suit and

from liability is waived for the limited purpose of allowing the nurse to maintain a lawsuit in state court to obtain such relief.

- H.B. 1675, by Dennis Bonnen, authorizes the Sunset Advisory Committee to conduct a study addressing the criteria and process to be used in determining whether a state agency should be given self-directed semi-independent status to be completed by December 14, 2014 to each member of the Legislature, the Governor, and Lieutenant Governor.
- S.B. 406, by Jane Nelson, eliminates the requirement for on-site physician supervision and increases the number of Advanced Practice Registered Nurses a physician can supervise from four to seven. Additionally, it allows physicians to delegate authority to prescribe Schedule II controlled substances in hospitals and hospice settings. The bill requires periodic face-to-face meetings between APRNs and the delegating physician.
- S.B. 743, by Jane Nelson, requires the BON to suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of an offense involving a violation of certain court orders or conditions of bond under Section 25.07, 25.071, or 25.072, Penal Code, punished as a felony, or other offenses.
- S.B. 1058, by Jane Nelson, which added new continuing education requirements related to nursing jurisprudence and ethics, as well as continuing education related to older adults or geriatric populations for nurses working in a practice area related to geriatric populations. S.B. 1058 also makes criminal background checks mandatory for students accepted for enrollment in a nursing education program and permits the Board of Nursing (BON or Board) to initiate declaratory orders for eligibility proceedings based on positive criminal background checks; makes permanent the Board's current pilot authority to impose deferred disciplinary action; clarifies that action may be taken against a nurse's license based on action taken by a division of the United States Military; authorizes the BON, in conjunction with a disciplinary action, to require a nurse to abstain from use of alcohol and drugs and submit to random drug testing; provides for limited non-disclosure of disciplinary proceedings that result in a Board order requiring the nurse to participate in a Board-approved peer assistance program to address a problem that the nurse is experiencing with mental illness or chemical dependency; as well as making other changes relating to disciplinary action taken by the Board.
- S.B. 406, by Jane Nelson, eliminates the requirement for on-site physician supervision and increases the number of Advanced Practice Registered Nurses a physician can supervise from four to seven. Additionally, it allows physicians to delegate authority to prescribe Schedule II controlled substances in hospitals and hospice settings. The bill requires periodic face-to-face meetings between APRNs and the delegating physician.
- S.B. 743, by Jane Nelson, requires the BON to suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of an offense involving a violation of certain court orders or

conditions of bond under Section 25.07, 25.071, or 25.072, Penal Code, punished as a felony, or other offenses.

Key Service Populations

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

The population of Texas has experienced continued growth; the annual rate of population growth continues to be substantially higher than that of other like-sized states. Texas’ population is projected by the U.S. Census to grow by eight million people, from about 24 million in 2010 to 33 million by 2030, a 35 percent increase or roughly 1.76 percent per year. Texas added more than 387,000 residents between July 1, 2012, and July 1, 2013, and more than 1.3 million since April 1, 2010, significantly more than any other state, according to estimates released by the U.S. Census Bureau on December 30, 2013 (Texas population increase leads U.S. in latest estimates, *Dallas Morning News*, 12/30/2013).

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

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

Statistics based on self-reported data collected from Texas licensed RNs and LVNs from 2007 to 2013 show similar trends in both age (Appendix I) and ethnicity (Appendix J). Other projections from the data collected by the Department of Rural Sociology relate to changes in incidences of diseases/disorders as projected from 1990 to 2030. They suggest that:

There will be a substantial increase in the total number of health related incidences in the State. The number of incidences would increase from 59.1 million incidences in 1990 to 116.1 million in 2030, an increase of 96.6 percent or 57 million incidences from 1990 to 2030. The increase in the total number of incidences of all types will reflect patterns of population growth, with the growth being fastest in metropolitan suburban counties, followed by metropolitan central city counties and then by nonmetropolitan counties. The total number of incidences would increase by 227.0 percent from 1990 to 2030 in suburban areas, by 85.4 percent in central city areas, by 29.1 percent among nonmetropolitan areas, and by 96.6 percent for the State as a whole from 1990 to 2030.

Texas is among the states with the greatest growth in the senior population from 2010 to 2030 with a total population age 65+ increase of just over 100% from 2.59 million seniors age 65+ to 5.19 million from 2010 to 2030, according to data provided by the McFarlin Group (<http://www.mcfarlin-group.com/aging-trends/Group>). The growth within Texas is attributed to its relatively warm climate, no state income tax, and significant military presence, which attracts many Veterans. The Texas population age 85+ is projected to increase 84.2% over this same period. The elderly experience chronic health care problems which require monitoring. This sub-population has demonstrated a preference for remaining in their homes and communities when receiving health care. Consequently, the types of health care delivery systems and the education of nurses must be redesigned to meet the diversity of needs and to provide care to these changing populations.

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

Registered Nurses, Licensed Vocational Nurses and Advanced Practice Registered Nurses (RNs, LVNs, and APRNs) make up a primary constituency of the Board. Nursing education programs, executive and judicial officials and other state agencies, nursing and health related professional associations, and consumer advocacy organizations represent additional constituent groups. The number of nurses in Texas has increased approximately 44.09% from FY 2005 to FY 2013. According to data from the 2010 U.S. Census, the population in Texas increased 20.6% from 2000 to 2010. Only four other states had larger rates of growth for this period: Nevada (35.1%), Arizona (24.6%), Utah (23.8%) and Idaho (21.1%). The number of APRNs approved to practice in the advanced role has increased in response to the demand for primary care services. From FY 2005 to FY 2013, the number of APRN approvals with current Texas license or current APRN on Compact privilege increased 61%.

Service Population Demographics

Historical Characteristics

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

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

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

Current Characteristics

RN/LVN

Population Increases

In April 2013, the U.S Department of Health and Human Services reported that between 2008 and 2010, there were an estimated 2,824,641 registered nurses (RNs) and 690,038 licensed vocational nurses (LVNs) working or seeking work in the field of nursing in the United States. Approximately 63.2% are estimated to be employed full-time in nursing. In Texas, there are currently 263,686 RNs (Second Quarter, FY 2014). In FY 13, 71% of Texas RNs and 70% of Texas LVNs reported that they are employed full-time in nursing. Between 2005 and 2013 the number of RNs increased from 186,192 to 258,208, as seen in Table 1. This represents an average annual increase of 9,002 RNs per year. The U.S Bureau of Labor and Statistics reported that in 2010 there were an estimated 752,300 licensed vocational nurses (LVNs) in the United States. In Texas, there are currently 98,323 LVNs (Second Quarter, FY 2014). Between 2005 and 2013, Texas LVNs increased in number from 75,258 to 96,724, as seen in Table 2. This represents an average annual increase of 2,683 LVNs per year. These increases reflect both new graduates and in-migration of nurses into Texas from other states.

Table 1
RNs Licensed in Texas 2005-2013

<u>Year</u>	<u>Licensees</u>
2005	186,192
2006	193,764
2007	201,172
2008	209,588
2009	219,458
2010	229,798
2011	239,377
2012	250,385
2013	258,208

Table 2
LVNs Licensed in Texas 2005-2013

<u>Year</u>	<u>Licensees</u>
2005	75,258
2006	80,538
2007	82,621
2008	85,175
2009	88,493
2010	90,905
2011	93,413
2012	96,275
2013	96,724

Median Age

The median age for all Texas licensed RNs is 46 years of age. The median age for Texas female RNs is 46 years of age and 44 for male RNs. The median age for all LVNs is 44 years of age. The median age for Texas female LVNs is 45 years of age and 42 for male LVNs. The largest population group for female RNs is ages 45 to 54 (57,395 - FY 13). The largest population group for LVNs is ages 35-44 (26,636 - FY 13). The largest population group for male nurses is ages 35 to 44 (9,248 – RN; 3,507 - LVN). All age groups of RNs increased in size from 2000 to 2013 (See Appendix I).

The number of nurses ages 55 to 64 increased 30% and RNs over age 65 increased 51% (largest increase of all age groups) from FY 2009 until FY 2013. The number of RNs ages 25 to 34 increased 49% for the same period. The smallest increase, two percent, was among RNs ages 45 to 54. Among LVNs, all age groups increased in number from FY 2009 to FY 2013. The number of LVNs ages 45 to 54 increased 17%. LVNs ages 25 to 34 increased 62%, LVNs ages 35 to 44 increased 46%, LVNs ages 55 to 64 increased 27% and LVNs over 65 increased 60% from FY 2009 to FY 2013 (See Appendix I). As the overall age of nurses increases, it is imperative that the production of nurses keeps pace with this trend.

Gender

88.6% of all Texas nurses are female and 11.4% are male. 88.5% of Texas RNs are female and 11.5% of Texas RNs are male. 88.6% of Texas LVNs are female and 11.4% of Texas LVNs are

male. Nationally, 93.4% of RNs are female and 6.6% are male. Similar figures exist for licensed vocational nurses. (See Appendix K)

Compact Privilege

Of the 264,164 RNs currently licensed in Texas, 243,434 (92%) have compact privileges. Of the 98,568 LVNs currently licensed in Texas, 93,022 (94%) have compact privileges (3/24/14). (See Appendix I)

Minority Populations

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

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

Table 3
US Population ('10) and Texas Workforce Population ('10) and Texas Nurse Data (FY '13)

	<u>US Population</u>	<u>Texas Population</u>	<u>Texas Nurse Population</u>	
Employment Rate ('14)	93.3%	94.3%	92.0% (RN)	91% (LVN)
Black	12.6%	11.5%	9.8% (RN)	20.0% (LVN)
Caucasian	63.7%	45.3%	69.1% (RN)	57.6% (LVN)
Hispanic	16.4%	37.6%	8.1% (RN)	16.3% (LVN)
Other Races	7.3%	5.6%	13.0% (RN)	6.1% (LVN)

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

RNs and LVNs reside in 253 counties in Texas. Kenedy County has no nurses residing in it. Loving County has one LVN and no RNs residing in it.

Advanced Practice Registered Nurses

The demand for registered nurses who are prepared for advanced nursing practice, such as nurse practitioners, has resulted in a 93% increase in the number of Texas Advanced Practice Registered Nurses (APRNs) between 2001 and 2013. The number of registered nurses who are prepared for advanced nursing practice in the United States is difficult to quantify. In 2008, there were 270,903 registered nurses prepared for advanced nursing practice, according to the U.S. Department of Health and Human Services (HRSA). The number of registered nurses prepared for advanced nursing practice in Texas in 2008 was 12,748, which is 4.7% of the United States APRN population at the time the data was collected for the HRSA report.

The number of RNs with APRN approval in Texas has increased from 8,194 in 2000 to 16,221 in 2013 (98% increase). Currently, Nurse Practitioners and Nurse Anesthetists comprise the largest groups of APRNs, 68% and 22%, respectively; Clinical Nurse Specialists make up 8% of the APRN population while Nurse-Midwives make up only 2% of the total APRNs authorized to practice in Texas (Appendix O). Recent increases in APRNs in Texas are listed in Table 4. The

Board requires applicants to complete an accredited APRN program and pass an APRN certification examination prior to recognition as an APRN in Texas.

Table 4
Historical Number of APRNs by Category and Approval Type

<u>APRNs</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Nurse Practitioners	4,488	4,875	5,160	5,532	5,988	6,466	6,969	7,495	7,920	8,576	9,432	10,226	11,926
Clinical Nurse Specialists	1,476	1,423	1,376	1,379	1,404	1,436	1,457	1,451	1,451	1,434	1,408	1,407	1,401
Nurse Midwives	340	358	358	344	354	356	366	353	351	355	362	394	415
Nurse Anesthetists	2,353	2,437	2,537	2,606	2,658	2,767	2,856	2,987	3,142	3,262	3,414	3,927	4,113
Total	8,657	9,093	9,431	9,861	10,404	10,677	11,648	12,286	12,864	13,161	14,106	15,954	17,855
APRNs with Prescriptive Authority	3,717	4,193	4,539	4,888	5,480	6,229	6,919	8,071	8,373	9,170	10,248	11,351	12,712

Nursing Education: The State of Nursing Education in Texas

Mission of the Board

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

Role of the Board in the Approval of Nursing Education Programs

Initial Approval of New Nursing Education Programs:

Board Education Staff engage in the following specific activities to assist in the development and approval of new nursing programs:

- provide periodic information sessions explaining the program approval process to new providers of nursing education (individuals interested in establishing new nursing education programs);
- provide and update resources on the BON web page to assist new providers;
- provide comprehensive reviews for up to two (2) proposal revisions following the initial proposal;
- provide feedback and guidance to proposal authors;
- conduct survey visits of the physical site for a new program; and
- provide a summary report to the Board of findings from the proposal and from the survey visit.

Ongoing Approval of Nursing Education Programs:

Board Staff also engage in evaluation and ongoing approval of VN and RN programs through processes that include:

- reviewing annual National Council Licensure Examination (NCLEX) pass rates for all nursing education programs;
- reviewing documents required for approval when there is a change in the dean/director/coordinator;
- providing support for newly appointed individuals in the role of dean/director/coordinator through an orientation module and face-to-face workshop for new program directors;
- reviewing information in the annual Nursing Education Program Information Survey (NEPIS) submitted by all nursing programs;
- reviewing biennial Compliance Audit for Nursing Education Programs (CANEP);
- reviewing and approving major curriculum change proposals;
- reviewing and approving applications for extension sites/campuses;

- reviewing the accreditation status of programs that are accredited by national nursing accreditation agencies;
- reviewing Self-Study Reports and progress reports;
- investigating student and public complaints against programs; and
- conducting survey visits to programs and report to the Board.

Nursing Accreditation as a Criterion in Ongoing Approval:

Nursing education programs that hold accreditation by a national nursing accreditation organization:

- are exempt from education specified rules that are substantially equivalent to accreditation standards;
- are not required to have a regular Board survey visit;
- shall submit official accreditation letters to Board Staff;
- are subject to comply with accreditation standards; and
- are under Board purview in regulation that protects the public.

In order to ensure that accreditation standards and Board rules are comparable, Board Staff regularly update a crosswalk between the standards and rules as well as between the processes for continuing approval. This review and revision are necessary because of changes in accreditation standards and Board rules.

The BON does not require that nursing education programs hold national nursing accreditation; it is a voluntary program decision to seek national nursing accreditation. Currently only two (2) VN programs are accredited by the Accreditation Commission for Education in Nursing (ACEN). In addition, four (4) Multi-Entry Exit Programs (MEEP) VN programs that are designed for ADN students to take the NCLEX-PN[®] examination during the course of the ADN program are reviewed as a part of the ACEN accreditation process of the related ADN programs. Eighty-one (81) professional programs [forty-two (42) ADN and thirty-nine (39) BSN] hold accreditation from ACEN or from the Commission on Collegiate Nursing Education (CCNE). This means that 6% of the ninety-eight (98) VN programs (including MEEP programs) and 72% of the one hundred twelve (112) RN programs are accredited by ACEN or CCNE.

Accredited programs are not required to have a regular six (6) year survey visit by Board Staff unless there are noncompliance issues that warrant a survey visit. It is challenging for Board Staff to conduct the regular survey visits for the one hundred twenty-four (124) remaining programs that are not accredited by a nursing accreditation organization. During the time period from June 2012 through August 2013, five (5) outside program evaluators assisted with a “blitz” to catch up on survey visits that were behind schedule. The contracted program evaluators were employed from different areas of the state and their credentials included either a Master’s Degree in Nursing or a doctorate, and they had significant teaching experience. This “blitz” strategy was extremely successful with the end result being that eighty-six (86) survey visits were conducted during the fifteen (15) month period by the contracted program evaluators [seventy (70) surveys] and Board Staff [sixteen (16) surveys]. A survey was sent to the participating programs following the “blitz,” and the findings indicated that the programs considered the survey visits positive and helpful. It is anticipated that this practice should be repeated in 2018-2019 to ensure a timely monitoring of all programs and to assist programs to stay in compliance with Board rules.

Overview of Currently Approved Vocational and Professional Nursing Education Programs:

The BON assumed regulation of VN education programs on February 1, 2004, following passage of House Bill 1483 (2003). The number of approved VN education programs on March 1, 2014 was ninety-eight (98). An estimated eleven (11) of the VN programs currently have extension campuses. Many of these extension campuses were previously individual programs with separate NCLEX program codes, but mergers with sister campuses consolidated the extension campuses under the main campus structure. These mergers accounted for the decrease in the number of VN programs but not in the number of sites nor in staff workload associated with the programs.

The number of professional nursing (RN) programs on March 1, 2014 was one hundred thirteen (113) including one (1) remaining diploma program in the state, sixty-seven (67) ADN programs, and forty-four (44) professional programs. [The University of Texas Alternate Entry Master’s Degree Program and one (1) Family Nurse Practitioner Program that does not yet hold national nursing accreditation are both included in the professional nursing education program total.] Three (3) proposals for new programs [two (2) BSN and one (1) ADN] are scheduled for Board consideration at the April 2014 meeting.

A list of all approved programs by category of administrative oversight on March 1, 2014 is presented in Table 5.

**Table 5
Pre-Licensure Nursing Education Programs – March 1, 2014**

Vocational Nursing Education Programs

Governing Entity	Number of Programs
Public Colleges/Universities	71
Private Colleges/Universities	1
Career Schools	22
Military Based	1
Hospital Based	3
Total	98

Professional Nursing Education Programs

Governing Entity	Diploma/Associate Degree Programs	Baccalaureate Degree Programs/MSN
Public Colleges/Universities	59	27 Alternate Entry MSN: 1
Private Colleges/Universities	0	13
Career Schools	8	3
Hospital Based	1	0
Total	68	44

The total number of approved programs often changes after each Board meeting since newly approved programs are added, programs may elect to close, and the Board may withdraw approval of programs. Board action to withdraw program approval was unknown in recent history until October 2010 when an ADN program had experienced NCLEX-RN® examination pass rates

of below 80% for seven (7) years. The Board realized that action to withdraw approval was not only necessary, but somewhat delayed. Since that date, the Board has consistently followed the process described in the rules, resulting in withdrawal of approval of four (4) other programs by Board action. Board Staff closely follow programs' compliance with rules that includes achieving an annual NCLEX examination pass above 80%. Programs normally have a number of noncompliance issues and weaknesses in their programs when their annual NCLEX examination pass rate consistently falls below 80%. Possible factors that may have contributed to challenges affecting the success of programs include:

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

These trends and challenges are continuing, suggesting a greater need for Board Staff to provide a higher level of monitoring and developing new methods of support to programs.

Rule 214 *Vocational Nursing Education* and Rule 215 *Professional Nursing Education* describe the criteria for initial and ongoing approval of nursing programs. Proposals for new programs must provide evidence that the program meets the minimal criteria to prepare their graduates to be safe, knowledgeable, and competent nurses. Approved programs are monitored for their continued compliance with the minimal standards in the rules. The number of proposals processed since 2006 accounts for about twenty-five percent (25%) of the combined total of VN and RN programs. Board Staff have implemented more efficient and effective processes for handling new proposals, have identified program characteristics that indicate high risk for failure, and have developed plans to address areas of concern in programs as soon as possible.

Criteria for Approval:

The essential criteria for program approval include:

- a program director who meets Board qualifications and who has authority to direct the program;
- an adequate number of nursing faculty who meet Board qualifications and who have the authority to plan, implement, and evaluate the program of study;
- signed clinical affiliating agreements with facilities that will provide practice settings where the students can meet clinical objectives;
- admission, selection, and progression policies that ensure student success in the program;
- physical resources and educational spaces that promote a positive learning environment;
- a curriculum based upon sound educational principles and designed for graduates to meet the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs* (DECs); and
- a dynamic Total Program Evaluation Plan that will facilitate faculty decision-making based upon evidence.

A Nursing Education Standard: Differentiated Essential Competencies – A Commitment to Patient Safety:

Since 1993, the BON education rules have required that nursing education programs follow the Board-approved graduate competencies in their curriculum thereby ensuring a common set of competencies for all new graduates. The original competency document was the *Essential Competencies of Texas Graduates of Education Programs in Nursing* approved by the Board of Nurse Examiners (BNE) in 1993. A revised version entitled the *Differentiated Entry Level Competencies (DELIC) for Graduates of Texas Nursing Programs* was approved by the BNE and the Board of Vocational Nurse Examiners (BVNE) in 2002. In 2008 the Board charged the Advisory Committee for Education (ACE) to review and revise the 2002 DELIC objectives and to incorporate current public health policy mandates, research findings, publications, and standards into the competency statements. A DELIC work group composed of representatives from nursing education, the Texas Nurses Association, and nursing practice was appointed to begin addressing this charge and the work of revision was a major initiative for the years 2008-2010.

The title of the DELIC was changed to the *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors: Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN) (2010)*. The document contains the expected clinical behaviors and judgments that are expected as distinguished competencies for vocational, diploma/associate degree, and baccalaureate degree nursing education. The twenty-five (25) core competencies in the DECs address four (4) nursing roles:

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

A set of more detailed competencies with knowledge content and observable clinical behaviors is provided for each core competency. The purpose of the document is to guide the development of nursing curricula and to assist employers in planning job descriptions, internships, orientations, and competency evaluations.

The DECs have incorporated nursing concepts and goals from recent literature, national standards, and research (e.g., the Quality and Safety Education for Nurses Competencies, the Institute of Medicine Reports, and the Carnegie Report), and placed greater emphasis on safety, advocacy, patient-centered care, evidence-based practice, and informatics. The DECs lay a foundation for the evolving practice of nursing that will be needed in the future and the higher levels of expected competencies of nurses with higher degrees. The DECs clarify the differentiated knowledge base and scopes of practice across educational preparation to fit the changing needs in the delivery of nursing care. Concepts promoted in the DECs are consistent with the NCSBN Environmental Scan for 2013, specifically in areas of new education technologies, competency models, and interprofessional education.

Board Staff provided a faculty workshop and webinar in 2011 after the DECs were approved by the Board to guide programs in their implementation. Since that time, with turnover in faculty and directors in many programs, and failure of some programs to complete the implementation of the DECs, Board Staff have determined a need for new strategies to help programs use the DECs effectively.

The Impact of Growth in Nursing Education in Texas

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

- the addition of fifty (50) new nursing education programs in the State since September 1, 2006 through the Board approval process;
- growth in enrollments in programs seeking to produce more nursing graduates;
- the expansion of nursing education programs to new extension campuses/sites;
- the number of nursing education programs using online delivery to increase educational opportunities for students; and
- aggressive growth in existing and new RN-to-BSN programs to address the Institute of Medicine’s recommendation to increase the number of registered nurses in the workforce with a BSN by 2020.

These have created new challenges in the State based upon:

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

A description of the new nursing education programs approved since September 1, 2006 is provided in Table 6 below:

**Table 6
Nursing Education Programs Approved by the BON since September 1, 2006**

Governing Entity	VN Programs	ADN Programs	BSN Programs	MSN FNP Program	Total
Public Colleges/ Universities	1	8	9	1	19
Private Colleges/ Universities	0	0	5	0	5
Career Schools	14	9	3	0	26
Total	15	17	17	1	50

Board Staff are currently processing four (4) proposals for new nursing education programs and there are nine (9) potential proposals from schools who have advised the BON of their intent. This influx of new proposals since 2006 has posed a serious strain on Board Staff workload since it is estimated that Staff time to process each proposal takes a minimum of sixty (60) hours of work. Board Staff have determined that the focus on new proposals has reduced the time and attention that may have been directed toward assisting existing programs with needs and challenges.

The growth in enrollments in VN and RN programs is presented in Table 7 below:

Table 7
Growth in Enrollments in Nursing Education Programs since 2006
(Data from the Texas Center for Nursing Workforce Studies)

Type of Program	2006	2007	2008	2009	2010	2011	2012	2013*
VN	6,295	6,488	7,156	7,414	7,860	8,612	7,825	9,961
% growth		3%	10%	4%	6%	10%	-9%	27%
RN	16,711	17,841	18,732	19,721	22,095	22,866	23,515	24,178
% growth		7%	5%	5%	12%	3%	3%	3%

*preliminary data

The growth in the numbers of graduates from VN and RN programs is presented in Table 8 below:

Table 8
Growth in Graduates from Nursing Programs since 2006
(Data from the Texas Center for Nursing Workforce Studies)

Type of Program	2006	2007	2008	2009	2010	2011	2012	2013*
VN	4,082	4,773	4,384	4,828	5,046	5,773	5,553	5,539
Percent Growth		17%	8%	10%	5%	14%	-4%	-.3%
RN	6,674	7,031	7,689	8,211	9,096	10,228	10,584	14,243
Percent Growth		5%	9%	7%	11%	12%	4%	35%

After nursing graduates complete all eligibility requirements to take the NCLEX examination, they have a four (4) year time limit in which to take the examination. The NCLEX examination pass rate for each nursing program is determined based upon the percentage of first-time candidates who passed the examination during the specified examination year. These data provide the most reliable indicator of the effectiveness of the nursing education program to prepare graduates for entry level practice. The increased number of enrollments and graduates from the programs has resulted in more licensed nurses ready for the workforce.

A report of the numbers of nursing graduates who passed the NCLEX from 2006 to present follows in Table 9.

Table 9
Growth in Nursing Graduates Passing the NCLEX Examination as First-Time Candidates

Vocational Nursing Programs

(The NCLEX examination year for VN programs is January 1 – December 31.)

Examination Year	First-Time Candidates	Number of Candidates Passing	Increase in First-Time Candidates over Previous Year
2006	4440	4043	
2007	4886	4362	446
2008	5032	4461	146
2009	5488	4840	456
2010	5627	4990	139
2011	5877	5097	250
2012	6028	5155	151
2013*	5401	4668	-627

*preliminary data

The percentage of growth in first-time candidates from VN programs from 2006 to 2013 was 22%.

Professional Nursing Programs

(The NCLEX examination year for RN programs is October 1 – September 30.)

Examination Year	First-Time Candidates	Number of Candidates Passing	Increase in First-Time Candidates over Previous Year
2006	6022	5468	
2007	7001	6314	979
2008	7521	6819	520
2009	8146	7413	625
2010	8912	7959	766
2011	9711	8452	799
2012	10,614	9627	903
2013	11,069	9290	455

The percentage of growth in first-time candidates from RN programs from 2006 to 2013 was 83%.

The Texas Center for Nursing Workforce Studies (TCNWS) provided the following statement “Based upon the 10,584 students who graduated from pre-licensure RN programs during AY 2011-2012: The number of graduates produced in 2012 will need to increase by 68.0% by 2015 in order to meet the target goal of 17,777 new graduates. In order for supply of graduates to meet the demand for RNs by 2020 which includes 24,870 new graduates, the number of graduates in 2012 will need to increase by 135.0%, which means more than doubling the number of 2012 graduates.”

Out-of-State Nursing Education Programs Seeking to Conduct Clinical Experiences in Texas:

Another reason for growth in nursing students in Texas in the clinical settings has occurred because out-of-state nursing education programs are bringing their students into Texas to carry out their required clinical learning experiences. In 2007, Board Staff developed a process to approve out-of-state nursing education programs that desired to conduct clinical learning experiences in Texas. This initiative was in response to inquiries from out-of-state programs and to a recommendation from the Sunset Commission. The process was designed to allow students enrolled in out-of-state programs an exemption from the Texas Nursing Practice Act (NPA), an exemption held by students enrolled in home-state Texas-approved nursing programs. In addition, the approval process includes requirements for out-of-state programs to apply for approvals from other state agencies and to provide documentation that the faculty supervision for the out-of-state program is the same as required for Texas-approved programs. Since the approval process began ten (10) out-of-state programs have been approved by Board Staff to conduct clinical learning experiences in Texas.

Managing the Growth in Nursing Education Programs in Texas:

In October 2011, the Board of Nursing established a Task Force to Study Implications of Growth in Nursing Education Programs in Texas to facilitate informed decision-making in response to the growth in nursing education programs in Texas. The self-determined purpose of the Task Force was to create a forum for dialogue among stakeholders on how to ensure that the State of Texas will continue to provide quality nursing education and produce safe, competent graduates in a changing environment.

The Task Force met several times during 2012 and submitted a report to the January 2013 Board meeting. The Board accepted the report, approved the products, and directed the Task Force to:

- engage in further data collection and information-gathering related to clinical learning experiences to define parameters for the optimal clinical experience in nursing education programs;
- develop elements for consideration for the dashboard data; and
- develop definitions for critical elements, such as patient care clinical hours.

The products in the report included two (2) educational guidelines:

- Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences; and
- Education Guideline 3.8.5.a. Utilization of Part-Time Clinical Nursing Faculty.

One of the recommendations to the Board was the development of a dashboard providing program data to the public – a project that is underway. In order to move forward with the other recommendations, the Board issued two (2) new charges to the Task Force at the October 2013 meeting:

- develop a guideline describing optimal clinical instruction in pre-licensure nursing education programs; and
- provide an analysis of findings from the 2013 NEPIS related to required clinical hours in pre-licensure nursing education programs.

In November 2013, the Task Force met to proceed with the new charges. Four (4) groups were established within the Task Force to study four (4) main areas related to optimal clinical learning experiences:

- Elements of Optimal Clinical Learning Experiences – Quality Indicators;
- The Role of Faculty in Promoting Optimal Clinical Learning Experiences – Principles for Effective Instruction in the Clinical Area;
- The Clinical Learning Experience from the Student Perspective; and
- Selecting Clinical Settings to Meet Clinical Objectives.

The education guideline will include findings from pertinent literature; results from a survey seeking feedback from nursing faculty, students, and clinical affiliating agency representatives; and recommendations to enhance clinical instruction in Texas programs. The Task Force will also plan and sponsor a statewide faculty workshop related to optimal clinical instruction in pre-licensure nursing education programs in 2015.

To fulfill the other charge, the Task Force will review data from the NEPIS and prepare an analytical report of the findings for future initiatives.

Growth in RN-to-BSN Programs in the State:

Another growth area in nursing education over which the Board has no purview and over which there is limited regulation of quality is in the RN-to-BSN programs. A new market for RN-to-BSN education was created after the IOM recommendation to increase the number of BSN-prepared nurses to 80% of all registered nurses. In addition, many hospitals are only hiring BSN-prepared nurses in order to be eligible for the certification of Magnet status. Unfortunately, there are no standards or quality metrics to ensure that all RN-to-BSN programs will provide valuable education and will advance the nurse's competencies. Even though a number of the RN-to-BSN programs may be accredited by the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE), their accreditation evaluation will likely be minimized.

Board Staff developed a document entitled "Defining Quality Indicators for Baccalaureate Degree Nursing (BSN) Education" in response to concerns from established programs about maintaining quality in RN-to-BSN programs. The document examined the gap in the DEC's competencies between the ADN graduate and the generic BSN graduate and suggested that an RN-to-BSN program should provide an education to bridge that gap. In addition, Board Staff collaborated with two (2) nursing professors in an article published in the July 2013 issue of the Journal of Regulation entitled *A Regulatory Challenge: Creating a Metric for Quality RN-to-BSN Programs*. The concern is that most nurses who are searching for an RN-to-BSN program are looking for a program with minimal requirements and with flexible options, unaware of the educational goals and the credibility of the program.

Increases in the Numbers of Programs with Sanctions:

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

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

On March 1, 2014, the number of programs with an approval status of Full (or Initial) with Warning or with Conditional Approval has grown to an all-time high of twelve (12) programs with sanctions and one (1) program (whose approval has been withdrawn) in a teach-out of enrolled students:

- Initial with Warning 1 ADN Program
- Full with Warning 3 VN Programs and 2 ADN Programs
- Conditional Approval 3 VN Programs, 2 ADN Programs, and 1 BSN Program
- Approval Withdrawn and Program in Teach-Out 1 ADN Program

When a program has an NCLEX examination pass rate below 80% for one (1) time, Board rules require the program to develop a Self-Study Report to identify areas of weakness, as well as to plan corrective measures to improve the success of their students. If the program has a second consecutive pass rate below 80%, their approval status may be changed to Initial with Warning (for newly approved programs) or Full with Warning, and Board Staff will conduct a survey visit. If the pass rate persists below 80% for a third year, the approval status will be changed to Conditional Approval and the program will not be allowed to enroll new students until their pass rate for the next year is 80% or higher. Board rules require withdrawal of approval after a fourth year of a below 80% pass rate.

The Education Consultants have added more measures to assist programs when their pass rate is lower than 80% or when there are other program concerns that might suggest the consideration of a change in approval status. Usually when a program's pass rate drops, there are factors that contribute to the decline and the program needs to identify those factors and begin making changes.

Every year there are about six (6) to ten (10) programs in each program type (VN, RN) that may be required to write a Self-Study Report. For the 2013 NCLEX-RN pass rate, thirty (30) RN programs were required to develop a Self-Study Report. The passing standard for the NCLEX-RN examination was raised by NCSBN in April 2013, which may have contributed to the drop in some of the programs' pass rates. The rationale for the new passing standard was based upon the fact that nurses today are caring for more complex patients in a changing health care environment, necessitating that their knowledge and skills match the workplace requirements. In addition, the opinions of many nursing experts, Boards of Nursing, a group of standard setting judges, and the NCSBN Board of Directors were considered before the change was made. After the NCLEX results were reported, several programs commented that their curriculum had not been updated for years, their admission and progression policies are out-dated, or their remediation strategies have not been effective.

Board Staff are committed to assisting nursing education programs to meet the challenges of the changing environment, but the growth in nursing education complicates the work load.

BON Support to Nursing Programs

Education Consultants Assigned to Specific Programs:

There are currently four (4) Education Consultants to provide services to two hundred ten (210) VN and RN programs. Many of the programs have multiple extension campuses/sites and most include online courses or web-enhanced courses in their curriculum. There is one (1) vacant position for another Education Consultant and interviews will be scheduled soon. One (1) Education Consultant works "from the field," with a full school assignment and with periodic travels to Austin to participate in Board meetings and other education meetings.

Each Education Consultant has a specific school assignment and concentrates supportive efforts to those schools. However, the consultants work together in making decisions and responding to programs with a variety of questions. All consultants have a working familiarity with all programs and are available to provide assistance to any program.

Some regular activities conducted by the Education Consultants to support programs include:

- *New Dean/Director/Coordinator Module and Orientation Workshop:* New directors are required to attend a face-to-face orientation workshop in Austin presented by the Education Consultants. The number of workshops has been expanded from two (2) to three (3) per year because of high attendance. Before the directors attend the workshop, they are provided an orientation module to familiarize them with the education rules. Feedback from the participants about the workshop is very positive. The orientation includes a presentation from the Examination Department and from the Enforcement Department, as well as from the Education Consultants.
- *Education Guidelines:* A set of guidelines to assist program directors and faculty in interpreting the education rules and applying them to their program are available on the BON web page. Many of the guidelines include forms or step-by-step instructions in areas such as changes in directors, development of an extension campus/site, interface with nursing accreditation, and total program evaluation plan. Education Consultants develop new guidelines as the need arises and update the guidelines periodically.
- *Other reports and documents helpful for nursing programs:* As documents to assist programs are developed and approved, they are placed on the BON web page. Examples of some of the documents include:
 - *Strategies Utilized to Improve Candidates' Performance on the NCLEX Examination*
 - *Report on the Possible Impact of Repeat Test-Takers on NCLEX Pass Rates*
 - *Education Webinar Presentation on Implementing the DECs*
 - *Statewide Plan to Create Innovative Models for Nursing Education to Increase RN Graduates in Texas Professional Nursing Education Programs*
 - *Defining Quality Indicators for Baccalaureate Degree Nursing (BSN) Education As Indicated in the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs*

- *Sponsoring an NCSBN NCLEX Workshop for Texas Programs:* In November 2012 the BON hosted a two (2)-day workshop for Texas nursing faculty presented by content experts from NCSBN on the NCLEX and test-construction. This event was regarded as very helpful by participants. Board Staff are planning a repeat of the NCSBN NCLEX Workshop in Texas in June 2014 to help faculty understand the NCLEX process and to improve their test-writing skills.
- *Participation in Meetings with Directors and Faculty of Nursing Programs:* The Education Consultants, the Director of Nursing, the Executive Director, and the Operations Manager are invited to attend statewide meetings of the Texas Association of Deans and Directors of Professional Nursing Programs (TADDPP), the Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE), and the Texas Association of Vocational Nurse Educators (TAVNE). Board Staff present BON updates pertinent to education, answer questions, and have dialogues with many program representatives. Board Staff also have opportunities to hear reports from other agencies and constituents during the meetings. In addition, one (1) Education Consultant attends the annual Meeting of Texas Career Schools, makes a presentation, and networks with career school representatives. These activities promote relationships with the education organizations.
- *Information Provided for Authors of New Program Proposals:* With the growth in interest in establishing nursing education programs in Texas, the Education Consultants have implemented many measures to successfully handle communications with new programs and new proposals. A face-to-face “informal information session” is held twice a year where two (2) consultants present an overview of the process of seeking Board approval for a new nursing education program. In addition, a resource packet is available on the BON web page that provides details about writing the proposal and the process of approval. Electronic Education Logs listing new proposals and letters of intent to send a proposal are maintained for efficiency in moving the proposals ahead.
- *Monitoring Approved Programs:* Program directors are not hesitant to communicate with the Education Consultants by email or telephone with questions about issues affecting the program. The Education Consultants consider program communications a high priority and give immediate attention to the programs when they seek help or information. This relationship-building through communications has been very helpful to the Education Consultants to provide appropriate assistance to the programs. Other ways of monitoring programs include conducting survey visits, reviewing responses to requirements and/or recommendations issued by the Board, reviewing Self-Study Reports, reviewing curriculum changes, and reviewing the NEPIS and CANEP.

BON Participation in Collaborative Efforts with Other Constituents

- *Texas Team:*
Prior to the 2010 landmark IOM report, in 2008, the Center to Champion Nursing in America, an initiative of the Robert Wood Johnson Foundation and the American Association of Retired Persons (AARP), launched a major initiative challenging states to create alliances and partnerships to address nursing education capacity within participating states. As part of this initiative, the Governor of the State of Texas received a letter from the Center to Champion Nursing in America requesting the state create to a

team of leaders to focus on nursing education capacity. Governor Perry agreed that action was needed and appointed a ten (10) -member leadership team – The Texas Team Addressing Nursing Education Capacity (Texas Team) – to lead the *Nursing Education Capacity Expansion* in Texas. The original Texas Team was subsequently expanded to include a diverse array of partners, including over one hundred (100) nursing education programs, multiple hospital partners, regional workforce boards, foundations and the Texas Workforce Commission. At the end of three (3) years, the Team had succeeded in establishing a trajectory toward doubling the number of professional nurse graduates from the State’s schools of nursing; beginning to address nursing education retention in the state; implementing and successfully completing a \$1 million grant initiative funded by the Texas Workforce Commission via the American Reinvestment and Recovery Act (ARRA); and successfully transitioning the original Texas Team to a new and broader initiative focused on achieving the IOM Future of Nursing recommendations in Texas by 2020.

Board Staff have participated as consultants in both the educational and practice initiatives of the Texas Team and continue to monitor the initiative for regulatory implications. The BON also works with the Texas Team to support and monitor the expansion of current programs to facilitate increased production of nurses.

- *The Texas Center for Nursing Workforce Studies (TCNWS)*: Board Staff have collaborated with TCNWS Staff for the past six (6) years to create an online program information survey and compliance audit. Each year staff from the two (2) agencies discuss and refine the document based on the data collection experience the previous year and the identification of new needed data. The revised forms are piloted through beta-testing with the assistance of volunteer program directors. The data forms are sent to programs each fall and Board Staff serve as contact persons for clarification or questions from programs. The data are increasingly more valuable in assessing program currency and areas of concern. The data analysis provides information related to availability of future nurses to meet the demands of the workforce. Reports of the data are published on the TCNWS web page for public consumption each year. Board Staff use the information in the survey forms in monitoring the progress of the programs.
- *The Texas Workforce Commission (TWC) and the Texas Higher Education Coordinating Board (THECB)*: Because of the co-regulation of nursing programs by TWC, THECB, and BON, regular meetings of representatives from the three (3) state agencies are held for updates in program information and to compare regulations to avoid duplication in approval processes. During the past two (2) years, a crosswalk has been developed comparing approval criteria across agencies. The next meeting scheduled for June 30, 2014 will focus on a discussion about requirements for online education and curriculum, specifically the direction of the Workforce Education Course Manual (WECM) course description and ratios of laboratory hours. The meetings are valuable not just for information exchange, but for the positive relationships that facilitate effective co-regulation of nursing education programs.

Board Staff have also been involved in meetings with THECB and the Texas Nurses Association (TNA) regarding proposed nursing education grant proposals and opportunities, and have consulted with TWC with ideas for a grant opportunity for nursing education.

Board Staff have also made joint survey visits with TWC Staff to jointly-regulated institutions when noncompliance issues with both agencies are in question.

Intra-agency Collaboration

- *Providing Consultation in Board Staff Decisions Regarding Refresher Courses:* Refresher Courses are programs designed to update knowledge of current nursing theory and clinical practice to ensure competence of nurses re-entering vocational, professional, or advanced nursing practice. The courses, comprised of didactic and clinical components, may be completed in an educational setting, as part of an extensive orientation program, or by completion of a nursing program of study specific to re-entry to nursing practice. Although the BON does not approve Refresher Courses, Board rules mandate that a six(6)-month temporary permit be obtained prior to an individual engaging in any clinical learning experiences. Course content and percentage of time assigned to content areas are set by Board rules. The Education Consultants often participate in discussions related to Board rules about refresher courses, provide input into suggested rule changes and respond to questions from providers.
- *Monitoring of Remedial Education Providers and Courses to Meet Stipulations:* Remedial Education Courses are designed to meet sanctions imposed by Board issued Agreed Orders. The courses may consist of didactic content or both didactic and clinical instruction. The courses contain essential elements described in each Agreed Order and address an individual nurse's competency deficiencies. The BON offers Remedial Education workshops and approves other course providers as well as instructors. The Education Consultants are responsible for approving remedial courses and instructors, and for monitoring the approved providers.
- *Consultation and Review of Transcripts and Educational Documents from Graduates of Foreign Nursing Programs:* When graduates from nursing education programs outside of the United States' jurisdiction apply for initial licensure in Texas, they must provide a Credential Evaluation Service Full Education Course-by-Course Report from the Commission on Graduates of Foreign Nursing Schools (CGFNS), Educational Records Evaluation Service (ERES), or the International Education Research Foundation (IERF) that provides evidence that their nursing education is equivalent to the education of graduates from Texas-approved programs. When there are discrepancies or difficulty in making this determination, the Education Consultants assist the Examination Staff in deciding whether the candidate can move forward or whether they need to provide additional documents.
- *Providing Expert Information upon Request to Assist Enforcement Department:* The Education Consultants provide information to the Enforcement Staff when cases involve nurse educators or nursing education programs.

Current Projects and Future Plans

- *Working with Task Force:* The Director of Nursing and Education Consultants will be involved with the work of the Task Force during 2014. A survey of nursing faculty,

students, and clinical facilities will be distributed to gather perspectives from these groups on optimal clinical learning experiences. The data from this survey will be analyzed and used in recommendations from the Task Force. The final product will be an education guideline on Optimal Clinical Instruction to be presented to the Board during either the July or October 2014 Board meeting. This document is congruent with the projected area of “new clinical models” as seen in education for the future in the NCSBN Environmental Scan for 2013.

- *Future Statewide Faculty Workshop on Optimal Clinical Instruction (2015):* One goal of the Task Force is to present a statewide faculty workshop based upon a literature review and findings from the survey to stimulate positive practices in clinical instruction.
- *Possible Future Summit between Nursing Education Programs and Affiliating Agencies to Promote a Dialogue:* One suggestion from the Task Force is to plan a possible summit between education and affiliating clinical agencies to promote better relationships and bridge the gap between education and practice for new graduates.
- *Faculty Module Regarding Education Rules Placed on Web Page:* A faculty module focusing on the education rules for faculty has been drafted and will be placed on the BON web page during 2014.
- *Presenting Webinars to Programs on a Regular Basis:* When the vacant Education Consultant position is filled and additional support staff are employed, the Education Consultants will be able to plan regular education webinars for programs.
- *Education Dashboard:* One of the recommendations from the Task Force in January 2013 was the addition of an education dashboard to the BON web page to provide information about nursing programs for consumers and the public. This dashboard is in process and will be a part of the new BON web page to be launched in 2014.
- *Expanding innovative Pilot Proposals to VN Education Programs:* In response to a presentation from TAVNE representatives during an Open Forum at the October 2013 Board meeting, Board Staff recommended a change to Rule 227 that would extend the opportunity to VN programs to submit an Innovative Pilot Project Proposal. The Board approved this change at the January 2014 Board meeting and the rule changes have been placed on the Texas Register for comment.
- *Monitoring Innovative Pilot Project: Six (6) ADN Programs Using Concept-Based Curriculum:* A concept-based curriculum for ADN programs has been developed as a part of a THECB grant proposal. Six (6) ADN programs in community colleges submitted an Innovative Pilot Project Proposal requesting a waiver from BON approval for a major curriculum change. The Board granted this approval at the January 2013 meeting and the project began in Fall 2013. Regular progress reports will be provided to Board Staff to monitor the implementation. Data from this pilot project will provide valuable evidence since there is growing interest in the concept-based curriculum among ADN programs in the state.

- *Developing a New Education Guideline to Assist Programs in Effective Implementation of the DEC's:* An outcome of the survey visit "blitz" was a realization that many programs are struggling with effective implementation of the DEC's. Education Consultants plan to develop a guideline to assist programs in utilizing the DEC's for their individual curricula.

Nursing Practice

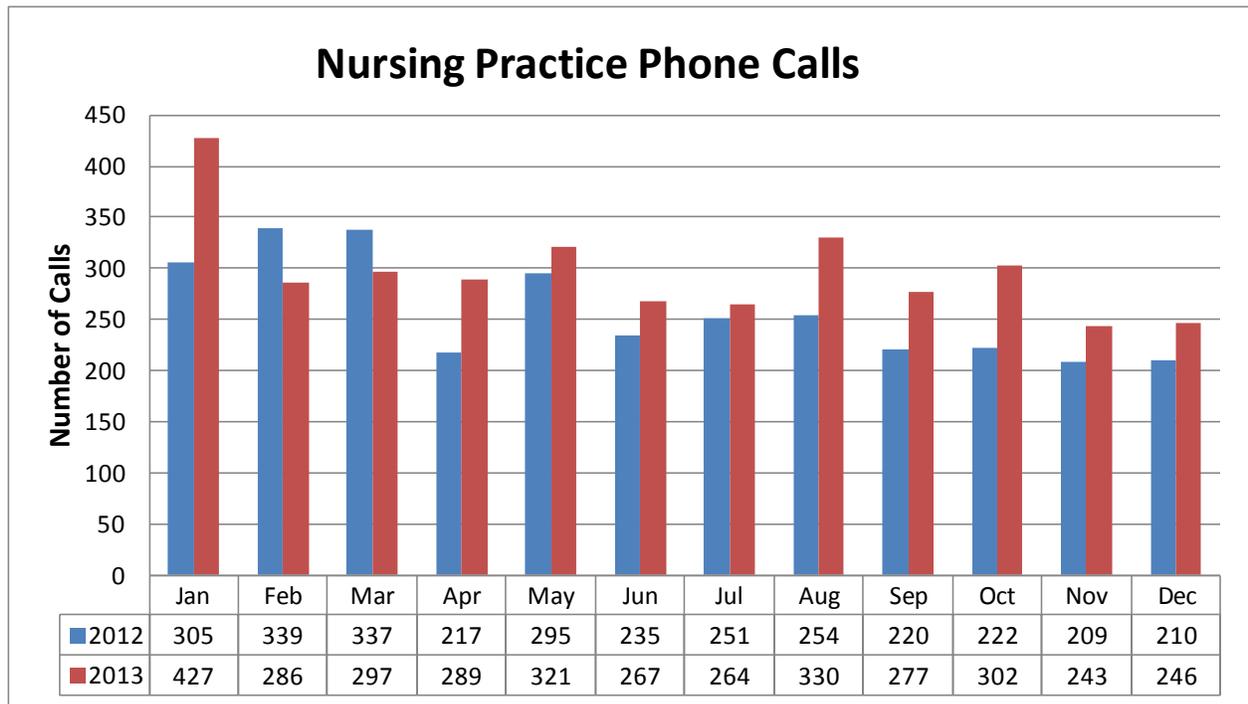
The Nursing Practice Department is a resource to the Texas Board of Nursing (BON) in helping promote proactive regulation of nursing practice. The Nursing Practice Department is comprised of six Nursing Practice Consultants who interpret the laws contained in the Nursing Practice Act (NPA) and the Board’s Rules and Regulations for nurses and the public when questions arise about nursing practice. The Nursing Practice Consultants also provide information from the Board’s Position Statements, Guidelines and Frequently Asked Questions. This information empowers nurses to make reasonable and prudent decisions that will protect their patients from harm, which in turn reinforces the Board’s mission of patient safety.

The BON must ensure that licensed nurses are competent to practice safely in order to fulfill its mission. As a result all licensed nurses, LVNs, RNs and APRNs are required to maintain continuing competency for licensure renewal. The BON also recognizes that to further accomplish their mission of patient safety, a proactive approach to nursing regulation is necessary and educating nurses about their role in the prevention of error and patient harm is an integral component of continued competency and professional development. The Nursing Practice Department provides informational support to the Board, nurses and members of the public during Board meetings, phone inquiries, workshops, and webinars and through email correspondence.

Informational Resource

Table 10

Phone Inquiries

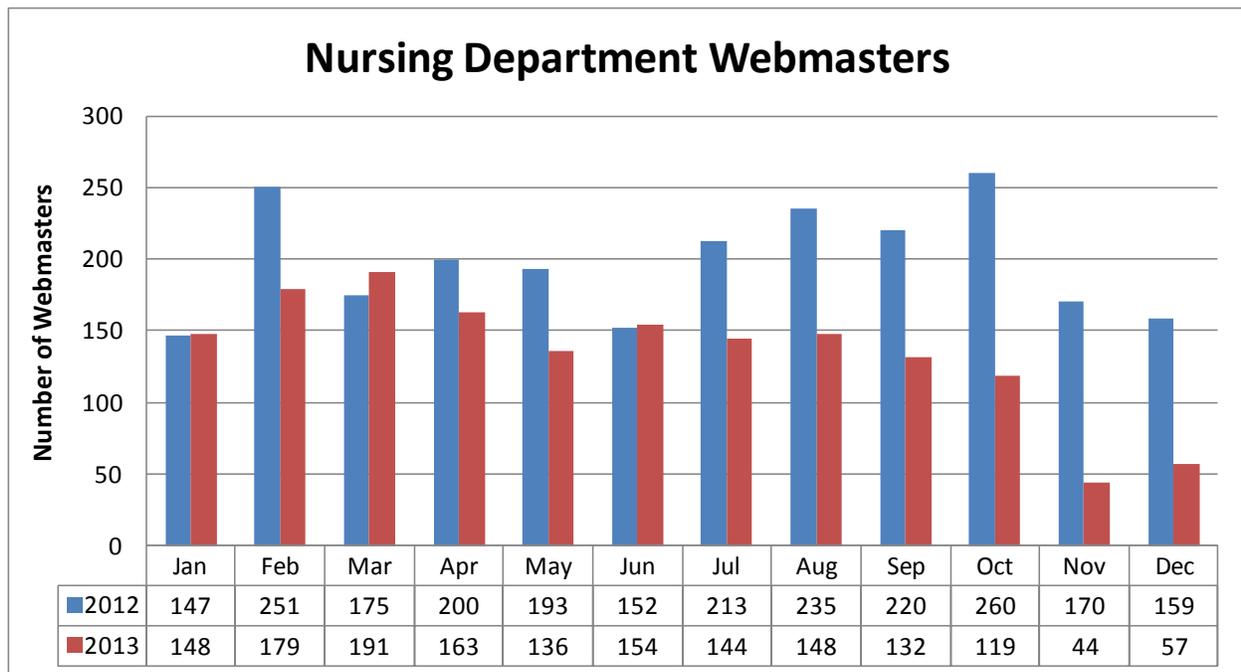


In 2012 and 2013, the Nursing Department received more than 6,643 phone calls to the practice line from nurses and the public. See Table 10. Hundreds of additional phone calls are made to the Nursing Consultants' direct phone lines each year. On average, each of these phone calls takes about fifteen minutes, totaling more than 208 days for one FTE. The majority of these phone calls are from nurses who may have been asked to perform an assignment that was beyond their ability, or they were unsure about their scope of practice and ask the questions such as, "Can I do _____?" or ask "How do I accomplish _____?" Many times, the questions have ethical considerations requiring more time or are time sensitive and require a quick response in order to provide timely information to a caller. Often, Board staff responses to questions have a "ripple effect" which means the inquiry's response, once shared with a nurse's colleague, may trigger additional questions from other nurses, employers or the public. The Nursing Practice Consultants teach callers to utilize the resources on the BON website, such as the Six-Step Decision Making Model for Determining Scope of Practice. This six question algorithm walks nurses through the steps necessary when making difficult decisions about patient care.

Email Inquiries

Table 11

Webmasters



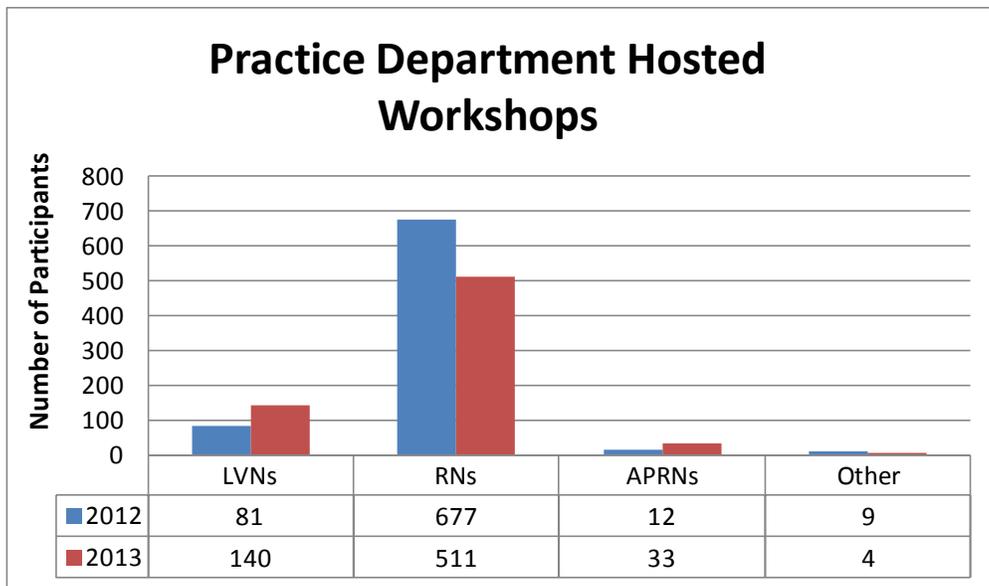
Responding to email inquiries and correspondence are additional teaching opportunities that the Nursing Practice Department utilizes to provide informational support to nurses and the public. In 2012 and 2013, more than 3,975 practice-related emails were received by the webmaster and referred to the Nursing Department. On average, each of these emails requires twenty minutes to develop a response, totaling more than 166 days for one FTE. Of note, during the last months of 2013, a number of practice-related emails were received by the webmaster, but not forwarded the Nursing Practice Department until early 2014 due to increased workload demands in the

Operations Department. See Table 11. Similar to phone call inquiries, when nurses and the public are challenged by a particular practice situation, the email inquiries are complex. For example, questions may range from: Can the reinsertion of a tracheostomy tube be delegated? Can nursing peer review information be released to a hospital's legal counsel? Or can a nurse pronounce a patient dead if still on a ventilator? The email inquiries are not a simple yes or no answer; they are complicated scenarios that require explanation. As with the phone calls, the Nursing Practice Department utilizes a proactive approach to these types of questions and has taken the opportunity to teach nurses how to utilize the resources on the website in their decision making process.

Workshops

Table 12

2012-2013 Practice Department Hosted Workshops



The Nursing Practice Department conducts jurisprudence and ethics workshops throughout the state of Texas titled, “*Texas Board of Nursing: Protecting Your Patients and Your Practice.*” In 2012, four workshops were held and reached 779 participants. See Table XX. In 2013, seven workshops were held and reached 688 participants. See Table XX. Course evaluations are consistently positive. Many nurses reported that the information in the course is beneficial and necessary for safe practice and promotes a better understanding of the Nursing Practice Act and Board Rules and Regulations. This workshop was approved for 7.0 contact hours of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

A new workshop was developed in 2012, in response to a growing need to understand the LVN scope of practice and was attended by 156 participants. The workshop, *The LVN Scope of Practice: What Every LVN, RN, and Employer Should Know*, was approved for 3.25 contact hours by the National Association of Practical Nurses Education and Service (NAPNES). This workshop will be offered in numerous locations in 2014.

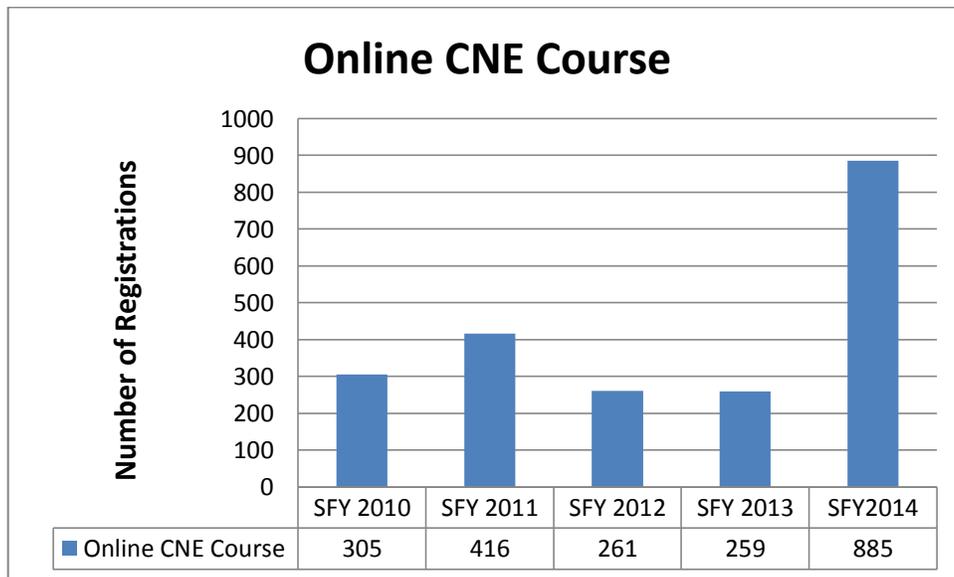
In 2013, a new workshop was developed for Advanced Practice Registered Nurses (APRNs) and attended by 95 participants. This new all-day workshop provides information regarding the nursing licensure laws that serve as the foundation for the APRN's practice. Workshop participation will contribute to the APRN's ability to understand and follow the Texas nursing licensure laws, which in turn will promote the Board's mission to protect and promote the welfare of the public. This workshop will be offered in numerous locations in 2014.

In SFY'14, the BON contracted with a provider of e-learning services, e Strategy Solutions, Inc. (eSS) to implement a new registration system and a secure online registration process for all the BON's continuing nursing education courses. In addition to the online registration process, eSS provides real time reporting for each of the BON's courses as well as support and helpdesk services to nurses during the registration process. Board staff plan to work with eSS to convert numerous face-to-face workshops and webinars to an interactive online format in order to extend the educational outreach to more nurses through-out the state.

Online CNE Course

Table 13

Online CNE Registrations 2010-2014



In 2010, the Nursing Practice Department launched an on-line jurisprudence and ethics continuing nursing education course titled, "Nursing Regulations for Safe Practice". This interactive online CNE course was designed to meet the needs of Texas licensed nurses residing anywhere on demand. See Table 13. This online CNE opportunity has been approved for 2.0 contact hours. This continuing nursing education activity was approved by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

In 2013, the 83rd Regular Texas Legislative Session passed SB 1058 that requires all nurses complete at least two hours of continuing education related to nursing jurisprudence and ethics before the end of every third, two-year licensing period. This interactive online CNE course will meet these new requirements. The sharp increase in registrations during SFY 2014 may reflect the new law.

Webinars

Table 14

Webinar Attendance 2012-2013

Date	Webinar Topic	Number of Attendees
9/7/2012	Professional Boundaries	103
9/17/2012	Nursing Peer Review	99
10/2012	LVN Scope of Practice	233
12/2012	Safe Harbor	86
3/2013	LVN Scope of Practice	171
5/2013	Professional Boundaries	28
6/2013	APRN Application Process	74
7/2013	Nursing Peer Review	78
8/2013	APRN Scope of Practice	77

In 2011, the Nursing Practice Department launched a series of continuing nursing education webinars on Nursing Peer Review: Understanding the Process and Safe Harbor: Ensuring Patient Safety. Over time new webinars were added on additional topics including the LVN Scope of Practice and the APRN Application Process. The Nursing Peer Review, Safe Harbor, Medication Safety, and Professional Boundaries webinars have been approved for 1.0 contact hours. These continuing nursing education activities were approved by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. The webinars have been a cost-effective and convenient way for nurses to obtain important information that pertains to their nursing practice. See Table 14.

Nursing Practice Information

The nursing profession is confronted with many complex challenges related to staffing, high acuity of patients, advancements in technology, patients living longer with numerous chronic diseases, systems issues and prevention of errors. The Nursing Practice Department must be familiar with emerging issues in a variety of practice settings. Toward this aim, the Nursing Practice Consultants research national and state nursing trends to identify current, evidence-based information in order to advise the BON and teach nurses and others, both inside and outside the agency. The phone call and email inquiries help to identify these emerging issues and trends. Frequently, similar questions are asked from nurses working in particular practice settings or regions of the state. These questions help the Nursing Practice Consultants determine what topics should be addressed in continuing nursing educational offerings and resource documents, such as position statements, guidelines and frequently asked questions.

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

Additional resources developed by the Nursing Practice Department are frequently asked questions (FAQs) and position statements. Numerous FAQs have been created from questions submitted in emails or asked during phone calls. For example in 2013, FAQs on the Initiation of CPR – A Nurse’s Duty, Nurses Have a Duty to Report Confidential Health Information, and Off Label Use of Ketamine for Pain Management by a Nurse have been developed. With the increased use of social media, the Nursing Practice Department developed Position Statement 15.29, Use of Social Media by Nurses to help guide nurses in the appropriate use of social media sites. The Board approved this position statement in 2012. These documents are located on the BON website, are easily accessible and provide further clarification from the BON on issues relevant to nursing practice.

The Texas BON Bulletin is another avenue by which the Nursing Practice Department contributes resource information to nurses on a quarterly basis. Bulletin articles reach thousands of nurses yearly and are important for relaying patient safety messages. The Bulletin regularly features a column to inform nurses on the most current nursing practice information. In 2013 topics included: the licensed vocational nurse scope of practice, when nurses have a duty to report confidential information, delegating in the independent living environment, the use of checklists in healthcare, medication label alert and synthetic opioid overdoses.

Role During Legislative Sessions

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

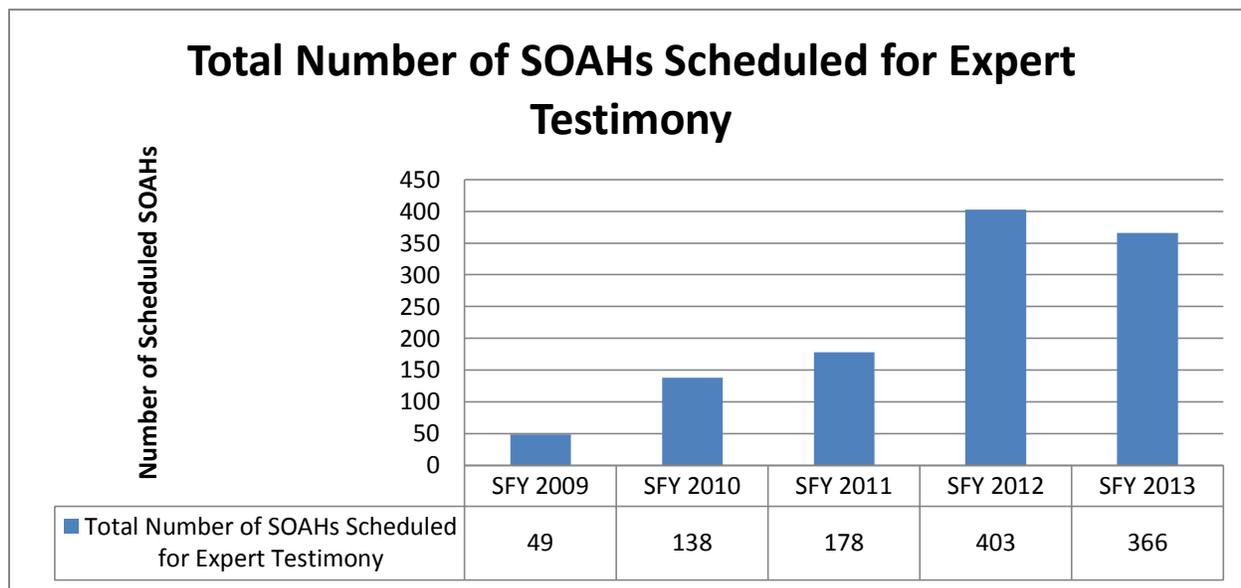
Support to Enforcement Department

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

Support to Legal Department

Table 15

SOAHs Scheduled for Expert Testimony 2009-2013



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

The number of SOAH cases for expert nurse testimony has increased tremendously since 2009 with an all-time high in 2012 of 403 cases scheduled. See Table 15. These cases require extensive preparation time and are sometimes multiple-day hearings. The increase in positive criminal background checks has increased investigative caseloads and thus the number of contested cases requiring formal hearings. In addition, the Nursing Practice Consultants serve as resources to the Eligibility and Disciplinary Committee and to the Deferred Disciplinary Action Pilot Program Advisory Committee.

The Nursing Practice Consultants work closely with the legal department in the development of new rules or the revision of existing rules. During the past several years, the Nursing Practice Consultants have assisted the Legal Department in the revisions of 22 TAC Chapter 216, Continuing Competency; 22 TAC Chapter 225, RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions; and with sections of 22 TAC Chapter 217, Licensure, Peer Assistance and Practice, specifically Rules 217.19 and 217.20 related to Nursing Peer Review, Incident-based and Safe Harbor; 22 TAC Chapter 222, Advanced Practice Registered Nurses with Prescriptive Authority; and 22 TAC Chapter 228, Pain Management. Currently the Nursing

Practice Consultants are working with the Legal Department on the revisions to Chapter 224, Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments and Chapter 221, Advanced Practice Nurses.

Role in the Implementation of LVN On-Call Pilot Program

In 2011 during the 82nd Legislative Session, SB 1857 passed that required the Texas Board of Nursing with the Department of Aging and Disability Services to implement a state-wide pilot program to study the safety and efficacy of LVNs providing on-call telephone services to individuals with intellectual and developmental disabilities in the Home and Community-Based Services and Texas Home Living waiver programs and small and medium Intermediate Care Facilities (ICF) programs.

A Memorandum of Understanding was created to form a cooperative agreement between the Texas Board of Nursing and the Department of Aging and Disability Services. An Operational Protocol was developed and identifies a new model that defines the collaborative relationship between the LVN and the RN. The new model is intended to maximize communications between the LVN and the RN in order to develop a team approach for delivering nursing services to meet the on-going and emergent needs of individuals with intellectual and developmental disabilities in the Home and Community-based Services (HCS) program, Texas Home Living (TxHmL) and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) (small 1-8 bed and medium 9-13 bed facilities). The Communication Protocol was developed and provides specific directions for the LVN when providing on-call telephone services, including instructing the direct support providers to call 9-1-1 in an emergency and when follow-up communication is required to the RN clinical supervisor.

The pilot, in its third year is in the data collection and analysis phase. The Nursing Practice Consultants in conjunction with the Department of Aging and Disability Services staff are collecting data from providers participating in the pilot and meet regularly to review the data and identify any emerging trends or areas of need. The pilot will expire in 2015.

Delegation Task Force

Regardless of practice setting, changes in the healthcare delivery system, limited financial resources, and the complex, acute and chronic healthcare needs of patients make it imperative that RNs develop efficient and effective high quality systems that are safe for patients. Delegation of certain nursing tasks to unlicensed personnel is a managerial skill that enables RNs to maximize their efficiency while still meeting the growing healthcare needs of patients. The on-going process of RN delegation is authorizing unlicensed personnel to perform tasks, while the RN retains the responsibility for how the task is performed. Ensuring that patients are safe while unlicensed staff perform delegated tasks is an essential factor for RNs to consider as they make delegation decisions.

During 2012 and 2013, the Delegation Task for Chapter 225, RN Delegation To Unlicensed Personnel And Tasks Not Requiring Delegation In Independent Living Environments For Clients With Stable And Predictable Conditions met numerous times to discuss revisions and develop recommendations to the Board regarding these rules. The Board adopted the proposed rule amendments at the January 2014 Board meeting. The new rules became effective February 24,

2014 for RNs to utilize when delegating tasks to unlicensed personnel in independent living environments. To assist RNs with the new rules, educational outreach is planned for 2014 in the form of webinars, workshops and written tools.

The Delegation Task Force for Chapter 224, Delegation Of Nursing Tasks By Registered Professional Nurses To Unlicensed Personnel For Clients With Acute Conditions Or In Acute Care Environments will convene in 2014 to make recommendations regarding revisions to these delegation rules.

Promoting Patient Safety

Errors in Healthcare

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

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

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

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

where confidentiality is not compromised were among the IOM recommendations from this first report.

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

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

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

Reporting Errors to the Board

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

The NPA, Texas Occupations Code §301.403(b)(1), § 301.419, and Board Rule 217.16 also provide flexibility to employers to assess, remediate, and monitor nurses who are involved in “minor incidents” in lieu of reporting to the BON. A “minor incident” is defined as “conduct by a nurse that does not indicate that the nurse’s continued practice poses a risk of harm to a patient or another person” [Section 301.401(2)]. Minor incidents that are not subject to mandatory reporting consist of situations when risk of harm to the patient is very low, the nurse is accountable for his/her practice, there is no pattern of poor practice and the nurse appears to have the knowledge and skills to practice safely. The rule requires the employer to take into consideration such factors as the significance of the nurse’s conduct in the particular practice setting and the presence of contributing and/or mitigating circumstances in the nursing care delivery system. The Minor Incident rule supports patient safety literature that calls for review of multiple factors that may contribute to error commission (IOM Reports, *To Err is Human, Keeping Patients Safe*). In January 2009, the BON amended the minor incident rule.

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

As a result of legislative changes in 2011, the BON amended the Incident-based and Safe Harbor rules in January of 2012 to enhance the protections for nurses who report substandard

and dangerous nursing practices to the Board or who refuse to accept an unsafe assignment that may endanger patients. Patient advocacy protections were further strengthened by extending non-retaliation protections to individuals who advise nurses about their right to engage in protected patient advocacy activities; extending nurse liability immunity to include immunity from criminal prosecution and liability when making a protected report; and finally by deterring retaliation against nurses for engaging in protected patient advocacy activities.

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

In 2011, the 82nd Legislature passed S.B. 193 allowing the Texas Board of Nursing (Board) to adopt a standardized error classification system for utilization by nursing peer review committees. Consistent with SB 193, a workgroup was formed to advise the Board on implementation of the project. Following instrument, protocol, and data collection survey development, letters inviting participation in the Pilot were sent to hospital systems all across the state followed by training workshops in the summer of 2012 in Austin, Houston and the Dallas/Ft. Worth area. Approximately 200 nurses, representing peer review committees from 50 hospitals, attended the training workshops where they learned how to utilize the Texas TERCAP Protocol and Instrument for incidents reviewed by Peer Review Committees, but not deemed board reportable. Data collection through the Texas TERCAP Online Database from participating hospitals began in August 2012 and will continue through August 2014. Information is de-identified and confidential. It is likely that a second phase of the Texas TERCAP Pilot may begin following the 84th Legislative session in 2015.

Recognizing and highlighting factors involved in nursing practice breakdown incidents promotes a better understanding of the etiology of nursing practice errors. Further, evaluating causative factors and developing methods to mitigate nursing practice errors should facilitate a proactive approach in promoting patient safety; an approach that the Board believes is the best way to fulfill its mission to protect the public.

Continuing Competency

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

Nursing practice errors can be harmful to patients, their families, employers, the nursing profession and nurses themselves. Nurses are required to provide safe and ethical care, therefore, the Texas BON was created through legislation to regulate the profession. The Texas BON has a tremendous responsibility to ensure each licensed nurse is competent to practice safely. Therefore, the Texas BON determines the minimum standards by which nurses enter the

profession and the standards required to maintain competency for periodic license renewal in order to continue in the profession. Nurses, by virtue of their license enter into a contract with their licensing board and agree to abide by these minimum standards of safe nursing practice and to remain competent throughout the licensing period.

The National Council of State Boards of Nursing (NCSBN) defines nursing competency as “having the knowledge, skills and ability to practice safely and effectively.” State Boards of Nursing (SBON) are actively assuring competency of new graduates, nurses educated internationally, and nurses seeking relicensure. The public is beginning to question whether healthcare professionals are competent and if they maintain a level of competency over the life of their careers. Yet, the nursing profession does not have consensus on the most effective method to determine or measure competency.

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

SBONs must also share in that responsibility for continuing competency because of their missions for public protection. Demonstrating continued competency throughout a nurse’s professional career promotes quality assurance within the profession. In 2009, the Texas BON revised its continuing education model by way of Chapter 216, Continuing Competency, to include nurses’ national certification recognitions in the nurse’s area of practice or 20 contact hours of continuing education as a way of demonstrating continuing competency. In 2010, the Texas BON directed nurses to complete the required continuing education in their area of practice.

The Texas BON is concerned about continuing competency in nurses who are transitioning back into the practice of nursing after an extended period of time away from practice. Individuals with an inactive license who have not practiced in four or more years are required to complete: a refresher course or an extensive orientation prior to re-entering nursing; the online nursing jurisprudence prep course and the nursing jurisprudence exam.

The Nursing Practice Department developed an online jurisprudence prep course for nursing students and nurses who endorse into Texas as they prepare to take the jurisprudence exam. The positive feedback from the prep course led to the development of an interactive online continuing nursing education course in 2010 that familiarizes nurses with the Texas Nursing Practice Act and the BON Rules and Regulations that govern nursing practice. The interactive online course is available to all nurses and is titled, “Nursing Regulations for Safe Practice”.

In 2013, the 83rd Legislature passed SB 1058 which requires each nurse to complete at least two hours of continuing nursing education course on nursing jurisprudence and ethics before the end of each 3rd licensure cycle. The Board has enacted rules to provide guidance to nurses in the completion of this requirement. The BON interactive online course, “Nursing Regulations for Safe Practice” will fulfill this requirement.

Numerous webinars have been developed on topics including the LVN scope of practice, the APRN scope of practice, the APRN application process, nursing peer review, safe harbor for nurses, medication safety, and professional boundaries. New webinars for 2014 include the

topics of APRN prescriptive authority, documentation and delegation. The webinars provide a means for all nurses in Texas, including those in the rural and remote areas of the state, to attend continuing nursing education offerings. The webinars have been well attended and have received positive feedback.

The BON continues to offer the workshop titled, “Protecting Your Patients and Your Practice” as a means to obtain and maintain competency in nursing jurisprudence and ethics. In 2013, the Practice Department developed and presented a new workshop titled, “APRN Licensure and Practice in Texas: Meeting the Challenges, Meeting the Needs”. New workshops for 2014 are Nursing Peer Review: Putting Your Committee Together and Guidelines to Effective Delegation in the Community Setting. The LVN scope of practice workshop will continue to be offered throughout 2014.

SB 1058 also requires targeted continuing education in the care of older adults or geriatrics for nurses who provide nursing care to this population. The continuing education must be at least two contact hours in length or nurses may use an approved certification in this area of nursing practice.

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

Just Culture

Just Culture is an approach to patient safety that strives for a culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions. A Just Culture environment encourages people to report mistakes so that the causes of the errors can be understood in order to fix system issues. In a Just Culture there is a distinction between errors that are human in nature versus at risk or intentionally reckless behaviors in that it does not tolerate conscious disregard for risks to patients or gross misconduct. The Just Culture model describes three classes of human behavior that predicts error occurrence: 1) Simple human error (accidentally doing something other than what should have been done; 2) At-risk behavior (a behavioral choice made that increases risk where risk is not recognized or that is inappropriately believed to be justified; and 3) Reckless behavior (an intentional disregard for substantial and unjustified risk).

The Just Culture approach continues to be a prominent theme in nursing regulation. The Texas Board of Nursing has several strategies that promote a Just Culture. These include:

- Use of Nursing Peer Review, a process for peers within facilities to review complaints against nurses and advise the Board on appropriate action;
- Minor Incident rules that do not require a report to the Board for certain minor violations of the NPA;
- Ability to approve Patient Safety Pilot Projects to exempt facilities from mandatory reporting of certain nurse conduct if the facility evaluates the nurse, remediates if necessary and addresses systems problems;

- Development of the Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot for Nurses, a two-year innovative pilot program for nurses in collaboration with Texas A&M Health Science Center College of Nursing and the Rural and Community Health Institute; an alternate form of discipline, KSTAR is a comprehensive program designed to assess a nurse's competency. Once the assessment is complete, if any knowledge deficits are determined, an individualized remediation plan is developed that may include a period of monitoring and follow-up.
- Use of the TERCAP tool in the investigative process for practice violations reported to the Board to discover individual and systems factors contributing to error;
- Continued implementation of the Texas TERCAP Pilot to discover individual and systems factors contributing to practice breakdown not deemed Board reportable by nursing peer review committees;
- Reporting to CNOs of systems issues identified in Board investigations;
- Articles in the Board's Newsletter regarding patient safety and error prevention;
- Statutory authority to expunge or defer certain violations of the NPA in cases in which the Board proposes to impose a sanction other than a reprimand, denial, suspension, or revocation of a license; and
- Statutory authority to resolve certain violations of the NPA through confidential, corrective actions.

Deferred Disciplinary Action Pilot Program (DDAPP)

Senate Bill (SB) 1415, enacted by the 81st Texas Legislature, Regular Session, effective September 1, 2009, authorized the Board to conduct a pilot program designed to evaluate the efficacy and effect of deferring disciplinary actions against individuals. Pursuant to the bill's requirements, if the Board determined that such a pilot program was feasible, the Board was required to develop and implement the program no later than February 1, 2011. In compliance with the bill's mandates, the Board reviewed the feasibility of conducting a deferred disciplinary pilot program and filed its feasibility study with the Legislature on January 27, 2010.

On July 12, 2010, the Board adopted rules establishing the parameters of the pilot program and creating a deferred disciplinary action pilot program advisory committee (Committee) to assist the Board in overseeing and evaluating the pilot program. The pilot program began on February 1, 2011. The Committee met on June 19, 2011; December 9, 2011; and March 9, 2012. During the meetings, the Committee evaluated methodologies for monitoring and measuring the success of the pilot program; reviewed statistical data regarding the ongoing progress of the pilot program; and developed surveys to distribute to participants in the pilot program and nurse employers. The Committee evaluated a year and a half's worth of data (from February 1, 2011, through April 30, 2012) from the pilot program before making recommendations to the Board regarding the continuance of the pilot program.

During its evaluation, the Committee reviewed non-compliance data and discovered that, of the one hundred and thirty (130) deferred disciplinary orders issued from February 1, 2011, through April 30, 2012, only one non-compliance case was opened by the Board. However, the Board's

investigation did not result in a non-compliance order. Thus, only 0.5% of the deferred disciplinary orders reviewed required a non-compliance investigation, while 5.2% of the Board's traditional disciplinary orders (992 orders for same time period) required a similar non-compliance investigation for the same time period (fifty two (52) non-compliance cases opened, resulting in six (6) non-compliance orders, with thirty seven (37) cases still pending at the time of the Committee's review). Further, the data revealed that deferred disciplinary orders were accepted forty one (41) days sooner than the Board's traditional disciplinary orders for the same time period, reducing the time of acceptance by 43%. The Committee determined that the pilot program appeared to be significant in reducing Staff's case resolution time for deferred disciplinary actions. The Committee also considered the results of the surveys sent to participants in the deferred pilot program, as well as extrinsic data. In summary, the Committee recommended that deferred discipline be made a permanent part of the Nursing Practice Act.

The Board considered the Committee's recommendations at its October 2012 Board meeting. In October 2012, the Board filed its final report regarding the pilot program and its recommendations regarding the program's continuance with the Executive and Legislative branches. Like the Committee, the Board recommended that deferred discipline be made a permanent part of the Nursing Practice Act.

During the 83rd Legislative Session, the Texas Legislature enacted SB 1058, effective September 1, 2013, making deferred disciplinary action a permanent part of the Nursing Practice Act. The Board considers deferred discipline an important alternative to traditional discipline for its licensees. Since April 30, 2012, the Board has issued an additional one hundred and forty (140) deferred disciplinary orders and anticipates that this number will continue to grow.

Corrective Actions

Senate Bill (SB) 1415, enacted by the 81st Texas Legislature, Regular Session, effective September 1, 2009, authorized the Board to offer a corrective action as a resolution to certain violations of the Nursing Practice Act and Board rules and/or policies. A corrective action is a confidential, non-disciplinary action that may consist of a fine, remedial education, or a combination of a fine and remedial education. In November, 2009, the Board adopted rules to specify the types of violations that may be resolved through a corrective action and to prescribe the circumstances under which an individual is eligible to receive a corrective action. The Board maintains oversight of the implementation of its corrective action authority by receiving quarterly reports from the Executive Director on the number of corrective actions taken and for the conduct cited.

Since its enactment, the Board has issued 983 corrective actions. Of the 983 corrective actions issued by the Board since the enactment of SB 1415, only eight (8) cases have been opened by the Board to investigate an individual's non-compliance with the corrective action or with new practice issues, making the recidivism rate of individuals receiving corrective actions extremely low, at 0.8%. Based on this trend, the Board anticipates amending its rules to allow corrective actions to be utilized in resolving additional violations of the Nursing Practice Act and Board rules. The Board will continue to monitor associated trends to continue to effectively utilize corrective actions where appropriate.

Texas Peer Assistance Program for Nurses (TPAPN)

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

TPAPN was created as an alternative to discipline. Therefore, if there were no practice errors and the nurse voluntarily participates and successfully completes TPAPN, the nurse is not considered for disciplinary action. If there is a practice error, the BON, after receiving and investigating a complaint, may determine that it would be in the best interest of the public to have the individual participate in TPAPN. In these instances, the individual receives a formal Board Order to participate and must successfully complete TPAPN. These decisions are based on a case-by-case evaluation of the facts. Nurses with substance related and alcohol related disorders that receive treatment and establish recovery, decrease their risk of relapse with longer intervals of time in recovery. In September 1, 2013, TPAPN extended the length time nurses participate in TPAPN monitoring to increase patient protections and to align with current evidence-based recommendations.

The Extended Evaluation Program (EEP) is administered by TPAPN for nurses who meet certain criteria. This program provides monitoring, without discipline and is primarily for nurses with a onetime positive drug test in the absence of any practice issues or substance use disorder diagnosis.

The Board provides oversight of the program in several ways. The Program Director for TPAPN provides financial and performance reports at each quarterly Board meeting. Requests for funding increases from TPAPN are also considered by the Board periodically. Legal compliance audits of TPAPN are conducted annually and periodic financial audits are conducted by the BON or its designee. Staff of the Board meets weekly with program staff to discuss participation or referral back to the Board when nursing practice violations have occurred.

The National Council of State Boards of Nursing (NCSBN) established guidelines in a 2011 manual, *Substance Use Disorder in Nursing Manual: a Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*. The NCSBN guidelines are grounded in best practices per current research and evidence-based practice so that all alternative programs across the United States may operate more consistently and optimally, for purposes of recovery, monitoring and safety. Meeting the guidelines would provide the BON, its licensees and constituents, the citizens of Texas, with a more competent program thus helping to ensure greater patient safety. Meeting these guidelines would help TPAPN better assist approximately 590 active participants to receive better treatment and support, to be monitored for safety for a longer period of time and, in the final analysis, help them contribute more positively to their profession, their families, their communities, and the state's economy.

Trends in Nursing Practice

Demographics

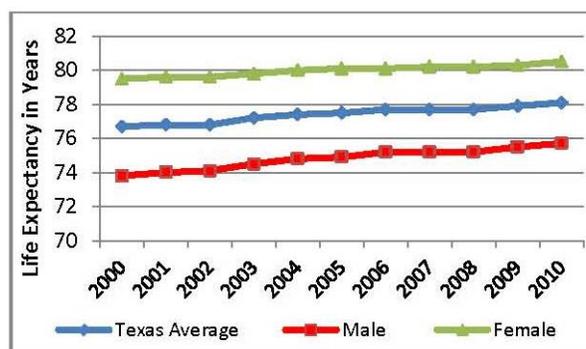
Changes in demographics in the United States and Texas which impact the need for nurses and the changes in nursing practice are:

Aging population

- In 2012, the U.S. population was 313,873,685 and approximately 13.7% were persons 65 years of age or older.
- In 2012, the Texas population was an estimated 26,060,796 and 10.9% were persons 65 years of age and older.
- The fastest growing age group in 2020 will be those over the age of 85.
- In 2056, for the first time in American history, the older population, age 65 years and older, is projected to outnumber those younger than 18 years of age.
- With longer life expectancy, the prevalence of chronic and acute health conditions in the elderly will increase.
- Nursing homes, home health agencies, and other community-based providers are expected to experience an increase in patient admissions.
- Average life expectancy for Texans is 78.1 as compared to the U. S. life expectancy of 78.7 years.

Table 16

Life Expectancy in Years (The Health Status of Texas 2011, Texas Dept. of State Health Services)

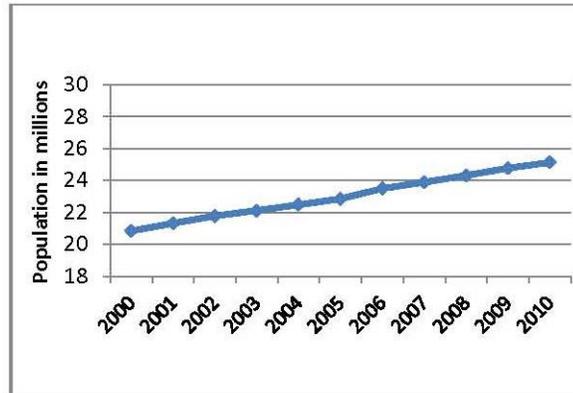


Growing Population

- Texas populations have continued to steadily increase over the last 10 years.

Table 17

Population in Millions 2000-2010 (The Health Status of Texas 2011, Texas Dept. of State Health Services)



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

Aging of the Nursing Workforce (See Appendix I)

- A slight improvement in the median age of the nurse in Texas in 2010 as compared to 2009: The median age of RNs in 2009 was 47 and in 2013 the median age was 46. The median age of an LVN in 2013 was 44 as compared to median age of 47 in 2009.
- As of 2013, the population of younger nurses increased for the first time in 30 years.
- With the aging of the nursing workforce, a large percentage of nurses will be eligible to retire in the next 10 years.

Growing Diversity in Communities

- 2010 data from the Texas Center for Nursing Workforce Studies at the Texas Department of State Health Services indicated that the ethnic breakdown among the 25,145,561 estimated Texas population was 37.6% Hispanic, 11.9% African-American, 4.4% other, and 46.0% Caucasian.
- Projections completed by the Office of the State Demographer in January 2013 indicate that by 2020, the Texas population may be approximately 28 million with the diversity breakdown as 41.7% Hispanic, 11.4% Black, 6.3% other, and 40.6% Caucasian.

Texas Center for Nursing Workforce Studies

Between 2005 and 2020 the demand for RNs in Texas will rise by 86%. While the supply will grow by only 53%, strategies are already in place to address the rising demand.

- In 2013 there were 196,566 active RNs practicing in Texas (or 732.7 RN's per 100,000 population); compared to 191,575 in 2012. 86.8% were employed full-time and 13.2% were employed part-time in nursing
- 63.7 % of the RNs actively employed as nurses in Texas were working in hospitals (See Appendix M).
- There were 9,593 Nurse Practitioners (NPs) in 2013 (36.0 per 100,000) compared to 8,963 in 2012.
- There were 1,077 Clinical Nurse Specialists (CNS) in 2013 (4.0 per 100,000 population) compared to 1,373 in 2012.
- There were 291 Nurse Midwives (NM) in 2013 (1.1 per 100,000 population) compared to 296 in 2012.
- There were 2,862 Nurse Anesthetists in 2013 (10.7 per 100,000 population) compared to 2,758 in 2012.

The LVN profession is among the few health professions where Texas exceeds the U.S. average for provider-to-population ratios. In 2013, there were 75,258 LVNs (282.2 per 100,000 population) as compared to 73,674 LVNs in 2012.

Border Counties

- Refers to counties that are located near the Texas – Mexico border.
- Comprised of 32 counties (of which 28 are rural and 15 of the 32 counties have contiguous borders) within 100 kilometers of the Texas-Mexico border.
- Represents 10.3% of the Texas population with 6.3% of the RNs, 5.9% of the APRNs, 8.7% of the LVNs.

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

Employment Trends

The National Council of State Boards of Nursing (NCSBN) National Workforce Survey of Registered Nurses conducted in 2013 indicated 82% of the RN workforce was employed in nursing, a slight decrease from the Health Resources and Services Administration (HRSA) report of 85% released in 2010. The majority of RNs, 56% listed their primary place of employment as the hospital setting. Of those RNs, 38% held either a diploma or an Associate's Degree in nursing or another field; while at least 62% held a BSN or higher level of education.

The NCSBN 2012 LPN/LVN Practice Analysis indicates the largest percentage, 39.2% of LPN/VNs are working in nursing homes; while the rest report working in rehabilitation and other long-term care settings, such as home health and assisted living. Only 6.4% were working in medical-surgical settings, such as a hospital.

According to the U.S. Department of Labor (2012), registered nurses held approximately 2.7 million jobs in 2010. The majority (54%) were employed in hospitals (private and local). Additional employment statistics show that 8% practiced in physician offices, 5% in home health care, and 5% in nursing care facilities. The remainder (approximately 28%) worked in staffing agencies, non-traditional settings, regulatory agencies, social assistance agencies, and educational services. In 2010, approximately 20% of RNs worked part-time (See Appendix M and N).

For the same time period (2010), there were 752,300 licensed vocational nurses (LVNs). LVNs were employed by hospitals (15%), nursing homes/long-term care (28%), in physician offices (12%), home health (9%) and community care facilities for the elderly (5%). The remainders were primarily employed by staffing agencies, assisted living/residential care facilities, outpatient care centers; and federal, state, and local government agencies. In 2010, approximately 25% worked part time.

According to a January 2014 Job Outlook projection, the United States Bureau of Labor Statistics expects employment opportunities from 2012-2020 to increase 19% for RNs, 25% for Licensed vocational nurses(LVNs) and 33% for Advanced Practice Registered Nurses (APRNs). The average growth rate for all occupations is 11 percent. Additionally, the U. S. Department of Health and Human Services reports the RN workforce has not only increased between 2004 and 2008 but acknowledges the gradual increase of diversity of the nursing workforce.

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

- new technology advances in healthcare to include delivering services via telehealth,
- new pediatric prescribed extended care centers (PPECCs)
- specialized treatment units,
- increased needs of school children with complex health needs
- increased needs of individuals with intellectual and developmental disabilities
- need for nursing home care
- need for long-term care facilities to meet the needs of our aging population,
- home care treatment options, and
- preventative care for patients.

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

The economic climate in the U. S. and Texas has changed over recent years, causing employers to rethink how the healthcare needs of their clients will be met with limited financial resources. As a result, many community-based service providers and public school systems have increased their use of unlicensed personnel and LVNs to deliver services with oversight from fewer RN clinical supervisors. In 2011, during the 82nd Legislative Session, SB 1857 was passed that allows unlicensed personnel to provide the administration of medications to individuals with intellectual and developmental disabilities without the requirement that RNs delegate or oversee each administration of medication, provided certain safe guards are implemented. This new law applies to RNs working in the Home and Community-Based Services and Texas Home Living waiver programs and small and medium Intermediate Care Facilities (ICF) programs.

In addition, this new law required that the Texas Board of Nursing and the Department of Aging and Disability Services conduct a pilot program to evaluate licensed vocational nurses providing on-call services by telephone to clients. Historically, the Texas Board of Nursing has interpreted BON Rule 217.11 (2) to mean that it is beyond the scope of practice for LVNs to provide on-call duties and to handle urgent/emergent issues telephonically. Therefore, because an exception to a rule was requested, a pilot program was launched to study the safety and efficacy of LVNs providing telephone on-call services. The pilot expires in 2015.

Nursing Shortage

In December 2007, the U.S. experienced an 18-month recession that had a far reaching impact on the global economy. As a result, the healthcare industry gained 428,000 new jobs and 243,000 of these were RN positions in hospitals. During economic hard times, the need for

healthcare does not stop; RNs tend to return to the workforce because of their family's own economic uncertainty. According to Staiger, Auerback and Buerhaus (2012) this large increase has not been seen during any two-year cycle for the past 40 years. Analysts caution however, that the nursing shortage may not be over and warn "Employers and workforce policymakers should not be lulled into complacency by the current absence of a nursing shortage" (Staiger et al., 2012, 1465). Rather, plans to bolster the nursing workforce should continue to offset a shortage this is likely to reemerge. In the meantime, the priority should be to utilize the existing nursing workforce, both new nurses entering the profession and experienced nurses leaving as efficiently as possible.

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

The nursing shortage is expected to continue and will require a careful analysis of the data, while taking into consideration the unique demographics of Texas. The factors that continue to affect these numbers include a change in rural and urban populations, the current healthcare economic climate, the future re-design of the healthcare system, and the role nurses will play in the new healthcare reform. The overall number of nurses in Texas is expected to increase as the number of new nursing programs and existing programs graduate students.

The Texas Board of Nursing is one of many agencies working with other state agencies to address the aging workforce of healthcare providers as well as to keep abreast of the changing healthcare climate. As the population of Texas ages, so does the nursing workforce. Between 2004 and 2008, the average age for all licensed nurses rose from 46.8 to 47.0 years. Texas experienced a slight improvement in the median age of the nurse in 2010 as compared to previous years. The median age of RNs in 2011 was 46 and the median age of LVNs was 45. On an interesting note, between 2002 and 2009, the number of RNs between the ages of 23 – 26 increased by 62. % (Staiger, Auerback and Buerhaus, 2012).

One area of concern continues to be the increased healthcare needs of the "baby boomer" population just as the aging nursing workforce approaches retirement. In response to mounting concern about the nurse shortage, the Texas Legislature created The Texas Center for Nursing Workforce Studies (TCNWS) under the governance of the Statewide Health Coordinating Council (SHCC). The Texas Board of Nursing is an active member of this Nursing Advisory Committee. The TCNWS serves as a resource for data and research on the nursing workforce in Texas. This includes collecting and analyzing data on nurses in Texas in regard to educational and employment trends; supply and demand trends; nursing workforce demographics; and migration of nurses.

Retention of the Workforce

Increasing the number of nursing graduates in Texas is only one part of the solution to the nursing shortage in the state. Other recommendations from the Texas Center for Nursing

Workforce Studies are to increase retention of nurses in the nursing workforce and to delay retirement of older, experienced nurses from the workforce. Healthcare organizations and employers of nurses are encouraged to implement strategies to make positive changes in the work environment to retain experienced nurses in the work settings.

If the initiatives are to have a successful outcome on increasing the number of practicing nurses, the following must occur: (1) the public image of nursing must be changed to reflect the new roles, challenges, and frontiers that exist; (2) new and emerging changes that are occurring in an increasingly complex health care environment should be incorporated into in-service and continuing education trainings for practicing nurses; (3) health care facilities must be willing to meet the needs of nurses by assuring reasonable staffing ratios, giving nursing a voice, providing sound orientation and maintaining a cooperative work environment; and 4) establish mentoring relationships for new nurses as well as nurses who are transitioning into new practice setting to reduce turn-over rates.

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

Staffing Ratios

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

S.B. 476 required hospitals to establish a nurse staffing committee that meets quarterly to develop and recommend to the hospital's governing body a nurse staffing plan. The committee submits semi-annual reports to the hospital's governing body that include quality indicators, nurse satisfaction measures collected by the hospital, and evidence-based nurse staffing standards. The committee shall adopt, implement and enforce a written official nursing services staffing policy that ensures an adequate number and skill mix of nurses based on patient care needs for each shift and patient care unit. The committee membership is specific and must represent the various types of nursing services provided by the hospital. The Chief Nursing Officer (CNO) is a voting member and 60% of the committee must be RNs who spend at least 50% of their work time in direct patient care. The RNs serving on the committee must be elected

by their peers who provide direct patient care at least 50% of their work time. The committee meets during working hours and nurses are relieved of other duties in order to attend the meetings. The nurse staffing plan has a budget and nurses are encouraged to provide input to the nurse staffing committee with protections from retaliation by their employer.

Current standards from governmental entities, national nursing professional associations, private accreditation organizations and other health organizations must be reflected in the official nursing services staffing plan. Minimum staffing levels must be determined through nursing assessments and according to evidence-based nursing standards with consideration of patient needs. The plan must include a flexible method for adjusting the nurse staffing based on each patient care unit and patient needs. Nurses must be made aware of the official nursing services staffing plan levels for their unit and shift. The Board of Nursing does not have authority over certain workplace or employment issues such as staffing ratios; however, nurses have a responsibility to maintain patient safety at all times and this duty may supersede any conflicting facility policy and physician order.

Work Hours

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

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

Diversity in the Workplace

In recent years, significant attention has focused on diversity of the nursing workforce. The majority of nurses, both nationally and in Texas, are Caucasian females. The lack of diversity in nursing may become problematic in the future since projections are that racial minorities will represent the majority of the population by mid-century. The most recent report by the Institute of Medicine, *The Future of Nursing: Leading Health, Advancing Change*, encourages nursing to place a greater emphasis on increasing diversity of the workforce and ensuring that nurses are able to provide culturally relevant care. Increased diversity in the workforce will foster better interaction and communication with culturally diverse patients. Other recent studies suggest that increasing the diversity of the healthcare workforce can improve patient access, patient satisfaction, and improve overall quality of care for all patients. To better meet both the current and future healthcare needs of Texas citizens and to provide more culturally relevant care, the current nursing workforce will need to become more diverse.

The Board recognizes that a strong connection exists between a culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care. Racial and ethnic minority healthcare professionals are significantly more likely than their Caucasian peers to serve minority and medically underserved communities, thereby helping to improve issues with limited minority access to care.

According to the U.S. Census Bureau, minorities made up 37 percent of the nation's population in 2012 and are expected to comprise 57 percent of the population in 2060. In 2013, only 19 percent of the nation's RNs were from minority backgrounds. According to a survey conducted by the U.S. Census Bureau in 2013, men account for only 9.6 percent of the RN workforce.

In Texas, minorities make up the majority of the total population. According to the Texas Department of State Health Services Center for Health Statistics, minorities (Hispanics – 38.4%, African Americans – 11.5%, and other – 5.6%) comprised 55.5 percent of the Texas population in 2013. However, the minority nursing workforce in Texas is similar to that of the nation. While Hispanics comprise 38.4 percent of the Texas population, they comprise just eight percent of the RN workforce and 16.2 percent of the LVN workforce. African Americans comprise 9.9 percent of the RNs and 20 percent of the LVNs in Texas. American Indian, Asian, and Other comprise 13.2 percent of the RN population, while only 6.2 percent of the LVN population.

While men still account for a small percentage of the nursing workforce, Texas does have a higher percentage of male nurses than the nation. Males make up 11.5 percent of the RNs and 11.4 percent of the LVNs in Texas.

In order to increase diversity in our registered nurse population, diversity needs to increase in our student population. RN graduates in 2012 were 56.9% White/Caucasian, 11.5 % African American, 22.9 % Hispanic/Latino, and 8.8% Other. The same holds true for the Texas LVN population. In 2012, 43.3 percent of LVN graduates were Caucasian, 30.8% Hispanic, 21.5% were African American, and 4.5% were Other.

The IOM Report calls for increasing the diversity of nursing faculty. Few nurses from racial/ethnic minority groups with advanced nursing degrees pursue faculty careers. The 2012 data from the Texas Center for Nursing Workforce Studies demonstrates that the professional nursing faculty population in Texas is predominantly (90.3%) female, and that 73.9 % of the faculty is Caucasian, 11% African American, 9.2% Hispanic, and 5.9% Other.

A lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. Students looking for academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and a community of support. Academic leaders across the country are working to address this need by identifying minority faculty recruitment strategies, encouraging minority leadership development, and advocating for programs that remove barriers to faculty careers.

Practicing nurses must be prepared to handle complex healthcare problems in all types of patient populations. As the population changes in Texas and becomes more diverse, cultural beliefs and values must be integrated in order to provide efficient and safe nursing care. Assuring Texas has a diverse and culturally competent nursing workforce will take many years and will require a coordinated and long-term strategy involving policy makers, education and healthcare administrators, deans and directors of nursing education programs and hospital nurse executives. Long-term and short-term collaborations are essential if the citizens of Texas are to receive the healthcare they need. Because nurses make up the largest proportion of the healthcare workforce and work across virtually every healthcare and community-based setting, changing the demographic composition of nurses has the potential to effect changes in the face of healthcare in America. Collaborations at many different levels will be required to address the problems generated by too few ethnically/culturally diverse nurses. While ensuring cultural diversity in the nursing population is not within the purview of the BON, the Board will continue to support values, concepts and initiatives in this regard.

Telehealth

Telehealth involves delivery of patient care via electronic means such as telephone, satellite, or computer technologies. Several factors are influencing the increased demand for healthcare services and the delivery of some of these services through telecommunications. Expansion of health care coverage as a result of the Affordable Care Act; the ongoing shortage of nurses and primary care providers; the growing elderly population; and the need for specialty services in rural areas challenge the traditional health care delivery model. Telehealth is one method with potential to help address these challenges.

According to a recent article in Health Affairs, 42% of hospitals in the United States have telehealth capabilities (Adler-Milstein, Kvedar, & Bates, 2014)¹. In a recent press release from American Well, as of April 2014, 20 states and the District of Columbia have passed mandates for coverage of commercially provided telehealth services, and 46 states offer some type of Medicaid reimbursement for telehealth services provided². There are many examples of telehealth practice in Texas. UTMB Correctional Managed Care uses telehealth to provide sick call by APRNs and PAs to some of their prisons. Nursing call centers provide telephone triage and advice to clients who are ill or injured after normal clinic hours.

The anticipated increase in use of telehealth technologies has implications for regulation of healthcare providers with regard to licensure and standards of care. In April 2014 the Federation of State Medical Boards adopted the Model Policy on the Appropriate Use of

¹ Adler-Milstein, J., Kvedar, J., & Bates, D. (2014) Telehealth Among US Hospitals: Several Factors, Including State Reimbursement And Licensure Policies, Influence Adoption. Health Affairs: 33(2): 207-215.

² American Well® Applauds FSMB Ratification of Groundbreaking Telemedicine Model Policy
Federation of State Medical Boards acknowledges the power of telemedicine to facilitate and improve the delivery of health care:
<http://www.prnewswire.com/news-releases/american-well-applauds-fsmb-ratification-of-groundbreaking-telemedicine-model-policy-256978851.html>

Telemedicine Technologies in the Practice of Medicine as a measure to ensure patient protection as telemedicine is implemented. Of note, this model policy defines licensure according to the location of the patient, which is consistent with the Texas Board of Nursing's guidance to nurses practicing telenursing. The National Council of State Boards of Nursing (NCSBN) continues to monitor state and federal legislative activity and anticipate the need for policy development related to telehealth.

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

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

I. Self-Directed, Semi-Independent Status (SDSI)

In 1999, the Legislature passed the Self-Directed Semi-Independent Agency Project Act. The pilot project created by this Act included the Texas State Board of Public Accountancy, the Texas Board of Professional Engineers, and the Texas Board of Architectural Examiners. Under this project, the agencies remain state agencies but the individual Boards approve their budgets. They are also required to pay a specific amount of money to the General Revenue and to pay their own expenses. Agencies must report biennially to the Legislature. The Financial agencies were added to the project in 2009. The Texas Real Estate Commission achieved SDSI in 2011. The ability to make budget decisions provides agencies the flexibility to be responsive to changing conditions and to operate more efficiently and effectively. The project was scheduled to Sunset in 2013. The Legislature continued the three original agencies in the pilot project. HB 2092 (82nd Legislative Session), which would have made the nursing and pharmacy boards Self Directed/Semi Independent did not pass. HB 2361 and SB 1375 were filed in the 83rd session to allow SDSI for the Texas Board of Nursing, Texas State Board of Pharmacy and Texas Medical Board which did not pass. As a compromise, HB 1675 included language to allow the Sunset Commission study the topic of SDSI and report back to the 84th Legislature.

The Texas Board of Nursing continues to support the concept of SDSI to allow the agency flexibility and simplicity in funding so the agency can meet the needs of our constituents continue as they fluctuate on a monthly and quarterly basis.

Implication for the 2016-2017 Biennium

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

II. Nursing Education

The rapidly-changing environment in health care and concerns about an adequate number of competent nurses for the future presents continuing challenges to the Education Consultants to ensure protection of the public and to promote high standards for quality nursing education. In order to facilitate the numbers of new proposals from various institutions, the Education Consultants have developed more efficient processes for handling proposals and for recognizing criteria suggesting future success or potential risk factors. Since the nursing profession is becoming more complex because of the growing knowledge base and higher

patient acuity level, the Education Consultants see a need to provide more supportive resources to assist programs.

CHALLENGES FOR NURSING EDUCATION REGULATION:

- **Maintaining Quality in Nursing Education Programs in the Changing Environment**

The Education Consultants devote substantial time to **new nursing education programs** during the proposal process by providing information for proposal authors and guiding the new programs through proposal development. Online instructions and resources are available to new programs and Board Staff offer consultation by phone, email communication, and a face-to-face conference when the proposal has been thoroughly reviewed by two (2) Nursing Education Consultants.

At the same time, the Education Consultants respond to **existing nursing education programs** to provide guidance and assistance in their day-to-day program issues and concerns. The Education Consultants make every effort to balance consultant attention to all programs to promote their success and compliance with the rules. The program survey “blitz” from June 2012 to August 2013 not only met a strong need to “catch up” on program visits that were overdue, but allowed the Education Consultants to receive updates in their knowledge about dozens of programs across the state through the written reports. The workload for the Education Consultants has continued to increase as new programs are established and existing programs are experiencing difficulties as they seek to increase enrollments with the growing challenges of scarcity of clinical sites and qualified nursing faculty.

The work of the Task Force to Study Implications of Growth of Nursing Programs in Texas has also revealed the seriousness of the challenge of finding clinical placements for nursing education programs and the wide ranges of **clinical learning experiences** in programs across the state. The focus for the guideline currently being developed by the Task Force is defining quality experiences in clinical instruction. A survey of program faculty and students, and clinical representatives being conducted during the Spring 2014 will provide valuable insight to the issues in clinical education and will provide a basis for recommendations to improve clinical learning experiences.

- **Providing Support and Consultation to New Directors of Nursing Programs**

The high turnover in program directors adds another dimension to assisting programs to have an effective nursing education program that is compliant with Board Rules. Program directors rely upon support from the Education Consultants as they enter an administrative role directing the nursing program and interfacing with institutional administration and community constituents. An electronic module and a face-to-face orientation workshop offer new directors initial information to familiarize them with Board rules and the implications of the rules in their role. Directors are appreciative of the guidance and support from the Education Consultants. Presenting regular education webinars is a goal for the future.

- **Meeting the Need for Closer Program Monitoring, Especially for High Risk Programs**

The Education Consultants have identified a number of risk factors in programs that warrant closer monitoring and more frequent communication. Some of the risk factors are: being a new program with no experience in nursing education, faculty turnover, director turnover, or high attrition rate. Early monitoring or assistance has been found to be helpful to programs to manage negative situations before they become more serious. One strategy for monitoring is to require progress reports from the programs to stay abreast of changes in the progress of the program and intervene where necessary.

The Education Consultants also monitor programs through review of the NEPIS, CANEP, and NCLEX examination pass rates. Programs are contacted as soon as their pass rate drops the first time to encourage them to take measures to improve student success and to guide them in preparation to write the Self-Study Report. Survey visits are conducted if the pass rate is below 80% for two (2) consecutive years and the Education Consultants seek to help the programs identify areas for corrective measures. Every effort is made for the interactions with the program to be proactive rather than punitive, though the Education Consultants advise the program to be prepared for possible future consequences if the pass rate does not improve.

- **Providing Program Information for the Public on the BON Web Page**

A recommendation from the Task Force in January 2013 was to develop a dashboard of nursing program information on the BON web page for the public. The dashboard is in the planning phase and will be a part of the new BON web page in 2014. It will present such information as tracks offered, enrollment and graduation rates, extension sites, online options, and NCLEX examination pass rates.

- **Collaboration with State Regulatory Agencies and Accreditation Organizations**

BON Staff meet regularly with representatives from the Texas Workforce Commission (TWC) and the Texas Higher Education Coordinating Board (THECB) to collaborate in the approvals and monitoring of nursing programs. This has been beneficial in eliminating duplication of processes and defining areas for a closer focus by one (1) of the agencies. A crosswalk comparing the approval process of each agency has been developed and is being refined to include information about online regulation and extension site approvals.

In addition, the Education Consultants work with the two (2) national nursing accreditation organizations to ensure that nursing education programs that hold national nursing accreditation comply with accreditation standards and processes for approval in areas not under Board purview. Education Consultants also maintain a crosswalk between accreditation standards and Board criteria for clarity of equivalency of requirements. This is another method to eliminate duplication of approval processes.

Implication for the 2016-2017 Biennium

Based on the continued workload increase created by these challenges associated with nursing education growth, the need for monitoring the increased number of programs with sanctions, high nursing director turnover, one additional nursing consultant for education is needed. This request will require an additional \$71,686.00 per year to fund the additional FTE.

III. APRN Compact

APRN Compact

Section 305.003 of the *Texas Occupations Code* granted the Board the authority to implement the APRN compact provided it did so prior to December 31, 2011. Similar to the Nurse Licensure Compact for RNs and LVNs, the Advanced Practice Registered Nurse (APRN) compact allows advanced practice registered nurses to practice in any state that is a member of the compact based on his/her "home" state advanced practice nursing license. As a result of national changes to standards related to APRN licensure, program accreditation, national certification, and education, the Board did not meet the December 31, 2011 implementation date.

In late 2010, the three states that had passed legislation to adopt the APRN compact (Texas, Utah and Iowa) began discussing implementation of the APRN compact. In light of the changes to national standards that occurred after the initial APRN compact language was endorsed by the Delegate Assembly of the National Council of State Boards of Nursing in 2000 and passed by the Texas Legislature in 2007, it was noted that changes to the enabling language for the APRN compact would be necessary to require compliance with the new standards for APRN education and national certification as a condition for participation in the APRN compact. Amending the enabling language for the APRN compact will ensure that APRNs who elect to practice in Texas on a multistate privilege meet the same high standards for education and certification that have been requirements in Texas. Therefore, the authority to implement the existing APRN compact in Texas was allowed to expire in December 2011.

The amendments to the APRN Compact enabling language were developed by the APRN Compact Working Group that included representatives from the Nurse Licensure Compact Administrators from across the United States. The group began meeting and working on new language in 2010 in order to accomplish the following goals:

- Retain and improve upon the positive results attained by the Nurse Licensure Compact;
- Address weaknesses found in the Nurse Licensure Compact to include challenges related to rulemaking procedures and strengthen the compliance provisions;
- Encourage more widespread adoption of the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*;
- Respond to changes in the profession; and
- Increase access to care for patients.

In January 2014, the National Council of State Boards of Nursing released a draft of the amendments to the enabling language for the APRN compact for public comment. Key stakeholders, including professional organizations, nursing education, and accreditation organizations from across the United States were invited to comment. Opportunities for comment were also made available to the public via the National Council's website. It is anticipated that the comments will be considered and that the final amended APRN Compact enabling language will be presented to the August 2014 Delegate Assembly of the National Council of State Boards of Nursing.

Consideration of an APRN Compact is important to facilitate interstate practice and regulation for advanced practice registered nurses. To date, in excess of 2700 nurses have been granted advanced practice licensure in the state of Texas based on RN licensure with multistate

privilege from a state that is party to the Nurse Licensure Compact. There is reason to believe that more advanced practice registered nurses may be willing to accept temporary or locum tenens assignments in the state of Texas if they can do so without meeting licensure requirements, thereby increasing the public's access to advanced practice nursing services. Likewise, adoption of the amended APRN Compact would facilitate the ability of members of the military and their spouses who are advanced practice registered nurses to practice in Texas while assigned to duty stations in this state if they are from other states that have implemented the APRN Compact.

Board staff has also become aware of increasing demands for interstate practice for APRNs. The need for interstate APRN practice is of particular importance to key stakeholders that include the telehealth industry, the federal government, and the nursing professional itself. At this time, it is not possible for APRNs to practice across state lines without meeting the licensure requirements in every state in which they intend to practice. Due to the wide variation in licensure requirements from one state to another, this is a cumbersome and costly process for APRNs and their employers that ultimately may result in decreased access to patient care. As a result, staff has observed that there have been increased calls for federal intervention that would create a national license for APRN practice. Similar calls have been noted that would address physician licensure and practice across state lines, prompting medical boards to consider development of an interstate licensure compact for physicians.

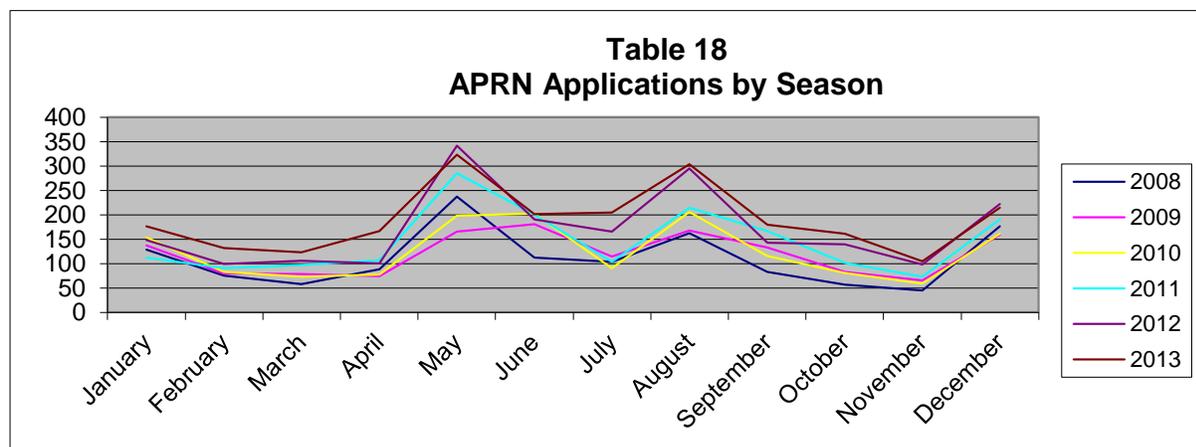
Implication for the 2016-2017 Biennium

The APRN compact that was previously found in Chapter 305 of the *Texas Occupations Code* expired December 31, 2011 without implementation. As a result, Texas may not implement the APRN compact unless new language is adopted. Board staff members will continue to monitor the national efforts to bring the compact language into alignment with the *Consensus Model* as well as discussions by key stakeholders regarding the need for interstate practice for APRNs and other health care professionals. Until the amended enabling language for the APRN compact is final, staff cannot evaluate potential implications for the state of Texas. Regardless of whether Texas chooses to enter the revised APRN compact, there will be implications for nursing regulation and for APRNs licensed and practicing in Texas that will require careful consideration and analysis.

IV. Advanced Practice Licensure and Renewal

During the 83rd Regular Legislative Session in 2013, Senate Bill 406, sponsored by Senator Jane Nelson was passed which amended the Texas Occupations Code Section 301.152. The amendments grant explicit authority to the Texas Board of Nursing to issue a separate license to advanced practice registered nurses (APRNs). Historically, the Board used an authorization process to grant authority to practice as an APRN. The services provided by advanced practice registered nurses exceed the scope of practice of registered nurses; therefore, the potential for harm to the public is significantly greater for advanced practice registered nurses than for RNs, and a higher level of accountability for the advanced practice registered nurse is necessary. The Board's APRN licensure process ensures public protection through activities that include but are not limited to a detailed review of the individual's advanced practice nursing educational preparation related to the advanced practice role and population focus area for which he/she is seeking licensure, verification of current RN licensure, and verification of appropriate national certification in the role and population focus area that is congruent with the advanced practice nursing education. The APRN licensure process is implemented by a team including a program

supervisor who is a registered nurse, one full-time APRN practice consultant, one full-time administrative assistant and one part-time administrative assistant. Recently, during SFY 2014 a nursing practice consultant was hired to work 50% in the APRN licensure area during peak application periods and the remaining 50% in the practice area (See Table 18).



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

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

Implication for the 2016-2017 Biennium

The BON began granting advanced practice registered nurse licensure on April 1, 2014. The APRN licensure is beneficial to the public for a number of reasons. First, the individual is granted a unique license number to identify him/her as an advanced practice registered nurse. Issuing an advanced practice license allows the Board to generate a number that will be different than that of the RN license number such that the public readily knows that the bearer's

qualifications have been reviewed and the individual has been licensed to practice in an advanced nursing role and population focus area in compliance with state law. This is particularly helpful for entities such as other regulatory agencies or third party payers who may not have access to the original certificate of licensure. Issuing a separate license also permits the Texas Board of Nursing to take disciplinary action on the advanced practice nursing license should a violation of the Nursing Practice Act or Board rules occur.

The term “advanced practice nurse” was changed to “advanced practice registered nurse” or APRN as a result of amendments to the Texas Occupations Code Section 301.152. The Board is in the process of changing this term through-out their Rules and Regulations. Rules outlining minimum requirements to obtain and maintain an advanced practice license are currently in existence and have been in place for a number of years. Maintenance requirements clearly identify provisions for renewal concurrent with RN license renewal.

It is anticipated that the current level of information technology support would not likely increase much beyond current needs in the next biennium with respect to issuing the APRN license numbers. However, due to the fact that current APRNs will receive a new wall certificate with their next renewal over the course of the next two years, additional consideration is warranted to handle the tracking and maintenance of this process. One additional administrative support position is required to implement and maintain records relating to advanced practice registered nurses due to the increasing volume of applications received each year (See Table 18). Based on the current salaries of nursing administrative support staff, we project that the BON would need an additional \$41,876.00 per fiscal year to fund a new Admin. Asst. IV position in APRN Licensing.

V. Pain Clinic Activity

In recent years, much attention has been given to treatment of patients who are experiencing pain associated with a disease process or condition. There is a body of literature that describes how pain is often under-treated by health care providers, and findings urge providers to work with their patients to help them manage their pain. At the same time, there has been a tremendous increase in the number of cases of prescription drug diversion and abuse across the United States. During the last biennium, the Board has received an increasing number of complaints regarding nurses, particularly advanced practice registered nurses (APRNs), who practice in pain clinic settings that might best be described as “pill mill” settings. In these settings, nurses are working with patients who present to the clinic complaining of chronic pain and requesting treatment. In some cases, the clinic may have been certified as a pain clinic with the Texas Medical Board under *Texas Occupations Code §168*. In other cases, the clinic has not been certified as a pain clinic and questions of clinic ownership and patient care services provided in the clinic are questionable.

In response to these observations, staff has published articles in the agency newsletter that have discussed some of the challenges of pain management practices and reiterated the importance of evaluating patients for potential aberrant behavior. Additionally, the Board adopted new regulations related to prescribing controlled substances as well as pain management practices. With the passage of Senate Bill 406 in 2013 and authority to order or prescribe schedule II controlled substances in limited settings, the Board revised 22 *Texas Administrative Code §222* that relates to APRNs with prescriptive authority. The Board added a requirement that APRNs who order or prescribe controlled substances must complete an additional three contact hours of continuing education related to prescribing controlled

substances. The Board also adopted new 22 *Texas Administrative Code* §228 that provides further guidance to APRNs who practice in the area of pain management. New rule 228 parallels the rules of the Texas Medical Board with regard to pain management and was supported by the Board's Advanced Practice Nursing Advisory Committee, the Texas Pain Society, and the Texas Society of Anesthesiologists.

As the number of complaints has increased, it has placed extensive burden on agency resources. Board staff members have worked cooperatively with investigators and attorneys from other agencies such as the Texas Medical Board and the Department of Public Safety, but cases related to "pill mill" type practices are proving to be challenging for the agency. In some cases, no medical records are available to support allegations because those records have been seized by a federal entity such as the Drug Enforcement Administration. Reliance on the prescription monitoring program records alone from the Texas Department of Public Safety creates an additional burden for the board to prove that an APRN engaged in non-therapeutic prescribing practices. The cost is further increased by the need to retain experts who can evaluate whether the standard of care has been met with regard to assessment and diagnosis of a patient's condition and whether the treatment regimen selected is within standards. Investigating and resolving these complex cases consumes significant human and financial resources for the agency.

Implications for the 2016-2017 Biennium

If the trends seen in the current biennium continue in the future, additional resources will be needed to investigate and litigate these complex cases. The board will need to continue to seek the expertise of external experts who have knowledge of the standard of care in this area, and this will significantly increase the cost of the investigation. Likewise, increases in the number and complexity of cases are likely to require additional investigators and attorneys so that cases can be investigated expeditiously and litigated as appropriate.

Better cooperation from federal agencies in order to obtain photocopies of medical records and billing records that have been seized would further assist board staff with regard to these cases. Although board staff members have met with and attempted to work with federal agencies, they have not been successful in attempts to obtain needed information. Board staff members will need to continue to explore mechanisms to develop working relationships with these agencies in order to support disciplinary cases.

Board staff will also need to examine mechanisms to further educate APRNs regarding this area of practice to ensure they are aware of the laws and regulations that govern their practice. The adoption of new Rule 228 in February 2014 will provide initial guidance, but it will be important for staff to ensure that education opportunities are available for all nurses who practice in the area of pain management in order to heighten awareness of patient safety issues and appropriate practice standards. Educational webinars can be developed in addition to information on the agency website and publications in the agency newsletter can all be utilized as mechanisms to ensure learning resources are available.

VI. Criminal Background Checks on Students

The Texas Board of Nursing is authorized to conduct FBI criminal background checks on all applicants for licensure by authority of Texas Occupation Code § 301.1615 and Texas Government Code § § 411.087 and 411.125. The screening process for licensure must now

start when a student is “enrolled or planning to enroll” in a nursing education program through the declaratory order of eligibility process required by Texas Occupation Codes §301.2511(c) and §301.257 (Nursing Practice Act). The declaratory order process determines eligibility for licensure. One of the primary purposes of the declaratory order process is to avoid a needless use of nursing education resources by both a student and a school toward earning a degree in nursing when the student might be deemed ineligible to qualify for a nursing license.

In fiscal year 2009, the Texas Board of Nursing applied for and received a \$50,000 grant from the National Council of State Boards of Nursing to hire two staff to receive and process CBCs for new and accepted students. This pilot/grant lasted up to seven months and during that period, 57 schools of nursing participated and staff processed 6,948 CBCs. The schools of nursing adapted to the new process quickly and provided positive feedback as to the ease of the system and the elimination of multiple background checks during the school year, especially prior to clinical learning experiences. The Texas Board of Nursing decided to continue the program through fiscal year 2010 and as of this date, 165 schools of nursing are participating and staff have completed over 20,000 student CBCs.

The number of students enrolled in Texas nursing education programs significantly exceeds those who actually graduate and eventually apply for licensure by examination. Now that the new and accepted student process is mandatory, we anticipate up to 25,500 per year will apply through this process.

Implication for the 2016-2017 Biennium

Staff predicts that a minimum of 25,500 new student criminal background checks will be conducted annually. The Board will also have to respond to positive criminal history that emanate from the additional 25,500 CBC's. In fiscal year 2013, the Board experienced approximately 9% positive hit rate for RN students and approximately 15.6% hit rate for LVN students. If we maintain this hit rate then the board will consistently process up to 2,750 eligibility issues per fiscal year.

In order to process the additional paperwork generated by the increased number up to 25,500 CBCs, the Board anticipates that 2 additional administrative assistants will be needed to record school rosters and process students requiring going through the declaratory order process. At this time, the Texas Board of Nursing has one full time staff member over this process and we have been using one full-time temporary staff member to assist and we are still taking up to fifteen business days to receive and process declaratory order applications. With the addition of two new staff in this area will allow us to decrease the days it takes to record and process declaratory petitions from 15 business days to 3 business days.

To this end, the Texas Board of Nursing would request two Administrative Assistant III's which would add \$60,000 per fiscal year to our budget (\$30,000 per staff member). Total cost to budget: \$60,000 per fiscal year.

VII. Trends in Enforcement and Agency Challenges

Continued Increase in Disciplinary Cases and Investigations

Disciplinary complaints and investigations have continued to grow significantly over the last 5 years. For example, during FY 2013, the Board received approximately 19,363 jurisdictional

complaints [BON Statistical Report for FY 2013 (11,094 RN jurisdictional complaints, 8,269 LVN jurisdictional complaints)]. By comparison, in FY 2010 the Board received approximately 16,890 jurisdictional complaints [BON Statistical Report for FY 2010 (9,469 RN jurisdictional complaints, 7,421 LVN jurisdictional complaints)].

The significant increase in cases during FY 2013 can be attributed to the Board’s push to complete the criminal background check process for licensees, a rise in cases involving non-therapeutic prescribing practices (also known as “pill mill” cases), the continued growth in the number of licensees, and the participation of approximately 80% of nursing programs in the Board’s pilot program requiring criminal background checks to be completed on nursing students. Criminal background checks on the remaining 6,000 licensees will continue through FY 2016, and by the beginning of FY2015, criminal background checks will be completed on all students enrolled in nursing programs.

Based on trends and cases opened to date in FY2014, the Board expects the number of jurisdictional complaints in FY2014 to be slightly less than those in FY2013, primarily due to reduced number of criminal background checks being completed for licensees as that process nears completion. However, after FY 2014 the number of cases is expected to begin increasing again, based on the continued growth in the number of licensees. Since FY 2010, the number of licensees have increased an average of 3.5% per year and the number of jurisdictional cases has averaged 5.1% of the number of licensees. Projecting these continued rates suggests the number of jurisdictional cases will equal or exceed 20,000 per year by FY 2017.

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Estimated Number of Licensees (RN & LVN)	367,000	379,000	392,000	405,000	419,000
Estimated Number of Cases (Total, Including All Types)	18,700	19,300	20,000	20,700	21,400

Investigations associated with application for licensure are also growing. Applicants for licensure must submit to criminal background checks and are required to disclose information that might affect eligibility for licensure. Those applicants that disclose information relevant to eligibility may have to submit a petition for eligibility which requires that they provide documentation and explanation regarding the particular eligibility issue (example - criminal history documentation and explanations). For example, in FY 2010, Petitions for Eligibility numbered approximately 4,112 annually [FY 2010 BON Statistical Report]. In FY 2013, the number of petitions rose to 5,310 [FY 2013 BON Statistical Report]. By comparison, the number of petitions filed in FY 2008 was 2,899 [FY 2008 BON Statistical Report].

Continued Increase in Higher Priority Cases

Priority 1 and 2 cases, as defined by 22 TEX. ADMIN. CODE §213.13(c), have increased substantially since FY2009:

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Priority 1 & 2 Cases Opened	365	665	615	607	842

Total Jurisdictional Cases	13,365	16,890	15,823	16,631	19,363
Percent Priority 1 & 2 Cases	2.7%	3.9%	3.9%	3.6%	4.3%

Further, during the first half of FY 2014, Priority 1 and Priority 2 combined cases have been 5.5% of all cases opened. If the FY 2014 trend continues, there may be as many as 1100 Priority 1 and Priority 2 cases each year beginning in FY 2017.

Since Board staff investigate and resolve Priority 1 and Priority 2 cases more quickly than other, non-priority cases, the projected increase in high priority cases could result in increased resolution time for the other non-priority cases.

Non-therapeutic Prescribing Cases (“Pill Mill” Cases)

“Pill Mill” cases involve Advanced Practice Registered Nurses who prescribe excessive quantities of controlled substances, often in a cookie-cutter fashion. For example, the combination of Hydrocodone, Alprazolam, and Carisoprodol being prescribed in Houston “Pill Mills” became known by DEA and other law enforcement as the “Houston Cocktail.”

Twelve (12) such “Pill Mill” cases were opened during FY 2011, and eleven (11) more were opened during FY 2012. During FY 2013, Board staff were asked to participate with the DEA and other law enforcement agencies to investigate several possible “Pill Mills” in the Houston area. As a result, approximately twenty-two (22) additional “Pill Mill” cases were opened in FY 2013.

“Pill Mill” investigations have proven to require investment of substantial staff time and Board expense. Staff made multiple trips to Houston not only to work with DEA, but to obtain records and evidence involved in each case. Cars were rented to make the trips and scanners were bought/rented to copy evidence. These cases almost never settle informally, so litigating these cases has proven to be just as time consuming and expensive as the investigation. The Board has enlisted (under contract) the help of experts to review evidence and testify in these cases. During FY2013, the Board spent \$31,252.50 for expert review/testimony and \$7,880.17 for FY2014, with an additional \$4000 balance still owing. Of the current thirty-four (34) pending “Pill Mill” cases, six (6) have been set for hearing before an ALJ at SOAH and an additional twelve (12) cases are ready to be set for hearing and are anticipated to be heard within the next 12-18 months.

Since the majority of “Pill Mill” cases are reported by DEA and law enforcement, it cannot be determined how many of these complaints the Board may receive in the foreseeable future. What can be expected, however, is that the investigation and prosecution of these cases will continue to be labor and time intensive and resource demanding.

Continued Increase in Disciplinary Actions

Since FY 2009, the number of disciplinary actions taken by the Board has generally increased each year, as expected based on an increasing number of complaints. Additionally, however,

the percentage of cases resolved each year with discipline has increased, most steadily in FY2012:

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Total Jurisdictional Complaints	13,365	16,890	15,823	16,631	19,363
Disciplinary Actions	2716	2710	3612	4955	4777
Percentage of Disciplinary Actions to Total Jurisdictional Complaints	20.3%	16.0%	22.8%	29.8%	24.7%

During the first half of FY 2014, 27.5% of cases have resulted in Board disciplinary action.

Disciplinary actions taken by the Board result in the necessity for monitoring. In FY 2013, the monitoring department consisted of 3 full time staff who monitored compliance of approximately 1,800 nurses. Two of those full staff also investigated noncompliance cases, responded to requests for exceptions and petitions for reinstatement, and had a caseload of approximately 349 cases (FY 2013). The FY 2013 caseload represents an increase of 33% from the caseload of 261 cases each in FY 2012. These increased monitoring caseloads have made it challenging for staff to timely detect and quickly respond to new incidents of noncompliance.

The hiring of 2 additional full time monitoring staff, effective April 2014, should help address the increasing work load. However, if 25% of jurisdictional complaints in the forthcoming fiscal years result in discipline, the 5 person monitoring team will be tasked with monitoring 5000 disciplinary actions per year by FY 2017.

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Estimated Number of Cases (Total, Including All Types)	18,700	19,300	20,000	20,700	21,400
Estimated Number of Disciplinary Actions	4675	4825	5000	5175	5350

New Staff Positions to Address Workload Increases

During the 82nd Legislative Session, the Legislature provided the Board an increase in FTEs for the agency to address its increasing workload. Eight (8) of the 11 new FTE positions were hired during the 2012 biennium for new positions within the investigation and legal departments. These positions included 5 new investigators, one staff attorney, one legal assistant, and one administrative assistant to address increasing investigation and enforcement workload.

As stated in the above "**Continued Increase in Disciplinary Cases and Investigations**" section, it's possible that the number of jurisdictional cases will equal or exceed 20,000 per year by FY 2017. The new staff provided to the Board will be essential to the agency, specifically enforcement, so that enforcement can continue to focus on completing investigations and

resolving cases more quickly. With a continued increase in requests for exceptions to orders, priority cases, and general complaints, it will be essential to the Board to have the new staff members, as well as allotted additional staff, to grow with the growing number of licensees in the State of Texas.

New Staff Positions and Effect on Backlog

The new positions authorized during the 82nd Legislative Session reduced the caseload for investigators, and also reduced the amount of time it takes to process/investigate the cases. From FY 2013 to the first quarter of FY 2014 the average days open to case review for general cases decreased 61.22% from 324.77 days to 125.92 days, due to a push in backlog resolution and new positions added. There has been a slight increase in this by 1.45% from first quarter to second quarter, from 125.92 days to 127.74 days. The first quarter of FY 2014 saw a decrease of 11.45 %, for average caseload of 233.48 at end of FY 2013, to 106.75; however, the second quarter of FY 2014 has seen an increase of 9.63%, to an average case load of 226.66. These increases can be attributed to investigator turnover from thirty-two (32) to twenty-nine (29), as well as the previously mentioned increase in licensees and complaints. In the past year the agency hired four (4) RN Investigators and one (1) Criminal Justice Investigator, who are all at different stages in the training process. The time needed to completely train new investigators is lengthy, often 9 to 12 months, which may explain why there has not yet been a substantial effect on case load or case resolution. However, once fully trained, it is anticipated the new investigators will reduce the existing caseloads and facilitate improved time lines of case resolution.

Based on Board statistical reports for the 4 year period FY 2010-FY 2013, there were on average 567.25 new cases per investigator each year. In order to conduct investigations and resolve cases **with the same average results** for the upcoming fiscal years, the Board will require the following investigative staff:

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Estimated Number of New Cases	18,700	19,300	20,000	20,700	21,400
Number of Investigators	33	34	35.25	36.5	37.75

It should be noted that these projections are for maintaining past results and do not include improvement of those results.

Continued Challenges Related to Increases in Criminal Background Checks

As previously stated, the BON is authorized to conduct criminal background checks on all applicants for licensure by authority of Texas Occupation Code § 301.1615 and Texas Government Code §411.087 and §411.125. Historically, the state's model of self-disclosure of criminal conduct proved inadequate to fully protect the public. In 2003, the Board began requiring criminal background checks as part of the license process for all current licensees, a process that was substantially completed in FY 2013 (Criminal background checks for approximately 6000 remaining licensees will be completed through FY 2016). Since 2009, the Board has piloted and continued a program whereby many nursing schools have their newly accepted students submit to fingerprint checks prior to enrollment, a process designed to avoid any delays that a graduate may experience due to an investigation into eligibility issues prior to

examination. Approximately 80% of nursing education programs were participating in the pilot at the end of FY 2013.

Legislation enacted during the 83rd Legislative Session eliminated the pilot and made criminal background checks mandatory for all students accepted for enrollment in a nursing education program. In accordance with that legislation, all nursing students will be completing criminal background checks effective September 1, 2014.

Based on information reported by the Texas Center for Nursing Workforce Studies (TCNWS) for pre-licensure student enrollment during 2011 - 2013 in nursing education programs, compared to student criminal background checks completed by the Board during those same years, the Board will be completing approximately 14,000 additional student criminal background checks each year, beginning in or before FY2015:

	2013	2012	2011
RN Pre-Licensure Student Enrollment	24,178	23,496	22,866
LVN Pre-Licensure Student Enrollment	9,961	11,146	12,085
Total Pre-Licensure Student Enrollment	34,139	34,642	34,951
RN Student Background Checks Completed	14,371	10,204	9486
LVN Student Background Checks Completed	6,177	6,421	5037
Total Student Background Checks Completed	20,548	16,625	14,523

In addition to criminal background checks on nursing students and on the remaining current licensees, the Board also requires a criminal background check be completed when nurses licensed in other states seek licensure in Texas through endorsement and when nurses seek to reinstate or reactivate Texas licensure. Between FY 2011 and FY 2013, licensure by endorsement has increased for Registered Nurses on an annual basis (on average 9% per year) and has remained about the same for Vocational Nurses (on average 2% per year). FY 2014 data, however, suggests that licensure by endorsement for Vocational Nurses may increase as much as 18% from FY 2013. While completion of a criminal background check is also required during reinstatement and reactivation of licensure, the average number completed on an annual basis since FY 2010 for both Registered Nurses and Vocational Nurses has been relatively low (22.7 per year for Registered Nurses and 11.9 per year for Vocational Nurses).

While processing the required criminal background checks requires staff resources, in part due to legal restrictions regarding the use, storage and destruction of this type of information, investigations must also be conducted for all positive criminal history results. Based on the 2013 TCNWS enrollment data, the annual enrollment of nursing students can be estimated at 24,000 RN students and 10,000 LVN students each year, and based on the Board's historical positive criminal background check hit rates (9.6% for RN students; 16.6% for LVN students), it is estimated that the mandatory criminal background check of students will result in approximately 4000 cases per year. In addition to the estimated 4000 cases per year from student criminal background checks, there will continue to be cases resulting from positive criminal histories from criminal background checks associated with endorsements, licensure examinations for students not educated in Texas, and reinstatements/reactivations, and, through FY 2016, from the remaining current licensees who complete the process.

Effective Use of Criminal Background Check “Rap Back” Process

The current criminal background check process includes both a federal level (FBI) and state level (Texas DPS) check and provides an on-going Texas DPS “Rap Back” notification for any new criminal conduct in Texas – New criminal conduct occurring in other states is not included. The Board continues to explore the possibility of accessing a similar FBI level “Rap Back” process, which would be the most efficient notification method for new criminal conduct outside the State of Texas. However, as of mid FY 2014, no such federal level “Rap Back” process is available. In the event that a federal level FBI “Rap Back” proves unavailable or unfeasible, consideration of periodic FBI level criminal background checks may be warranted.

A new case category was implemented in May 2013 to more accurately track quantity, investigation, and resolution of “Rap Back” cases. Although accurate data for the period prior to May 2013 regarding “Rap Back” cases is not available, the Board opened 1929 “Rap Back” cases during the 10 month period of May 2013 to February 2014. Based on this data, it appears that the Board is presently opening approximately 2315 “Rap Back” cases per year, a number which is most likely to increase over time as all current licensees and an increasing number of student nurses become included in the “Rap Back” process.

DSM-V New Guidelines for Substance Use Disorders

Effective May 2014, the recently implemented DSM-V significantly revised the diagnostic methodologies and criteria for substance use disorders. The “Abuse” and “Dependency” diagnoses of the DSM-IV have been completely eliminated and replaced with the new diagnostic term “Substance Use Disorder.” The DSM-V identifies 10 different classes of substances, each of which will be listed separately, and diagnosis of any Substance Use Disorder will be determined as mild, moderate, or severe based on the presence of 2-6+ of 11 pre-defined criteria/symptoms that an individual exhibits. Because the presence of only 2 criteria/symptoms will now result in a diagnosis of Mild Substance Use Disorder, it is possible that nurses who did not previously meet the DSM-IV diagnostic criteria may now be diagnosed with Mild Substance Use Disorder under the DSM-V. It is anticipated that there may be some increase in reported cases, specifically Mild Substance Use Disorders, beginning in FY 2015, and it will be up to the Board to decide which of cases must be addressed in order to adequately protect the public.

Historically, the Board refers many cases each year to the Texas Peer Assistance Program for Nurses (TPAPN), which is a nonprofit treatment program administered by the Texas Nurses Foundation, a nonprofit arm of the Texas Nurses Association. The Board of Nursing (BON) contracts with TPAPN to provide peer assistance services to nurses whose practice may be affected due to Substance Use Disorder or mental illness. TPAPN was created as an alternative to discipline. In addition to non-disciplinary referrals to TPAPN, the Board require nurses to participation in and successfully complete TPAPN through Board order. While it cannot yet be determined the degree of impact that the new DSM-V criteria will have on Board cases, it is likely that any increase in these cases will logically result in increased TPAPN involvement, be it through referred or Board order.

Implication for the 2016-2017 Biennium

Impact of these trends will continue to be monitored in enforcement. Staff continues to anticipate that the significant reduction in the number of criminal background checks for all current licensees, essentially completed in FY 2013, will permit the absorption of the additional workload associated with the increasing number of student criminal background checks. While the increase in FY2013 complaints combined with unfilled investigator positions has resulted in small increases in case resolution time, it is expected that this will be short-term in nature as recently hired investigators become more fully trained and as currently vacant positions become filled.

For these reasons, the agency does not anticipate a need for any new positions for the 2014-2015 biennium and will continue to monitor its ability to address the workload effectively with current staff levels.

Internal Assessment

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

I. New Nursing Consultant Positions Needed to Address Increased Call Volume, Email Inquiries, Educational Outreach, and SOAH Testimony in the Nursing Practice Department

The number of licensed nurses increases every year and as a result the number of email and phone inquiries has increased, as seen in Tables 10 and 11 (pages 38-39). The complex questions received in the Nursing Practice Department from nurses and the public require extensive time and a high level of interpretation of the Nursing Practice Act and Board's Rules and Regulations. With the increase in the number of nurses, questions from nurses and their employers continue to increase. The sharp increase in the number of registrants of the online course, "Nursing Regulations for Safe Practice" from 259 in FY 2013 to 885 in the first two quarters of FY 2014 as seen in Table 13 is indicative of the growing need for online, asynchronous methods of obtaining continuing nursing education to meet continued competency requirements. The need to maintain the quality of offerings as well as the quality of the Nursing Jurisprudence Exam required for licensure requires significant staff resources. Formal hearings at the State Office of Administrative Hearings that require a Nurse Practice Consultant have increased, as seen in Table 15.

The need for consultation to other State agencies has significantly increased over the last biennium. For instance, the Nursing Practice Department consults regularly with the Department of Aging and Disability Services to implement a pilot program mandated through SB 1857 of the 82nd Legislative Session. This state-wide pilot has significant implications for public health and must be adequately monitored to ensure public safety. No staff were budgeted for this endeavor. The Practice Department is working with Texas A&M Health Science Center and the College of Nursing and the Rural and Community Health Institute to develop and implement another pilot program called the Knowledge, Skills, Training and Research (KSTAR) or nurses, an innovative alternative to discipline for nurses with practice-related errors. The Nursing Department is interested in developing an approval process that refresher programs and extensive orientations must complete before accepting nurses into their program. Further, the Nursing Department would like to monitor the ongoing status of refresher programs and extensive orientations as a quality assurance mechanism.

With two additional Practice Consultants, the Practice Department could more effectively address these issues, as well as educate and inform more nurses regarding their role in patient safety and the prevention of nursing errors through new workshops and webinars. With these two additional FTEs, the Nursing Practice Department would have the ability to develop and maintain quality online continuing education offerings, review and update the Nursing Jurisprudence Exam on a routine basis, and develop jurisprudence and ethics curricula for nursing education programs. Two additional Practice Consultants are needed in the Nursing Practice Department to meet current and projected demands.

Implication for the 2016-2017 Biennium

Based on the current salaries of nursing practice staff, we project that the BON would need an additional \$143,372.00 per fiscal year (\$71,686.00 x 2 positions) to fund two new practice consultant positions.

II. New Support Staff Needed for Increased Agency Workload in the Nursing Practice and Education Department

Currently the Education Department (Nursing Consultants for Education) and the Practice Department (Nursing Consultants for Practice) share an administrative assistant. The administrative assistant plays a key role in major initiatives and activities for two demanding departments, such as:

- Scheduling and assigning the Practice Consultants for formal resolution hearings before the State Office of Administrative Hearings (SOAHs).
- Communicating the assignment of SOAHs to the Legal Departments administrative staff.
- Downloading NCLEX examination reports annually for all nursing programs and preparing them for Education Consultants to confirm reported pass rates for submission to programs;
- Assisting Practice Consultants with numerous workshops and webinars;
- Interfaces with e-learning vendor to ensure the registration process for workshops and webinars runs smoothly
- Assisting Education Consultants with scheduling and preparing for Informal Information Sessions and New Dean/Director/Coordinator Orientation Workshops (including registrations and evaluations);
- Answers communications from program directors daily;
- Consistently answers a high-volume of calls and emails from constituents related to workshops, webinars and practice and licensing related issues.
- Maintains a list of approved nursing programs with current information (that changes daily);
- Serves as interface with IT staff for web information from the Nursing Department;
- Assists the Administrative Assistant for the Director of Nursing and APRN Group;
- Monitors and distributes faxes from the Operations copy room;
- Submits information to the Texas Register;
- Prints SOAH documents and other documents upon request of Nurse Consultants;
- Assists with the record retention process for the Education and Practice Departments;
- Converts and re-formats older documents from Word Perfect to Word;
- Prepares orders for office supplies, materials, publications, etc.; and
- Other spontaneous jobs as needed.

All Nursing Consultants respect the heavy work load of the Administrative Assistant and try to relieve her of some tasks. An additional Administrative Assistant is needed not only to assume new tasks but to provide more flexibility for work shifting to better assist consultants. With another Administrative Assistant, Education Consultants would be able to plan, develop, and present regular webinars to the nursing programs which would be a new avenue for program

support. The additional support staff could assist the Education Consultants in developing a more efficient and effective electronic filing system as suggested in a recent internal audit. With an additional Administrative Assistant, the Practice Department would be able to expand their educational outreach to include additional workshops, webinars and the design of interactive online courses. An additional Administrative Assistant could assist in the preparation of bids and contracts for workshop locations; assist in the development of continuing nursing education applications and record retention.

Implication for the 2016-2017 Biennium

Based on the current salaries of nursing administrative support staff, we project the BON would need an additional \$41,876.00 per fiscal year to fund a new administrative assistant IV position.

III. New Staff Positions Needed in the Operations Department to Support Increased Volume of Licensure Applicants

Over the past four fiscal years, the agency licensing sections have absorbed volume increases and more importantly, administrative complexities in their processes. With the increase in funding by the State of Texas to schools of nursing and the good Texas job market, we have experienced a steady increase in the number of applicants applying to take the NCLEX through Texas, the number of applicants by endorsement and the number of licensees renewing their license every two years. Although this might sound like good news, the challenge we face is that it is taking longer to process a license which does not allow someone to work as a nurse in Texas as quickly as they are eligible to be employed. From fiscal year 2010 through fiscal year 2013, we have experienced an 8.6% increase in the number of applicants by endorsement. In that same time period, we have seen a 15.9% increase in the number of students taking the nursing examination through Texas and finally we have recorded a 10.3% increase in the number of licensees renewing their license every two years.

Adding to the volume is the complexities absorbed in the licensing functions which include criminal background checks, licensure verifications and the nursing jurisprudence examination. By law and agency rule, the Texas Board of Nursing is required to assure Texans that nurses taking the NCLEX, endorsing into Texas from other states and countries and renewing their licenses are minimally safe to practice. This is done by criminal background checks, requiring verification of license from any and all nursing jurisdictions and taking and passing a jurisprudence examination on the State of Texas Nurse Practice Act and Board rules. To receive and process the number of items needed to take the exam, endorse into Texas and to check on criminal behavior is daunting. The number of days it takes to process a permanent RN license by endorsement is now an average of 117 days and for LVN's it is now 131 days. We issue temporary licenses for up to 120 days which makes many RNs anxious about their employment and on average does not allow a LVN to practice for 11 days until their permanent license is issued.

Another outcome of the increases we are seeing in the licensing function is the number of records needing to be prepared for microfilming and to be placed in our internal document management system. The Texas Board of Nursing is required by our approved records retention policy to microfilm our permanent records and then prepare them for upload into our document management system for staff to retrieve electronically. In the past three years, we have retained the services of 1.5 FTEs to continually prepare these documents for this purpose which allows us almost immediate access to records for licensing and enforcement purposes.

Implication for the 2016-2017 Biennium

In order to process the additional licensing volume, the Board anticipates that 7 additional administrative staff will be needed in the examination department to record school rosters, process students to take the nursing examination, grant licenses by endorsement, renew licenses and prepare and upload records to the agency document management system. The Texas Board of Nursing has been using 4 full-time temporary staff members to assist with the examination, endorsement, renewal and records retention sections which allows us to maintain a fifteen business day turnaround to enter and process examination, endorsement and renewal applications. The Texas Board of Nursing will request to keep the 4 FTEs already engaged in this process and add 3 staff in the licensing function to decrease the number of days it takes to process an application from 15 business days to 3 business days.

The Texas Board of Nursing would request an additional \$255,000 per fiscal year to cover the salaries and ongoing costs of the new staff. Specifically, we would request 4 License and Permit Specialist III's at \$40,000 each per fiscal year; 2 Administrative Assistant III's at \$30,000 each per fiscal year and one Administrative Assistant IV to maintain records at \$35,000 per fiscal year. Total cost to budget: \$255,000 per fiscal year.

IV. New Staff Positions Needed to Support Customer Service and Records Retention in the Operations Department

In a recent report by the National Council of State Boards of Nursing called the Commitment to Regulatory Excellence, Texas constituents who responded to the surveys stated they were frustrated in not reaching a staff member on the phone and not receiving a response from the agency webmaster. The Texas Board of Nursing has over 360,000 current nurses, over 25,000 students attempting to get into nursing school, over 7,500 applicants for endorsement and over 150,000 licensees renewing their licenses. Just by looking at the numbers, we do not have the staffing to respond to all the exceptions and questions by our constituents. We are consistently receiving over 200,000 phone calls a year and up to 600 inquiries a week to our webmaster. Most of the inquiries require some research which can prolong the response time. We currently have eight staff members and one temporary FTE with the essential functions of answering the phones and responding to webmasters. We have updated our website and provide answers to frequently asked questions but it does not alleviate the consternation of our constituents in the lack of response from the Texas Board of Nursing

Implication for the 2016-2017 Biennium

To achieve the outcome of responding to our customers by phone within five minutes and responding to all inquiries to the webmaster within 3 business days, the Texas Board of Nursing will request two new staff. We would like to retain the one full time temporary staff already assisting in the process and have one additional staff member to specifically answer webmaster inquiries.

Specifically the Texas Board of Nursing would hire one Customer Service Representative IV at \$35,000 per fiscal year and one Administrative Assistant V to research and answer webmasters at \$40,000 per fiscal year. Total cost to budget: \$75,000 per fiscal year.

V. New Staff Positions Needed to Support the Agency Information Technology Infrastructure

As will all state agencies, our dependence on computer hardware, software and support for the infrastructure is fundamental in doing business efficiently and effectively. The Texas Board of Nursing was fortunate in the past to have one staff member who could do several information technology (IT) jobs simultaneously even to the point to learn PowerBuilder software and write the agency licensing system. This person retired and we have learned the hard way that we cannot replace that talent with one person. We have maintained one full time temporary staff member to maintain the agency hardware and software and be a daily troubleshooter for the agencies 120 staff and 13 board members. We have come to rely on this temporary staff member to maintain the daily operations while our network specialist and information resource manager cover the agency website, mobile applications, disaster recovery site, licensing system, phone system, training, IT policies and procedures, supports the board paperless board meetings, respond to statistical nursing inquiries, create a new Advanced Nurse Practice licensing system and begin the preparation for a new agency licensing system.

Implication for the 2016-2017 Biennium

The Board of Nursing will request to add one new staff member within the IT Section to respond to day-to-day hardware and software maintenance issues, specifically a Network Specialist III. Total cost to budget: \$52,000 per fiscal year.

VI. New Staff Position Needed to Support the Agency Human Resources Functions

The Texas Board of Nursing has utilized a part-time human resource (HR) professional the past 20 years which was woven into the essential functions of the Operations Director. The amount of time the Operations Director could devote to HR has dwindled from 50% of his time down to the current average of 10%. As indicated in the benchmarking study below, the average HR person to employee by agency size for the Texas Board of Nursing (120 FTEs) would be 1.26.

We have outsourced some of the HR functions but we are in need of a full time internal HR Specialist to provide consultation on HR issues and actively recruit and assist in retaining qualified staff.

Average HR-to-Employee Ratio, by Organization Size

Fewer than 100	2.70
100 to 249	1.26
250 to 499	1.07
500 to 999	0.82
1,000 to 2,499	0.79
2,500 to 7,499	0.53
7,500 or more	0.42

Source: SHRM Human Capital Benchmarking Study

Implication for the 2016-2017 Biennium

The Texas Board of Nursing will request one full time Human Resource Specialist to provide agency HR training, maintain the HR policies, and consult with the management team on recruitment, retention and compensation issues. The Texas Board would hire a Human Resource Specialist V and request \$52,000 a fiscal year to support this position. Total cost to budget: \$52,000 per fiscal year.

VII. New Staff Position Needed to Assist with Migration of Nurse Licensure Database to NCSBN National Nurse Licensing System

In 1980 the Board of Nursing implemented leased services to an automated system for maintaining information on Registered Nurses (RN) licensed in Texas and on candidate applying for RN licensure through examination. The automated system was developed as a batch card process by the Texas Water Commission (TWC) in 1985 and was later modified for terminal input and inquiry. The cost for the service was \$40,000.00 per year.

In 1987 the Board contracted with Compton, Rainosek, Johnson & Company, Information Systems Consulting, to perform a Study of Data Processing Requirements. The purpose of the study was to determine a more efficient method of processing the board's functions. The need for additional services, efficiencies and data linking were identified throughout all Board processes. The study indicated that the needed enhancements could only be obtained by the development of a new licensure application, costing approximately \$30,000.00. The study also provided a cost comparison chart for hosting the application at TWC or on an in-house computer system. The in-house system approach was not only less expensive, but offered the ability to expand services and increase production. At the March 1987 Board meeting, Board Members approved the purchase of an in-house computer system and the development of a Licensing application. In 1988 a Unisys mini-computer was purchased and Unisys programming staff developed and released the BON custom Licensure application written in Informix.

In 1998 the Board contracted with Abdeladim & Associates to conduct a feasibility study for the consolidation of information technology services between the Board of Nursing (RN) and the Board of Vocational Nurse Examiners (LVN) and the development of an upgraded Licensing system. The study took into account the cost reductions of the new client server technology compared to the cost of minicomputers. The study also indicated that developing an in-house system by BON staff would be more cost beneficial than purchasing a Common off-the-shelf application that would need extensive customization to support regulatory business of the two Boards. In May 2000, the BON completed in-house development and released the BON custom Licensure application written in PowerBuilder using a MS SQL database.

In August 2000, the BON asked to participate in the Department of Information Resources (DIR) Regulatory Systems Requirements & Comparative Analysis. The report compared the systems and processes for fourteen different regulatory agencies to determine if a consolidated regulatory system was feasible. The analysis proved the close alignment of functionality and processes for the Board of Nursing and the Board of Vocational Nursing. The request for funding a consolidated regulatory system was not approved during the 2001 Legislative session. However, LBB analysts and state legislators did approve the Board of Vocational Nurse Examiners request to move their licensure data and subscribe to services offered by Board of Nursing. In September 2003, all data conversion and program modifications were completed. In February 2004, the two agencies were consolidated under the Board of Nursing.

The BON's current licensure application has been maintained using a PowerBuilder software and is up-to-date in regards to maintenance and performs enhancements to the application as needed. Due to the functionality of newer developmental software and the integration of web interfaces and mobile technology, the Board of Nursing began investigating and reviewing alternatives to upgrading, developing and/or subscribing to distributed cloud services for its next generation licensure application.

Fortunately for the Texas Board of Nursing, the National Council of State Boards of Nursing (NCSBN) has been working on creating a new licensing system for their members. After several years of planning and preparation, the NCSBN has launched their new licensing system called the Optimal Regulatory Board System or ORBS. This new licensing system will be provided at no cost to the Texas Board of Nursing. The Texas Board of Nursing has committed to adopting this system and will be initial preparation for migration to the new system in the summer of 2014. This new licensing system will have added feature that the Texas Board of Nursing currently does not have such as a Nursing Education portal and other paperless programs. We will require a full time IT staff member to assist with the migration, testing and maintenance.

Implication for the 2016-2017 Biennium

The Texas Board of Nursing will request one full time staff, in particular a Database Administrator IV. This would add up to \$65,000 to our annual budget. Total cost to budget: \$65,000 per fiscal year.

Organizational Aspects

Size and Composition of the Agency

The Board of Nursing is guided by an Executive Director who is the administrator of the agency. The authority of the Executive Director is delineated in the Board's governance policies. The agency is comprised of four departments consisting of 109.7 FTEs (see Appendix __, page __, for organizational chart). The current EEO workforce breakdown is as follows:

African-American	12.9%
Hispanic	31.7%
Other	1.9%
Caucasian	53.5%

Agency Structure

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

Geographical Location

The agency is located in downtown Austin, 333 Guadalupe Street, Tower 3, Suite 460. The BON is co-located with fifteen other small agencies as well as the Texas Department of Insurance. This co-location has provided many advantages and opportunities to the BON such as shared meeting space, access to outside training, shared equipment, shared mailroom and better access to information technology assistance. All agency staff are located in our Austin office. Travel throughout the state is required to achieve the agency's legislative mandate to regulate nursing education, licensure and practice. Examples of travel include:

- Education Consultants may conduct survey visits to professional and vocational nursing schools throughout the State on a staggered basis. There are currently 204 professional and vocational nursing schools in Texas.
- Investigators and legal staff travel throughout the State to investigate complaints regarding nurses who allegedly violate the NPA.
- Nursing Consultants, Department Directors, the Executive Director, and Legal Staff conduct education programs upon requests and at workshops.
- Executive Director, Department Directors, designated staff and Board members travel to national and state meetings to participate in the development of nursing regulations and policies which impact nursing practice.
- Legal Counsel and Investigators travel to do depositions or interviews with witnesses and experts involved in contested cases.

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

Human Resources

As with all high performing organizations, the BON regards the agency staff as our most valuable resource and strive to recruit and retain the best employees in the State of Texas. As all employers, both public and private, we are experiencing high turnover in specific job categories due to the competitive market in the Central Texas area. We have met this challenge by offering a minimum competitive salary, targeted salary adjustments, training opportunities, innovative human resource policies, a participatory management team and wellness programs. As shown in our Survey of Employee Engagement, our alternative work schedule, educational leave policies and wellness programs continue to receive high ratings from staff. We continue to look for extrinsic rewards for staff as agency salaries continue to slip behind our counterparts in the private sector.

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

Fiscal Year 2006 - 212,641 Calls
Fiscal Year 2007 - 219,438 Calls
Fiscal Year 2008 - 267,401 Calls
Fiscal Year 2009 - 318,418 Calls
Fiscal Year 2010 - 302,284 Calls
Fiscal Year 2011 - 246,402 Calls
Fiscal Year 2012 - 285,715 Calls
Fiscal Year 2013 - 204,920 Calls

The phone call numbers above do not include the number of direct calls that go directly to a staff member nor does it include the number of e-mails that are increasing monthly. The BON has a customer service department and dedicated eight staff members to the task of answering calls. We have experienced an increase in the customer waiting time telephonically and answering questions from the webmaster. This backlog has emanated into consistent complaints by our constituents about the inability to speak to someone and receive a response to their inquiries. Regardless of updating our website and making it more user friendly, our constituents still call in high numbers and expect a response in a timely manner. In the past year, we have offered higher salaries for these positions but the turnover still remains high due to the intensity of this job. We will be seeking additional staff for the customer service positions.

Fiscal Perspective

Current Funding

The Board of Nursing was appropriated \$9,299,030 for fiscal year 2012 and \$9,292,064 for fiscal year 2013. Of this appropriation, \$2,322,600 or 25% is a “pass through” dedicated to our peer assistance program, Texas Online, Nursing Workforce Data Center and FBI criminal background checks. The BON has met our obligations to the state treasury and continues to raise more funds than required. The BON collected over \$5,000,000 in excess revenue beyond our direct and indirect costs in fiscal year 2011. Fees related to licensure renewal, examination and endorsement account for most of the agency’s funds and are expected to remain consistent in the next five years.

The Texas Board of Nursing is authorized to conduct FBI criminal background checks on all its applicants for licensure by authority of Texas Occupations Code § 301.1615 and Texas Government Code §§ 411.087 and 411.125. The screening process for licensure must start when a student is “enrolled or planning to enroll” in a nursing education program through the declaratory order of eligibility required by Texas Occupations Codes §301.2511(c) and § 301.257 (Nursing Practice Act). The declaratory order process determines eligibility for licensure prior to enrolling or early after enrollment in an approved nursing program. One of the purposes of the process is to avoid a needless use of nursing education resources when the student would not qualify for licensure.

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

Future Funding

We are experiencing consistent and steady growth of RNs and LVNs as indicated with the number of renewals in fiscal years 2012 and thus far in fiscal year 2013. We anticipate that, as the majority of states begin to join the compact, the number of new Texas licensees from examination and endorsement will keep up with those we lose from those states therefore bringing a balance between those RNs and LVNs migrating into the state and those who hold a compact designation.

Historically Underutilized Businesses

The BON is committed to reach its goal of purchasing from Historically Underutilized Business (HUBs). We have set a overall realistic goal of purchasing 20% of all agency services and goods from HUBs. This is realistic since over half of agency expenditures include peer assistance funds that is a “sole source” which does not leave much room for meeting our HUB goal. The BON fell just short of its goal in fiscal year 2013 by purchasing 10.8% of all goods and services from HUBs.

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

Agency Goals

The Board of Nursing, in conjunction with the Legislative Budget Board and the Governor's Office of Budget and Planning, has identified the following goals for the 2012/2013 biennium. This section is organized with the objectives, strategies, and outcome, output, efficiency, and effectiveness measures aligned with each goal.

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

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

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

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

Efficiency Measures:

Outcome Measure A.1.1 - Percentage of new individual registered nurse (RN) licenses issued within ten days.

Outcome Measure A.1.2 - Percentage of individual registered nurse licenses renewed within seven days.

Outcome Measure A.1.3 - Percentage of new individual licensed vocational nurse (LVN) licenses issued within ten days.

Outcome Measure A.1.4 - Percentage of individual licensed vocational nurse licenses renewed within seven days.

Explanatory Measures:

Explanatory Measure A.1.1 - Total number of individual registered nurse (RN) licensed.

Explanatory Measure A.1.2 - Total number of individual licensed vocational nurses (LVN) licensed.

Explanatory Measure A.1.3 - Total number of new individual registered nurse (RN) licenses issued.

Explanatory Measure A.1.4 - Total number of individual registered nurse (RN) licenses renewed.

Explanatory Measure A.1.5 - Total number of new individual licensed vocational nurse (LVN) licenses issued.

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

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

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

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

Output Measures:

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

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

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

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

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

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

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

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

Efficiency Measures:

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

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

Explanatory Measures:

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

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

Output Measures:

Output Measure B.1.1 - Number of registered nurse complaints resolved.

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

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

Output Measures:

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

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

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

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

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

Outcome Measures:

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

Strategy Measures:

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

Output Measures:

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

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

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

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, 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: Name of the current or planned technology initiative.	
Technology Refresh - Continued replacement of computer hardware/software in alignment with Technology Refresh plan.	
2. Initiative Description: Brief description of the technology initiative.	
The BON replaces hardware and software in compliance with the Board's Technology Refresh Plan of 4 years. The refresh schedule staggers the replacement and yearly purchases of these systems to assist the BON in maintaining a consistent budget and up-to-date hardware/software. Analysis of services, software, costs to purchase verses lease, is performed prior to each purchase.	
3. 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 and Printer Lifecycle Replacement	Planned
Server and Major Network component Lifecycle Replacement	Planned
SANS Devices Upgrades and Lifecycle Replacement	Planned
Software Lifecycle	Planned
4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.	
All agency objectives.	
5. 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 • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • Virtualization • Data Management • Network
6. 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)

7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.

1. Initiative Name: Name of the current or planned technology initiative.

Security - Strengthen, maintain and enforce policies and infrastructure for data privacy and system security.

2. Initiative Description: Brief description of the technology initiative.

The BON has participated in an external security assessment to evaluate its IT Security Program, requirements, and current capabilities against industry leading practices. The assessment has outlined a five year plan to address a set of integrated security processes and technology recommendations for addressing the identified strategic gaps. The BON will be implementing these recommendations as outlined in the five year plan along with performing security awareness training with staff.

3. 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.

4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.

All Agency Objectives

5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

- Security and Privacy

- Data Management

6. Anticipated Benefit(s): The BON anticipates benefits in the following areas::

- 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)

7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.

The barriers in implementation of this project are lack of funding, lack of IT staffing and overall costs.

1. Initiative Name: Name of the current or planned technology initiative.

Development of new capabilities for real time data sharing, updating and processing with other individual, State, and Federal constituencies.

2. Initiative Description: Brief description of the technology initiative.
The BON is exploring 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 a real-time, weekly, monthly and yearly basis, or as requested. New initiatives in this area include the effort to post de-identified raw data used for statistical reporting for public use, research and the ability to allow constituents real time access to their own data and the ability to update their non-licensing base information.
3. 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.
4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.
Licensing, Nursing Education, Data Sharing, APRN Compact, Transparency in Regulation, Security.
5. 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 • Business Continuity • Enterprise Planning and Collaboration • IT Workforce • Data Management • Mobility • Network
6. 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) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements
7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.
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.

1. Initiative Name: Name of the current or planned technology initiative.
Upgrade Licensing System - Expansion of existing and new licensee data, electronic file systems and shared data services.
2. Initiative Description: Brief description of the technology initiative.
The BON's current licensure application has been in existence for 12 years, 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 National Council of State Boards of Nursing to develop a new licensure application that is cloud-based. This new system will allow information to be gathered and updated among the other US Boards of Nursing in a real time.

3. 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.

4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.

All agency objectives

5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

- Security and Privacy
- Cloud Services
- Legacy Applications
- Business Continuity
- Enterprise Planning and Collaboration
- Data Management
- Mobility

6. 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)
- Citizen/customer satisfaction (service delivery quality, cycle time)
- Security improvements
- Foundation for future operational improvements

7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.

The barriers in implementation of this project are budget limitations, lack of funding, lack of IT staffing and overall costs.

1. Initiative Name: Name of the current or planned technology initiative.

Rapid information discrimination to constituents – expanding the mobile application offerings and services.

2. Initiative Description: Brief description of the technology initiative.

The BON plans to expand on the release of its new website and mobile application with additional improvements. These improvements will allow nurses, and the general public to verify a license, check the status of an application, and obtain information that is important to stakeholders, in real time. Address changes, and other routine updates, may be made by a nurse without having to contact BON staff directly.

The BON plans to continue making improvements to the website and applications to make information easily accessible on all devices and therefore eliminating the limitations placed on

stakeholders of staff availability and/or hours of operation.
3. 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.
4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.
All agency objectives.
5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.
<ul style="list-style-type: none"> • Cloud Services • Business Continuity • Mobility • Network
6. 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) • Citizen/customer satisfaction (service delivery quality, cycle time) • Foundation for future operational improvements
7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.
The barriers in implementation of this project are lack of IT staffing and overall costs.

1. Initiative Name: Name of the current or planned technology initiative.	
Disaster Recovery and BON cloud serviced infrastructure.	
2. Initiative Description: Brief description of the technology initiative.	
The BON plans to continue building on its distributed computing infrastructure in the event of a catastrophic event. Continual upgrades and expansions are planned at the University of Texas Health Science Service Center in San Antonio, Texas. These upgrades will allow all staff to work remotely without interruption of service in the event the Austin office is compromised. This will include the technology systems as well as the phone system, as the BON seeks to convert its current phone system to a VoIP system.	
3. 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	Planning
DIR/VoIP IVR project	In Progress

4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.

All agency objectives.

5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

- Security and Privacy
- Cloud Services
- Legacy Applications
- Business Continuity
- Enterprise Planning and Collaboration
- IT Workforce
- Virtualization
- Data Management
- Mobility
- Network

6. 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
- Foundation for future operational improvements

7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.

The barriers in implementation of this project are lack of IT staffing and overall costs.

Appendix A

Strategic Planning Process

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

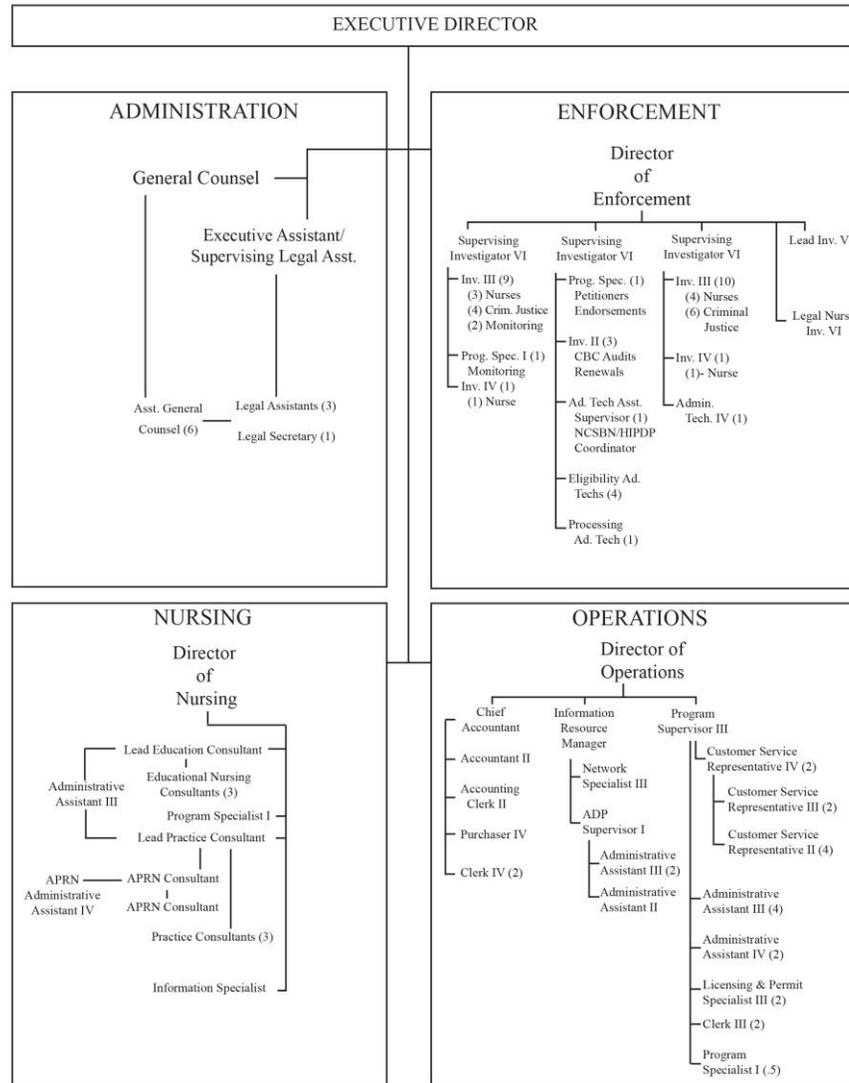
The process included:

- **The Board of Nursing held a retreat in Austin in October 2013 and discussed key external and internal priority issues to consider when preparing the agency strategic plan.**
- **The Board of Nursing (BON) solicited feedback from stakeholders concerning the agency's web site, telephone system and newsletter from April 1 to May 19, 2014. Board members discussed stakeholder feedback from the National Council of State Boards of Nursing CORE Report at the regularly scheduled meeting of the Board which took place April 16-17, 2014. Stakeholder feedback via an online survey conducted by the Board of Nursing is included in the Customer Service Report located in Appendix G.**
- **Discussion of strategic planning logistical issues occurred at the April 16-17, 2014 Board Meeting. Designated Board member liaisons reviewed the agency Strategic Plan draft prior to plan submission.**
- **Review of customer service feedback is elaborated on in the Customer Service Report at Appendix G.**
- **Review and approval of the final document by Board liaisons occurred prior to plan submission.**

Appendix B

Agency Organization

Texas Board of Nursing



Appendix C

OUTCOME PROJECTIONS FOR 2015 - 2019

<u>OUTCOME MEASURES</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
A.1.1 - Percent of new RN licensees issued within 10 days - (RN).	98.0%	98.0%	98.0%	98.0%	98.0%
A.1.2 - Percent of individual RN licenses renewed within 7 days - (RN).	98.0%	98.0%	98.0%	98.0%	98.0%
A.1.3 - Percent of new LVN licensees issued within 10 days - (RN).	98.0%	98.0%	98.0%	98.0%	98.0%
A.1.4 - Percent of individual LVN licenses renewed within 7 days - (RN) .	98.0%	98.0%	98.0%	98.0%	98.0%
C.1.1 - Percent of total dollar value of applicable agency contracts and purchases awarded to HUBs	20.0%	20.0%	20.0%	20.0%	20.0%

Appendix D

Performance Measure Definitions

Licensing Strategy

- GOAL:** To manage cost-effective, quality programs of approval, examination, licensure and regulation that ensure legal standards for nursing education and practice and which effectively serve the market demand for qualified nurses.
- Short Definition:** The percent of the total number of licensed individuals (LVNs and RNs) at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
- Purpose/Importance:** Licensing individuals (LVNs and RNs) helps ensure that practitioners meet minimum legal standards for education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of standards established by statute and rule.
- Source/Collection of Data:** Agency software program captures the number of total licensed registered nurses and licensed vocational nurses and the number of disciplined nurses. Our Information Systems Department compiles the statistics by which the Operations Director compiles the final percentage and reports the information on a quarterly basis to the Board and the appropriate State oversight agencies. The Operations Director is responsible for this data.
- Method of Calculation:** The total number of individuals (LVNs/RNs) currently licensed by the agency who have *not* incurred a violation within the current and preceding two years divided by the total number of individuals (LVNs/RNs) currently licensed by the agency. The numerator for this measure is calculated by subtracting the total number of licensees (LVNs/RNs) with violations during the three-year period from the total number of licensees (LVNs/RNs) at the end of the reporting period. The denominator is the total number of licensees (LVNs/RNs) at the end of the reporting period. The measure is calculated by dividing the numerator by the denominator and multiplying by 100 to achieve a percentage.

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

Calculation Type: Non-cumulative.

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

Desired Performance: Higher than Target.

2) Percent of Nursing Programs in Compliance

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

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

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

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

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

Calculation Type: Non-cumulative.

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

Desired Performance: Higher than Target.

3) Number of New Licenses Issued to Individuals.

- Short Definition:** The number of licenses (LVN and RN) issued by examination and endorsement to previously unlicensed individuals during the reporting period.
- Purpose/Importance:** A successful licensing structure must ensure that legal standards for education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
- Source/Collection of Data:** Agency licensing software program captures the number of new licenses (LVN and RN) issued by examination and endorsement. The Operations Director adds both numbers to identify the total number of new licensees. The Operations Director is responsible for this data.
- Method of Calculation:** This measure counts the total number of licenses (LVN and RN) issued to previously unlicensed individuals during the reporting period, regardless of when the application was originally received. Those individuals who had a license in the previous reporting period are not counted. Only new licenses issued by endorsement and examination are counted.
- Data Limitations:** The agency has limited control over the number of students who take the examination through Texas or request to endorse into our state. This measure is explanatory and provides a workload measure.
- Calculation Type:** Cumulative.
- New Measure:** No, but LVN and RN measures now separated.
- Desired Performance:** Higher than Target.

4) Number of Licenses Renewed (Individuals)

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

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

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

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

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

Calculation Type: Cumulative.

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

Desired Performance: Higher than Target.

5) Number of Individuals Examined

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

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

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

Method of Calculation:	The information is calculated by the National Council of State Board of Nursing for the total number of persons who took the exam at one of the approved testing centers in the reporting period. This number includes first time takers and retakes who have applied to take the examination through the State of Texas.
Data Limitations:	This is an explanatory measure as the agency has limited control over the number of persons who take the nurse examination.
Calculation Type:	Cumulative
New Measure:	No, but LVN and RN measures now separated.
Desired Performance:	Higher than Target.

6) Average Licensing Cost per Individual License Issued

Short Definition:	Total funds expended and encumbered for processing renewed and initial licenses during the reporting period divided by the total number of individuals licensed during the reporting period.
Purpose/Importance:	This measure is intended to show how cost-effectively the agency processes new and renewal license applications for individuals.
Source/Collection of Data:	The number of new and renewed licenses is obtained from performance measurement data calculated each quarter. All cost data is retrieved from quarterly USAS encumbrance reports. Time allocations are prepared by the Chief Accountant; other allocated costs are apportioned by the Director of Operations. A copy of the USAS encumbrance report and a spreadsheet showing all related allocations (e.g., for the salaries of people who work only partly on licensing activities) are maintained for each quarter in the files of the Chief Accountant.

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

Data Limitations: None.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than Target.

7) Percentage of New Individual Licenses Issued within 10 days

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

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

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

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

Data Limitations: None.

Calculation Type: Non-Cumulative

New Measure: Yes.

Desired Performance: Higher than target.

8) Percentage of Individual License Renewals Issued within 7 days

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

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

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

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

Data Limitations: None.

Calculation Type: Non-Cumulative.

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

Desired Performance: Higher than target.

9) Percentage of New Individual Licenses Issued Online.

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

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

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

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

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

Calculation Type: Non-Cumulative.

New Measure: No.

Desired Performance: Higher than target.

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

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

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

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

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

Data Limitations: n/a.

Calculation Type: Non-Cumulative.

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

Desired Performance: Higher than target.

11) Average Cost of Program Survey

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

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

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

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

Data Limitations: None.

Calculation Type: Non-cumulative.

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

Desired Performance: Lower than Target.

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

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

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

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

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

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

Calculation Type: Non-cumulative.

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

Desired Performance: Higher than Target.

13) Pass Rate

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

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than Target.

Enforcement Strategy

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

Outcome Measures

1) Percent of Complaints Resulting in Disciplinary Action

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

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

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

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

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

Calculation Type: Non-cumulative.

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

Desired Performance: Higher than Target

2) Recidivism Rate for Those Receiving Disciplinary Action

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

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

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

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

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

Calculation Type: Non-cumulative.

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

Desired Performance: Lower than Target.

3) Percent of Documented Complaints Resolved Within Six Months

- Short Definition:** The percent of complaints (LVN and RN) resolved during the reporting period, that were resolved within in a six month period from the time they were initially received by the agency.
- Purpose/Importance:** The measure is intended to show the percentage of complaints which are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the NPA which is an agency goal.
- Source/Collection of Data:** The agency discipline software captures the initial date of the complaint and calculates the number of days that elapse between date of entry to the date of resolution. The Director of Enforcement is responsible for this data.
- Method of Calculation:** The number of complaints resolved within a period of six months or less from the date of receipt (numerator) is divided by the total number of complaints resolved during the reporting period (denominator). The result should be multiplied by 100 to achieve a percentage.
- Data Limitations:** None.
- Calculation Type:** Non-cumulative.
- New Measure:** No, but LVN and RN measures now separated.
- Desired Performance:** Higher than Target.

4) Recidivism Rate for Peer Assistance Programs

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

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

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

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

Data Limitations: This 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.
- Purpose/Importance:** The measure shows the agency's efficiency in resolving complaints.
- Source/Collection of Data:** The agency discipline software module captures the date of complaints received, number of disciplinary actions taken by the Board as entered by the Enforcement staff. The Director of Enforcement is responsible for this data.
- Method of Calculation:** The total number of calendar days per complaint resolved, summed for all complaints resolved during the reporting period, that lapsed from receipt of a request for agency intervention to the date upon which final action on the complaint was taken by the Board, divided by the number of complaints resolved during the reporting period. The calculation excludes complaints determined to be non-jurisdictional of the agency's statutory responsibilities.
- Data Limitations:** None.
- Calculation Type:** Non-cumulative.
- New Measure:** No, but LVN and RN measures now separated.
- Desired Performance:** Lower than Target.

8) Average Cost per Complaint Resolved

- Short Definition:** Total costs expended for the resolution of complaints (LVN and RN) during the reporting period divided by the total number of complaints resolved during the reporting period.
- Purpose/Importance:** The measure shows the cost efficiency of the agency in resolving a complaint.

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

Method of Calculation: The total funds expended and encumbered during the reporting period for complaint processing, investigation and resolution is divided by the number of complaints resolved. Costs include the following categories: enforcement salaries (100%); agency supplies (42%); enforcement travel (100%); agency postage (42%); subpoena expenses (100%); copying costs (100%); medical records costs (100%); enforcement computer hardware (100%). Indirect costs are excluded from this calculation.

Data Limitations: None.

Calculation Type: Non-cumulative.

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

Desired Performance: Lower than Target

9) Number of Jurisdictional Complaints Received

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

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

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

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

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

Calculation Type: Cumulative.

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

Desired Performance: Higher than Target.

Appendix E

Texas Board of Nursing Fiscal Year 2015-2019 Workforce Plan

I. AGENCY OVERVIEW

The Board of Nursing (BON), has one of the largest licensee database in the State of Texas. We regulate over 360,000 nurses and 210 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 109.7 positions. The agency has 46 FTEs in the Enforcement Division, 34.7 FTES in the Operations Division, 16 in the Nursing Division and 13 Administrative Employees including the Executive Director. The majority of staff are located in the Austin, Texas office and we have recently hired staff outside Austin. The board has 13 members from throughout the State of Texas.

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

A. *Agency Mission*

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

B. Agency Strategic Goals and Objectives

Goal A	<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 Nurse Examiners' 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 Nurse Examiners' rules are investigated and resolved in accordance with the Nursing Practice Act (NPA) and Administrative Procedures Act (APTRA) or are appropriately referred to other regulatory agencies.

C. Business Functions

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

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

The BON anticipates a possible change in our mission to include regulating Certified Nurse Aides and other unlicensed assistive personnel. We have implemented strategies to go "paperless" by using available technology and migrating to the Optimal Regulatory Board System in fiscal year 2015. We plan on implementing additional strategies in the future. We anticipate the continuing education process to evolve into a continued competency model to include portfolios and practice targeted requirements.

E. Additional Considerations

Key Economic and Environmental Factors

We are experiencing a steady 2% growth of RNs and LVNs currently licensed. The number of new Texas licensees from examination and endorsement has added to this increase due to the dramatic growth fund for students. 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 to allow us to fund all agency programs adequately.

Challenges to Providing Competitive Salaries

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

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

Fiscal Year 2007 - 219,438 Calls
Fiscal Year 2008 - 267,401 Calls
Fiscal Year 2009 - 318,418 Calls
Fiscal Year 2010 - 302,284 Calls
Fiscal Year 2011 - 246,402 Calls
Fiscal Year 2012 - 285,715 Calls
Fiscal Year 2013 - 204,920 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. The wait time for calls to our customer service center have increased. We have been using temporary staff to assist in answering the phones, to research licensing issues, process and upload documents to our document imaging system and assist with processing examination, endorsement and renewal applications.

II. CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

A. *Agency Demographics*

Gender	Female	78.2%
	Male	21.8%
Race	African-American	12.9%
	Hispanic	31.7%
	Other	1.9%
	Caucasion	53.5%

Percentage of Workforce Eligible to Retire in the Next Five Years: 25%

Job Categories	State Civilian Workforce					
	African American		Hispanic American		Females	
2013 Data	BON %	State %	BON %	State %	BON %	State %
Officials, Administration	25%	8.99%	0%	19.51%	50%	39.34%
Professionals	0%	11.33%	7.40%	17.40%	70.37%	59.14%
Technical	0%	14.16%	0%	21.36%	0%	41.47%
Protective Services	9.09%	14.68%	36.36%	48.18%	72.72%	40.79%
Para-Professional	25%	14.68%	18.75%	48.18%	87.50%	40.79%
Administrative Support	20%	13.57%	37.77%	30.53%	84.44%	65.62%

B. *Employee Turnover*

Agency turnover has been dropping over the past five years with our ability to pay competitive salaries to new staff and allow pay for performance to current staff. Due to resignations and retirements, we have lost valuable institutional knowledge. We are compensating for this by creating more detailed policies and procedures and a succession plan.

Agency Turnover Percentages: 2007-2013

Fiscal Year 2007 - 19.6%
Fiscal Year 2008 - 14.2%
Fiscal Year 2009 - 12.7%
Fiscal Year 2010 - 6.2%
Fiscal Year 2011 - 9.3%
Fiscal Year 2012 - 11.1%
Fiscal Year 2013 - 16.7%

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

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

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

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

D. Projected Employee Attrition Rate over the Next Five Years

Fiscal Year 2014 - 17%
Fiscal Year 2015 - 18%
Fiscal Year 2016 - 20%
Fiscal Year 2017 - 20%
Fiscal Year 2018 - 20%

The agency anticipates ongoing turnover in the Nurse Investigator and Nurse Consultant positions at least until fiscal year 2016 due to the acute competition for nursing faculty and staff at schools and hospitals. If we continue this attrition rate, the Board will be challenged to stretch its

human resources, in the area of ongoing training. This training will be in-house and possibly online within the next two years. If we are unable to secure additional operating funds, then we will have to look for new ways to apply the merit raise system which is our most effective tool in the recruitment and retention of staff. The BON has begun to feel the effect of “baby boomers” beginning to retire since fiscal year 2012. Beginning in fiscal year 2014, we will have 18 staff member eligible for retirement.

III. FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)

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

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

B. Future Workforce Skills Needed

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

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

IV. GAP ANALYSIS

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

We currently have 16 positions requiring registered nurses. We anticipate the need for additional RNs by the end of the next five year cycle. They will be needed in the Enforcement Department to investigate alleged violations of the

law and rules and one will be used in a consultant capacity to interpret complex practice issues and serve as an expert witness on cases.

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

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

V. STRATEGY DEVELOPMENT

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

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.

<p>Action Steps:</p>	<ul style="list-style-type: none"> • Request additional operating funds in the next legislative session to enhance employee compensation especially in the recruitment and retention of nurses. • Develop and revise agency policy and procedures to be consistent and detailed. • Develop mandatory training components for recognized agency sub-par skill sets. • Establish a mentorship program with current staff and those from other small state agencies to demonstrate best practices in needed skill sets. • Complete a succession plan which incorporates time lines and minimal skill sets. • Conduct a risk assessment to the agency due to potential knowledge loss of key staff. • Ask agency Internal Auditor to conduct or oversee agency audit of skill sets. • Establish and implement a “career ladder” path for all staff.
<p>Goal 2</p>	<p>Establish an agency culture of change enhancements to business processes.</p>
<p>Rationale:</p>	<p>Our resources will always be limited. At best, we might get the same funding but will be required to do more. This necessitates doing business more efficiently and effectively. To do this, staff will need to accept change as a way of life and not be afraid to try new ideas. It does not always have to be done the way it’s always been done.</p>
<p>Action Steps:</p>	<ul style="list-style-type: none"> • Develop an ongoing mandatory training module on change enhancements. • Add the skill of change enhancements and change management to the minimal core of essential job functions. • Reorganize agency structure around processes. • Develop a pay system that rewards constructive change management.

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

Goal 1 Recruit and Retain a competent workforce.	
Rationale:	To establish a consistent, productive business atmosphere, the BON needs a well-trained and stable workforce to protect the public. This includes the ongoing internal training of current staff to fill open positions and possibly consolidate some work processes to enhance staff compensation with current or available funds.
Action Steps:	<ul style="list-style-type: none"> • Develop and revise agency policy and procedures to be consistent and detailed. • Develop mandatory training components for recognized agency sub-par skill sets. • Establish a mentorship program with current staff and those from other small state agencies to demonstrate best practices in needed skill sets. • Conduct a risk assessment to the agency due to potential knowledge loss of key staff. • Ask agency Internal Auditor to conduct or oversee agency audit of skill sets. • Establish and implement a “career ladder” path for all staff.
Goal 2 Establish an agency culture of change enhancements to business processes.	
Rationale:	Our resources will always be limited. At best, we might get the same funding but will be required to do more. This necessitates doing business more efficiently and effectively. To do this, staff will need to accept change as a way of life and not be afraid to try new ideas. It doesn’t always have to be done the way it’s always been done.

Action Steps:	<ul style="list-style-type: none">• Develop an ongoing mandatory training module on change enhancements.• Add the skill of change enhancements and change management to the minimal core of essential job functions.• Reorganize agency structure around processes.• Develop a pay system that rewards constructive change management.
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Appendix F

Survey of Employee Engagement

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

Categories	FY 2000	FY 2002	FY 2003	FY 2005	FY 2008	FY 2010	FY 2012	FY 2014
Supervision	307	348	369	361	370	405	405	399
Climate/Fairness	338	373	379	383	390	364	375	357
Team	324	337	365	364	361	388	392	382
Job Satisfaction	381	387	396	394	382	384	392	375
Diversity	325	356	368	380	383	388	387	360
Pay	271	219	258	286	275	282	287	276
Physical Environment	376	387	394	400	411	399	410	385
Benefits	373	364	325	376	378	386	393	390
Employment Development	323	351	350	365	382	381	385	369
Quality	359	403	428	421	418	390	396	380

In 2010, the Survey of Employee Engagement added a Synthesis Score to the survey data provided to the agency. The score is the average of all survey items and represents the overall score for the agency. With typical synthesis scores ranging from 3.25 to 3.75, the Texas Board of Nursing's 2014 Synthesis Score of 3.78 is above average. The agency's response rate for 2014 was 81%, with 83 of 102 employees responding to the survey.

Appendix G

Texas Board of Nursing

***Report on Customer Service
for Fiscal Years 2015-2019***



Submitted: June 1, 2014

Customer Service Initiative

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

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

- The Public (citizens of Texas) - The mission of the Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely.
- Nurses - The BON has a responsibility to assist nurses in the safe practice of nursing by keeping them informed of rules and regulations applicable to their practice. The BON does this through the agency website, the *Texas Board of Nursing Bulletin*, and written, phone and electronic communication.
- Health Care Organizations - The BON is responsible for providing information to health care organizations concerning the licensure or disciplinary action status of nurses they may employ or utilize.
- The Legislature - The Legislature, in its capacity of protecting the public and acting in the interest of its constituents, must be kept informed of issues involving the safe practice of nursing where legislative action may be the best course of action in ensuring safe nursing practice.
- Professional Associations - Professional associations seek data and information that may assist them in their efforts to advocate on behalf of the profession of nursing. Professional associations can assist the BON in researching issues impacting the safe practice of nursing.
- Schools of Nursing - The BON approves 113 RN Nursing Programs and 98 LVN Nursing Programs in Texas. The BON works with schools to ensure that nursing students receive satisfactory preparation and that the schools understand the Board's requirements.
- Nursing Students - As customers, we provide students with the information needed to choose a Texas nursing education program and to assist students in registering and taking the exams needed for licensure.
- Respondents - The Enforcement Department of the BON must afford respondents due process in the course of investigating complaints.

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

- Evaluation of Survey Visit(s): These visits are on-site visits conducted by Board staff at Nursing education programs regulated by the Board;
- Evaluation of Dean's and Director's annual orientation: This is an orientation presented annually by the Board to new Deans and Directors of Schools of Nursing in Texas;
- Evaluation of Workshops: These workshops are presented by the Board at different geographic locations throughout the State to update nurses on current laws and regulations;
- *Agency Newsletter Survey*: Requests nurses to fill out a response card indicating satisfaction or dissatisfaction with the newsletter, website, and with their contacts with the Board;
- Pilot Survey of external customers regarding Quality of Service; and an
- Online Survey via the Survey Monkey website, concerning agency newsletter, website, and telephone interactions with BON customer service representatives.

During this biennium, the Board obtained stakeholder feedback from: (1) survey data from BON stakeholders through a study conducted by the National Council of State Boards of Nursing (NCSBN); and (2) a stakeholder survey promoted in the April, 2014 *BON Bulletin*, hosted by the Survey Monkey website and linked through the Board of Nursing website.

The first report, which gathered data relating to BON stakeholder perceptions of the agency, was titled "CORE - Commitment to Ongoing Regulatory Excellence" (The CORE Study), which was released in July, 2013. The second report concerned stakeholder perceptions of the agency website, the *Board of Nursing Bulletin*, and interactions with agency customer service staff through the BON phone system.

The CORE Study

The CORE Study was released in July, 2013 by NCSBN, and provided measurement of BON stakeholder perceptions related to practice, education, licensure and governance for the Texas Board of Nursing as well as 54 other participating boards of nursing. Study data relating to practice, education, licensure and governance was collected by the NCSBN in FY 2012. The CORE Study has been conducted by the NCSBN to assist member boards of nursing since FY 2000 on a biennial basis.

BON Stakeholders Provided to Core Study

The NCSBN asked the BON to provide contact information on stakeholders for the CORE Study. Of the 1500 nurses surveyed, 220 (15%) responded. Two hundred Directors for BON-approved educational programs were asked to provide feedback and 80 (40%) programs responded and are represented in the data. One hundred employers were asked to provide feedback and 36 (36%) 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.

Evaluation of CORE Data

Nurse Data - Customer Service

The CORE Study provided a vast amount of data on how the Board of Nursing is perceived by the stakeholders served by the agency. Survey data collected by the CORE Study provided a myriad of data relating to perceptions of BON customer service (i.e., agency communications, performance of agency mission functions, and public perceptions of the BON). The data, concerning stakeholder perceptions of BON communications by internet, telephone, and print is 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 Board of Nursing 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 boards of nursing.

Perceptions of Stakeholders Regarding Board Website, Telephone System and Publications/Magazines (CORE Report, 2012)

I. Website Perceptions

Table 1: Ease of Website Navigation - Texas BON

<u>Ease of Navigation - Nurses</u>		<u>Ease of Navigation - Employers</u>		<u>Ease of Navigation - Educators</u>	
Excellent	32.2%	Excellent	48.2%	Excellent	31.2%
Good	47.1%	Good	40.7%	Good	44.1%
Fair	18.6%	Fair	11.1%	Fair	19.5%
Poor	2.1%	Poor	0%	Poor	5.2%

In all Boards of Nursing, approximately 75% of **employers** reported that the ease of navigation on the Board of Nursing's website was **excellent or good**. In Texas,

approximately 89% of **employers** reported that the ease of navigation on the Board of Nursing’s website was **excellent or good**.

In all Boards of Nursing, approximately 75% of **nurses** reported that the ease of navigation on the Board of Nursing’s website was **excellent or good**. In Texas, approximately 79% of **nurses** reported that the ease of navigation on the Board of Nursing’s website was **excellent or good**.

In all Boards of Nursing, 77% of **educators** reported that the ease of navigation on the Board of Nursing’s website was **excellent or good**. In Texas, approximately 75% of **educators** reported that the ease of navigation on the Board of Nursing’s website was **excellent or good**.

Table 2: Helpfulness of Website Content - Texas BON

<u>Helpfulness - Nurses</u>		<u>Helpfulness - Employers</u>		<u>Helpfulness - Educators</u>	
Excellent	37.6%	Excellent	40.0%	Excellent	62.3%
Good	46.1%	Good	50.0%	Good	32.5%
Fair	14.2%	Fair	10.0%	Fair	3.9%
Poor	2.1%	Poor	0%	Poor	1.3%

In all Boards of Nursing, approximately 78% of **employers** reported that the helpfulness of the Board of Nursing’s website was **excellent or good**. In Texas, 90% of **employers** reported that the helpfulness of the Board of Nursing’s website was **excellent or good**.

In all Boards of Nursing, approximately 77% of **nurses** reported that the helpfulness of the Board of Nursing’s website was **excellent or good**. In Texas, approximately 84% of **nurses** reported that the helpfulness of the Board of Nursing’s website was **excellent or good**.

In all Boards of Nursing, approximately 85% of **educators** reported that the helpfulness of the Board of Nursing’s website was **excellent or good**. In Texas, approximately 95% of **educators** reported that the helpfulness of the Board of Nursing’s website was **excellent or good**.

II. 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 Board of Nursing.

Table 3: Ease of Use of BON Telephone Sytem - Texas BON

<u>Ease of Use - Nurses</u>		<u>Ease of Use - Employers</u>		<u>Ease of Use - Educators</u>	
Excellent	31.8%	Excellent	26.6%	Excellent	49.2%
Good	31.8%	Good	60.0%	Good	36.5%
Fair	22.7%	Fair	6.7%	Fair	9.5%
Poor	13.7%	Poor	6.8%	Poor	4.8%

In all Boards of Nursing, approximately 78% of **employers** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**. In Texas, approximately 87% of **employers** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**.

In all Boards of Nursing, 73% of **nurses** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**. In Texas, approximately 64% of **nurses** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**.

In all Boards of Nursing, approximately 86% of **educators** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**. In Texas, approximately 86% of **educators** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**.

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

<u>Timeliness - Nurses</u>		<u>Timeliness - Employers</u>		<u>Timeliness - Educators</u>	
Excellent	25.0%	Excellent	33.3%	Excellent	54.0%
Good	34.1%	Good	53.3%	Good	33.3%
Fair	11.4%	Fair	6.7%	Fair	7.9%
Poor	29.4%	Poor	6.7%	Poor	4.8%

In all Boards of Nursing, approximately 74% of **employers** reported the timeliness of the response from the Board of Nursing regarding their telephone inquiry was **excellent or good**. In Texas, approximately 87% of **employers** reported the timeliness of the response from the Board of Nursing regarding their telephone inquiry was **excellent or good**.

In all Boards of Nursing, approximately 68% of **nurses** reported the timeliness of the response from the Board of Nursing regarding their telephone inquiry was **excellent or good**. In Texas, approximately 59% of **nurses** reported the timeliness of the response from the Board of Nursing regarding their telephone inquiry was **excellent or good**.

In all Boards of Nursing, approximately 87% of **educators** reported the timeliness of the response from the Board of Nursing regarding their telephone inquiry was **excellent or good**. In Texas, approximately 87% of **educators** reported the timeliness of the response from the Board of Nursing regarding their telephone inquiry was **excellent or good**.

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

<u>Helpfulness - Nurses</u>		<u>Helpfulness - Employers</u>		<u>Helpfulness - Educators</u>	
Excellent	36.4%	Excellent	26.7%	Excellent	66.7%
Good	31.8%	Good	60.0%	Good	25.4%
Fair	13.6%	Fair	13.3%	Fair	3.2%
Poor	18.2%	Poor	0%	Poor	4.7%

In all Boards of Nursing, approximately 80% of **employers** reported the helpfulness of the Board of Nursing’s response to a telephone inquiry was **excellent or good**. In Texas, approximately 87% of **employers** reported the helpfulness of the Board of Nursing’s response to a telephone inquiry was **excellent or good**.

In all Boards of Nursing, approximately 72% of **nurses** reported the helpfulness of the Board of Nursing’s response to a telephone inquiry was **excellent or good**. In Texas, approximately 68% of **nurses** reported the helpfulness of the Board of Nursing’s response to a telephone inquiry was **excellent or good**.

In all Boards of Nursing, approximately 90% of **educators** reported the helpfulness of the Board of Nursing’s response to a telephone inquiry was **excellent or good**. In Texas, approximately 92% of **educators** reported the helpfulness of the Board of Nursing’s response to a telephone inquiry was **excellent or good**.

III. Publications/Magazines

Table 6 presents the average responses of nurses, employers and educators concerning the Texas Board of Nursing website.

Table 6: Usefulness of Board of Nursing’s Publications/Magazines - Texas BON

<u>Usefulness - Nurses</u>		<u>Usefulness - Employers</u>		<u>Usefulness - Educators</u>	
Useful	75.7%	Useful	88.9%	Useful	96.3%
Not Useful	6.4%	Not Useful	2.8%	Not Useful	2.5%
Not Used	11.0%	Not Used	8.3%	Not Used	1.2%
Not Aware	0%	Not Aware	0%	Not Aware	0%

In all Boards of Nursing, approximately 63% of **employers** responded that their Board of Nursing's publications/magazine was useful. In Texas, approximately 89% of **employers** responded that their Board of Nursing's publications/magazine was useful.

In all Boards of Nursing, 53% of **nurses** responded that their Board of Nursing's publications/magazine was useful. In Texas, approximately 76% of **nurses** responded that their Board of Nursing's publications/magazine was useful.

In all Boards of Nursing, approximately 71% of **educators** responded that their Board of Nursing's publications/magazine was useful. In Texas, approximately 96% of **educators** responded that their Board of Nursing's publications/magazine was useful.

Analysis of CORE Findings

Historical Perspective, Data Collection/Processing and Limitations

CORE (Commitment to Ongoing Regulatory Excellence) 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 incorporated 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.

Key areas for improvement identified in the CORE Report

Timeliness of responses to e-mail inquiries:

Excellent/Good	Nurses	National 74%	Texas 58%
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Helpfulness of responses to e-mail inquiries:

Excellent/Good	Nurses	National 74%	Texas 65%
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Ease of telephone inquiries:

Excellent/Good	Nurses	National 73%	Texas 64%
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Timeliness of response to telephone inquiries:

Excellent/Good	Nurses	National 68%	Texas 59%
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Since receipt of this information, the Texas Board of Nursing revamped the agency website and added additional staff to Customer Service, which has resulted in fewer phone calls and fewer complaints to BON management. Since 2013, Practice staff have set and met several performance targets related to response times for webmaster and phone inquiries. Of note, the four areas for improvement are derived from survey items which are reflective of inquiries to all

departments of the entire agency and may not accurately reflect the practice area apart from licensure and discipline.

The Customer Service staff have also set and met performance targets relating to response time for webmaster and phone inquiries. This area receives the majority of phone calls in the agency and therefore are challenged to keep up with the volume of calls received by the agency. Full text of the CORE Report may be requested from the Executive Director.

Board of Nursing Survey

The Board of Nursing posted a link to the Customer Service Survey on the BON website in April, 2014. The survey was announced on page one of the April 2014 issue of the *Board of Nursing Bulletin* which was sent to all currently licensed nurses in Texas as well as all paid newsletter subscribers. The survey, which consisted of 70 questions, solicited opinions concerning: the *Texas Board of Nursing Bulletin*; the Board of Nursing website; BON webmaster inquiries; interactions with the Customer Service Department; nursing practice phone calls and e-mail inquiries; and nursing webmaster inquiries. The survey was posted on the BON website from April 1, 2014 until May 19, 2014. Results from the survey are provided below.

Number of Respondents

The BON Customer Service Survey was taken a total of 32 times, which is a very low response rate for more than 362,000 licensees. The low number of responses creates significant limitations regarding the validity and ability to generalize results to the population of 362,000 licensees served by the BON. The Board is looking at ways to increase the number of survey respondents such as increasing the length of time the survey is posted online. Survey takers were also provided the opportunity to provide additional comments concerning the Customer Service Department, the website, the agency newsletter, and interactions with the nursing consultants by phone or e-mail. A brief summary of their comments will also be provided. Comments not related to the survey questions are not included in the comment summary sections.

2014 Board of Nursing Reader Survey

Board of Nursing Bulletin

1. Overall, how would you rate the BON Bulletin on a 1 - 5 scale? 5 = Best 4 = Good 3 = Average 2 = Below Average 1 = Never Read It							
Answer Options	Best	Good	Average	Below Average	Never Read It	Rating Average	Response Count
	9	11	7	5	0	3.75	32
					answered question		32
					skipped question		0

2. Do you find the information in the BON Bulletin valuable?							
Answer Options	Very Valuable	Somewhat Valuable	Neutral	Not Valuable	Irrelevant	Rating Average	Response Count
	12	15	4	1	0	4.22	32
					answered question		32
					skipped question		0

3. Regarding the Laws and Rules section, how useful and/or informative are the Bulletin's articles to you as a reader?							
Answer Options	Very Useful and Informative	Somewhat Useful and Informative	Neutral	Not Useful and Informative	Irrelevant	Rating Average	Response Count
	13	10	6	3	0	4.03	32
	answered question						32
	skipped question						0

4. Regarding the Practice Question and Answer section, how useful and/or informative are the Bulletin's articles to you as a reader?							
Answer Options	Very Useful and Informative	Somewhat Useful and Informative	Neutral	Not Useful and Informative	Irrelevant	Rating Average	Response Count
	10	16	5	0	1	4.06	32
	answered question						32
	skipped question						0

5. Is the format of the Bulletin "reader friendly"?			
Answer Options	Response Percent	Response Count	
Yes	81.3%	26	
No	18.8%	6	
	answered question		32
	skipped question		0

6. What areas or topics would you like to see discussed in future Bulletin issues?	
Answer Options	Response Count
	15
answered question	15
skipped question	17

Responses submitted included: Peer Review scenarios, disaster response, continuing education sources for nurses, patient safety, TPAPN articles, nursing education issues, more practice questions and answers, Affordable Care Act and the nurse, domestic violence, and violence in the work place.

7. What types of articles and information would help you in your nursing practice?	
Answer Options	Response Count
	18
answered question	18
skipped question	14

Responses submitted included: management of documentation, summaries of actual BON investigations, nursing research, best practice examples, working with other agencies such as CPS, nursing law and jurisprudence, nursing education, medication assessment, and information nurses should know in their practice.

8. What do you like about the Bulletin?	
Answer Options	Response Count
	19
answered question	19
skipped question	13

Responses submitted included: nurse imposters, notice of disciplinary action, formatting (4), small size, updates to licensure requirements, continuing education requirements (3), case scenarios, and information provided on requirements nurses must meet to maintain licensure.

9. What do you dislike about the Bulletin?	
Answer Options	Response Count
	16
answered question	16
skipped question	16

Responses submitted included: Notice of Disciplinary Action (8), no dislikes (2), not pertinent to practice area, and sometimes difficult to understand.

10. What are your suggestions for improving the Bulletin to better meet your needs?	
Answer Options	Response Count
	14
answered question	14
skipped question	18

Responses submitted included: removal of the disciplinary action section from the printed newsletter (3), make the Summary of Actions section easier to read (2), and add cartoons/humor (2).

Telephone Inquiries

11. Have you contacted the BON by phone during the last six months for information or services?		
Answer Options	Response Percent	Response Count
Yes	51.6%	16
No	48.4%	15
<i>answered question</i>		31
<i>skipped question</i>		1

12. In which area(s) did you ask for information or service (Check all that apply)?		
Answer Options	Response Percent	Response Count
Advanced Practice	12.5%	2
Continuing Education	25.0%	4
Licensure by Endorsement	12.5%	2
Licensure by Examination	0.0%	0
Renewal	56.3%	9
Complaints against a Nurse	6.3%	1
Nursing Practice	25.0%	4
Verification	6.3%	1
Other (If checked, please describe)	3	3
<i>answered question</i>		16
<i>skipped question</i>		16

New Nursing jurisprudence requirements, carrying out orders, written in the form of research protocols, education program issues.

13. Was the information provided helpful?							
Answer Options	Very Helpful	Somewhat Helpful	Neutral	Not Helpful	Very Unhelpful	Rating Average	Response Count
	5	1	1	3	6	2.75	16
	answered question						16
	skipped question						16

14. Was the information (verbal or written) provided in a timely manner?							
Answer Options	Very Timely	Somewhat Timely	Neutral	Not Timely	Very Untimely	Rating Average	Response Count
	5	1	0	2	8	2.56	16
	answered question						16
	skipped question						16

15. Was the information provided in a courteous manner?							
Answer Options	Very Courteous	Somewhat Courteous	Neutral	Not Courteous	Very Uncourteous	Rating Average	Response Count
	6	1	3	2	4	3.19	16
	answered question						16
	skipped question						16

16. Was the staff professional?							
Answer Options	Very Professional	Somewhat Professional	Neutral	Not Professional	Very Unprofessional	Rating Average	Response Count
	6	2	3	1	4	3.31	16
	answered question						16
	skipped question						16

17. Please provide any additional comments or feedback you might have regarding the Customer Service Group:							
Answer Options							Response Count
							11
	answered question						11
	skipped question						21

Summary of Comments
 Telephone hold time was too long/unacceptable (2), had to call two or three times before speaking to a representative (2), used webmaster to contact BON because of difficulty getting through on phone and received e-mail and follow-up phone call, unhappy with response time to e-mail inquiry concerning research project, thank you to staff for assisting, and difficult to get through to representatives.

18. How long did you wait for a BON Customer Service representative to take your call?		
Answer Options	Response Percent	Response Count
No wait	12.5%	2
1 - 5 minutes	25.0%	4
6 - 10 minutes	6.3%	1
11 - 15 minutes	12.5%	2
16 or more minutes	43.8%	7
	answered question	16
	skipped question	16

BON Website

19. How often do you access the BON website?

Answer Options	Response Percent	Response Count
First time accessed	3.2%	1
Once or twice a week	16.1%	5
Once or twice a month	12.9%	4
Once every 1-6 months	38.7%	12
Once a year	29.0%	9
	answered question	31
	skipped question	1

20. Did you review or download information from "About the Board" (General BON) section?

Answer Options	Response Percent	Response Count
Yes	29.0%	9
No	71.0%	22
	answered question	31
	skipped question	1

21. Which section(s) did you visit? (Check all that apply)

Answer Options	Response Percent	Response Count
Board Members	50.0%	5
BON CE Offerings	50.0%	5
BON Meetings	20.0%	2
Complaint Process	30.0%	3
News for Consumers	30.0%	3
BON News	40.0%	4
Policy - Use of Technology to Improve Board Functions	10.0%	1
BON Expenditures	0.0%	0
BON Resource Efficiency Plan	0.0%	0
Statistical Information	30.0%	3
Quarterly Newsletters	60.0%	6
Publications	20.0%	2
Jobs at BON	30.0%	3
	answered question	10
	skipped question	22

22. Did you review or download information from the "Disciplinary Action/Enforcement" section?

Answer Options	Response Percent	Response Count
Yes	25.8%	8
No	74.2%	23
	answered question	31
	skipped question	1

23. Which section(s) did you visit? (Check all that apply)

Answer Options	Response Percent	Response Count
Recent Disciplinary Action	33.3%	3
Disciplinary Action Pages	33.3%	3
Nurse Licensure Compact Discipline	0.0%	0
Imposter Alerts	44.4%	4
Disciplinary Sanction Policies	11.1%	1
Disciplinary Guidelines for Criminal Conduct	0.0%	0
Guidelines for Physical and Psychological Evaluations	0.0%	0
Disciplinary Matrix	0.0%	0
Courses that meet Board Stipulations	22.2%	2
Frequently asked Questions About Enforcement	11.1%	1
Investigatory & Disciplinary Process	11.1%	1

What to Do If You Are Under Investigation	0.0%	0
How to File A Complaint	11.1%	1
Unprofessional Conduct Statutes/Rules	11.1%	1
Study on Criminal Background Checks	0.0%	0
License Verification	66.7%	6
	answered question	9
	skipped question	23

24. Did you review or download information from the "Nursing Education Information" section?

Answer Options	Response Percent	Response Count
Yes	61.3%	19
No	38.7%	12
	answered question	31
	skipped question	1

25. Which section(s) did you visit? (Check all that apply)

Answer Options	Response Percent	Response Count
Approved Programs	35.0%	7
Continuing Competency Requirements for Nurses (CE)	95.0%	19
Education Frequently Asked Questions	70.0%	14
Faculty, Program & Student Information	10.0%	2
Guidelines	30.0%	6
Innovation in Nursing Education	30.0%	6
Refresher Courses, Extensive Orientations and Nursing Programs of Study	30.0%	6
Starting a Nursing Program	10.0%	2
Students/Prospective Students	10.0%	2
Frequently Asked Questions		
	answered question	20
	skipped question	12

26. Did you review or download information from the the "Nursing Practice & Advanced Practice" section?

Answer Options	Response Percent	Response Count
Yes	32.3%	10
No	67.7%	21
	answered question	31
	skipped question	1

27. Which section(s) did you visit? (Check all that apply)

Answer Options	Response Percent	Response Count
Nursing Practice Information	80.0%	8
Frequently Asked Questions	30.0%	3
Nursing Peer Review/Incident-Based and Safe Harbor	40.0%	4
Delegation Resource Packet	30.0%	3
Scope of Practice	60.0%	6
Guidelines & Interpretive Guidelines	40.0%	4
Advanced Practice Information	10.0%	1
Position Statements	30.0%	3
APN Scope of Practice	10.0%	1
H1N1 Influenza, Seasonal Influenza, and Pneumococcal Vaccinations	20.0%	2
	answered question	10
	skipped question	22

28. Did you review or download information from the "Texas Nursing Law and Rules" section?		
Answer Options	Response Percent	Response Count
Yes	54.8%	17
No	45.2%	14
	answered question	31
	skipped question	1

29. Which section(s) did you visit? (Check all that apply)		
Answer Options	Response Percent	Response Count
Nursing Practice Act	58.8%	10
Rules & Regulations	88.2%	15
Proposed Rules	29.4%	5
	answered question	17
	skipped question	15

30. Did you review or download information from the "Verification & Licensing" section?		
Answer Options	Response Percent	Response Count
Yes	51.6%	16
No	48.4%	15
	answered question	31
	skipped question	1

31. Which section(s) did you visit? (Check all that apply)		
Answer Options	Response Percent	Response Count
Verify a License Online	81.3%	13
Check Status of Application for Initial Licensure (Endorsement, Examination, or Advanced Practice Registered Nurse)	12.5%	2
Online Renewal Application	56.3%	9
Online Endorsement Application	12.5%	2
Online Examination Application	12.5%	2
Online Nursing Jurisprudence Examination (for Endorsement, Examination Applicants and Refresher Course Applicants only)	18.8%	3
Online Nursing Jurisprudence Course	25.0%	4
Online (Initial Recognition) Advanced Practice Nurse Application (with option for Prescriptive Authority)	0.0%	0
Download Paper Renewal Form	18.8%	3
Download other Paper Applications and Forms	12.5%	2
FAQs - Licensing	31.3%	5
Multistate Regulation of Nursing - Nurse Licensure Compact	18.8%	3
	answered question	16
	skipped question	16

32. Was the website site map clear and easy to follow?		
Answer Options	Response Percent	Response Count
Yes	90.0%	27
No	10.0%	3
	answered question	30
	skipped question	2

33. Were the instructions on the website clear?		
Answer Options	Response Percent	Response Count
Yes	80.0%	24
No	20.0%	6
	answered question	30
	skipped question	2

34. Was the information obtained from the BON website useful?		
Answer Options	Response Percent	Response Count
Yes	83.3%	25
No	16.7%	5
	answered question	30
	skipped question	2

35. Were you able to navigate the website and locate topics easily?		
Answer Options	Response Percent	Response Count
Yes	76.7%	23
No	23.3%	7
	answered question	30
	skipped question	2

36. What changes or improvements would you make to the BON website?	
Answer Options	Response Count
	13
answered question	13
skipped question	19
Reponses	

Improve website information for renewal requirements changes, such as with nursing jurisprudence, more webinars, add online change of address, use e-mails for requests for additional information for audits, newsletter reader only, none (2), seal needs to be larger, site needs to be easier to navigate, experienced difficulties taking jurisprudence exam because no application had been submitted, and add search at top.

37. What is your favorite section/part of the BON website?	
Answer Options	Response Count
	9
answered question	9
skipped question	23
Reponses	

Nursing practice, online CNE courses, verification of license (2), nursing education requirements (2), Rules and Regulations, and all of it.

38. What is your least favorite part/section of the BON website?	
Answer Options	Response Count
	9
answered question	9
skipped question	23
Reponses	

The "Contact us" section, website needs to be sited more in the newsletter, nothing (2), and disciplinary action section.

Webmaster E-Mail Inquiries

39. Have you ever e-mailed or sent a query to the BON Webmaster?		
Answer Options	Response Percent	Response Count
Yes	30.0%	9
No	70.0%	21
answered question		30
skipped question		2

40. In e-mailing the BON Webmaster, which of the following categories of information did you request or have questions about? (Check all that apply)		
Answer Options	Response Percent	Response Count
Licensure by Endorsement	20.0%	2
Licensure by Examination	10.0%	1
Licensure Reactivation	10.0%	1
Licensure Renewal	70.0%	7
Requirements for APN recognition	10.0%	1
Criminal Background Checks	10.0%	1
Multi-state Regulation	10.0%	1
Proposed or Adopted Rules	0.0%	0
Requirements for prescriptive authority	0.0%	0
Practice issues/problems	10.0%	1
Education issues/problems	20.0%	2
Changing a name or address	0.0%	0
Investigations or Disciplinary Process/Action	0.0%	0
Continuing Education	30.0%	3
Disaster Relief/Volunteer Work	0.0%	0
Advisory Committee Actions	0.0%	0
Other (If checked, please describe)		1
answered question		10
skipped question		22

41. After e-mailing the BON Webmaster, did you receive a response to your inquiry?		
Answer Options	Response Percent	Response Count
Yes	80.0%	8
No	20.0%	2
answered question		10
skipped question		22

42. How long before you received the response?		
Answer Options	Response Percent	Response Count
Same day	12.5%	1
1 day	50.0%	4
2 - 5 days	25.0%	2
6 - 9 days	0.0%	0
More than 10 days	12.5%	1
answered question		8
skipped question		24

43. Did the response answer your question/inquiry?		
Answer Options	Response Percent	Response Count
Yes	87.5%	7
No	12.5%	1
answered question		8
skipped question		24

Nursing Practice Staff Phone Calls

44. Have you contacted the Nursing Department Practice staff by telephone during the past six month's?

Answer Options	Response Percent	Response Count
Yes	24.1%	7
No	75.9%	22
	answered question	29
	skipped question	3

45. Which of the following categories of information did you request or have questions about?
Check all that apply.

Answer Options	Response Percent	Response Count
Requirements for APRN Recognition	14.3%	1
Requirements for APRN Prescriptive Authority	14.3%	1
Proposed or Adopted Rules	0.0%	0
Practice Issue	14.3%	1
Education Issue	0.0%	0
Continuing Education	71.4%	5
Other (please specify)		2
	answered question	7
	skipped question	25

Other (please specify)

How to speed up CE Audit, how to take survey

46. Was the information provided by Nursing Department Staff helpful?

Answer Options	Very helpful	Somewhat helpful	Neutral	Not Helpful	Very Unhelpful	Rating Average	Response Count
	3	0	0	1	3	2.86	7
							answered question
							skipped question
							25

47. Was the information provided in a timely manner?

Answer Options	Very Timely	Somewhat Timely	Neutral	Not Timely	Very Untimely	Rating Average	Response Count
	3	0	0	1	3	2.86	7
							answered question
							skipped question
							25

48. How knowledgeable did our Nursing Department Practice staff seem to you?

Answer Options	Extremely Knowledgeable	Very Knowledgeable	Moderately Knowledgeable	Slightly Knowledgeable	Not Knowledgeable	Rating Average	Response Count
	3	1	0	1	2	3.29	7
							answered question
							skipped question
							25

49. Was the Nursing Department staff professional?

Answer Options	Very Professional	Somewhat Professional	Neutral	Not Professional	Very Unprofessional	Rating Average	Response Count
	3	0	3	1	0	3.71	7
							answered question
							skipped question
							25

50. Was your experience with the Nursing Department Practice staff at our agency:

Answer Options	Response Percent	Response Count
better than you expected it to be	28.6%	2
worse than you expected it to be	57.1%	4
about what you expected it to be	14.3%	1
	answered question	7
	skipped question	25

51. Was the information provided in a courteous manner?

Answer Options	Very Courteous	Somewhat Courteous	Neutral	Not Courteous	Very Uncourteous	Rating Average	Response Count
	3	0	4	0	0	3.86	7
	answered question						7
	skipped question						25

52. How long was your wait before speaking with Nursing Department Practice staff?

Answer Options	Response Percent	Response Count
Same day	42.9%	3
1 day	0.0%	0
2 - 5 days	0.0%	0
More than 5 days	57.1%	4
	answered question	7
	skipped question	25

Nursing Department E-Mail Inquiries

53. Have you contacted the Nursing Department Practice staff by email during the past six months?

Answer Options	Response Percent	Response Count
Yes	20.7%	6
No	79.3%	23
	answered question	29
	skipped question	3

54. Which of the following categories of information did you request or have questions about?

Answer Options	Response Percent	Response Count
Requirements for APRN Recognition	16.7%	1
Requirements for APRN Prescriptive Authority	16.7%	1
Proposed or Adopted Rules	0.0%	0
Practice Issue	50.0%	3
Education Issue	0.0%	0
Continuing Education	33.3%	2
Other (please specify)		1
	answered question	6
	skipped question	26
Other (please specify)		
delegation of various tasks		

55. Was the information provided by Nursing Department Staff helpful?

Answer Options	Very helpful	Somewhat helpful	Neutral	Not Helpful	Very Unhelpful	Rating Average	Response Count
	3	0	2	1	0	3.83	6
	answered question						6
	skipped question						26

56. Was the information provided in a timely manner?

Answer Options	Very Timely	Somewhat Timely	Neutral	Not Timely	Very Untimely	Rating Average	Response Count
	3	0	0	2	1	3.33	6
	answered question						6
	skipped question						26

57. How knowledgeable did our Nursing Department Practice staff seem to you?

Answer Options	Extremely Knowledgeable	Very Knowledgeable	Moderately Knowledgeable	Slightly Knowledgeable	Not Knowledgeable	Rating Average	Response Count
	2	1	2	1	0	3.67	6
	answered question						6
	skipped question						26

58. Was the Nursing Department staff professional?

Answer Options	Very Professional	Somewhat Professional	Neutral	Not Professional	Very Unprofessional	Rating Average	Response Count
	2	1	3	0	0	3.83	6
	answered question						6
	skipped question						26

59. Was your experience with the Nursing Department Practice staff at our agency:

Answer Options	Response Percent	Response Count
better than you expected it to be	16.7%	1
worse than you expected it to be	50.0%	3
about what you expected it to be	33.3%	2
	answered question	6
	skipped question	26

60. Was the information provided in a courteous manner?

Answer Options	Very Courteous	Somewhat Courteous	Neutral	Not Courteous	Very Uncourteous	Rating Average	Response Count
	3	1	2	0	0	4.17	6
	answered question						6
	skipped question						26

61. How long was your wait before speaking with Nursing Department Practice staff?

Answer Options	Response Percent	Response Count
Same day	33.3%	2
1 day	16.7%	1
2 - 5 days	0.0%	0
More than 5 days	50.0%	3
	answered question	6
	skipped question	26

62. Have you contacted the Nursing Department Practice staff by Webmaster during the past six months?

Answer Options	Response Percent	Response Count
Yes	6.9%	2
No	93.1%	27
	answered question	29
	skipped question	3

63. Which of the following categories of information did you request or have questions about? (Check all that apply)

Answer Options	Response Percent	Response Count
Requirements for APRN Recognition	50.0%	1
Requirements for APRN Prescriptive Authority	50.0%	1
Proposed or Adopted Rules	0.0%	0
Practice Issue	50.0%	1
Education Issue	0.0%	0
Continuing Education	50.0%	1
Licensure by Endorsement	50.0%	1
Licensure by Examination	50.0%	1
Other	0.0%	0
Licensure Reactivation	0.0%	0
Licensure Renewal	100.0%	2
Criminal Background Checks	0.0%	0
Multi-state Regulation	0.0%	0
Changing a Name or Address	0.0%	0
Investigations or Disciplinary Process/Action	0.0%	0
Disaster Relief/Volunteer Work	0.0%	0
Advisory Committee Actions	0.0%	0
(If "Other" checked, please describe)		0
	answered question	2
	skipped question	30

64. Was the information provided by Nursing Department Staff helpful?							
Answer Options	Very helpful	Somewhat helpful	Neutral	Not Helpful	Very Unhelpful	Rating Average	Response Count
	0	0	0	0	0	0.00	0
	answered question						0
	skipped question						32

65. Was the information provided in a timely manner?							
Answer Options	Very Timely	Somewhat Timely	Neutral	Not Timely	Very Untimely	Rating Average	Response Count
	0	0	0	0	0	0.00	0
	answered question						0
	skipped question						32

66. How knowledgeable did our Nursing Department Practice staff seem to you?							
Answer Options	Very knowledgeable	Somewhat knowledgeable	Slightly knowledgeable	Not knowledgeable	Rating Average	Response Count	
	0	0	0	0	0.00	0	
	answered question						0
	skipped question						32

67. Was the Nursing Department staff professional?							
Answer Options	Very Professional	Somewhat Professional	Neutral	Not Professional	Very Unprofessional	Rating Average	Response Count
	0	0	0	0	0	0.00	0
	answered question						0
	skipped question						32

68. Was your experience with the Nursing Department Practice staff at our agency:				Response Percent	Response Count
Answer Options					
better than you expected it to be				0.0%	0
worse than you expected it to be				0.0%	0
about what you expected it to be				0.0%	0
	answered question				0
	skipped question				32

69. Was the information provided in a courteous manner?							
Answer Options	Very Courteous	Somewhat Courteous	Neutral	Not Courteous	Very Uncourteous	Rating Average	Response Count
	0	0	0	0	0	0.00	0
	answered question						0
	skipped question						32

70. Are there any other General Comments/Feedback you would like to provide?		Response Count
Answer Options		
	answered question	15
	skipped question	17

None (4), Address changes online, use e-mails for audit document requests, renewal process needs to be speeded up, difficult to speak with staff, online renewal is helpful, web site is nice, and need staff person in reception area.

Evaluation of Web Survey Data

The BON website received the most positive feedback among the three areas surveyed, followed by the *BON Bulletin*, and the telephone communications with the Customer Service Department. Recommendations provided by survey takers related to the website included: online change of address, e-mail notification concerning needed documents for continuing

education audits, and notification for those taking the jurisprudence prep course that they need to submit an application for licensure before taking the jurisprudence exam. The small response rate for the survey creates limitations of validity for data obtained from the survey instrument.

Comments received in the survey concerning contact with the Customer Service Department by telephone provided an explanation for the negative scores given. Callers were frustrated with hold time while waiting to talk with board representatives or had to call back multiple times to get through. Those getting through generally had positive experiences speaking with the representatives but suggested hiring additional phone staff.

Survey takers were asked to provide suggestions concerning the *Board of Nursing Bulletin*. Suggestions included removal of the Notice of Disciplinary Action Section, make the Summary of Rule Changes easier to read, and adding cartoons/humor to the newsletter.

Survey takers were asked what their least favorite sections of the newsletter. The Notice of Disciplinary Action section received the most unfavorable comments. Written comments/suggestions for improvement on the agency newsletter included: information on internet-related continuing education resources available to nurses, more case scenarios, more information on nurses disciplined by the Board, and less space allocated to the Notice of Disciplinary Action section of the newsletter.

New survey topic areas added included nursing practice calls and nursing webmaster inquiries. Feedback concerning the calls was positive regarding courtesy and knowledge of consultants but the low number of survey takers who had spoken with consultants was small. Survey takers indicated that continuing education and processing their advanced practice applications were discussed more than any other topic. Nursing webmaster survey questions were skipped by all of the survey takers.

Areas for Improvement

Based on responses received, the survey should have been shorter in length or separate surveys should have been conducted for nursing consultant interactions with customers. Survey fatigue was indicated by the reduced number of responses to later survey questions. The survey will be redesigned in the future to limit the number of questions asked to eliminate survey fatigue.

Feedback from constituents will be circulated to departments within the agency for consideration. The information from the surveys will also be reported on in the *Board of Nursing Bulletin*.

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

Board of Nursing for the State of Texas
Compact with Texans

Agency Mission

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

Agency Philosophy

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

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

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

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

- Approval of provisional APRN licensure for new advanced practice graduates.
- Provisional approval for APRNs relocating to Texas.
- Approval of full APRN licensure following completion of all application requirements.
- Renewal of APRN licensure.
- Establishing a registry of Certified Registered Nurse Anesthetists who practice in outpatient settings, which are not otherwise regulated, will be completed with the renewal process on a biennial basis. (effective 9/1/2000)
- Approval Services: The BON approves schools of nursing which prepare RNs and LVNs for initial entry into nursing practice. The BON also has an optional approval process for programs preparing APRNs. At the present time, 113 registered nurse schools of nursing are approved by the BON at the Diploma, Associate Degree, and Baccalaureate Degree levels and 98 licensed vocational nurse programs are approved.

Approval services include:

- Review of approval status of all nursing education programs.
 - Survey visits to non-nationally approved programs at least once every 6 years. Triggers, such as a drop in the pass rate of graduates on the national licensure examination or complaints from consumers, may result in more frequent on-site surveys of programs.
- **Enforcement Services:** The BON enforces the Nursing Practice Act and BON Rules and Regulations by setting minimum standards for nursing practice and nursing education, conducting investigations of complaints against nurses, and adjudicating complaints. This is most often accomplished through informal settlement. If we are unable to settle informally with the nurse, we will proceed to formal, contested resolution through the State Office of Administrative Hearings. Time lines for enforcement services are as follows but may be delayed by formal contested resolution:
 - **Resolution of Complaints:** In FY 13, the BON closed approximately 43% of RN cases within 6 months, 29% within 6-12 months, and 28% in over 1 year. The BON closed approximately 45% of LVN cases within 6 months, 26% within 6-12 months, and 29% in over 1 year. The average resolution time for RN and LVN jurisdictional complaints was 122 calendar days.
 - **Complainants receive letters on the status of their complaints every 180 days, and if a case is unresolved after 1 year, a letter of explanation is sent to the complainant.**
 - **Complaints can be filed at any time against a nurse by completing a written complaint form transmitted by US mail, fax, or e-mail. The form is available by several venues. A toll-free number hosted by the Health Professions Council receives complaints against various health care professionals. Following receipt of a call to this number, a complaint form is mailed to the complainant. The form is also available at the BON's website, www.bon.texas.gov, along with explanations of the complaint process. Complaints are also received over the telephone in the agency and a form is then mailed to the complainant.**

- **Information Services:** The BON provides various information to customers including verbal, written and electronic information. The BON's website contains information including the Nursing Practice Act, BON Rules and Guidelines, BON Position Statements, the agency's physical location, disciplinary and licensure information, online licensure verification, and links to Texas Online for online renewal. Publications of the BON are available upon request for a minimal fee. Time lines for requests for information by venues other than the Internet are as follows:
 - **Requests for general information by telephone:** Our goal is to answer or return all customer service calls within five business days, all practice calls within five days, and all advanced practice calls within seven days. This is a challenge since the agency receives approximately 205,000 calls a year.
 - **Nurses are informed of standards, laws, rule changes and changes in BON policy** through a quarterly newsletter, workshops, and webinars conducted by the BON.
 - **Requests for information via the BON's webmaster:** Our goal is to respond to e-mail requests within five business days, all nursing practice e-mails within 10 days, and all advanced practice e-mails within 14 days.
 - **The BON's website also contains consumer links to the National Council of State Boards of Nursing** where consumer-oriented information is available, including contact information for other state boards of nursing, multi state regulations and states within the compact, information on chemical dependency in the nursing profession and information on expected professional boundaries that nurses should maintain in their relationships with patients.
 - **Open Records requests will be answered within 10 days unless an Attorney General Opinion is sought through the Attorney General's Office.**
 - **Licensure verification requests are answered within 10 working days.**
 - **Publications and orders of labels or lists are mailed within 10 working days of the request.**
 - **The BON's newsletter is mailed to nurses and other subscribers quarterly.**

Nurse Licensure Compact

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

Looking Ahead

- **Future plans for the BON website include: online credit card transactions for purchase of workshop materials, publications and computerized lists; additional online continuing education offerings; and further enhancements to the new website. The Board will also have a social media presence with a Facebook page for sharing of information with nurses. The Board is also considering the addition of board meeting broadcasts available for download.**

You may reach the Board of Nursing at:

Board of Nursing for the State of Texas

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

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

Telephone Number: 512/305-7400

Toll-free Complaint Line: 1-800-821-3205

Fax Number: 512/305-7401

Website: www.bon.texas.gov

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

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

Customer Service Measures

Outcome Measures

<u>FY13 (NCSBN - CORE)</u>	<u>FY14 (BON Survey)</u>	
82.7%	73.3%	Percentage of Surveyed Customer Respondents expressing Overall Satisfaction with Services Received
18.7%	37.5%	Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Output Measures

<u>FY13</u>	<u>FY14</u>	
1,894	n/a*	Number of Customers Surveyed
355,145	362,230	Number of Customers Served (Note: FY 14 measure reflects only first and second quarter statistics)

Efficiency Measures

<u>FY13</u>	<u>FY14</u>	
0	\$1.56	Cost Per Customer Surveyed

Explanatory Measures

<u>FY13</u>	<u>FY14</u>	
355,145	362,230	Number of Customers Served (Note: FY 14 measure reflects only first and second quarter statistics)
6	6	Number of Customer Groups Inventoried

* This number is not available as the survey was conducted online with information about the survey provided to all nurses via the agency newsletter requesting that they participate in the survey.

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: BON Stakeholder responses from CORE Study results on Website, Telephone System, and Newsletter averaged to produce average aggregate stakeholder score of 82.68 for FY 13. For calculation of the FY 2014 number, four survey questions for each customer service area (Customer Service Department, Board of Nursing Bulletin 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. The satisfaction rating was calculated by averaging the percentages for positive responses received divided by the total number of positive and negative responses received. The overall score was determined by averaging the scores received for the twelve indicator questions. For the Customer Service Department, questions 13, 14, 15, and 16 were utilized. For the Board of Nursing Bulletin, questions 1, 2, 3 and 4 were utilized. For the Board of Nursing website, questions 32, 33, 34, and 35 were utilized.

DENOMINATOR Total number of response received to selected survey questions, minus neutral or non-responses from BON customers responding to survey.

Data Limitation: The agency has no control over how many BON customers will return the survey. In addition, the term "overall satisfaction" is very subjective. However, the Texas legislature has dictated numerous specific

areas that should be covered by the survey. It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium if other survey data is unavailable. This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: Non-cumulative.

New Measure: No.

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

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

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

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

Source of Data: NCSBN develops/mailed a survey to agency Customers. The BON posts a survey online from April to May 2014. BON tabulates survey data from those who respond to the surveys.

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

DENOMINATOR - Total number of surveys that were mailed to BON customers. For BON online survey, the total number of survey. This performance measure is calculated by dividing the numerator by the denominator and multiplying by 100 to achieve a percentage.

Data Limitation: The agency has no control over how many BON customers will return the surveys. In addition, the definition of "improvement" is unclear – one customer's suggestion to improve services (e.g., "Don't have voice mail") may not be perceived to be an improvement by another customer (e.g., a customer who wants the agency to have voice mail). It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium if no other survey data is available. This

performance measure does not lend itself to a quarterly or annual report. On the Board of Nursing Web Survey, a total of 32 customers responded. 336 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 professional nurses, advanced practice registered nurses, licensed vocational nurses, schools of nursing, and nursing associations.

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

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

Efficiency Measures

1) *Cost Per Customer Surveyed*

Short Definition:	Total funds expended (including those encumbered) for the cost to survey the agency's customer, including costs of mailing the survey and costs of personnel time to develop the BON Customer Service Survey and evaluate the data collected. This total cost is divided by the number of customers surveyed. Denominator is the same number as the result of the performance entitled <i>Number of Customers Surveyed</i>.
Purpose/Importance:	This measure reflects the cost to the agency to conduct a customer service survey.
Source/Collection of Data:	Funds expended would include all direct costs attributable to the survey. These direct costs are identified in the agency's operating budget and where applicable, will include: percent of exempt and classified salaries according to estimated time spent in this function, consumable supplies, computer expenses, training and education, capitalized equipment, and other operating expenses.
Method of Calculation:	BON Accountant will keep manual record of costs.
Data Limitation:	BON has no control over the number of customers who will want BON services (e.g., number of people who want to obtain a nursing license, who want to obtain information, or who want to file a complaint). In addition, the types and groups of customers are somewhat specific ("targeted") as a result of the agency's enabling legislation. It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.
Calculation Type:	Non-cumulative.
New Measure:	No.
Desired Performance:	Actual performance that is lower than targeted performance is desirable.

Explanatory Measures

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

(2) ***Number of Customer Groups Inventoried***

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

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

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

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

Data Limitation: The types and groups of customers are somewhat specific (“targeted”) as a result of the agency’s enabling legislation.

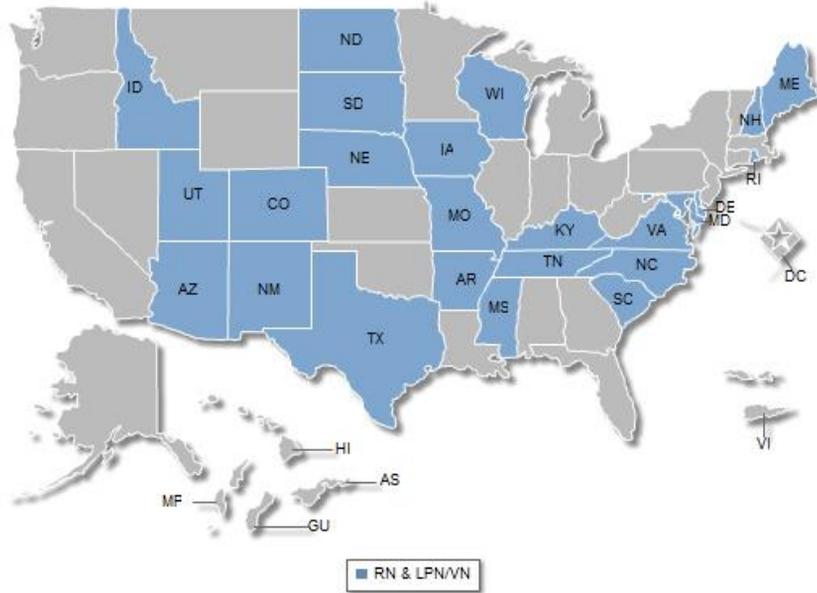
It is the agency’s intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: Non-cumulative.

New Measure: No.

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

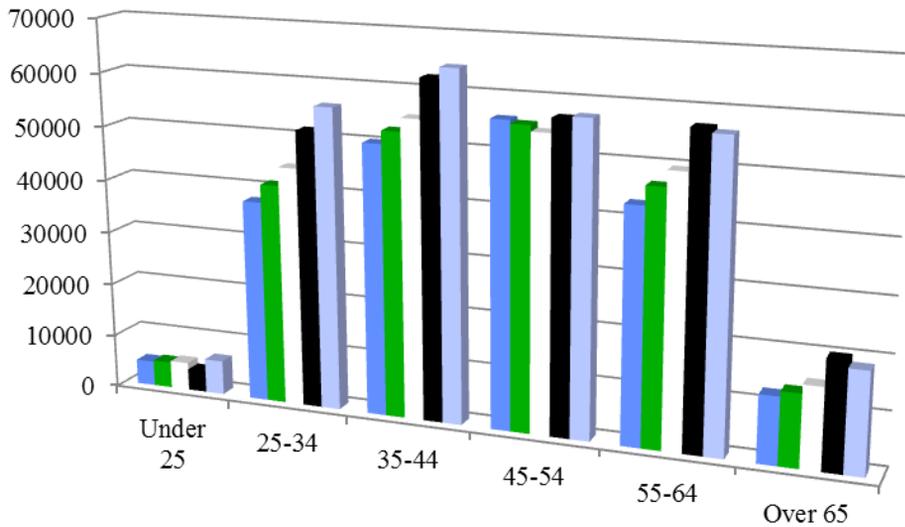
Map of State Compact Bill Status



COMPACT STATES	IMPLEMENTATION DATE
Arizona	7/1/2002
Arkansas	7/1/2000
Colorado	10/1/2007
Delaware	7/1/2000
Idaho	7/1/2001
Iowa	7/1/2000
Kentucky	6/1/2007
Maine	7/1/2001
Maryland	7/1/1999
Mississippi	7/1/2001
Missouri	6/1/2010
Nebraska	1/1/2001
New Hampshire	1/1/2006
New Mexico	1/1/2004
North Carolina	7/1/2000
North Dakota	1/1/2004
South Carolina	2/1/2006
Rhode Island	7/1/2008
South Dakota	1/1/2001
Tennessee	7/1/2003
Texas	1/1/2000
Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

Appendix I

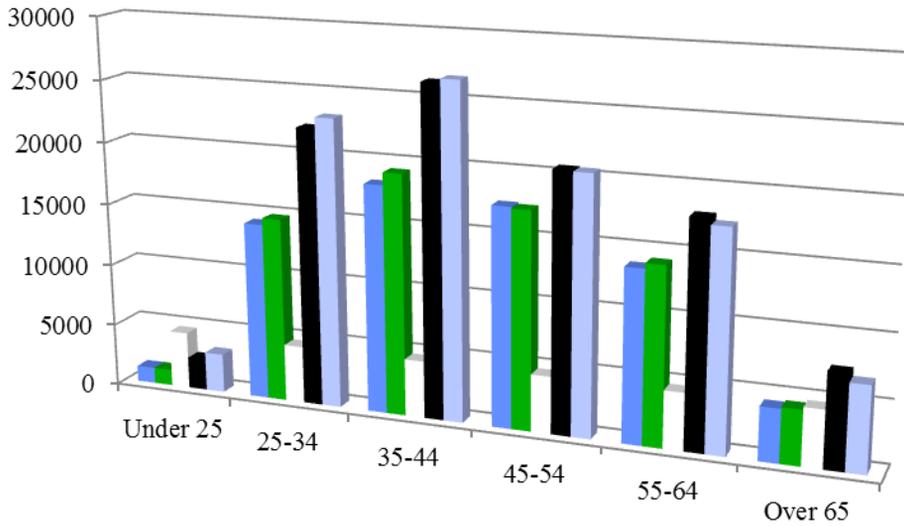
Texas RNs By Age: 2009-2013



	Under 25	25-34	35-44	45-54	55-64	Over 65
■ 2009	4645	37620	50165	56060	43183	12431
■ 2010	4921	41018	52622	55438	46655	13414
■ 2011	5203	44469	55065	54311	49543	15021
■ 2012	3996	51477	62372	56969	57052	20057
■ 2013	6402	56030	64374	57395	56261	18714

All age groups increased in number from FY 2009 to FY 2013. The number of RNs ages 45 to 54 increased two percent from FY 2009 to FY 2013 (the lowest increase of all groups). The largest increase of all groups, 51 percent, was in the number of nurses over age 65. The number of RNs ages 25 to 34 increased 49 percent, nurses under age 25 increased 38%, nurses ages 55 to 64 increased 30% and RNs ages 35 to 44 increased 28% in number from FY 2009 to FY 2013.

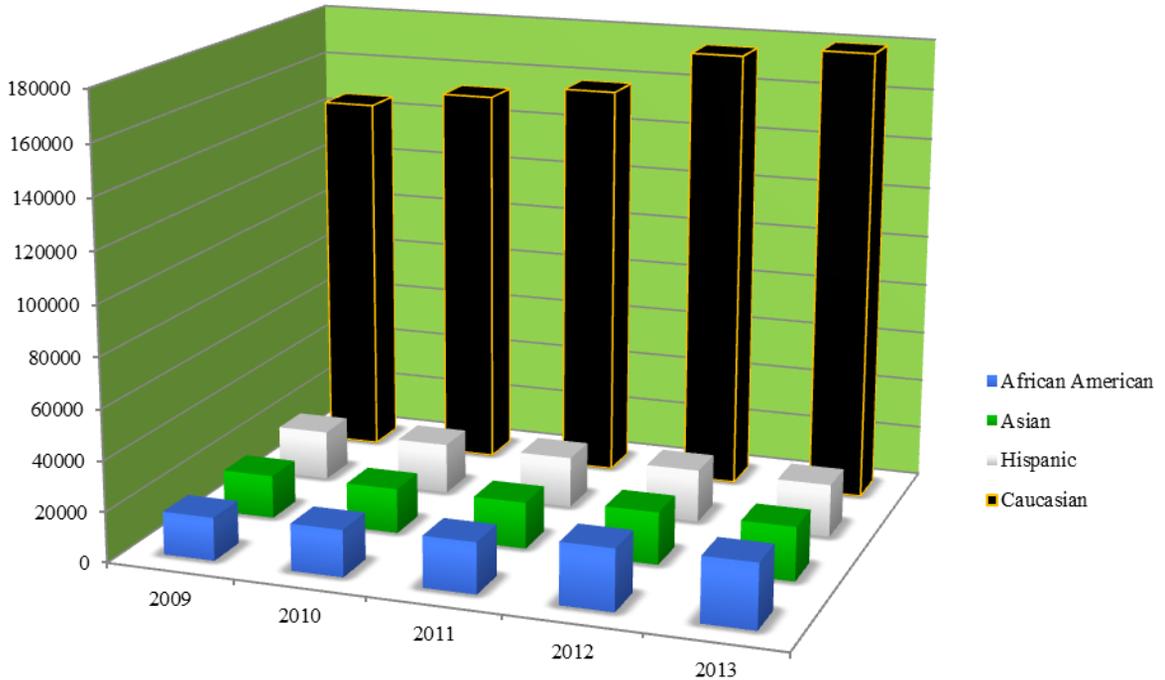
Texas LVNs By Age: 2009-2013



	Under 25	25-34	35-44	45-54	55-64	Over 65
■ 2009	1277	14209	18205	17409	13682	4237
■ 2010	1292	14740	19214	17290	14111	4364
■ 2011	4572	4572	4572	4572	4572	4572
■ 2012	2523	22161	26305	20514	17882	7440
■ 2013	3129	23058	26636	20444	17369	6796

LVNS under age 25 increased 145%, LVNs ages 25 to 34 increased 62%, LVNs ages 35 to 44 increased 46%, LVNs ages 45 to 54 increased in number 17%, LVNs ages 55 to 64 increased 27%, and LVNs over 65 increased 60% from FY 2009 to FY 2013.

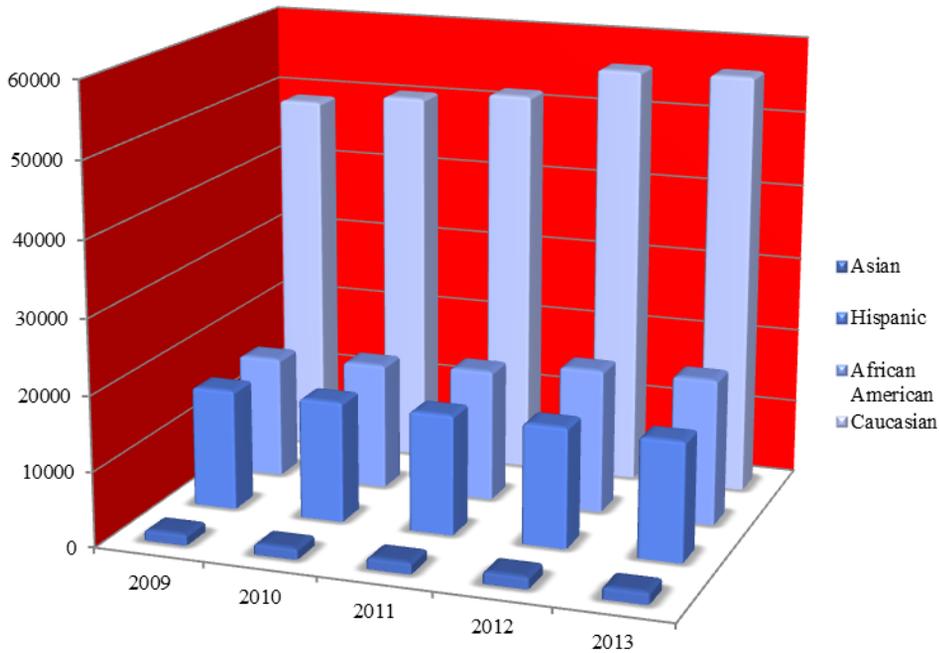
Currently Licensed RNs by Ethnicity: 2009-2013



	2009	2010	2011	2012	2013
African American	16972	18470	20057	24128	25320
Asian	17096	17759	18353	20637	21191
Hispanic	19675	19951	20195	20869	20897
Caucasian	145581	152267	157601	175217	179176

In 2013, 69% of currently licensed registered nurses (RNs) were Caucasian, 9.8% were African American, 8.1% Hispanic, 8.2% Asian, .4% American Indian, and 4.5% other ethnicity. From 2009 to 2013, the number of Caucasian RNs increased by 23%, African American RNs increased by 49%, American Indian RNs increased by 41%, Asian RNs increased by 8.2%, and Hispanic RNs increased by 8.1%.

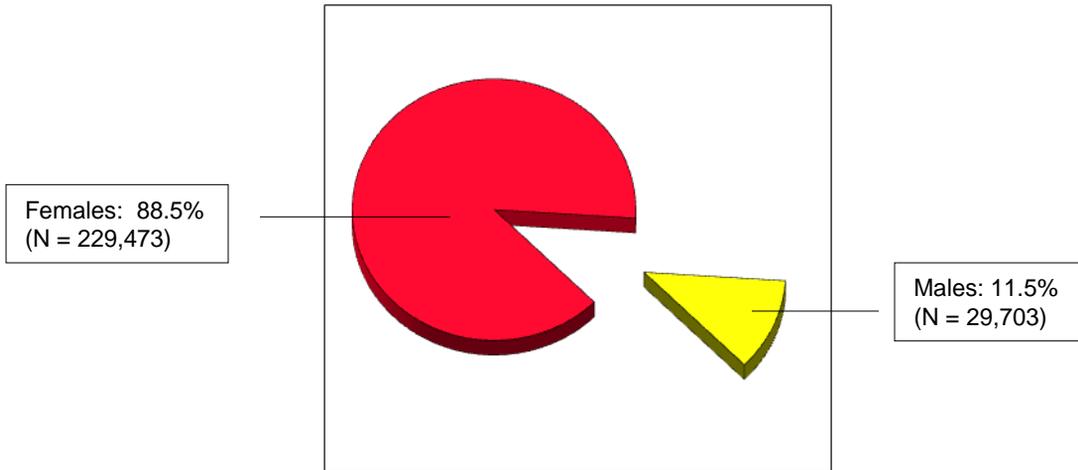
Currently Licensed LVNs by Ethnicity: 2009-2013



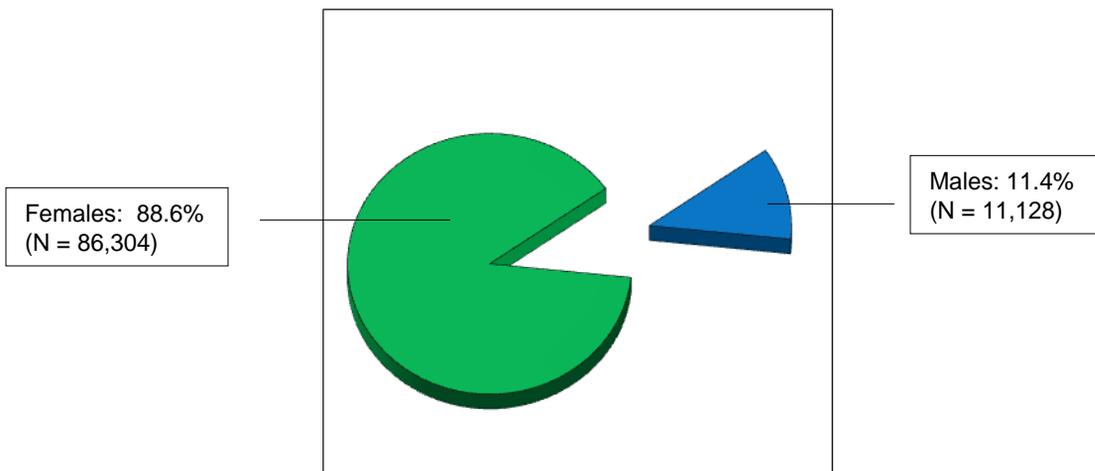
	2009	2010	2011	2012	2013
Asian	1470	1477	1518	1605	1605
Hispanic	16120	16148	16020	16052	15885
African American	16328	16935	17623	19248	19519
Caucasian	48895	50384	51663	55956	56145

In 2013, 57.6% of currently licensed vocational nurses (LVNs) were Caucasian, 20% were African American, 16.3% Hispanic, 1.6% Asian, .5% American Indian, and 3.9% other. From 2009 to 2013, the number of Caucasian LVNs increased by 14.8%, African American LVNs increased by 19.5%, Asian LVNs increased by 9.2%, and Hispanic LVNs decreased by 1.5%.

Licensed RNs residing in Texas by Gender: 2013



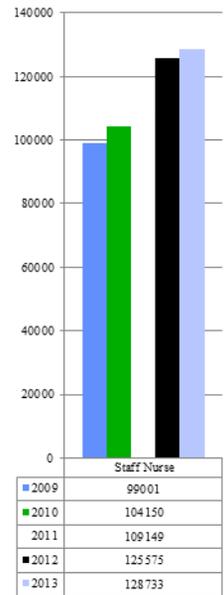
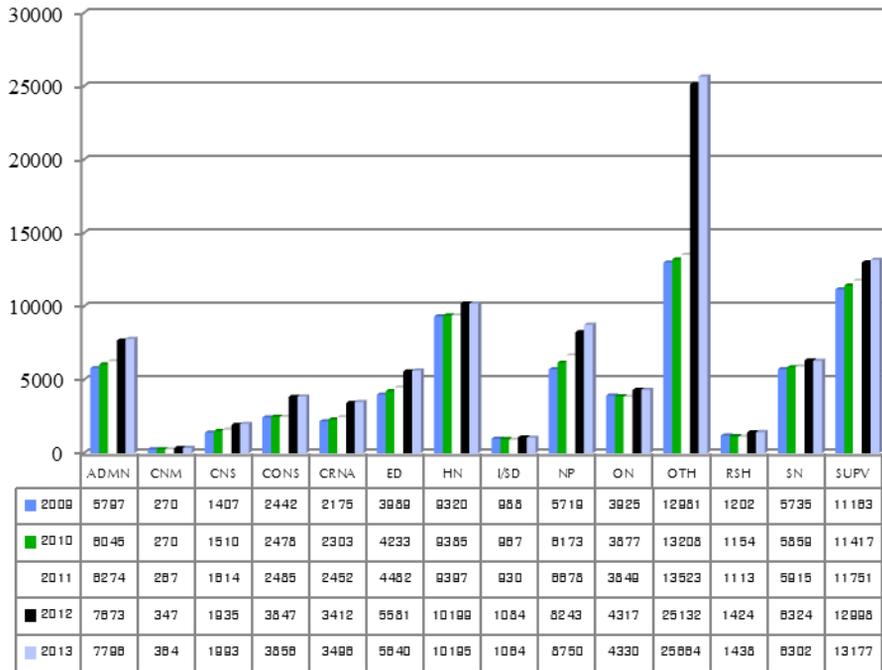
Licensed LVNs residing in Texas by Gender: 2013



From 2009 to 2013, the percentage of male RNs increased one percent with a corresponding decrease of one percent in the number of female RNs. The percentage of male LVNs increased one point five percent from 2009 to 2013 with a corresponding decrease of one point five percent in the number of female LVNs.

Appendix L

Employed Licensed RNs/APNs Residing in Texas By Position Type: 2009-2013



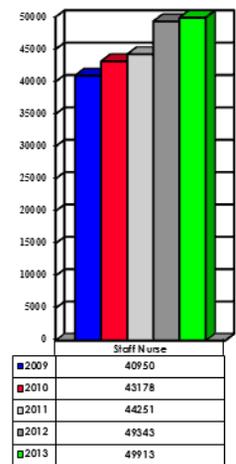
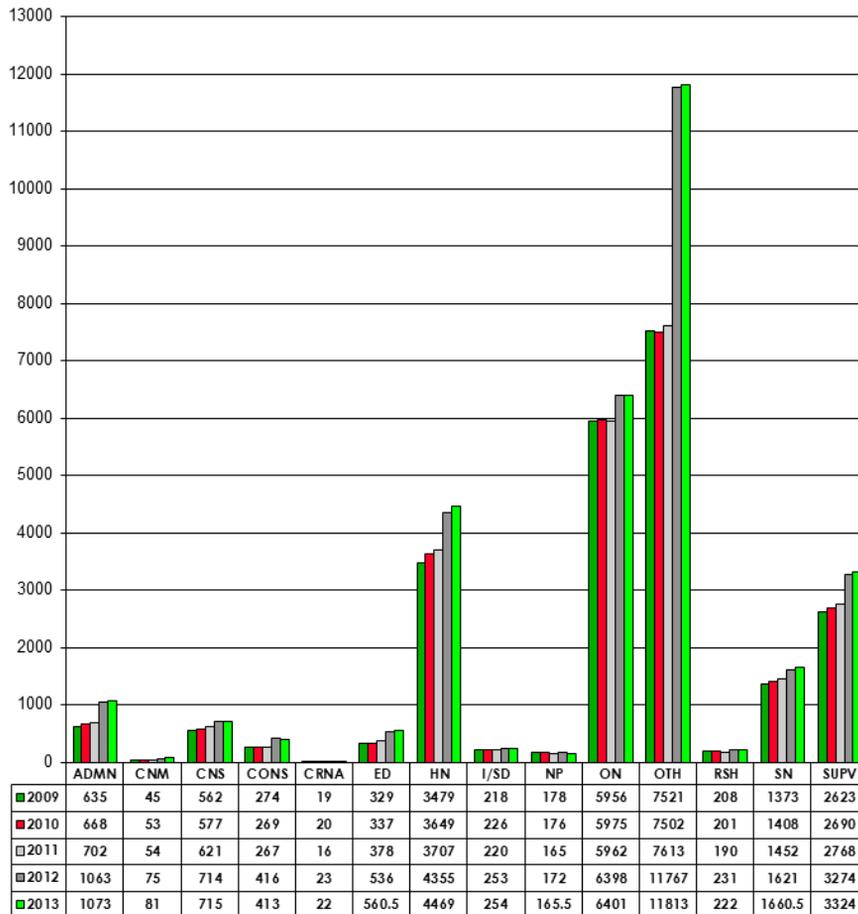
CODE KEY

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

2009-2013

- Administrator or Asst. - Up 34%
- Clinical Nurse Specialists - Up 41%
- Certified Nurse Midwives - Up 34%
- Certified RN Anesthetists - Up 60%
- Consultant - Up 57%
- Faculty/Educators - Up 41%
- Head Nurse or Asst. - Up 9%
- In-Service/Staff Development - up 7%
- Nurse Practitioner - Up 53%
- Office Nurse - Up 10%
- Other Position - Up 97%
- Researcher - Up 19%
- School Nurse - Up 9%
- Staff Nurse/General Duty - Up 30%
- Supervisor or Asst. - Up 18%

Employed Licensed LVNs Residing in Texas By Position Type: 2009-2013



CODE KEY

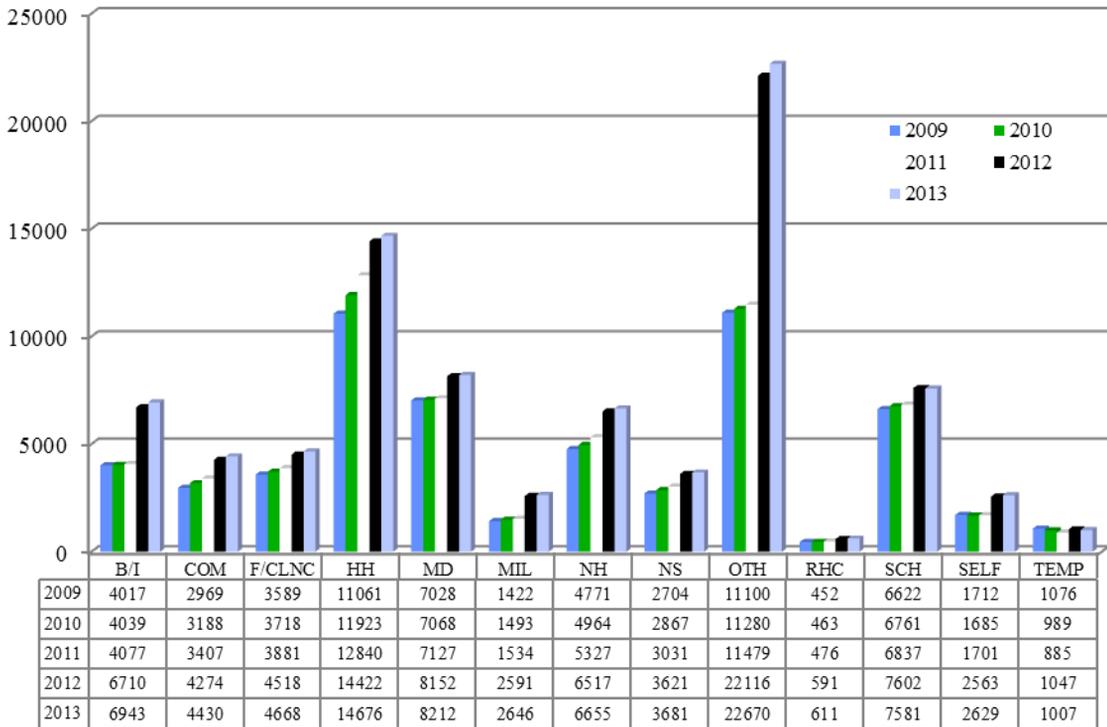
ADMN - Administrator or Assistant
 CNM - Certified Nurse Midwife
 CNS - Clinical Nurse Specialist
 CONS - Consultant
 CRNA - Certified RN Anesthetist
 ED - Faculty or Educator
 HN - Head Nurse or Assistant
 I/SD - Inservice/Staff Development
 NP - Nurse Practitioner
 ON - Office Nurse
 OTH - Any other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

2009-2013

Administrator or Asst. - Up 69%
 Clinical Nurse Specialists - Up 27%
 Certified Nurse Midwives - Up 80%
 Certified RN Anesthetists - Up 15%
 Consultant - Up 50%
 Faculty/Educators - Up 41%
 Head Nurse or Asst. - Up 27%
 In-Service/Staff Development - up 15%
 Nurse Practitioner - Up 12%
 Office Nurse - Up 6%
 Other Position - Up 58%
 Researcher - Up 14%
 School Nurse - Up 18%
 Staff Nurse/General Duty - Up 21%
 Supervisor or Asst. - Up 26%

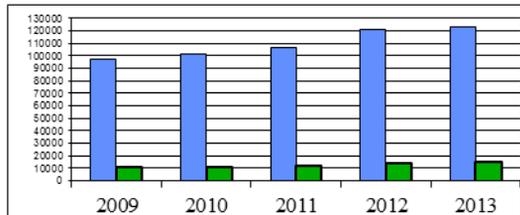
Appendix M

Currently Licensed Texas RNs By Primary Place of Employment: 2009-2013



CODE KEY

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



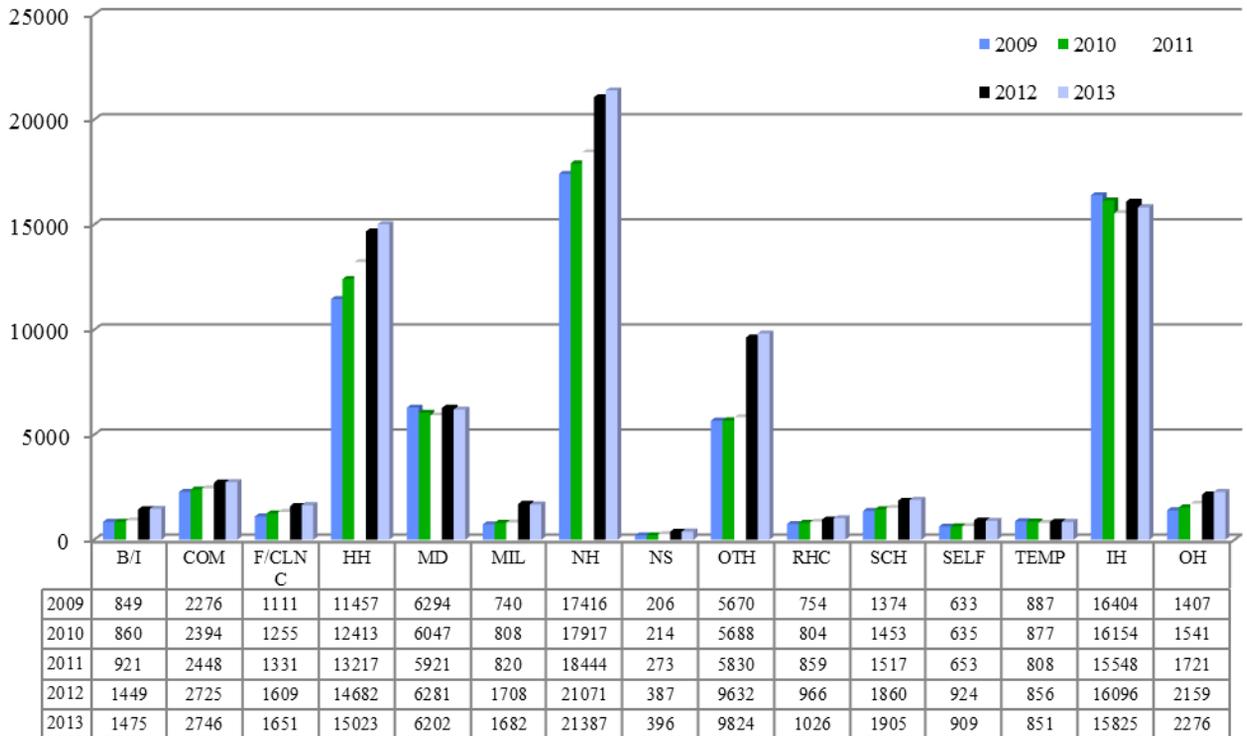
Inpatient/Outpatient Hospital RN Employment
 Key: Blue - Inpatient Hospital,
 Orange - Outpatient Hospital

Increases: 2009-2013

- Business/Industry - Up 72%
- Community/Public Health - Up 49%
- Freestanding Clinics - Up 30%
- Home Health - Up 32%
- Inpatient Hospital - Up 26%
- Military - Up 86%
- Nursing Homes/Extended Care - Up 39%
- Other Place of Employment - Up 104%

- Outpatient Hospital - Up 38%
- Physician/Dentist Office - Up 16%
- School/College Health - Up 14%
- Schools of Nursing - Up 36%
- Self-Employed/Private Practice - Up 53%
- Temp. Agencies - Down 6%
- Rural Health Clinics - Up 35%

Currently Licensed Texas LVNs By Primary Place of Employment: 2009-2013



Increases/Decreases: 2009-2013

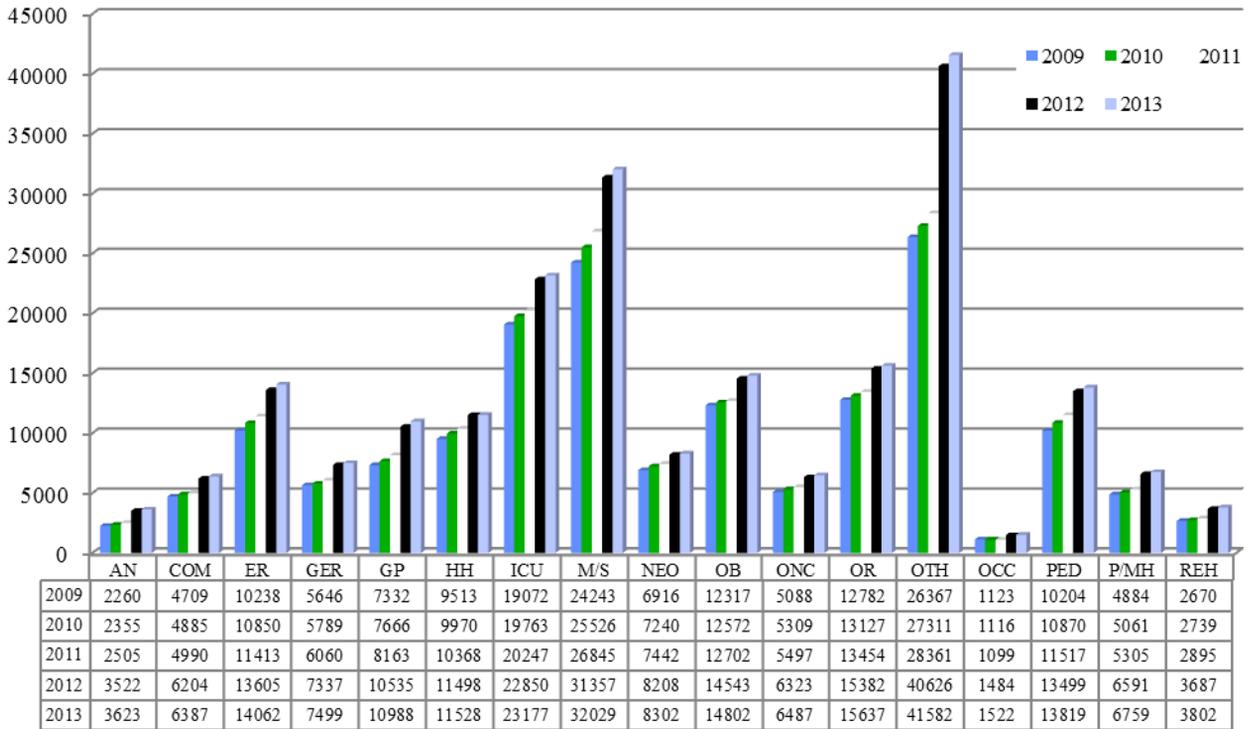
- Business/Industry - Up 73%
- Community/Public Health – Up 20%
- Freestanding Clinics - Up 48%
- Home Health - Up 31%
- Inpatient Hospital - Down 3%
- Military - Up 127%
- Nursing Homes/Extended Care - Up 22%
- Other Place of Employment - Up 73%
- Outpatient Hospital Care – Up 61%
- Physician/Dentist Office - Down 2%
- School/College Health - Up 38%
- Schools of Nursing - Up 92%
- Self-Employed/Private Practice - Up 43%
- Temp. Agencies - Down 4%
- Rural Health Clinics – Up 36%

CODE KEY

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

Appendix N

Licensed Employed RNs in Texas By Clinical Practice Area: 2009-2013



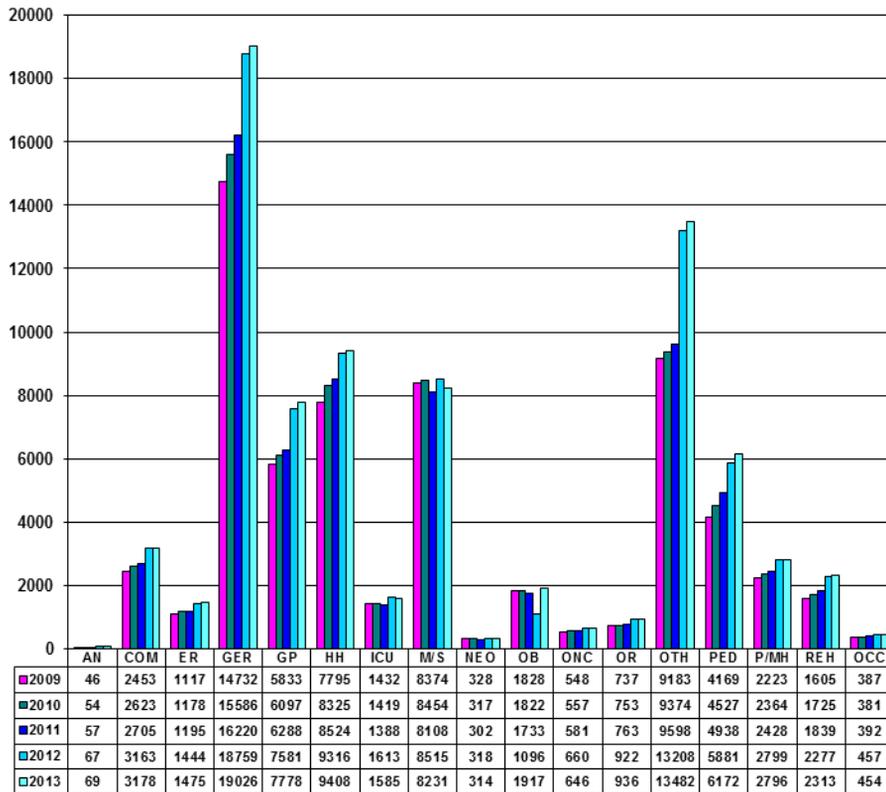
CODE KEY

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

Increases/Decreases: 2009-2013

Anesthesia - Up 60%	Neonatology - Up 20%
Comm./Public Health – Up 35%	Obstetrics/Gynecology - Up 20%
Emergency Care - Up 37%	Oncology - Up 27%
Geriatrics – Up 32%	Operating Room - Up 22%
General Practice - Up 49%	Other Practice Area - Up 57%
Home Health – Up 21%	Pediatric - Up 35%
Intensive Care/Critical Care - Up 21%	Psychiatric/MH – Up 38%
Medical/Surgical - Up 32%	Rehabilitation – Up 42%
Occupational/Environmental Health – Up 35%	

Licensed Employed LVNs in Texas By Clinical Practice Area: 2009-2013



CODE KEY

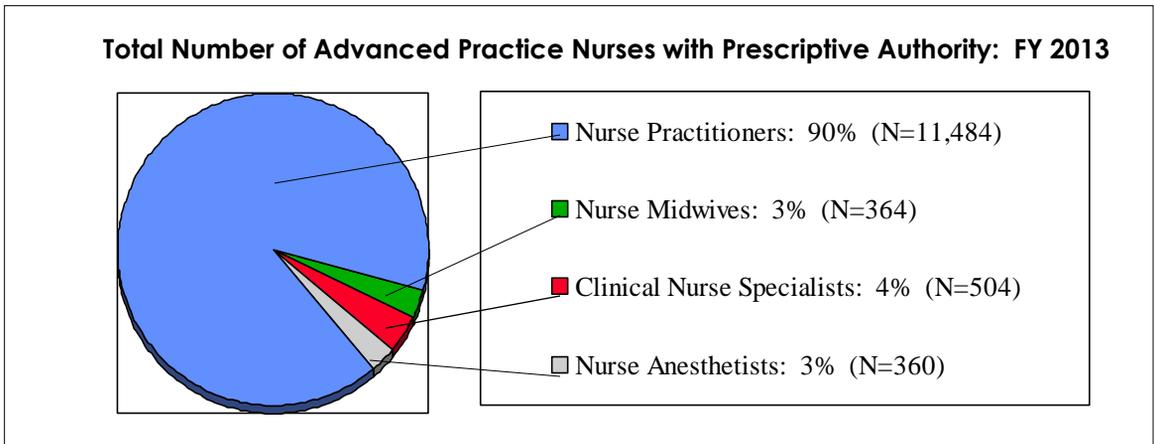
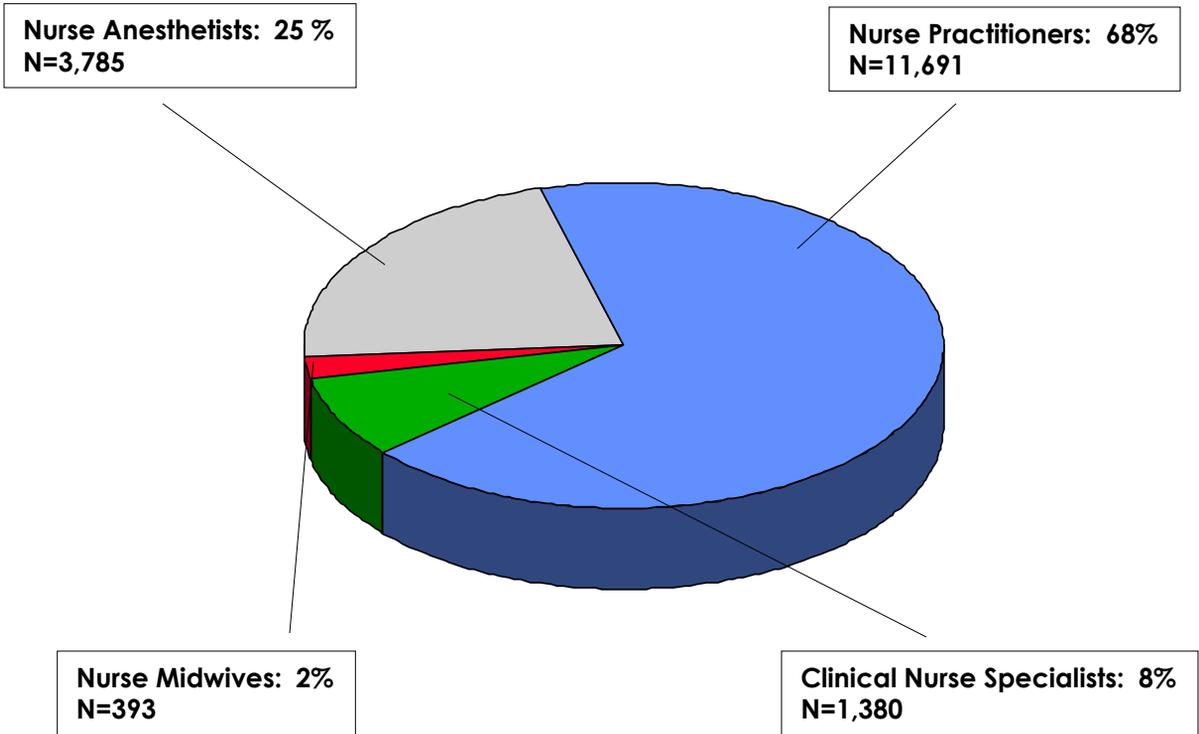
AN = Anesthesia	ICU = Intensive Care/Critical	OTH = Other Practice Area
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ER = Emergency Care	NEO = Neonatology	P/MH = Psychiatric/Mental Health
GER = Geriatrics	OB = Obstetrics/Gynecology	REH = Rehabilitation
GP = General Practice	ONC = Oncology	OCC = Occupational/ Environmental Health
HH = Home Health	OR = Operating Room	

Increases/Decreases: 2009-2013

Anesthesia - Up 50%	Obstetrics/Gynecology - Up 4%
Comm./Public Health - Up 29%	Occupational/Environmental Health - Up 17%
Emergency Care - Up 32%	Oncology - Up 17%
Geriatrics - Up 29%	Operating Room - Up 27%
General Practice - Up 33%	Other Practice Area - Up 46%
Home Health - Up 20%	Pediatric - Up 48%
Intensive Care/Critical Care - Up 10%	Psychiatric/MH - Up 25%
Medical/Surgical - Down 1%	Rehabilitation - Up 44%
Neonatology - Down 4%	

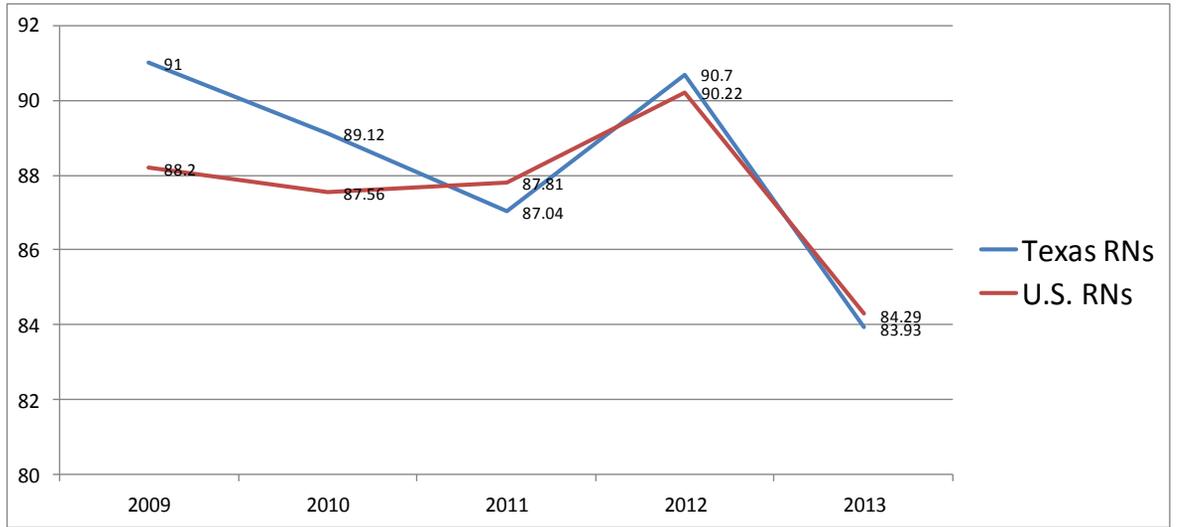
Appendix O

Currently Licensed RNs Recognized as
Advanced Practice Registered Nurses
by Category: 2013



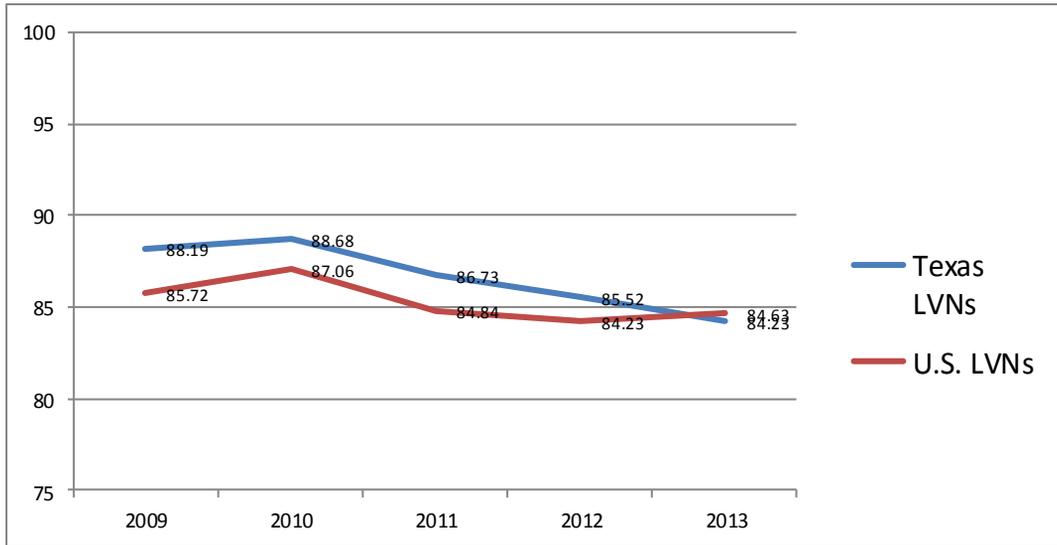
Appendix P

2009-2013 RN Pass Rates: Texas/U.S. Nurses



	2009	2010	2011	2012	2013
Texas RN School Enrollees	19,721	22,095	22,866	23,496	24,178
Texas NCLEX-RN Exam Takers	8,146	8,912	9,711	10,615	11,069
Texas First-time Pass Rate - NCLEX-RN	7,413 (91%)	7,959 (89.12%)	8,452 (87.04%)	9,628 (90.70%)	9,290 (83.93%)
National Average for RN Candidates	88.20%	87.56%	87.81%	90.22%	84.29%

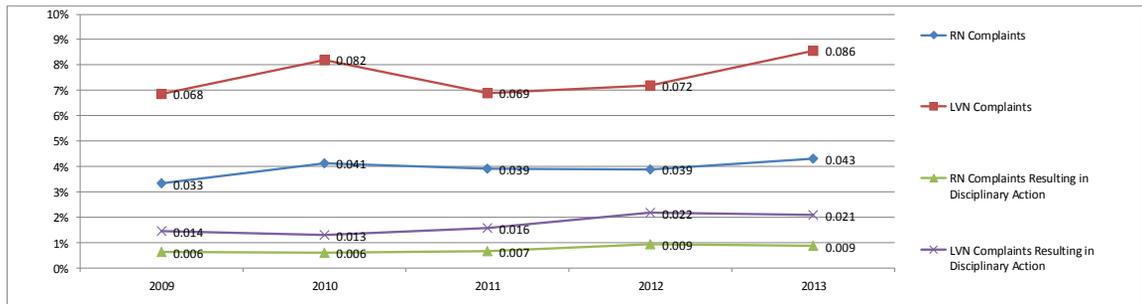
2009-2013 LVN Pass Rates: Texas/U.S. Nurses



	2009	2010	2011	2012	2013
Texas LVN School Enrollees	7,414	7,860	8,612	7,825	7,154
Texas NCLEX-VN Exam Takers	5,488	5,627	5,099	6,028	5,401
Texas First-time Pass Rate - NCLEX-VN	88.19% (4,840)	88.68% (4,990)	86.73% (5,879)	85.52% (5,155)	86.43% (4,668)
National Average for VN Candidates	85.73%	87.06%	84.84%	84.23%	84.63%

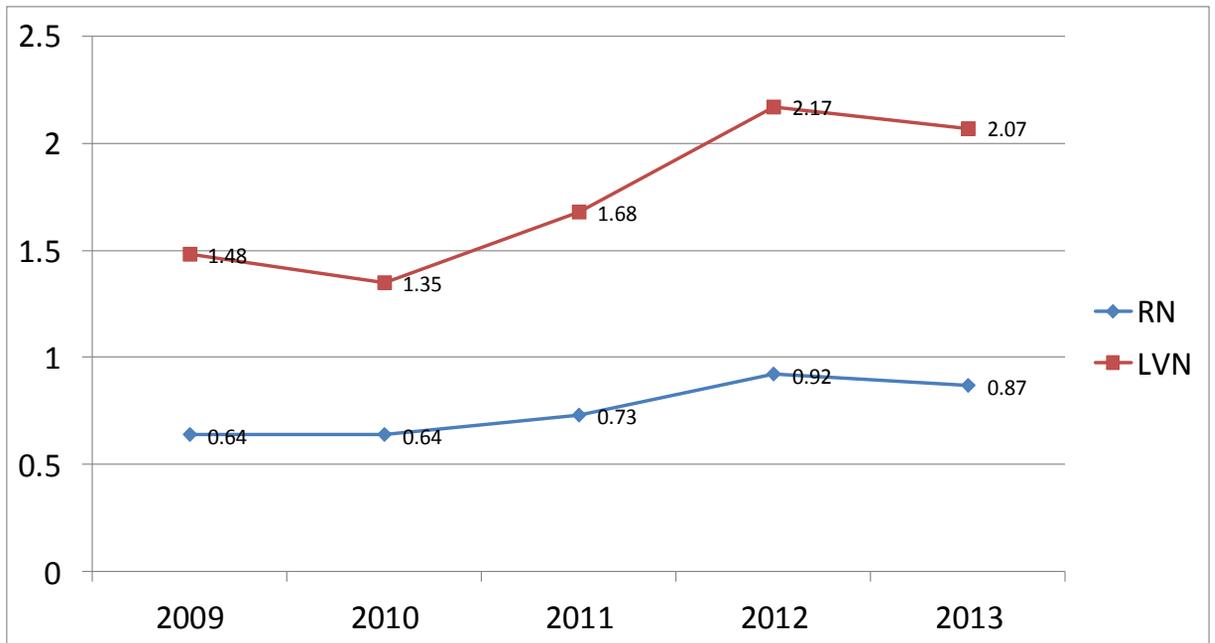
Appendix Q

Percentage of Complaints per Nursing Population: 2009-2013



	2009	2010	2011	2012	2013
Texas RN Population	219,458	229,798	239,377	250,385	258,208
Texas LVN Population	88,493	90,905	93,413	96,275	96,724
Total: RN Complaints	7,307	9,469	9,373	9,709	11,094
Total: LVN Complaints	6,058	7,421	6,450	6,922	8,269
Total: RN Complaints with Disciplinary Action	1,402	1,481	1,749	2,315	2,254
Total: LVN Complaints with Disciplinary Action	1,314	1,229	1,566	2,090	2,000

Percentage of Complaints with Disciplinary Action to Nursing Population: 2009-2013



Data Source: Texas Board of Nursing.