

Texas Board of Nursing

Agency 507

STRATEGIC PLAN
FOR FISCAL YEARS 2013-17



June 22, 2012

AGENCY STRATEGIC PLAN
For the Fiscal Years 2013-17 Period
by
TEXAS BOARD OF NURSING

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June 22, 2012

Signed:



Katherine Thomas, MN, RN, FAAN
Executive Director

Approved:



Kristin K. Benton, MSN, RN
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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 82nd Texas Legislative Session the Texas Board of Nursing (BON or Board) responded to the passage of six bills amending the Nursing Practice Act (NPA) and impacting the regulation of nursing in Texas.

Senate Bill (SB) 192 expands the immunities from liability for a person who, in good faith, makes a report required or authorized by the NPA related to patient safety concerns. Changes to the NPA include immunity from civil and criminal liability for a nurse making a report, so as not to deter a nurse from making a report that could enhance or promote patient safety. SB 192 extends non-retaliatory protections for nurses who: refuse an assignment, make a good faith report related to patient care, or request a Nursing Peer Review Committee determination (Safe Harbor). The same protections are extended to nurses who advise other nurses about their rights and obligations to report in good faith. Under SB 192, the appropriate licensing agency may impose an administrative penalty not to exceed \$25,000.00 against a person who retaliates against someone making a good faith report. Changes to the NPA 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 SB 192 at the October 2011 Board Meeting.

SB 193 applies to declaratory orders, initial applications, and the renewal applications, extending protection of confidentiality to certain information for a Petition for Declaratory Order for candidates for nurse licensure; removes age restrictions relating to retired status and allows individuals to use the appropriate title signifying this status; authorizes the disclosure of the results of a physical or psychological exam to determine fitness to practice nursing to a peer assistance program; and allows the BON to develop a standardized error classification system for use by a Nursing Peer Review Committee. The Board approved changes to BON Rule 217.9 in response to the passage of SB 193 at the October 2011 Board Meeting.

SB 1179 repealed NPA Section 301.165, removing the BON requirement 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.

SB 1303 amends Section 303.005 of the NPA, reenacting changes made by SB 993 enacted during the 80th Regular Texas Legislative Session, which provide that a person may not suspend or terminate the employment of, or otherwise discipline or discriminate against, a nurse

who in good faith requests a peer review determination or a person who advises a nurse of the nurse's right to request a determination or of the procedures for requesting a determination .

House Bill (HB) 2975 and SB 1360 (identical) amend 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. The Board approved changes to BON Rules 216.3 and 213.33 at the April 2012 Board meeting.

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 245,000 licensed registered nurses, 96,000 licensed vocational nurses, and 15,000 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 107 nursing education programs for registered nurses and 97 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 House Bill (HB) 47 authorizing the issuance of licenses to licensed vocational nurses. The Texas Board of Nursing is established pursuant to V.T.C.A., Occupations Code, Chapters 301, 303, 304 and 305.

This strategic plan marks the Board's 103rd 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 103 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 29 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 (HB 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 House Bill 2812 which moved legislation enacted in the 76th Texas Legislative Session from Vernon’s Texas Civil Statutes into the Texas Occupations Code (Code). All language relating to the Nursing Practice Act (NPA) formerly located in Vernon’s Texas Civil Statutes was relocated into the Texas Occupations Code. The Outpatient Nurse Anesthesia Statute and the Nurse Licensure Compact were moved from Vernon’s Texas Civil Statutes to Chapters 301 and new Chapter 304 of the Texas Occupations Code.

- The 77th Texas Legislature enacted five bills, including HB 803, HB 2650, SB 338, SB 572 and SB 1166, that amended the Texas Occupations Code. HB 803 authorized the Board to establish education and certification of Registered Nurse First Assistants (RNFAs). HB and SB 338 required RN licensees to obtain at least two hours of continuing education relating to hepatitis C between June 1, 2002 and June 1, 2004. SB 572, relating to the nursing shortage, authorized the Board to establish a Workforce Data Center. SB 1166 amended the definition of professional nursing to include the performance of an act delegated by a physician under new sections of the Medical Practice Act (MPA). SB 1166 required the creation of a committee to make recommendations on sites qualifying for a waiver from certain limited prescriptive authority restrictions for advanced practice nurses and physician assistants.

- 2003 legislation:
 - The 78th Texas Legislature, during the Regular Session, enacted legislation which significantly altered the way that nurses are regulated in the State of Texas. HB 1483 created a combined Texas Board of Nursing (BON) to regulate RNs and LVNs. HB 1483 abolished the Board of Vocational Nurse Examiners (BVNE) and moved its functions to the BON. The number of board members increased from nine to thirteen members and the Nursing Practice Act was amended to apply specific provisions to licensed vocational nurses. The consolidation occurred on February 1, 2004, and staff members from the BVNE were transferred to the BON. HB 1483 also added requirements for two hours of continuing education relating to response to bioterrorism by license holders.
 - HB 2208 added requirements that applicants for licensure as registered nurses submit to a criminal background check prior to issuance of a license.
 - HB 660 granted authority to conduct criminal background checks for applicants for licensure as licensed vocational nurses prior to issuance of a license.
 - HB 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 SB 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.
 - HB 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.

- SB 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.
- HB 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.
- SB 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.
- HB 1095 allowed physicians to delegate authority to prescribe Schedule III-V controlled substances to advanced practice registered nurses and physician assistants.
- HB 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.
- SB 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:
 - HB 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.
 - SB 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.

- SB 39 amended the NPA requiring forensic collection training for nurses working in emergency room settings. Passage of SB 39 required changes in agency licensing procedures to identify nurses who are required to obtain coursework and added agency monitoring of course completion. New forensic collection requirements (Rule 216.3) must be met by September 1, 2008 or by the second anniversary of initial license for nurses working in emergency room settings.
 - HB 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.
 - HB 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.
 - HB 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. HB 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.
 - SB 993, effective September 1, 2007, included changes to the rules relating to nursing peer review. Changes included: amending and clarifying rules relating to reporting of violations and patient care concerns; changing requirements to

allow a nurse or other agency to report to a peer review committee (PRC) instead of the BON; clarifying reporting duty of employers as related to a nurse's actions that constitute reportable conduct where, if a PRC determines that system factors impacted a nursing error, that information be provided to patient safety committees or the CNO; 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. SB 993 also addressed continuing education requirements for nurses, eliminating acceptance of Type II continuing education offerings.

- 2009 legislation:
 - HB 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.
 - HB 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 HB 4353 expire September 1, 2013.
 - SB 476 added new Section 301.356 relating to *Refusal of Mandatory Overtime* to the Nursing Practice Act. With passage of SB 476, nurses working in a hospital may refuse to work mandatory overtime and refusing to work overtime "does not constitute patient abandonment." SB 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.

- SB 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:
 - SB 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 SB 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 SB 192.

 - SB 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 SB 193.

- SB 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.
- SB 1303 amends Section 303.005 of the NPA, reenacting changes made by SB 993 enacted during the 80th Regular Texas Legislative Session.
- HB 2975 and SB 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.

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 gained more people than any other state between April 1, 2010, and July 1, 2011 (529,000), followed by California (438,000), Florida (256,000), Georgia (128,000) and North Carolina (121,000), according to the latest U.S. Census Bureau estimates for states and Puerto Rico. Combined, these five states accounted for slightly more than half the nation's total population growth.

“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 2011 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 25.8% from FY 2005 to FY 2011. 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 2011, the number of APRN approvals with current Texas license or current APRN on Compact privilege increased 43%.

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 March 2010, the U.S Department of Health and Human Services reported that in 2008, there were an estimated 3,063,163 licensed registered nurses (RNs) in the United States. Approximately 63.2% are estimated to be employed full-time in nursing. In Texas, there are currently 243,568 RNs (Second Quarter, FY 2012). In FY 11, 72% of Texas RNs and 71% of Texas LVNs reported that they are employed full-time in nursing. Between 2005 and 2011 the number of RNs increased from 186,192 to 239,377, as seen in Table 1. This represents an average annual increase of 8,864 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 94,981 LVNs (Second Quarter, FY 2012). Between 2005 and 2011, Texas LVNs increased in number from 75,258 to 93,413, as seen in Table 2. This represents an average annual increase of 3,026 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 2005-2011

<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

Table 2
LVNs Licensed in Texas 2005-2011

<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

Median Age

The median age for all Texas licensed RNs is 46 years of age. The median age for Texas female RNs is 47 years of age and 43 for male RNs. The median age for all LVNs is 43 years of age. The median age for Texas female LVNs is 44 years of age and 41 for male LVNs. The largest population group for female RNs is ages 45 to 54 (48,492 - FY 11). The largest population group for LVNs is ages 35-44 (20,664 - FY 11). The largest population group for male nurses is ages 35 to 44 (7,822 - RN, 2,955 - LVN). All age groups of RNs increased in size from 2000 to 2011 (See Appendix I).

Nurses ages 55 to 64 increased 36% and RNs over age 65 increased 51% in number from FY 2007 until FY 2011. The number of RNs ages 25 to 34 increased 30%. The smallest increase from FY 2007 to FY 2011 among RNs was nurses ages 35 to 44. Among LVNs, one age group decreased in number from FY 2007 to FY 2011. The number of LVNs ages 45 to 54 decreased 5%. LVNs ages 25 to 34 increased 18%, LVNs ages 35 to 44 increased 20%, LVNs ages 55 to 64 increased 15% and LVNs over 65 increased 20% from FY 2007 to FY 2011 (See Appendix I). As the overall age of nurses increases, it is imperative that the production of nurses keeps pace with this trend.

Gender

89.4% of all Texas nurses are female and 10.6% are male. 89.2% of Texas RNs are female and 10.8% of Texas RNs are male. 89.6% of Texas LVNs are female and 10.4% 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 243,568 RNs currently licensed in Texas, 224,951 (92%) have compact privileges. Of the 94,981 LVNs currently licensed in Texas, 89,896 (95%) have compact privileges (5/29/12). (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 '11)

	<u>US Population</u>	<u>Texas Population</u>	<u>Texas Nurse Population</u>	
Employment Rate ('12)	91.9%	93.1%	89.2% (RN)	87.9% (LVN)
Black	12.2%	11.8%	9.0% (RN)	19.7% (LVN)
Caucasian	63.7%	45.3%	70.5% (RN)	57.7% (LVN)
Hispanic	16.3%	37.6%	9.0% (RN)	17.9% (LVN)
Other Races	7.8%	5.3%	11.5% (RN)	4.7% (LVN)

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

RNs and LVNs reside in 251 counties in Texas. Two counties, Loving and Kenedy, have no nurses residing there.

Advanced Practice Registered Nurses

The demand for registered nurses who are prepared for advanced nursing practice, such as nurse practitioners, has resulted in a 63% increase in the number of Texas Advanced Practice Registered Nurses (APRNs) between 2001 and 2011. 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 14,106 in 2011. Currently, Nurse Practitioners and Nurse Anesthetists comprise the largest groups of APRNs, 65% and 23%, respectively; Clinical Nurse Specialists make up 10% 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>
Nurse Practitioners	4,488	4,875	5,160	5,532	5,988	6,466	6,969	7,495	7,920	8,576	9,432
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
Nurse Midwives	340	358	358	344	354	356	366	353	351	355	362
Nurse Anesthetists	2,353	2,437	2,537	2,606	2,658	2,767	2,856	2,987	3,142	3,262	3,414
Total	8,657	9,093	9,431	9,861	10,404	10,677	11,648	12,286	12,864	13,161	14,106
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

Nursing Education

The State of Nursing Education in Texas

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 education regulatory activities are designed to accomplish these tasks using the framework of the Mission of the BON to "...protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse ...is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs."

Board 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;
- provide and update resources on the BON web page to assist new providers;
- provide comprehensive reviews for up to three (3) proposal revisions;
- provide feedback and guidance to proposal authors;
- conduct survey visits of the physical site for a new program; and
- provide a summary report of findings from the proposal and from the survey visit to the Board for action.

Board staff also engage in evaluation and ongoing approval of VN and RN programs through processes including:

- Review of annual National Council Licensure Examination (NCLEX) examination pass rates;
- Review of documents required for new dean/director/coordinator appointment;
- Approval of program director for new programs and when there are changes in an existing program, and support through orientation module and workshop;
- Review of Annual Information Surveys and Compliance Audits;
- Review of curriculum revisions with approvals, as appropriate;
- Review of accreditation status of programs that are accredited by national nursing accreditation agencies;
- Review of Self-Study Reports and progress reports;
- Investigations of student and public complaints against programs; and
- Consideration of findings from survey visit of programs.

Board Staff regularly review changes in national nursing accreditation agencies' criteria to ensure that the accreditation standards and process for continuing approval are comparable to BON ongoing approval standards. Programs that hold national nursing accreditation are exempt from Board rules related to:

- Program Expansion;
- Ongoing Approval;
- Philosophy/Mission and Objectives/Outcomes;

- Faculty;
- Facilities, Resources, and Services;
- Records and Reports; and
- Total Program Evaluation.

Five (5) VN programs and seventy-eight (78) of the RN programs hold national nursing accreditation.

All nursing programs are under Board purview for requirements related to :

- New Program Approval;
- Administration and Organization;
- General Requirements (for faculty and director accountability to the NPA and Board Rules);
- Students;
- Program of Study; and
- Clinical Learning Experiences.

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 as of April 1, 2012 was ninety-seven (97). [Two (2) new VN programs were approved at the April 2012 Board meeting.] Following the merger of the boards in 2004, several of the VN programs that were housed within one governing entity consolidated into one program with a single NCLEX program code, decreasing the total number of VN programs but with no decrease in program sites nor in BON purview responsibility. The number of RN programs as of April 1, 2012 was one hundred eight (108). Board approval was withdrawn from three (3) nursing programs (two associate degree programs and one vocational program) in the past two years due to noncompliance with Board rules and repetitive NCLEX examination pass rates below 80%.

Table 5
Pre-Licensure Nursing Education Programs - April 1, 2012

Vocational Nursing Education Programs

Governing Entity	Number of Programs
Public Colleges/Universities	72
Private Colleges/Universities	1
Career Schools	20
Military Based	1
Hospital Based	3
Total	97

Professional Nursing Education Programs

Governing Entity	Diploma/Associate Degree Programs	Baccalaureate Degree Programs
Public Colleges/Universities	59	24 + 1 Alternate Entry MSN
Private Colleges/Universities	1	12
Career Schools	7	3
Hospital Based	1	0
Total	68	40

Growth in Nursing Education in Texas

In an effort to increase the number of nursing graduates in Texas, there have been increases in:

- the number of students enrolled in nursing education programs across the state;
- the number of new program proposals and approvals;
- the number of nursing graduates taking and passing the NCLEX examination;
- the expansion of nursing programs to new extension campuses/sites; and
- the number of nursing programs using online delivery for partial or full program offerings.

Data compiled from the annual Nursing Education Program Information Surveys (NEPIS) have indicated that the overall enrollment in nursing education across the state has generally been on an upward trajectory since 2006. The enrollment figures include students enrolled in all levels of the educational program, not necessarily just the admitting or graduating cohort.

New Vocational Nursing Programs Since 2006:

- Public 1
- Career Schools 12

New Professional Nursing Programs Since 2006:

- Public ADN 6
- Career School ADN 7
- Public University BSN 6
- Private University BSN 4
- Career School BSN 3

Total Number New Programs on April 1, 2012: 39

The growth in VN programs can be attributed to new programs based in career schools while the growth in RN programs has been in a variety of settings, including career schools.

Table 6
Growth in Enrollments in Nursing Programs
 (Texas Center for Nursing Workforce Studies 2011 data)

Type of Program	2006	2007	2008	2009	2010	2011
VN	6,295	6,488	7,156	7,414	7,860	8,612
		3% growth	10% growth	4% growth	6% growth	10% growth
RN	16,711	17,841	18,732	19,721	22,095	22,866
		7% growth	5% growth	5% growth	12% growth	3% growth

The increases in enrollment eventually translate into **increases in graduates** eligible to apply to take the NCLEX examination for licensure and practice.

Table 7
Growth in Graduates from Nursing Programs
(Texas Center for Nursing Workforce Studies 2011 data)

Type of Program	2006	2007	2008	2009	2010	2011
VN	4,082	4,773	4,384	4,828	5,046	5,773
		17% growth	8% decline	10% growth	5% growth	14% growth
RN	6,674	7,031	7,689	8,211	9,096	10,228
		5% growth	9% growth	7% growth	11% growth	12% growth

After applicants meet all eligibility requirements to take the NCLEX examination, graduates from VN and RN programs must take the examination within a four-year period of time. The NCLEX examination pass rate for each nursing program is determined based upon the examination results for first-time candidates testing during the specified examination year. This data provides the most reliable indicator of the effectiveness of the nursing education program of study. As the increasing numbers of students progress through the nursing programs and graduate from the nursing program, there is growth in the numbers of newly licensed nurses.

Table 8
Growth in Nursing Graduates Passing the NCLEX Examination

Vocational Nursing Programs

Examination Year	First Time Candidates	Candidates Passed	Increase over Previous Year
2011	5877	5097	250
2010	5627	4990	139
2009	5488	4840	456
2008	5032	4461	146
2007	4886	4362	446
2006	4440	4043	

The percentage of growth in first time candidates from VN programs from 2006 to 2011 was thirty-two percent (32%).

Professional Nursing Programs

Examination Year	First Time Candidates	Candidates Passed	Increase over Previous Year
2011	9711	8452	799
2010	8912	7959	766
2009	8146	7413	625
2008	7521	6819	520
2007	7001	6314	979
2006	6022	5468	

The percentage of growth in first time candidates from RN programs from 2006 to 2011 was sixty-one percent (61%).

As a result of their study to project the need for the supply of RN graduates from 2007 to 2020, the Texas Center for Nursing Workforce Studies (TCNWS) has determined that “in order for the supply of graduates to meet the demand for RNs by 2020, the number of graduates in 2011 will need to increase by 143%, more than double the number of graduates in 2010, in order to meet the target goal of 24,870 new graduates.”

Another growth factor impacting Board staff, as well as the other programs in the state, has been the number of new proposals submitted to the Board for new VN and RN programs. A total of forty-one (41) new education programs have been approved by the Board since September, 2006, including the two (2) programs approved at the April 2012 Board meeting. Between three (3) and thirteen (13) new programs have been approved each year and have enrolled students. This influx of new proposals has posed a serious strain on Board staff workload since it is estimated that staff are engaged in a minimum of 60 hours of work to process each proposal. Table 9 describes the number and types of programs begun since the fiscal year beginning September 1, 2006.

Table 9
Number of New Vocational and Professional Nursing Programs 2006-2012

Year	VN Programs	ADN Programs	BSN Programs	Total
2006-2007	3	0	1	4
2007-2008	1	5	2	8
2008-2009	4	2	2	8
2009-2010	2	0	1	3
2010-2011	2	5	6	13
2011- April 2012	3	1	1	5
Total	15	13	13	41

In addition, fourteen (14) proposals are currently in process in the Board office, and letters of intent have been received from another eight (8) programs.

Many of the new providers are located in career schools or in academic institutions that have never offered nursing education. About half of the newly approved programs and half of the

active proposals are from career schools. Board staff find it necessary to devote more time to instructing new providers about the nature of nursing education, the approval process, and the regulation of nursing programs.

One of the reasons for the entry of more career schools into nursing education may be the change in the Texas Higher Education Coordinating Board (THECB) regulations which allow for recognition of a greater number of accreditation agencies approved by the Department of Education.

The use of online nursing education from other states also impacts growth in nursing education in Texas. However, since there is no regulatory oversight from the BON over out-of-state programs, the growth is difficult to describe or to quantify.

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 curricula. 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 of the competencies 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 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 differentiated educational preparation and expected clinical behaviors and judgments for vocational, diploma/associate degree, and baccalaureate degree nursing education. The 25 core competencies in the DECs address four nursing roles:

- **Member of The Profession**
- **Provider of Patient-Centered Care**
- **Advocate for Patient Safety**
- **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 completed document will serve as a guideline for developing and revising nursing curricula and for assisting employers in planning job descriptions, internships, orientations, and competency evaluations.

The DEC's 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 DEC's 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 DEC's clarify the differentiated knowledge base and scopes of practice across educational preparation to fit the changing needs in the delivery of nursing care.

The DEC's were approved at the October 2010 Board meeting and nursing programs began to review them for implementation in their curricula. Board staff sponsored a statewide workshop in May 2011 and presented a webinar in November 2011 for nursing programs, both focusing on the implementation process and suggestions for individual programs. The deadline for programs to submit their implementation plan to Board staff is June 29, 2012. The goal underlying the DEC's is to promote safe, competent nursing care for the citizens of Texas.

Innovation in Nursing Education to Increase the Number of RN Graduates

In 2003, the Texas legislature passed Senate Bill 718, giving the BON authority to approve and adopt rules for pilot programs to advance innovation in regulation. Based on this legislation, the BON took steps to foster innovation in nursing education. After this legislation was passed, the BON adopted 22 Texas Administrative Code Chapter 227, a regulatory rule that establishes the proposal process for schools to submit requests for innovations. Before adopting Rule 227, the BON frequently received requests for flexibility and creativity from education programs seeking to explore new approaches to nursing education. The BON designed the application and proposal process to encourage innovative approaches that would improve the quality of the academic experience, produce competent nurses, and be replicable.

The BON website provides guidelines for submitting proposals for innovative pilot programs that require a waiver of education rules (Request for Applications, 2005). Proposals must address these components:

- clearly defined need;
- sufficient valid research data to support the need;
- development of the proposed pilot program;
- identified measurable outcomes;
- appropriate time line;
- adequate financial support;
- resources to continue the pilot program, if successful;
- adequate methodology;
- data collection process; and
- evaluation plan.

For quality control, applicants must also describe the following:

- anticipated effects on students currently enrolled and those who may participate in the program;
- actions that will be used to address any negative effects on participating students,
- evidence that the pilot program is linked to the enhancement of quality professional nursing education; and
- methods by which nursing education programs and healthcare institutions in the state will be made aware of the results of the pilot program.

When the BON approves an application, the educators implement and evaluate the pilot program. Depending on the results, they may request that it become a permanent part of an approved nursing program.

When programs were encouraged to increase nursing enrollments and graduates, many education programs started designing and implementing a variety of innovative models. Nursing programs, clinical agencies, and healthcare institutions implemented new partnerships and collaborations to facilitate innovative measures.

In 2008, the BON surveyed nursing programs to compile a list of innovative models and partnerships across the state. To facilitate data collection, the BON defined the term *partnership* as a formal agreement between a nursing program and one or more clinical settings, community organizations or agencies, or other nursing programs that consolidates or shares resources to directly increase enrollments and graduation rates. Partnerships were a vital part of innovative models initiated at this time.

About 86% of the nursing education programs responded to the BON survey. On its website, the BON provides information under two broad categories of established partnerships: those among nursing programs and clinical or community centers, and those among Texas nursing education programs. Under these categories, the BON lists the types of innovative activities and the number of programs involved in each. These activity listings are linked to specific descriptions for each program. The BON designed this resource to facilitate the dissemination of nursing innovations among Texas nursing programs. (See Table 10)

In 2009, the BON completed a follow-up survey to determine the innovative measures that persisted for the two year period with an indication of ones that were associated with an increase in graduation rates and acceptable NCLEX-RN[®] Examination pass rates for the programs. Thirty-seven (37) programs responded to the follow-up survey, which not only validated that the programs were still using the same measures to increase enrollments, but that they were increasing the use of the same models. The largest increases in innovative categories based upon the survey results were seen in:

- Research and grants funded by the THECB;
- Partnerships regarding shared skills and simulation laboratories, as well as clinical placement activities;
- Utilization of simulation in clinical teaching; and
- Innovative curriculum strategies.

A new category was added to the partnerships among Texas nursing education programs labeled “Research Funded by THECB,” emphasizing more collaboration between education programs in funding opportunities. The most common barriers to the use of innovation identified by Texas nursing programs are a lack of new funding or expiration of a research grant, and the needs for adequate faculty and faculty training. Programs named the benefits of innovations as improved relationships in partnerships, increased enrollments, and training opportunities.

The most remarkable changes probably relate to funding sources since seven (7) programs sought THECB grants in 2009 and none had reported such activity in 2007. The increase in collaboration between programs in the use of simulation and skills labs indicates financial benefits of using common nursing laboratories. Other changes in the data were interesting, but not significant.

The goals of the Texas BON in continuing to foster innovation in nursing education include:

- maintaining quality in nursing education;
- promoting flexibility in nursing education regulation;
- collaborating with other agencies;
- participating in state and national initiatives to increase nursing graduates;
- disseminating information to nursing programs; and
- support of nursing programs through consultation.

Table 10
Partnerships

Partnerships Among Nursing Programs and Clinical or Community Centers	Partnerships Among Texas Nursing Education Programs
<ul style="list-style-type: none"> • Articulation models (6 programs) • Clinical education center (1 program) • Clinical teaching assistants (4 programs) • Coordinated clinical placements (4 programs) • Distance learning (8 programs) • Expansion of facilities (2 programs) • Faculty funded by clinical/community affiliates (22 programs) • Preceptors (12 programs) • Recruitment strategies (2 programs) • Regional simulation center (3 programs) • Research funded by THECB • Retention strategies (4 programs) • Shared space/structure/IT/equipment (6 programs) • Simulation (11 programs) • Student financial aid (5 programs) 	<ul style="list-style-type: none"> • Admissions (2 consortium groups) • Articulation models (20 programs or consortia) • Consortium with other educational programs (36 programs in 3 regions) • Curriculum (6 programs or consortium groups) • Distance learning (5 programs) • Faculty (4 programs) • Preceptors (3 programs) • Retention strategies (6 programs or consortium groups) • Skills labs (7 programs) • Simulation (9 programs) • Research funded by THECB (7 programs)

These innovations have continued to enhance nursing education in Texas.

BON Support to the 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 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 requesting the state create a team of leaders to focus on nursing education capacity. Governor Perry agreed that action was needed and appointed a 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 100 nursing education programs, multiple hospital partners, regional workforce boards, foundations and the Texas Workforce Commission. At the end of three years, the Team had succeeded in establishing a trajectory toward doubling the number of professional nurse graduates from the state's schools of nursing; in 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 been participating as consultants in both the educational and practice initiatives of the Texas Team and will continue to monitor the initiative for regulatory implications.

BON Support to Programs

Nursing education programs are facing many challenges and demands in the twenty-first century. The 2011 NEPIS data for VN programs indicated that limited clinical space was the highest ranked reason for not admitting all qualified applicants. Reasons for not accepting all qualified applications for RN programs on the 2011 NEPIS were ranked as follows:

- lack of clinical spaces;
- lack of qualified faculty; and
- lack of budgeted faculty positions.

In nine (9) of the last eleven (11) years, lack of budgeted faculty positions has been the most frequently cited reason for failing to accept all qualified student applications.

Other program issues that have been voiced to Board staff by program directors include:

- congestion of clinical affiliating agencies with competition from more nursing programs;
- shortage of adequate qualified faculty;
- decisions about the appropriate use of standardized examinations in the curriculum;
- high turnover of nursing faculty;
- increased diversity of student groups;
- faculty salaries not competitive with salaries in the practice setting;
- budget cuts and lack of resources;
- pressures to include more high-fidelity simulation activities in the program;
- fewer available preceptors related to hospital staff workload and preceptor burnout; and
- changes in the job market for new nursing graduates.

The goal of Board staff is to provide support and suggestions to programs so that they may remain in compliance with Board rules and to maintain standards for quality education. Board staff also seek to work more collaboratively with other state regulatory agencies and accreditation agencies to eliminate duplication of services and direct programs toward the appropriate criteria. Board staff meet regularly with representatives from the TWC and the THECB to stay abreast of changes in policies and regulations. In addition, Board staff are communicating more frequently with accreditation agencies, and have engaged in several joint survey visits with accreditation program evaluators.

Specific areas where Board staff offer support to programs to promote success are noted below:

Education Consultants assigned to specific programs:

In keeping with the Board's focus to be increasingly more "service oriented," BON Education Consultants seek to reach out and meet the needs of Texas nursing programs. In order to assist programs with their individual needs, each Education Consultant has been assigned to a specific set of VN and RN programs. The Education Consultant is their principle contact and resource person at the BON, and questions from program directors are given priority attention by the consultants on a daily basis. This line of communication is very active because of the availability of the education consultants to all programs.

Guidelines and education help on web page:

Under the Nursing Education link on the BON web page, a series of education guidelines are provided to assist programs in implementing the education rules and facilitating the success of their programs. Some of the guidelines are referenced in the rules and may include forms; for example, the guideline for developing a Self-Study Report and the guideline for establishing an extension site are readily available. Other guidelines assist programs in decision-making, such as the guideline for the total program evaluation and the guideline for student evaluation methods and tools.

Other helps on the web page for programs include:

- A study of strategies implemented by nursing programs to improve the NCLEX examination rate;
- A list and description of innovative partnerships adopted by nursing programs which have assisted in increasing graduates;
- Frequently asked questions from nursing educators and from students;
- Results of a survey of RN programs' perceptions about 2011 NCLEX examination pass rates;
- Updated contact information of all approved nursing programs in Texas;
- Current NCLEX examination pass rates for all approved nursing programs; and
- Other information pertinent to nursing practice.

Webinars for Nursing Programs:

Board Staff have presented two webinars for nursing programs and plan to use this venue more frequently in the future to provide information to all programs.

New Dean/Director/Coordinator Orientation:

BON Rule 214 relating to Vocational Nursing Education and Rule 215 relating to Professional Nursing Education require that a newly appointed dean, director, interim dean, interim director, or coordinator of a nursing education program attend the next scheduled orientation provided by

the Board staff. The orientations, presented in a workshop format, are usually scheduled and presented in the fall and spring by BON Education Consultants. Immediately after a new director is approved by Board staff, a workbook-type module is provided for their immediate use as they begin serving in this role. The face-to-face orientations each fall and spring are very popular and many directors bring faculty or repeat the experience by attending additional orientations. (Recently a faculty module has been drafted for dissemination to programs for faculty use.)

During the past four (4) years, the turnover rate for new program directors has been between 7% and 19%, with an average of thirty (30) new directors each year. Newly approved programs are particularly prone to director turnover. Eight (8) or 38% of the twenty-one (21) programs approved since September 2009 have had a change in the director.

Participation in Meetings with Directors and Faculty of Nursing Programs:

Board staff attend the regularly scheduled meetings of the Texas Association of Vocational Nurse Educators (TAVNE) and the Texas Association of Deans and Directors of Professional Nursing Programs (TADDPNP) to make presentations related to Board updates and education issues. These meetings provide visibility and contact between program directors and Board Staff.

Collaboration with the Texas Center for Nursing Workforce Studies (TCNWS):

Board staff have collaborated with TCNWS staff for the past six (6) years to create the online program information survey and compliance audit. Each year staff from the two agencies discuss and refine the document based upon 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 in the fall and Board staff serve as contact persons for clarification or questions from programs. The data is proving to be increasingly valuable in assessing program currency and areas of concern.

Information Sessions:

Subsequent to the increased number of inquiries to BON staff regarding the process of new program proposal development, BON Education Consultants conduct quarterly informal information sessions for stakeholders interested in program development. The purpose of the sessions is to present and discuss essential elements of the proposal process. In addition, participants are provided an opportunity to meet the Nursing Education Consultants and network face-to-face with other individuals in the process of proposal development.

Education Program Workshops:

In May 2011, in response to programs' requests, Board Staff sponsored a one-day workshop at Texas State University in Round Rock entitled "Implementing the Differentiated Essential Competencies (DECs) in Nursing Programs" and over two-hundred (200) program representatives attended the workshop. Sections of the workshop were presented by NCSBN staff and DELC Task Force members of the ACE Committee who worked on the DECs revisions.

In November 2012, a two-day NCLEX Workshop will be presented by NCSBN NCLEX staff to assist programs in test development and analysis. The workshop will be presented at the J.J. Pickle Research Center and all programs will be invited to send a representative.

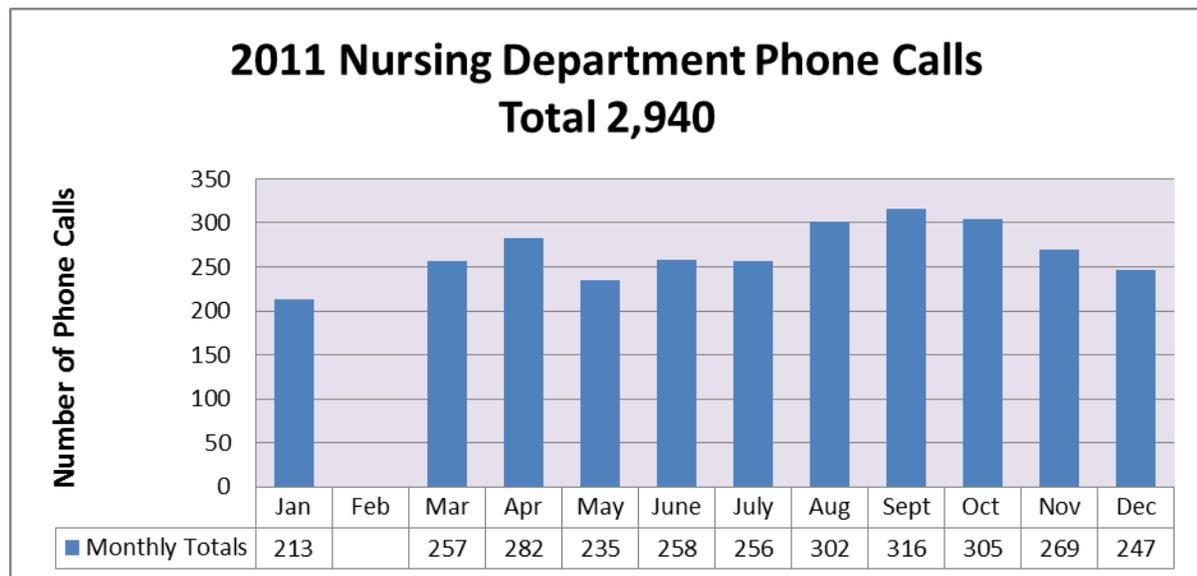
Nursing Practice

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 four 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 are required to maintain continued competency for licensure renewal. The BON also recognizes that to further accomplish its 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 nurses and the public through phone inquiries, workshops, webinars, and email correspondence.

Informational Resource

Table 11
Phone Inquiries

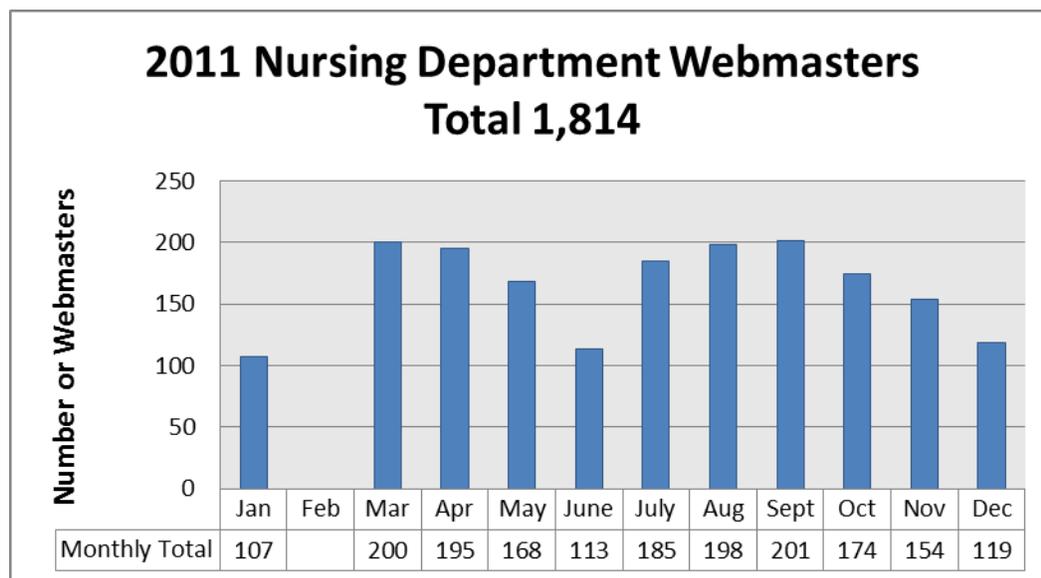


In 2011, the Nursing Department received more than 3,000 phone calls to the practice line from nurses and the public. See Table 11. Hundreds of additional phone calls are made to the Nursing Consultants direct phone lines each year. On average, each of these phone calls takes about fifteen minutes, for an approximate total of 95 days a year. 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 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

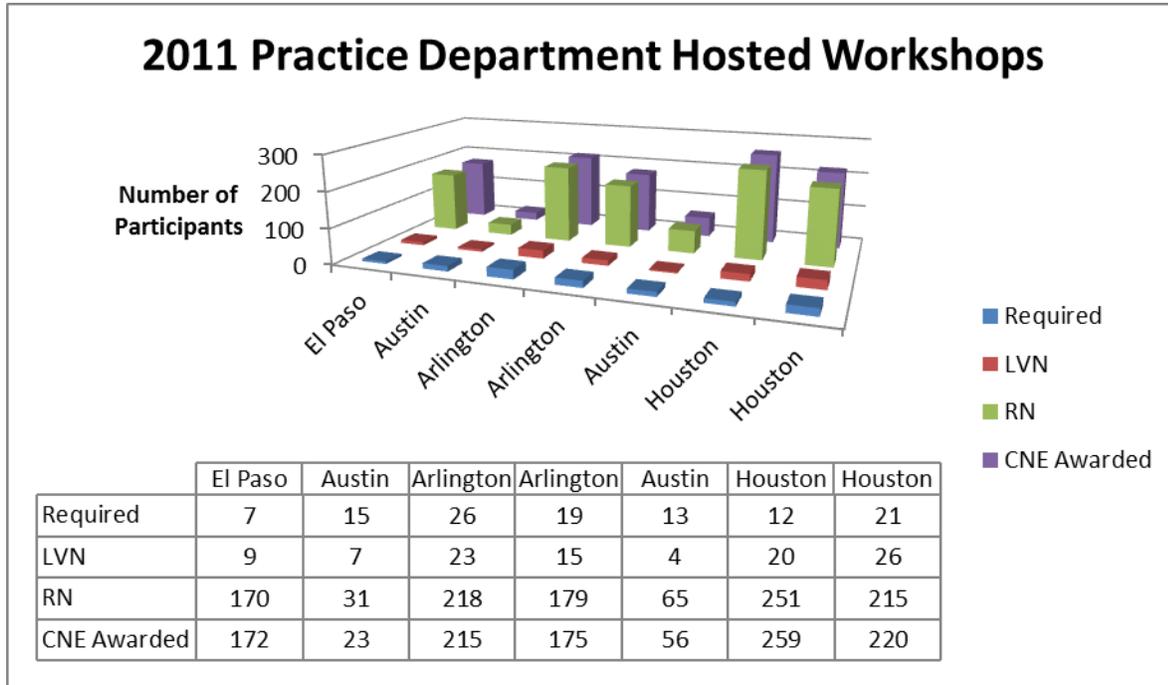
Table 12
Webmasters



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 2011, more than 2,000 emails were received by the webmaster and referred to the Nursing Department. On average, each of these emails requires thirty minutes to develop a response, for an approximate total of 174 days a year (See Table 12). 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 has taken a proactive approach to these types of questions and teaches nurses how to utilize the resources on the website in their decision making process.

Workshops

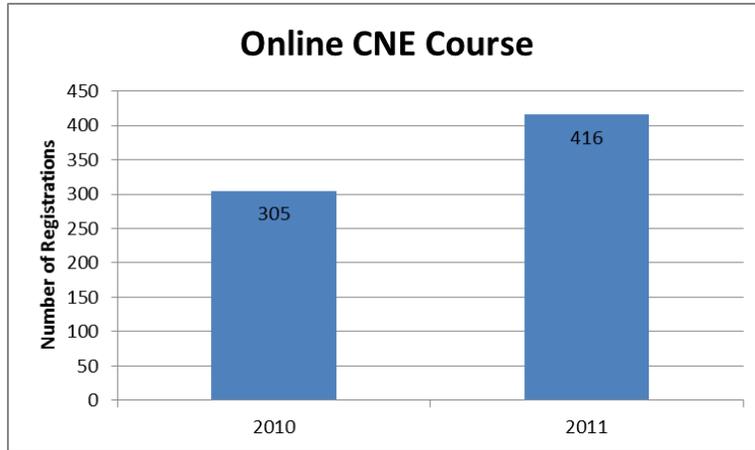
Table 13
2011 Practice Department Hosted Workshops



The Nursing Practice Department conducts Jurisprudence and Ethics workshops all over the state of Texas titled, "Texas Board of Nursing: Protecting Your Patients and Your Practice." In 2011, seven workshops were held and reached 1,120 participants (See Table 13). Course evaluations are consistently positive. Many nurses report on the evaluation tool that the information in the course is beneficial and necessary to safe practice. This course has been approved for 7.0 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. A new workshop is under development in response to a growing need to understand the LVN scope of practice. The workshop is titled, "The LVN Scope of Practice: What Every LVN, RN and Employer Should Know" and will be offered later in 2012.

Online CNE Course

Table 14
Online CNE Registrations 2010-2011



In 2010, the Nursing Practice Department launched an on-line jurisprudence and ethics continuing nursing education course titled, “Nursing Regulations for Safe Practice” for nurses in all parts of the state, who may have had difficulty attending one of the BON workshops. See Table 14. 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. Because of low attendance numbers for the online course, the Practice Department moved to topic-related webinars, which is expected to be a growth area.

Webinars

Table 15
Webinar Attendance 2010-2011



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.” The Nursing Peer Review and Safe Harbor 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 Peer Review obligations.

A free webinar titled, “The LVN Scope of Practice: What Every LVN, RN and Employer Should Know” was introduced in 2012 and received favorable feedback. Additional webinars are scheduled for 2012 on “medication safety” and “professional boundaries.” See Table 15.

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 different practice settings. As a result, the Nursing Practice Consultants research national and state nursing trends and identify up to date, 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 will be asked from nurses working in particular practice settings or regions of the state. These questions help the Nursing Practice Department determine what topics should be addressed in continuing nursing education 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 2011, NPAC recommended and the Board adopted two new position statements, 15.27 The LVN Scope of Practice and 15.28 The RN Scope of Practice.

Additional resources developed by the Nursing Practice Department are frequently asked questions (FAQs). Numerous FAQs have been created from questions submitted in emails or asked during phone calls. For example, in 2011-12, FAQs on the Delegation of CPAP and BiPAP Procedures, Practice of Nursing, Practice Recommendations for Newly Licensed Nurses, and Training Military Personnel in Civilian Hospitals have been developed. These documents are located on the BON website and are easily accessible and provide further clarification from the BON on issues relevant to nursing practice.

The *Texas Board of Nursing Bulletin* is another opportunity in which the Nursing Practice Department contributes resource information 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 titled, “Nurses on Guard” to inform nurses on error prevention and management. In 2010-11 topics included: minimizing disruptions during medication administration, snapshots of nurses on guard, medication administration issue related to promethazine, best practices in patient safety, establishing professional boundaries in the community, and social media: how nurses can protect their patient’s privacy and delegation.

Role During Legislative Sessions

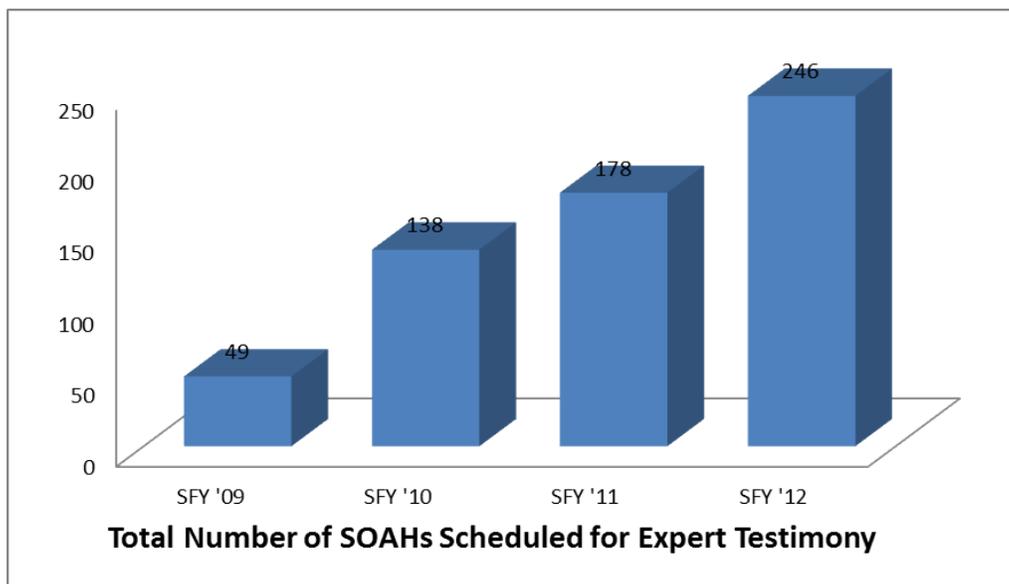
In legislative years, the Nursing Practice Department monitors all bills that will impact the NPA and Rules and Regulations. Additionally, bills that influence the practice of nursing are followed to determine issues that may emerge and prepare responses to questions that will be received as a result 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 nursing practice expert 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 16
SOAHs Scheduled for Expert Testimony 2009-2012



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 and explain how 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 cases scheduled. See Table 16. 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 Advisory 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 and with sections of 22 TAC Chapter 217, Licensure, Peer Assistance and Practice. Currently the Nursing Practice Consultants are working with the Legal Department on the revisions of Chapter 224 and 225 related to RN Delegation.

Role in the Implementation of LVN On-Call Pilot Program

In 2011, during the 82nd Legislative Session, SB 1857 was passed that required the BON, 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. The Nursing Practice Consultants have worked extensively in the development and implementation of the pilot program.

A Memorandum of Understanding was created to form a cooperative agreement between the BON 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. This new model will 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 Persons with Mental Retardation (ICF/MR) (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. Trainings were conducted in various parts of the State to educate and inform nurses and their employers about the LVN On-Call Pilot Program. As the implementation continues, data collection and analysis will occur. The first legislative report is due in the fall of 2012. The pilot will expire in 2015.

Delegation Task Force

The nursing workforce is challenged as never before in keeping pace with the increasing healthcare needs of clients. Limited financial resources make it imperative that RNs develop efficient and effective systems in which to provide the highest quality of care possible. RN delegation maximizes what RNs are able to accomplish towards meeting the healthcare needs of clients through the utilization of unlicensed personnel to deliver certain nursing tasks in independent living environments. 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 safety for the performance of tasks by unlicensed personnel, while the RN is not present, is essential.

In July 2011, the Board charged staff to develop a Delegation Task Force to review 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 225, RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions. The Nursing Practice Department is currently working with the Delegation Task Force to develop a draft of revisions to Chapter 225 that reflects the healthcare needs of clients in independent living environments and various stakeholder input.

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 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 an 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. During the disciplinary process, certain remediation requirements are imposed that are designed to correct any knowledge deficiencies nurses may have exhibited. Requiring the successful completion of the jurisprudence exam as another type of remediation may determine that nurses have corrected any knowledge gaps and obtained new skills necessary to demonstrate competency.

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, in the 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 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 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. In May 2008, the BON adopted new rules pertaining to nursing peer review, including safe harbor peer review. Rule 217.19 relating to Incident Based Nursing Peer Review and Whistleblower Protections and Rule 217.20 relating to Safe Harbor Peer Review and Whistleblower Protections expand a nurse’s due process rights and require an examination of factors “beyond the nurse’s control” that may have contributed to a deficiency in nursing care.

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

In 2011, the 82nd Legislature passed SB 193 allowing the BON to adopt a standardized error classification system, such as the TERCAP[®], for utilization by nursing peer review committees. Consistent with SB 193, an invitation was sent to hospitals in Texas to participate in a pilot program wherein selected hospitals would begin sharing data with the BON. The pilot calls for peer review committees to utilize the TERCAP[®] to identify practice issues normally investigated during the nursing peer review process. Once the committee determines that the nursing practice error is not required to be reported as a part of a complaint or disciplinary process, the incident will be entered into the TERCAP[®] online state-wide error reporting system. Information will be de-identified and is confidential.

Recognizing and highlighting factors involved in nursing practice breakdown incidents will promote 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 BON believes is the best way to fulfill its mission to protect the public.

Continued 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 BON was created through legislation to regulate the profession. The BON has a tremendous responsibility to ensure each of its licensees is competent to practice safely. Therefore, the 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 for State Boards of Nursing (NCSBN) defines nursing competency as “having the knowledge, skills and ability to practice safely and effectively.” State boards of nursing (SBONs) 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.

SBONs 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 his/her ongoing continued competency during his/her 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 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.

In addition to the day long jurisprudence and ethics workshops, the Nursing Practice Department developed an online jurisprudence prep course for nursing students and nurses who endorsed into Texas as they prepared to take the jurisprudence exam. The positive feedback from the prep course has led to the development of an online continuing education course that familiarizes nurses with the changes in the laws and rules and regulations that govern their nursing practice. The online course is available to all nurses. Webinars have been developed on several topics, including the LVN scope of practice, nursing peer review, safe harbor for nurses, medication safety, and professional boundaries. The webinars provide a means of reaching all nurses in Texas, including those in the rural and remote areas of the state. The webinars have been well attended and have received positive feedback. A new half day workshop is being

developed on the LVN scope of practice. As a part of the license renewal process, consideration should be given to requiring all nurses licensed in Texas to complete a continuing education course every five years that addresses patient safety and jurisprudence and ethics.

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 to balance the need for a non-punitive learning environment with the equally important need to hold individuals accountable for their actions. A Just Culture environment encourages the reporting of mistakes so that the causes of the errors can be understood in an effort to correct the systems issues that may have contributed to the error. Just culture distinguishes between human errors and risky or intentional conduct. Just culture does not tolerate conscious disregard for risks to patients or gross misconduct. The Just Culture model describes three classes of human behavior that predict 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 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 BON has implemented 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, such as the Health Alliance Safety Partnership;
- Use of the TERCAP tool in the investigative process to discover individual and systems factors contributing to error;
- 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 defer certain violations of the NPA as in the Deferred Disciplinary Action Pilot Program (DDAPP). The purpose of the DDAPP is to evaluate the efficacy and effect on the public's protection in cases in which the Board proposes to impose a sanction other than a reprimand, denial, suspension, or revocation of a license.

- 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.

Pursuant to the provisions of SB 1415, the pilot program will conclude no later than January 1, 2014. The Committee will provide recommendations to the Board regarding the continuation of the program in October, 2012.

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. Since its enactment, the Board has issued 553 corrective actions. 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. The Board will continue to monitor the trends to more 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 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. An exception to this would be when the BON, after receiving and investigating a complaint, determines that it would be in the best interest of the public to have the individual participate in TPAPN. In these instances, the individual receives a formal Board Order to participate in the program and must successfully complete TPAPN. These decisions are based on a case-by-case evaluation of the facts. Nurses with substance use disorders that receive treatment and establish recovery decrease their risk of relapse with longer intervals of time in recovery. Extending the length of time nurses participate in TPAPN monitoring may increase patient protections, but may also increase program costs.

The Extended Evaluation Program (EEP) is administered by TPAPN for nurses that meet certain criteria. This program provides for monitoring without discipline and is primarily designed for nurses with a onetime positive drug test with no practice issues and who fail to receive a dependency or substance abuse diagnosis after evaluation.

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.

At the request of the BON, TPAPN provided a cost analysis of implementing additional guidelines established by the National Council of State Boards of Nursing (NCSBN) in its 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. The total, additional cost for meeting the guidelines is estimated to be approximately \$173,588 annually. The bulk of this increase would allow TPAPN to increase the length of participation in the program from two years to three years. Meeting these guidelines would help TPAPN better assist the approximately 600 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.

The primary source of funding for TPAPN is supplied by a surcharge to licensure/relicensure fees of LVNs and RNs. The current peer assistance funds are capped at \$665,000 per fiscal year. The BON will be requesting to increase the funding cap for TPAPN an additional \$208,558 per fiscal year which includes the cost of expanding the program at \$173,588 and restoring the 5% cut (\$35,000) from the 82nd Legislative Session.

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

- One in every eight Americans is 65 years or older. This represents 13.1% of the US population (40.4 million in 2010). An increase of 15.3% since 2000.
- Over half (56.5%) of persons 65 years or older live in 11 states, with Texas being the home to 2.6 million persons of this population.
- The fastest growing age group in 2020 will be those over 85.
- With longer life expectancy, the prevalence of chronic and acute health conditions in the elderly will increase.
- Nursing homes, home health agencies, and other community-based providers are expected to experience an increase in patient admissions.

Growing Population

- 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 2010 the median age was 46. The median age of an LVN in 2010 was 45 as compared to median age of 47 in 2009.
- As of 2010, 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

- The 2011 data from the Texas Department of State Health Services indicated the ethnic breakdown among the 25,883,999 estimated Texas population was 39.5% Hispanic, 11.5% Black, 4.7% other, and 44.3%Caucasian.
- Projections from Texas Department of State Health Services indicate by 2015 the population may be approximately 28 million with the diversity breakdown as 42.1% Hispanic, 11.4% Black, 5.3% other, and 41.2% Caucasian.
- Projections from Texas Department of State Health Services indicate by 2020 the population may be approximately 31 million with the diversity breakdown as 45.2% Hispanic, 11.2% Black, 6.0% other, and 37.6% Caucasian.

Texas Center for Nursing Workforce Studies - 2010

- 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 this rising demand.
- In 2009, there were 169,446 active RNs practicing in Texas (or 681.2 RN's per 100,000 population); 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).
- The LVN profession is among the few health professions where Texas exceeds the U.S. average for provider-to-population ratios. In 2003, the U.S. ratio was 180.8 and the Texas ratio was 277.9 per 100,000 population. In 2009, there were 278.0 LVNs per 100,000 population in Texas.

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

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 settings. In 2010, approximately 20% of RNs worked part-time (See Appendix M and N).

For the same time period (2010), there were 752,300 LVNs; with a projected employment for 2020 of 22%. 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 remainder 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.

The U. S. Department of Labor further estimates a projected growth of 22% in RN and LVN employment needs by 2020. 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 diversity of patient care settings will affect employment opportunities for nurses. Some of these changes will include:

- new technology advances in healthcare;
- 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 the 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 ICF programs.

In addition, this new law required that the BON 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 BON 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

According to the 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). 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 BON 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 in 2010 was 46.

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 (CNWS) under the governance of the Statewide Health Coordinating Council (SHCC). The BON is an active member of this Nursing Advisory Committee. The CNWS 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 education 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; and (3) health care facilities must be willing to meet the needs of nurses by assuring reasonable staffing ratios, giving nursing a voice, providing sound orientation, and maintaining a cooperative work environment.

The health care system will be faced with new advances in health care, increasing diversity of the population introducing new cultures and value systems, and the introduction of new diseases due to the increase in international travel. Technological advances in the treatment of diseases, stem cell research, genetic and cloning research, and alternative therapies will require unprecedented ethical challenges, and nurses must be 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, SB 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.

SB 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 will submit 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 must adopt, implement, and enforce a written 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 BON 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 supersedes any conflicting facility policy and physician order.

Work Hours

The BON 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 has begun to reflect 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 are allowed to refuse to work mandatory overtime in hospitals. SB 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 SB 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 the 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 us 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 our 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 health care 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 health care 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.

While African Americans comprise 12 percent of the population, they comprise just five percent of the nation’s RNs. Hispanics, while making up 15 percent of the population, have only four percent of the nation’s RN jobs. American Indian or Alaska Natives represent one percent of the population but hold only 0.3 percent of RN positions. Although the number of male RNs has increased in the last 20 years, men still make up only seven percent of all RNs. Similar demographics exist in Texas. The Hispanic population in Texas is 37.6 percent of the total population with 16.3% in nursing positions. African Americans comprise 11.8 percent of the Texas population and comprise 10.7 percent of the nursing workforce. Other (American Indian or Alaska Natives, and Asian) comprise 12.0 percent with 4.5 percent represented in nursing.

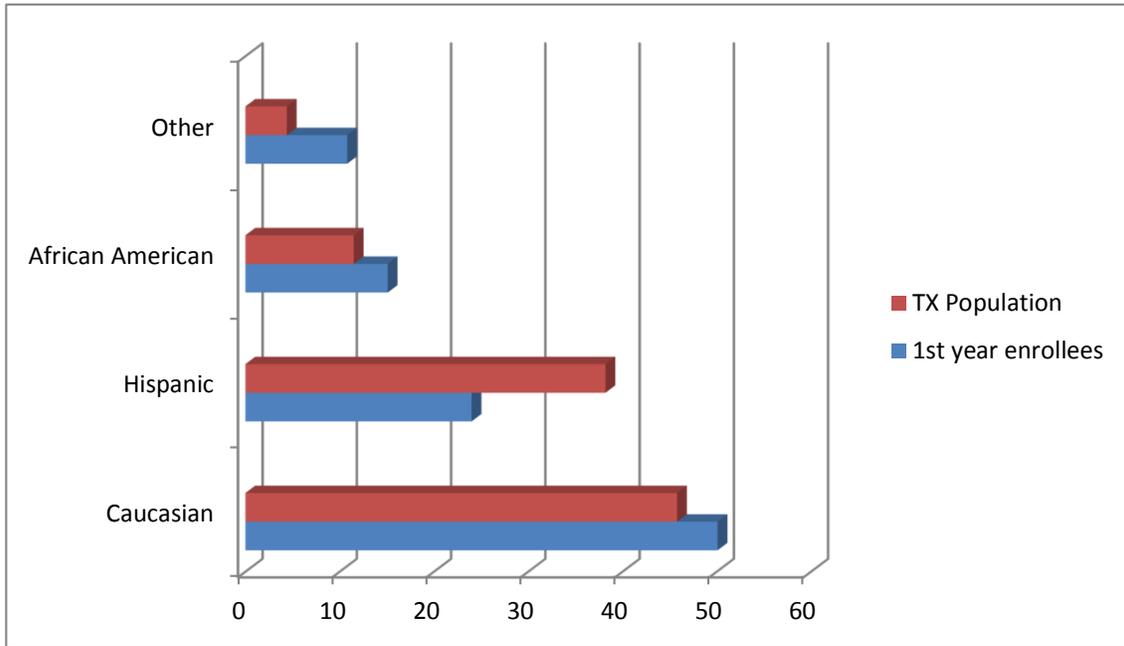
In order to increase diversity in our registered nurse population, diversity needs to increase in our student population. RN graduates in 2011 were 53.6% White/Caucasian, 12.9 % African American, 23.2 % Hispanic/Latino, and 9.2% other. The same holds true for the Texas LVN population. In 2011, 42.3 percent of LVN graduates were Caucasian, 30.2% Hispanic, 19.9% were African American, 3.5% other, and 4% were unknown.

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. According to 2010 data from AACN member schools, only 12.6% of full-time nursing school faculty comes from minority backgrounds, and only 6.2% are male. The 2011 data from the NEPIS report demonstrates that the professional nursing faculty population in Texas is predominantly female with 93.3% 74.9 % of the faculty is Caucasian, 10% African American, and 9.4% Hispanic. LVN programs demonstrate similar faculty ethnicity with 67% Caucasian, 16.6% Hispanic, 13% African American, and 3.4% 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.

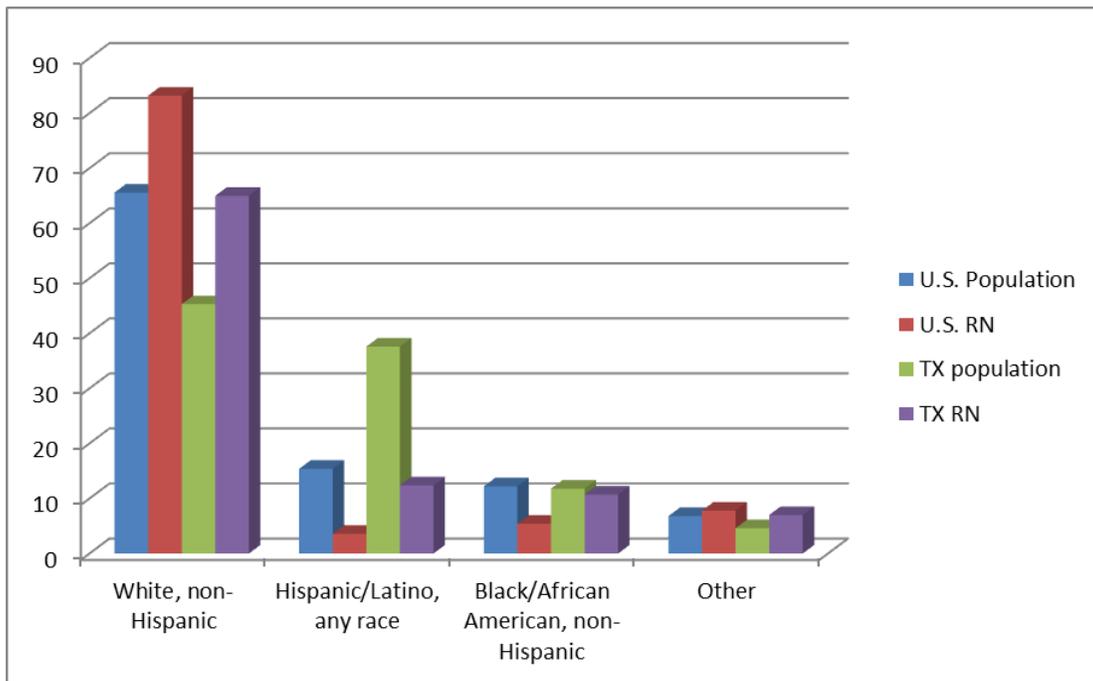
Practicing nurses must be prepared to handle complex healthcare problems in all types of patient populations. As the population changes in Texas and becomes more diverse, cultural beliefs and values must be integrated in order to provide efficient and safe nursing care. The nursing workforce data reflects the diversity seen in the citizens of Texas (See Appendix J). 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 health care administrators, deans and directors of nursing programs and hospital nurse executives Long-term and short-term collaborations are essential if the citizens of Texas are to receive the health care they need. Because nurses make up the largest proportion of the health care workforce and work across virtually every health care and community-based setting, changing the demographic composition of nurses has the potential to effect changes in the face of health care 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.

Table 17: Race/Ethnicity of Texas RN Students and Texas Population for FY 2011



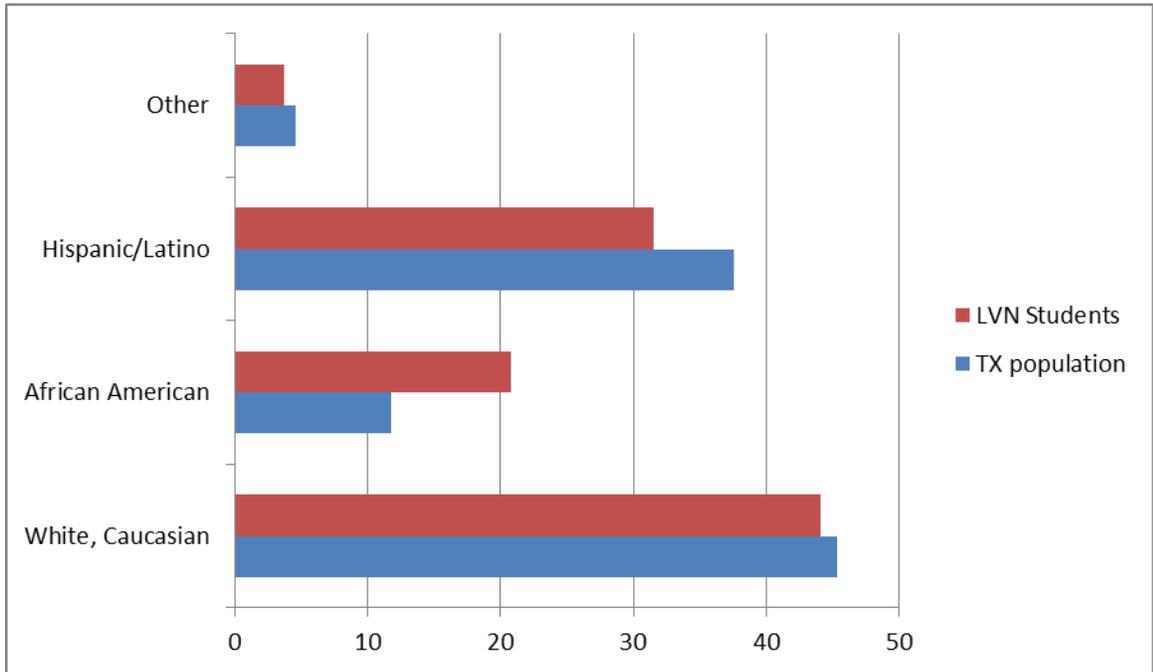
(Source: Texas Center for Nursing Workforce Studies)

Table 18: Distribution of Registered Nurses in the U.S. and Texas Population by Racial/Ethnic Background for FY 2011



(Source: Texas Center for Nursing Workforce Studies)

Table 19: Race/Ethnicity of Texas VN Graduates and Texas Population for FY 2011



(Source: Texas Center for Nursing Workforce Studies)

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

The rapid changes and growth occurring in nursing practice and the changing demands and pressures on the Board's resources has prompted concern by the Board that it may not have the financial resources and the flexibility to meet its responsibilities efficiently and effectively. The notion of having self-directed and semi-independent (SDSI) status to function with flexibility and not be anchored to legislatively set biennial budget constraints is not a new concept for regulatory agencies.

During the 76TH Legislative Session, Senate Bill 1438 was passed that allowed three state agencies, the Board of Public Accountancy, the Board of Professional Engineers and the Board of Architectural Examiners, to participate in a self-directed and semi-independent pilot program. In particular, the agencies were permitted to move their funds outside the state treasury, pay their own bills and reimburse the State for all services rendered. The agencies' enabling statutes are still under direct control of the legislature and each agency must still report certain information to the state regarding accountability of funds, services and goals. The agencies are still subject to audit by the Office of the State Auditor. During the 81st Legislative Session, four additional state agencies were granted semi-independent status by House Bill 2774. These included the Texas Finance Commission, the Texas Department of Banking, the Department of Savings and Mortgage Lending, and the Office of Consumer Credit Commissioner and the Credit Union Department. Two more agencies, The Texas Real Estate Commission and the Texas Department of Insurance - Financial Examinations and Actuarial Divisions, were added to this list during the 82nd Legislative Session by Senate Bills 1000 and 1291, respectively. In this same session, Representative Susan King introduced House Bill 2092 to allow the Texas Board of Nursing and the Texas State Board of Pharmacy to become SDSI agencies. House Bill 2092 was passed out of the House Public Health Committee but did not have the time needed to be placed on the agenda of the House Calendars Committee.

The BON will continue to pursue authorization to function as a self-directed, semi-independent agency in the 83rd Legislative Session. The Board is self-funded raising funds in excess of its operating budget through licensure fees. The legislature approves the Board's operating budget each biennium and utilizes a fraction of the funds the Board has deposited in the State Treasury. Additionally, the Board is required each biennium to fund any additional new program with new fees rather than the use of any of the current funds it deposits in the treasury.

If granted self-directed, semi-independent status, the BON would be removed from the legislative budgeting process and the budget would be adopted and approved by the board

members appointed by the Governor. On the first day of each regular legislative session, the BON would be required to submit a report to the Legislature and the Governor describing all of the agency's activities in the previous biennium. In addition, the BON would be required to report its two year expenses and revenue collections by November 1 of each year to the Legislature, the Legislative Budget Board, and the Governor. The BON employees would remain members of the Employees Retirement System of Texas under Chapter 812 of the Government Code. SDSI status would require the State Auditor to contract with the BON to conduct financial and performance audits and would allow the Attorney General to collect fees for their legal services. All agency supplies, materials, records, equipment, and facilities would be transferred to the BON. An appropriation equal to 50 percent of the amount of the General Revenue appropriated to the BON for fiscal year 2013 would be appropriated for a two-year period beginning fiscal year 2014. Under the provisions of this status, the amount could be spent as the agency directs and would be repaid to the General Revenue Fund in the fiscal year in which it was appropriated.

The Board recognizes that semi-independent status may truly be a misnomer and such legislatively granted authority is well balanced by accountability through reporting and significant auditing processes. Furthermore, the current level of revenue deposited into the treasury in excess of the Board's operating budget will remain unaffected. The current fees charged by the Board remain relatively low compared to the national average of boards of nursing. Therefore, it is realistic to assume that the Board has the ability to support current treasury deposits and successfully implement the self-directed model with minimal increase in fees.

The advantages of a self-directed, semi-independent Agency move would be:

- Board direction over agency programs;
- Ability to quickly respond to changing environment;
- More flexibility in staff compensation;
- A decrease in the number of reports to oversight agencies;
- Most reports would be on an annual basis, allowing staff to devote time to critical agency programs;
- Board direction over agency funds;
- Agency would have a budget set by the Board and not the legislature;
- The strategic plan, BOP, etc., would be directed by the Board;
- Would not be subject to the State mandated FTE and Travel caps;
- Higher accountability to Board constituents;
- The agency budget is held to a higher level of scrutiny; and
- Reduces administrative burden to state for constant oversight.

The move to self-directed, semi-dependent is a major change to how the agency finances are currently managed. This shift from direct state oversight to an agency driven process is a significant change but has been tested by nine licensing agencies and has proven to be successful and effective. By virtue of past State Auditor, Comptroller, and State Office of Risk Management audits, the BON has proven to be an effective, efficient and well-managed state agency. With changes in the health care environment, this move allows the BON flexibility to adapt quickly to nursing practice and education changes, nurse license compact issues, and effective enforcement and licensing challenges. This flexibility would have been advantageous to the Texas BON after the 82nd legislative session when the Texas BON had to wait up to six months to expend approved additional legislative funds waiting for certification of the agency revenue from the State Comptroller. In this case, if the BON had the self-directed, semi-independent status, the BON could request the resources from the Board needed to hire the 11 additional staff to investigate cases and process licensure applications in a timely manner.

Implication for the 2014-2015 Biennium

From a financial point of view, the BON 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 dynamics of the nursing shortage and interest in creating new programs for nursing education has created an environment that presents many challenges to Board staff as they seek to fulfill the mission of the Board in maintaining existing standards for quality nursing education. The following provides a brief overview of some of the current challenges and Board staff's responses to those challenges which seem consistent with protecting the public and managing oversight of nursing education within the Board's available resources.

CHALLENGES TO NURSING EDUCATION:

- **Maintaining quality in nursing education in the midst of the dynamics of the changing environment**

Board staff have been required to devote substantial time to new nursing programs as they proceed through the rigors of proposal development and implementation of all aspects of the new program. The projected needs in the state for additional nurses in the future and the state mandate to increase enrollments in nursing have stimulated the growth in nursing education. Board staff will focus on maintaining quality in nursing education while encouraging innovation.

- **Balancing the attention given to established nursing programs with that required by new nursing programs**

Over the past years, dozens of regular survey visits have been postponed because of the demand for staff's attention to new programs and to programs experiencing NCLEX examination pass rates below 80%. Consequently, there has been less attention to programs that seem to be functioning adequately but would benefit from Board staff time and support. Board staff will reexamine the scheduling of time to allow for regular attention for established nursing programs. In addition, a qualified nursing educator has been contracted to conduct survey visits to some of the nursing programs to help provide this service.

- **Implementing a more effective and efficient process to handle proposals for new programs**

There has been a dramatic increase in the number of proposals since 2006. Consequently, the Board has approved a streamlined, yet detailed, process to handle proposals in a consistent manner without prolonging the time taken for a proposal to be presented to the Board.

The BON has approved forty-one (41) new vocational and professional nursing programs. There are presently fourteen (14) active proposals in the board office and an additional eight (8) letters of intent for other new proposals.

- **Providing support and consultation required by new directors of nursing programs**

The turnover in directors in nursing programs is about 40% per year. Qualifications for directors of RN programs require a minimum of three (3) years of teaching experience in a professional nursing program. Though this is valuable and helpful for new directors, many of them have not served as program administrators and require assistance and consultation from Board staff. Qualifications for directors of VN programs include one year of teaching experience, which is helpful, but these new directors benefit from assistance from Board staff in their new responsibility. Many of the new programs are located in schools that have never provided nursing education, and they do not have expertise in nursing education. Board staff are available to provide information and answer questions for new directors to promote their success in their new roles.

- **Consulting with new and existing programs related to the competition for both clinical sites and for qualified nursing faculty**

Board staff have experienced an increase in the number of concerns expressed by programs about the shortages of clinical sites and of qualified nursing faculty. The addition of forty-one (41) new nursing programs in six (6) years has resulted in a serious lack of adequate clinical learning experiences, especially in specialty areas, such as maternity and pediatrics. Board staff have surveyed programs to determine if they are using evening and weekend shifts in order to better understand the situation. In addition,

the Board has appointed a Task Force to Study Implications of Growth in Nursing Education Programs. The purpose of the Task Force is 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 first meeting of the Task Force was held on May 2, 2012.

- **Evaluating inquiries from programs about implementing new or additional extension sites to areas across the state**

More programs are seeking to expand their service areas, and Board staff have concern that some communities may be saturated with additional programs without adequate consideration of community need and program resources to ensure success of students they will enroll. Though other agencies or accreditation standards may apply in the addition of extension sites, it is unclear that the appropriate approvals are being sought by programs.

- **Acknowledging the recognition of accreditation as a criteria for program approval**

Changes in accreditation requirements in Texas include the expansion of accreditation agencies recognized by the THECB that allow governing entities holding national accreditation to establish degree-granting programs in Texas. In addition, the acceptance of nursing accreditation as a criteria for BON approval has required that Board staff become more knowledgeable about the details in the nursing accreditation criteria and processes in order to determine equivalency of standards between the BON and nursing accreditation. Board staff have devoted time and effort in forming closer coalitions with the accreditation agencies to prevent duplication of program efforts while assuring the public that quality measures are not missed.

- **Monitoring and assisting programs when an increasing number of programs are experiencing declines in the NCLEX examination pass rates**

More programs are experiencing negative changes in approval status from full approval to full approval with warning, or to conditional approval status. The Board has withdrawn approval from three (3) nursing programs since 2010 because of continuous NCLEX pass rates below 80% and issues of noncompliance with Board rules. Board staff have surveyed RN programs to gather data on their perceptions of factors associated with decreasing pass rates, as well as best practices from programs with NCLEX pass rates above 90%. These results have been shared with the Board and with the nursing programs. Board staff are seeking to improve ways to monitor programs and assist them at earlier points so they may be successful.

- **Providing instructional education to programs to increase the quality of nursing education**

Board staff recognize that many programs have new faculty who do not have skills in curriculum development and evaluation, effective instructional techniques, and

supervising and evaluating students in the clinical areas. A worthy goal is to provide regular professional development opportunities to increase faculty teaching skills.

- **Promoting the IOM recommendation to increase the percentage of BSN-prepared nurses in Texas to 80%**

The IOM recommendation has provided an impetus for the development of new RN to BSN programs as well as the growth of established RN to BSN programs. Board staff have been called into the discussion about quality indicators for attaining a BSN and the agency is utilizing the DEC's as a guide for the differences in the higher degree in nursing.

Implication for the 2014-2015 Biennium

- Board staff are now devoting more time to reviewing proposals and assisting new programs to comply with proposal guidelines and Board rules. Proposals are varied in quality; not all are at the same level of development when submitted, and the authors' abilities to develop proposals vary widely. Board staff proposed a process for handling proposals more efficiently and effectively, which was approved by the Board.
- In addition to assisting new programs toward approval and success, Board staff have determined that there must be a balance of time and effort given to established programs to ensure their continued success in nursing education.
- Board staff recently evaluated Rule 214 and Rule 215 for revision. Suggested rule changes approved by the Advisory Committee on Education will be presented at the July 2012 Board meeting.
- Programs are struggling to find the right balance of the use of skills lab, high-fidelity simulation, computer simulation, and faculty-supervised, hands-on clinical practice for students, given the new technologies available and issues with clinical placements with affiliating agencies.
- Board staff recognize the importance of greater collaboration and understanding between state regulatory agencies and among accreditation organizations to ensure that quality standards are met.
- Nursing programs are relying more heavily on standardized examinations to determine their students' potential to pass the NCLEX examination. This may indicate that nursing programs are less stable and seeking some measure of the quality of their education. Board staff would prefer to see more emphasis on the DEC's and individual sound education for evaluation of their program of study. Board staff would like to provide more assistance to programs in the area of faculty development.

III. 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 BON determined that it was appropriate to allow the authority to implement the APRN Compact in Texas to expire without further action.

Advanced practice registered nurses practicing under the compact privilege must comply with the practice laws of the state in which they are practicing (e.g. laws relating to prescriptive authority, collaborative agreements). Adoption of the amended APRN compact could facilitate advanced practice registered nurses accepting temporary assignments providing patient care in Texas because they would not incur the costs associated with obtaining a Texas license. The amended language will ensure that advanced practice registered nurses who practice in Texas on a compact privilege meet the same education and certification standards required of Texas licensees. These criteria include:

- an unencumbered RN license;
- completion of an appropriately accredited graduate level advanced practice nursing education program;
- completion of an advanced practice registered nurse education program in a specific advanced practice role and population focus area that includes completion of three separate courses in advanced physical assessment, advanced pharmacotherapeutics, and advanced pathophysiology that includes content across the lifespan; and
- current certification by a national certifying body in the advanced role and population focus area congruent with the advanced educational preparation (includes maintenance requirements).

It is important to note that the current APRN compact does not address prescriptive authority nor will the revised compact language. Therefore, any advanced practice registered nurse practicing in Texas on a compact privilege will still need to obtain prescriptive authority from the BON if they wish to prescribe dangerous drugs and/or controlled substances in Schedules III through V. If they are prescribing controlled substances, they will also need to comply with requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration. Likewise, all advanced practice registered nurses would be required to comply

with requirements for physician delegation of prescriptive authority when practicing in the state of Texas.

The need to facilitate interstate practice and regulation continues to exist for advanced practice registered nurses. To date, in excess of 2000 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.

Implication for the 2014-2015 Biennium

The APRN compact found in Chapter 305 of the *Texas Occupations Code* expired December 31, 2011 without implementation. As a result of the expiration of the existing statute, new language should be adopted in order for Texas to implement the APRN compact. Board staff members are continuing to work with the compact administrators from Utah and Iowa on the amended APRN compact language to ensure the high standards for education and certification set forth in the *Consensus Model* are addressed.

Additionally, board staff members are considering information technology support issues to the existing licensure database. A mechanism will need to be developed whereby the board may issue prescriptive authority identification numbers to and maintain prescriptive authority records for nurses who do not hold any type of licensure in the state of Texas. After such changes are made, it is anticipated that the current level of information technology support would not likely increase much beyond current needs.

Texas has adopted two compacts, the Nurse Licensure Compact for RNs and LVNs that has been in place since 2000 and the now expired APRN compact. Key stakeholders, such as the Texas Nurses Association, previously suggested exploring the possibility of combining the two sections of the statute under a single section. This is still being explored with the Nurse Licensure Compact Administrators, a national body composed of board of nursing representatives that are responsible for administering the compact in their respective jurisdictions.

IV. Advanced Practice Licensure and Renewal

The mechanism utilized by the BON to grant legal authority to practice for APRNs has been referred to in the *Texas Occupations Code* as authorization or approval linked to the RN license rather than the issuance of a separate advanced practice license. Although authorization and approval are the terms currently utilized in statute, the internal process for granting such authorization is equivalent to that employed for granting licensure. The Board utilizes a licensure process because it believes advanced practice nursing has evolved as a result of the complexity of services provided and the level of knowledge, skills, and competence required by individuals who are authorized to provide such care. The services provided by advanced practice 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 approval process ensures public protection through activities that include but are not limited to a detailed review of the individual's advanced practice nursing educational preparation related to the advanced practice role and population focus area for which he/she is seeking approval, 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.

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. The *Consensus Model* recommends licensure as the formal process utilized by boards of nursing to grant advanced practice registered nurses authority to practice in their respective jurisdictions.

Implication for the 2014-2015 Biennium

Granting advanced practice registered nurses licensure rather than authorization to practice is beneficial to the public for a number of reasons. First, the individual will be granted a unique license number to identify him/her as an advanced practice registered nurse. Under the authorization system, there is no mechanism to differentiate between the license numbers of a RN who is not authorized as an advanced practice registered nurse and one who holds such authorization. Issuing an advanced practice license will allow the Board to generate a number that will be different than that of the RN license number such that the public would readily know that the bearer's qualifications have been reviewed and the individual has been licensed to practice in an advanced nursing role and population focus area in compliance with state law. This will be particularly helpful for entities such as other regulatory agencies or third party payers who may not have access to the original license and certificate of authorization. Issuing a separate license will also permit the BON to take disciplinary action on the advanced practice

nursing license should a violation of the Nursing Practice Act or Board rules occur. Presently, a provision must be included in Board rules indicating that violation of such rules may result in disciplinary action on the RN license, making disciplinary actions on advanced practice registered nurses' authorizations more difficult to identify.

Creating a licensure process for advanced practice registered nurses will result in little change in current Board rules or operating procedures nor will it result in any change to the advanced practice registered nurse's scope of practice. The approval process currently utilized is equivalent to that used for the purpose of granting licensure. Therefore, changing the term from "authorization/approval" to "licensure" will more accurately reflect the procedures already in place. The term "advanced practice nurse" is clearly defined in current Board Rule and is based on the definition set forth in Section 301.152 of the Nursing Practice Act. Rules outlining minimum requirements to obtain and maintain an advanced practice authorization are currently in existence and have been in place for a number of years. Maintenance requirements clearly identify provisions for renewal concurrent with RN license renewal. The Advanced Practice Nursing Advisory Committee has discussed this issue and supports this change. Committee members agreed that use of the term would provide greater clarity for employers and other interested parties. Based on this model, the Board has begun to refer to the advanced practice registered nurse approval as licensure. Amendments to Rules 221.4 and 221.6 have already included use of the term licensure to more accurately reflect the approval process currently utilized. Additional revisions to Rule 221 will include use of the term licensure throughout the rule.

Issuing a license will initially require information technology support for changes to the existing database and generation of license numbers. Certificates or letters of authorization are currently printed and mailed to those who obtain full authorization to practice. Therefore, the change to licensure will only require that the Board generate a license number to be placed on the certificate. After such changes are made, it is anticipated that the current level of information technology support would not likely increase much beyond current needs in the next biennium. One additional administrative support position may be required to implement and maintain records relating to advanced practice nurses due to the increasing volume of applications received each year.

V. Changing Term from APN to APRN and Changing Regulation Mechanism for APRNs from Authorization to Practice to Licensure

Texas statute currently uses the term "advanced practice nurse" as an umbrella term to collectively describe a group of nurses that includes nurse practitioners, nurse anesthetists, nurse-midwives, and clinical nurse specialists. A change from this umbrella term that is currently in use to the term "advanced practice registered nurse" (APRN) would be beneficial. This is the descriptive term most recognized at the national level and is the term utilized by 46% of boards of nursing (NCSBN Member Board Profiles, data last updated December 2011). This is also the term utilized in Chapter 305 of the Nursing Practice Act addressing the advanced practice compact as well as the term utilized in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008). The term advanced practice registered nurse

reinforces to all stakeholders that the bearer is a registered nurse who has completed additional educational preparation and achieved a scope of practice that is founded upon and exceeds the educational preparation and scope of practice of the registered nurse. The term APRN reinforces that the nurse's scope of practice is not separate and apart from but rather built upon the competencies attained as a registered nurse (RN) by demonstrating a greater depth and breadth of clinical knowledge, greater synthesis of data, and increased complexity of skills and interventions related to the care of individuals.

Licensed vocational nurses (LVNs) who do not complete RN level education and achieve licensure as RNs are not eligible to be recognized as advanced practice nurses. However, the term advanced practice nurse does not clearly indicate this distinction. This leads to greater confusion for the public and employers and leads to inquiries to board staff regarding the ability of LVNs to practice as or use titles implying that they are advanced practice nurses based on their experience. Since the merger of the Board of Nurse Examiners and Board of Vocational Nurse Examiners in 2004, increasing numbers of LVNs are describing their employment positions as advanced practice roles (refer to Appendix L). It is unclear whether they are attempting to practice in these roles. Use of the term APRN clearly notifies the public and all other key stakeholders that the bearer must hold RN licensure.

Implication for the 2014-2015 Biennium

The Advanced Practice Nursing Advisory Committee has discussed this issue with regard to Board rules. The committee is supportive of the change and has recommended that the board begin using this title in rule amendments. Board Rule 222 and certain sections of Rule 221 have already incorporated this change in revisions to the rules. As the rules continue to be reviewed and analyzed for changes, the change in terminology will continue to be incorporated through the rule-making process. The change in terminology will not have any impact on scope of practice; rather, it will serve to reinforce to the public that advanced practice nurses are registered nurses. It will also provide consistency with the terminology used in Chapter 305 of the Nursing Practice Act and 46% of the boards of nursing across the United States.

VI. Criminal Background Checks on Students

Nursing schools remain under increasing pressure to conduct criminal background checks (CBCs) on their nursing students prior to enrollment into the nursing program. A student's criminal background may be an impediment to the student's clinical experience based on hospital requirements, as well as licensure requirements of the BON. Hospitals screen students, as well as staff, prior to allowing them to care for patients due to concerns about patient safety. Many nursing programs have contracts with non-governmental vendors to conduct a state of Texas criminal background check on their students prior to admission. There are no current provisions under Texas law that gives nursing schools access to complete national criminal history records, including FBI records, prior to the student's clinical experience. Because the Board has authority to do complete CBCs for the purposes of licensure, the Board is being asked by Texas schools of nursing to conduct comprehensive criminal background checks for those students entering an approved Texas vocational or professional nursing school.

The BON 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 may 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 Code § 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.

For individuals currently enrolled in a nursing education program, schools are required to provide students with both verbal and written information “regarding conditions that may disqualify graduates from licensure and of their right to petition the Board for a Declaratory Order of Eligibility”. However, unless a school contracts with a third party to conduct a Texas statewide criminal history check, this process currently relies on self disclosure of criminal history.

In fiscal year 2009, the BON 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. In the past biennium, the majority of schools of nursing have voluntarily adopted the new/accepted student CBC process. The Texas Board of Nursing has continued the program and as of this date, over 80% schools of nursing are participating and staff have completed over 43,000 student CBCs.

Implication for the 2014-2015 Biennium

Because of the overwhelming success of the student criminal background check program, the Board is requesting that the Legislature make completion of criminal background checks mandatory for new nursing students. The program should also be mandatory for students who have been accepted into a nursing program but have not yet entered the program.

VII. Trends in Enforcement and Agency Challenges

Continued Increase in Disciplinary Complaints and Investigations

Disciplinary complaints and investigations have grown significantly over the last 5 years. For example, during FY 2011, the Board received approximately 16,000 jurisdictional complaints [BON Statistical Report for FY 2011 (9,373 RN jurisdictional complaints, 6,450 LVN jurisdictional complaints)]. By comparison, in FY 2007 the Board received approximately 8,800 jurisdictional complaints [BON Statistical Report for FY 2007 (4,483 RN jurisdictional complaints, 3,980 LVN jurisdictional complaints)]. Through the first two quarters of FY 2012, the Board is on track to again exceed 16,000 jurisdictional complaints. [BON Statistical Report for FY 2012 (1st and 2nd quarters) 4654 RN jurisdictional complaints, 3396 LVN jurisdictional complaints]. Given the estimated annual growth of the licensee population and the fact that complaints are in consistent proportion to the number of licensees, the growing trend will likely continue.

Investigations associated with applications for licensure is also growing. Applicants for licensure must submit to criminal background checks and are required to disclose information that might affect eligibility for licensure. Those applicants that disclose information relevant to eligibility may have to submit a petition for eligibility which requires that they provide criminal history documentation and explanations. For example, in FY 2010, Petitions for Eligibility numbered approximately 4,011 annually (FY 2010 BON Statistical Report). In FY 2011, the number of petitions rose to 5010. [FY 2011 BON Statistical Report]. By comparison, the number of petitions counted in FY 2008 was 2,899 [FY 2008 BON Statistical Report].

Continued Increase in Disciplinary Actions

During FY 2011, the Board issued approximately 2,600 disciplinary actions [BON Statistical Report for FY 2011 (1,384 RN disciplinary actions, 1,254 LVN disciplinary actions)]. By comparison, the Board issued approximately 2100 disciplinary actions in FY 2009. [BON Statistical Report for FY 2009 (1,117 RN actions, 1,052 LVN actions)].

Similarly, there has also been an increase in the number of contested case proceedings before the State Office of Administrative Hearings (SOAH). During FY 2010, the Board requested 123 cases be set at SOAH. In FY 2011, that number increase to 205 requests before SOAH. Through the second quarter of FY 2012, the Board has requested 277 contested case proceedings at SOAH. [BON Docket Hearing Lists for FY 2010, FY 2011 and FY 2012].

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 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.

Increased Workload and Costs in Disciplinary Proceedings **Attorney representation has increased significantly**

During the last several years, the number of attorneys representing nurses has increased dramatically. Tort reform and its reduction of medical malpractice litigation have increased the number of lawyers representing nurses in administrative proceedings. Additionally, lawyers specializing in administrative law have utilized the power of the internet and websites to increase marketing of legal services to nurses. While nurses have always been informed of their right to legal representation, historically few nurses have hired lawyers.

The increase in lawyer representation has resulted in increases in case resolution time and dilatory practices. One of the main marketing strategies of the lawyers as expressed on their websites seems to advise non-cooperation with Board investigations. The legal bloggers routinely accuse the Board or its staff of unlawful or illegal investigation tactics.

Proceedings before the State Office of Administrative Hearings (SOAH) have become more expensive

A disciplinary matter that must be referred to SOAH has become significantly more expensive and time consuming. Historically, administrative hearings were designed to be conducted more informally than hearings conducted in District Court. Currently, however, the SOAH contested case model appears indistinguishable from district court litigation, both in complexity and expense. Defense attorneys recognize the limitations of the agency in terms of man power and money and routinely force cases to the “court house steps” with the expectation that the agency cannot sustain the cost or time in pursuing disciplinary cases.

Once a matter is referred to SOAH, there begins strict adherence required to SOAH procedural rules and Texas Rules of Evidence. The Board can no longer rely on a sworn affidavit or information provided in a sworn expert report without additionally providing the witness live at hearing for cross examination. Witnesses are seldom allowed to testify by phone when any objection is made. As a result, nearly all witnesses must be subpoenaed and reimbursed for travel to Austin for testimony. Staff’s experts must now be paid for travel time, expenses and testimony. Delays in contested case proceedings also increase when witnesses, experts, attorneys, and the judges must coordinate to be in Austin at the same time.

Similarly, the Board’s procedural rules that seek to force cooperation with investigations or require admissions for uncontested facts prior to requesting a hearing at SOAH are without effect. Attorneys will often seek to engage in District Court style discovery practices seeking to compel the deposition of every witness, along with the concomitant cost of transcripts, which are extremely expensive and time consuming.

SOAH and Litigation costs for the agency are rising

The Board incurs significant expenses associated with those matters which are not settled by agreed order. These costs may include travel and meal reimbursement for witnesses, expert witness fees, court reporter and transcript costs, and litigation packets. If the current trend in setting more cases for SOAH formal hearings continues to rise, so will litigation costs. During FY 2010, the Board requested 123 cases be set at SOAH. In FY 2011, that number increase to 205 requests before SOAH. Through the second quarter of FY 2012, the Board has requested 277 contested case proceedings as SOAH. [BON Docket Hearing Lists for FY 2010, FY 2011 and FY 2012].

Continued Challenges Related to Increases in Criminal Background Checks

The BON is authorized to conduct FBI criminal background checks on all applicants for licensure by authority of Texas Occupation Code § 301.1615 and Texas Government Code § § 411.087 and 411.125. The screening process for licensure can start when a student is “enrolled or planning to enroll” in a nursing education program through the declaratory order of eligibility process required by Texas Occupation Code § 301.257 (Nursing Practice Act).

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. This process avoids the delays that a graduate may experience due to an investigation into eligibility issues.

Due to the overwhelming success of the program, the Board is requesting the Legislature make this process mandatory to complete CBC's on new and accepted nursing students prior to entering a school of nursing.

Because those students accepted for enrollment notably exceed the number that actually graduate and apply for licensure, mandatory student background checks for new students will increase the number of CBCs conducted and the number of investigations associated with Petitions for Declaratory Order. The Board conducted approximately 29,000 CBCs for FY 2011, which generated 5,000 investigations. [BON Statistical Report for FY 2011]. The Board will continue to study the effects increased enrollment will have on Board workload.

Enrollment in RN and LVN programs continue to grow and is projected to grow dramatically. The Texas Center for Nursing Workforce Studies (TCNWS) has reported that RN enrollment grew from 16,711 to 22,095 from 2006 to 2011; and LVN enrollment grew from 6,295 to 8,612 during the same period. However, the TCNWS projects that in order to meet the demand for RN graduates only by 2020, there would need to be an increase by 143% over the number of RNs who graduated in 2011. At present, 58 - 62% of the CBC audits in Enforcement are closed within the first year of investigation.

During FY 2011, Enforcement received 1,100 (22%) of the 5,000 investigations generated as a result of the 29,000 CBCs conducted that same fiscal year. With the projected 143% increase in RN graduates by 2020, Enforcement would recognize an increase in investigations from 1,100 to an approximate 2,021 investigations. It should be noted that this does not include LVN graduates, nor does it include any enrollees/potential enrollees into schools of nursing.

Implication for the 2014-2015 Biennium

The trends in enforcement will continue to be monitored. It is difficult to tell what impact on Board workload the increase in new student enrollment and the associated CBC processes will have. However, the Board anticipates that the reduction in the number of CBC audits for all current licensees, which is scheduled to be completed in 2013, will permit the absorption of the additional workload associated with student CBC increases.

Averages of 18% have been closed following the second year of investigation, and another 10 - 11% closed at the three year mark. Enforcement anticipates approximately 4,800 CBC audits will be opened during FY 2013. All but 12% of these investigations (576) should be completed by FY 2016. Aggressively pursuing CBC audit investigations at the aforementioned rates should reduce Enforcement's CBC workload sufficiently to allow the absorption of the investigations resulting from the student CBC audits.

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

VIII. Effective Use in “Rap Back” Process

When the Board began the mandatory FBI criminal background checks for all Texas licensees in 2003, the purpose was to verify professional character expectations of a licensee. Historically, the state’s model of self-disclosure proved inadequate to fully protect the public. The question arises, that upon the completion of one CBC, when should another be conducted to continue appropriate verification. There clearly is a need for a periodic CBC check of the nurse population. Fortunately, the Board is currently utilizing a Texas DPS system known as “Rap-Back” that has proven effective and inexpensive.

Rap-Back permits the DPS system to continue to recognize the Board’s statutory right of access to a licensee’s CBC file. Should a licensee who has already submitted to a CBC receive a new entry in the DPS database, a notification of the criminal data entry is sent to the Board for review. Unfortunately, the rap back system only notifies the Board of criminal activity that has occurred within the State of Texas. The Board, however, is exploring whether a similar process will soon be made available through the Federal Bureau of Investigation whose data would include criminal behavior of an individual anywhere in the nation. Should the federal rap-back process be realized, the Board would not have to explore the implementation of periodic and repeated CBC audits for all licensees.

New Staff Positions and Effect on Backlog

Two investigator positions were transferred to the Enforcement Division’s Eligibility Unit on September 1, 2011, to work towards reducing the backlog of CBC audit investigations, Renewal cases, and Petitioner Examination and Endorsement Eligibility files. The added positions allowed the Board to assign an additional staff member to handle Petitioner Eligibility files, thereby reducing not only the caseload for the other individual handling these same files, but the amount of time it takes to process the files for final determination with respect to eligibility for licensure. In addition, the two added positions have allowed the BON to reduce the CBC audit and Renewal caseloads assigned to other investigators in the Eligibility Unit by as much as 50% in some instances. Five (5) of the new investigators and the administrative assistant authorized by the 82nd Legislative Session were hired in March 2012, and, once fully trained, will reduce existing investigators’ case loads and facilitate improved timeliness of case resolution.

Effect of the Pilot Program on the Deferral of Final Disciplinary Action on Backlog

As authorized by the 81st Legislative Session, on February 1, 2011, the Board implemented a pilot program on the deferral of final disciplinary actions. An initial set of data was collected through mid-November 2011 and reported to the Board’s Advisory Committee for the Deferred Disciplinary Action Pilot Program on December 9, 2011. The initial set of data suggests that the presence of the deferred discipline component results in a 47% average reduction in the time to negotiate an agreement with the nurse once an investigation has been completed [54.11 days on average for deferred actions versus 103.2 days on average for the same sanctions without a deferred component].

Promoting Public Safety - Development of Programs to Assess Competency and Remediate Deficiencies

The Board receives thousands of practice complaints annually alleging failure to adequately care for patients and or failure to conform to the minimum standards of acceptable nursing standards. Consistent with the Board mission 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, each complaint that requires a determination of nursing competency is reviewed by an investigator who holds a nursing license. The Board continues to explore innovative processes to effectively assure competency of those found to have violated the Nurse Practice Act.

New Guidelines for Substance Use Disorders in Nursing

The Texas Peer Assistance Program for Nurses is a nonprofit program administered by the Texas Nurses Foundation, a nonprofit arm of the Texas Nurses Association. The Board of Nursing (BON) contracts with TPAPN to provide peer assistance services to nurses whose practice may be affected due to chemical dependency or mental illness. TPAPN was created as an alternative to discipline. Therefore, if the nurse voluntarily participates and successfully completes TPAPN, the nurse is not considered for disciplinary action. An exception to this would be when the BON, after receiving and investigating a complaint, determines that it would be in the best interest of the public to have the individual participate in TPAPN. In these instances, the individual receives a formal Board Order to participate and successfully complete TPAPN. These decisions are based on a case-by-case evaluation of the facts.

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

The primary source of funding for TPAPN is supplied by a surcharge to licensure/relicensure fees of LVN's and RN's. The current peer assistance funds are capped at \$625,000 to fund a total of 550 registered nurses and 225 licensed vocational nurses each fiscal year. The TPAPN program has experienced a twelve (12) percent increase in participants in the program in fiscal year 2007 over the current biennium cap.

Implications for 2014-2015 Biennium

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

IX. Transparency in Regulation

The principle of transparency in government is as old as our nation. John Adams wrote in 1765, "Liberty cannot be preserved without a general knowledge among the people, who have a right and a desire to know." The concept of shedding light on government was further promoted in 1932 by U.S. Supreme Court Justice Louis D. Brandeis who said, "Sunlight is said to be the best of disinfectants; electric light the most efficient policeman." This concept of openness in government continues to be relevant today and technology makes transparency both challenging and obtainable.

The BON has implemented a number of initiatives to respond to the public's desire for readily available, easy to understand information about nursing regulation. A new website has been simply designed to allow the user to navigate the site and find the information being sought.

On the website, the agency's budget is described in sufficient detail to provide the user with specific information on expenditures. The complete current operating budget is also provided. Statistical information on nurses is readily available, allowing the user to create their own aggregate reports. Prior to each Board meeting, all written reports are posted on the website for review and an open forum time is provided at each Board meeting to allow the public to comment on issues within the jurisdiction of the Board. The Board's Resource Efficiency Plan is posted on the website. The Board posts quarterly statistical information in its Board reports section which includes all performance measures as well as other measures the Board monitors routinely.

The Board provides nurses with its enabling statute, rules, and policies regarding licensure and discipline on the website so they can be informed of the Board's thinking behind its public policy. This includes how the Board views criminal history related to the practice of nursing and the guidelines for addressing that criminal activity.

Workshops provided by staff since 1991 continue to be popular among nurses. The Board has expanded educational offerings to online jurisprudence and a prep course for the jurisprudence examination.

The agency continues to develop its technology resources in an effort to more effectively and efficiently inform the public of its disciplinary processes. All disciplinary actions are posted to our website following each board meeting. The public with access to the internet can verify online whether a nurse is currently subject to a disciplinary order or whether formal charges are pending.

The National Council of the State Boards of Nursing has developed a national database for verification of nurse licensure, discipline, and practice privileges for RNs and LVNs known as Nursys. The Board is currently working on a project to upload an electronic copy of every scanned and archived disciplinary order to the Nursys database with ongoing updates for each new action. This data will then be stored and available to all other boards of nursing and the general public through the Nursys system.

The agency continues to seek more opportunities to provide information to the public. The Board offers wireless internet access during its meetings to facilitate the audience being able to

view reports, policies, rules and so on. A long term goal is to offer audio/video streaming of Board meetings. The Board will continue exploring online courses for nurses, including peer review, patient safety, LVN Scope of Practice, Safe Harbor, Medication Safety, and use of the TERCAP tool in Texas. Expansion of access to more statistical data through the website is also contemplated. Expansion of technological initiatives include: online chat on the Board's website, which will allow users to obtain information quickly and conveniently; direct links to disciplinary orders from the verification of licensure page; and future implementation of an e-Notification system for employers for sending of information concerning licensure or disciplinary changes to their nurse employees.

Implication for the 2014-2015 Biennium

Video streaming and technologies for online courses will be expensive propositions, and in light of the budget constraints in the next biennium, the agency will not seek funding for this purpose, but will continue to explore fiscal implications of this technology. To the extent the agency can absorb costs for other technological solutions, these options will be developed and implemented.

X. Certified Nurse Aides/Unlicensed Assistive Personnel

Nursing is a dynamic discipline and its practice is continually evolving to include more sophisticated patient care activities. Previous discussion on the shortage of licensed nurses has emphasized the need for expansion of direct healthcare providers across the spectrum of practice settings, with particular attention to those areas that will be most impacted by the aging population.

The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) mandated that each state establish state-approved nurse aide training programs, and implement minimum competency requirements for all nursing assistants employed in long-term care facilities. In compliance with this Federal law, Texas state requirements for nurse aide training are listed in 40 Tex. Admin. Code §§94.1 - 94.11.

In the interest of serving the Board's mission to protect the public, the Board believes it could be feasible and logical for the BON to revise the current content and structure of the federally-mandated certified nurse aide (CNA) training program.

Nursing practice occurs along a continuum, ranging from tasks performed by unlicensed personnel under the delegation and supervision of nurses through vocational nursing, registered nursing and advanced practice nursing. Registered nurses delegate to and supervise unlicensed assistive personnel, including nurse aides. Texas, like other states, must continue to search for ways to improve services while achieving greater cost-savings. In some states, boards of nursing are responsible for the competency evaluation of nurse aides, establishment of registries, and/or investigation and adjudication of complaints against these types of personnel. Some states also utilize medication assistants. In the 2004 Model Nursing Practice Act and Model Administrative Rules, article XVIII, Chapter 18, the National Council of State Boards of Nursing (NCSBN) took the position that boards of nursing should regulate medication aides in those jurisdictions utilizing these personnel. Though nurse aides and medication aides are

“certified” rather than “licensed,” many of the functions for regulation of both nurse aides and medication aides are similar to those processes already in place for licensed nurses.

The appropriations necessary to implement such a program would be significant due to the labor-intensive processes involved. Of special concern is the cost in both funds and staff needed for Criminal Background Checks for all CNA applicants (Federally mandated in long term care). The Department of Aging and Disability Services currently regulates both Certified Nurse Aides and Medication Aides. This population tends to be highly mobile with a current absence of criminal background checks and low rate of disciplinary action.

	Medication Aides	Certified Nurse Aides
Certified	10,711	137,873
Disciplined	3	49

Source: Texas Department of Aging and Disability Services, FY 2011

Nurse aide training, competency evaluation, registry, and the complaint registry are currently regulated by the Texas Department of Aging and Disability Services. Responsibility for conducting the skills tests and written (oral) test for nurse aide candidates in Texas is through Nurse Aide Competency Evaluation Service (NACES Plus Foundation) [an affiliated corporation with the Texas Nurses Association (TNA)]. The Texas BON has a strong and ongoing working relationship with Texas Nurses Association (TNA), which is corporately affiliated with the Nurse Aide Competency Evaluation Service (NACES). NACES has been the subcontracted entity for nurse aide exams in Texas for several years, in conjunction with Pearson Vue.

In January, 2009, the Legislative Budget Board (LBB) published the Texas State Government Effectiveness and Efficiency Report, specifically studying the regulation of CNAs. In the article titled “Improve Regulation of Certified Nurse Aides”, the LBB made five recommendations which included transferring the regulation of CNAs to the BON. During the 81st legislative session, Senator Jane Nelson introduced Senate Bill 791 which would transfer the regulation of CNAs to the BON. Senate Bill 791 would have created a consistent regulation and training program for CNAs within the BON to regulate CNAs and nurse aide training and competency programs. The bill would have required the BON to establish an advisory committee to advise BON on training CNAs, increase the number of training hours required for a CNA program, and enter into an interagency contract with the Health and Human Services Commission and DADS for purposes of a nurse aide registry. This bill passed the Senate and was left pending in the House Public Health Committee.

Implication for the 2014-2015 Biennium

Should the legislature determine it appropriate to reorganize the regulation of certified nurse aides and/or medication aides under the BON, the Board is prepared to collaborate with NACES, the Department of Aging and Disability Services, and other applicable groups to promote sound educational preparation, eligibility criteria, and appropriate reporting and investigation of alleged regulatory violations of nurse aides and medication aides to focus on meeting the current and future needs of the people of Texas.

The transfer of this program would have tremendous implications on BON resources. The funding for this program would be transferred to the BON. The BON interpretation of funding for

this program is that the BON is limited to federal dollars and would not have the legal authority to assess additional fees to CNAs to cover actual costs that are beyond the federal funding threshold. If this remains the situation, the BON would consider raising additional revenue from other BON licensees to cover the costs to run this program effectively.

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. Executive Director Compensation

As the agency works within budget and legislative constraints, the BON continues to struggle with limitations that, if eased, would enhance the agency's ability to recruit and retain staff. A main priority of the Board is to request that the salary of the Executive Director be elevated to Group 4 in the current executive compensation system set by the Legislature. The Executive Director is accountable to the Board within a governance policy and the Board has no means to reward the Executive Director based on performance. With a nursing shortage, the retention and recruitment of a nurse executive such as the executive director is becoming acute.

The reason for a salary increase for the agency executive director is twofold:

- (1) to reward excellent job performance of the current executive director. The current salary is not competitive with like-size regulatory agencies and not competitive at the low end of salaries of chief nursing executives in the central Texas area. Below is a comparison of the executive director compensation between the BON and several agencies with smaller budgets and fewer full-time employees:

<u>State Agency</u>	<u>Exec. Dir. Salary</u>	<u>Salary Grp.</u>	<u>FTEs</u>	<u>2012 Budget</u>
Texas Board of Nursing	\$92,600	3	107.7	\$9,299,030
Texas State Board of Pharmacy	\$106,500	4	78	\$6,197,347
Texas Real Estate Commission	\$116,700	4	106	\$8,739,277*

* The Texas Real Estate Commission is a Self-Directed, Semi-Independent (SDSI) Agency and the budget above does not include the additional funds required for employee benefits and additional contributions required by virtue of being an SDSI agency.

- (2) the incumbent in this position is required to be a registered nurse with a master's degree in nursing and have nursing knowledge in education and nursing practice, along with general knowledge of information technology, human resources, and finance. The current executive director: has served with the agency since 1989, and moved to executive director of the Board in 1995. She oversaw the combining of the Texas Board of Nursing and the Texas Board of Vocational Nurse Examiners at the direction of the Texas Legislature, served as Director of the National Council of State Boards of Nursing, and was recently selected to serve as a Fellow to the American Academy of Nursing.

The current executive director has reached her retirement eligibility and if for any reason, the BON lost the current executive director, it would be required to compete with the private sector for a chief nursing officer in order to have a qualified pool of applicants. The salary range for this group in the central Texas area is from \$114,878 to \$127,546 per year.

In the study of exempt positions by the State Auditor's Office in July, 2010, the report indicates that the salary for the executive director was 24.6% below the market. She did not receive an increase in fiscal year 2011, which is 27.4% below nursing salaries in the private sector, where the agency would have to compete to find a like caliber person.

The BON's compensation analysis shows that the market rate for a comparable position in the private sector would be \$127,546. Furthermore, from a comparable state perspective, the BON's budget and FTE's exceed that of the Texas Board of Pharmacy and the Texas Real Estate Commission, of which both executive directors are placed in the Group 4 category.

Implication for the 2014-2015 Biennium

The Board has raised this issue as a priority since the continuity of the agency's work is driven by the leader of this agency and the BON is in peril of losing the ability to retain this individual, as well as diminishing it's ability to have an effective succession plan. Without continuity in this key position, the mission of public protection would suffer since the Executive Director is a key player in the disciplinary process and policy development. If, for any reason, the executive director left this agency, the BON would be in an extremely difficult position to hire a qualified executive director at the current salary. **The BON is requesting that the salary of the Executive Director be moved to group 4 and be set at a rate not to exceed \$127,500** to be able to retain the current executive director and to have the ability to recruit a comparable replacement if needed.

II. New Staff Position for Nursing Education

In order to provide excellence in regulation, protect the public, and promote success in nursing education in Texas, the Board is requesting an additional position of Nursing Consultant for Education. Rationale for this request is based upon the following:

- Increase in the total number of nursing education programs by 20% resulting in:
 - additional workload related to proposal review and approval;
 - additional workload related to assisting new, inexperienced programs in program implementation; and
 - a reduction in the amount of time and attention needed to monitor and assist established programs
- Increase in time needed to assist all nursing programs related to challenges and issues including:
 - increased enrollments to meet the need for more nurses in the state;
 - diversity of students;
 - advances in nursing knowledge;
 - lower NCLEX examination pass rates;
 - increased number of nursing programs with sanctions;
 - faculty shortage;
 - scarcity of clinical sites; and

- fluctuations in the job market for new nursing graduates.
- Complexities of protecting the public by ensuring quality nursing education by directing more attention to:
 - collaborative efforts to align with other regulatory agencies and accreditation organizations for consistency while eliminating duplication; and
 - providing additional information and resources to nursing programs, students, and the public

With the increase of forty-one (41) new nursing programs approved since 2006 and the increase in the number of approved programs with Board sanctions, a new staff position for nursing education is required to provide the oversight of new and existing programs to ensure quality. Current staff resources are not adequate to adequately monitor nursing education in the state and protect the public.

Implication for the 2014-2015 Biennium

Based on the current salaries of nursing education staff, the BON projects that it would need an additional \$71,499 per fiscal year to fund a new education consultant position.

III. New Staff Position Needed to Support 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 11 and 12. 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. Formal hearings at the State Office of Administrative Hearings that require a Nurse Practice Consultant have increased, as seen in Table 16.

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 Nursing Practice Department is interested in developing an approval process for refresher programs and extensive orientations. Nurses that seek to reactivate a license after an extended period of time must complete either a refresher program or an extensive orientation. An approval process would safeguard the public by ensuring that nurses have obtained the knowledge and skills necessary to re-enter nursing. Further, the Nursing Practice Department would like to monitor the ongoing status of refresher programs and extensive orientations as a quality assurance mechanism. An additional FTE would be required in order to develop this type of approval and monitoring process.

With an additional Practice Consultant, 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 this additional FTE, the Nursing Practice Department would have the ability to develop jurisprudence and ethics curricula for nursing education programs. In addition, suggestions reviewed in this report concerning the proposed requirement of an online jurisprudence and ethics course for license renewal every five years and the successful completion of the jurisprudence exam as a remediation requirement in disciplinary actions could be developed. An additional Practice Consultant is needed in the Nursing Practice Department to meet current and projected demands.

Implication for the 2014-2015 Biennium

Based on the current salaries of nursing practice staff, the Board projects that it would need an additional \$71,499 per fiscal year to fund a new practice consultant position.

IV. Upgrade to Licensing System

In 1980 the BON 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 board 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 BON (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 an 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 the 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 current BON licensure application has been maintained using a valid software migration path and is up-to-date in regards to maintenance and performs enhancements to the application as needed.

Implication for the 2014-2015 Biennium

Due to the functionality of newer developmental software and the integration of web interfaces and mobile technology, the BON will be investigating and reviewing alternatives to upgrading, developing and/or subscribing to distributed cloud services for IT's next generation licensure application.

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

African-American	13.6%
Hispanic	30.1%
Other	1.0%
Caucasian	55.3%

Agency Structure

The Board consists of four departments. The Board's four departments are Administration, Enforcement, Nursing and Operations. The Executive Director also receives additional feedback directly from staff at monthly agency wide staff meetings and board meeting debriefings and additional feedback from participating in the Survey of Organizational Excellence conducted by the University of Texas School of Social Work.

Geographical Location

The agency is located in downtown Austin, 333 Guadalupe Street, Tower 3, Suite 460. The BON is co-located with fifteen other 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 the 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 take depositions and participate in 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, the BON is experiencing high turnover in specific job categories due to the competitive market in the Central Texas area. The BON has met this challenge by offering a minimum competitive salary, training opportunities, innovative human resource policies, a participatory management team and wellness programs. As shown in its Survey of Employee Engagement, the BON's alternative work schedule, educational leave policies, and wellness programs continue to receive high ratings from staff. The BON continues to look for extrinsic rewards for staff as agency salaries continue to slip behind 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 for licensure verification or to speak with a customer service representative:

Fiscal Year 2004 - 232,947 Calls
 Fiscal Year 2005 - 235,386 Calls
 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

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 seven staff members to the task of answering calls. The BON has decreased the customer waiting time online by hiring and training higher level administrative personnel and paying up to mid-range in salaries. This compensation adjustment has decreased the turnover in that area and has allowed the BON to add more essential functions to the customer service area and decrease the pressure of other licensing staff to concentrate on processing applications and not have to answer the phone. The BON has used this compensation strategy with nursing staff in both the Enforcement and Nursing departments with success of decreasing turnover and creating more stability.

Fiscal Perspective

Current Funding

The BON 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 the BON’s peer assistance program, Texas Online, Nursing Workforce Data Center, and FBI criminal background checks. The BON has met its obligations to the state treasury and continues to raise more funds than required. The BON collected over \$5,000,000 in excess revenue beyond its 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 BON was approved to cease collecting fees for the Texas Nurse Workforce Data Center in fiscal years 2008 and 2009. Specifically the Nurse Practice Act states that “The Board is not required to collect the surcharge if the Board determines the funds collected are not appropriated for the purpose of funding the Nursing Resource Section”. It was confirmed by the Legislative Budget Board that the Department of State Health Services (DSHS), who oversees this program, was not receiving the funds. The BON discontinued the surcharge. The BON reestablished this surcharge for the Nursing Workforce Data Center in fiscal years 2010 and 2011 with a new rider. The BON requested that the Texas Center for Nurse Workforce Studies provide a proposed budget for fiscal years 2013 and 2014 to include costs of providing more timely reports and additional workforce analysis. To achieve the additional work requested, the costs would be an additional \$46,550 above the current budget of \$365,000. This budget increase could be achieved without raising licensure fees since we collect over \$415,000 in pass-through fees from licensees at this time.

Texas nursing schools are under increasing pressure to conduct criminal background checks (CBCs) on their nursing students prior to admission. A student’s criminal background may be an impediment to the student’s clinical experiences based on hospital requirements as well as licensure requirements of the BON. No provision currently exist under Texas law giving nursing schools access to complete criminal history records prior to students’ clinical experiences. State law permits access to criminal history records for both law enforcement and employment purposes only. Because the BON has authority to do complete CBCs for the purpose of licensure, the BON is being asked by Texas schools of nursing to conduct criminal background checks for those students entering an approved Texas professional and vocational nursing school.

The BON 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 can start when a student is “enrolled or planning to enroll” in a nursing education program through the declaratory order of eligibility required by Texas Occupations Code § 301.257 (Nursing Practice Act). The declaratory order process determines eligibility for licensure prior to enrolling or early after enrollment in an approved nursing program. One of the purposes of the process is to avoid a needless use of nursing 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 BON for a Declaratory Order of Eligibility.” The BON is continuing to conduct CBCs on students early prior to and after entering nursing school. Eighty percent of nursing education programs are participating in conducting of CBCs on students. Current appropriations fund only the Board’s requirement to conduct FBI checks on those individuals who submit an application for licensure upon graduation. The number of students enrolled in Texas nursing educational programs significantly exceeds those who eventually apply for licensure by examination. The BON is requesting that the student CBC program become mandatory with the program cost absorbed by the agency without additional funding. The CBC program for students will be reevaluated in the future if it is determined that the agency cannot absorb the cost of conducting the checks.

Future Funding

The BON is experiencing consistent and steady growth of RNs and LVNs as indicated with the number of renewals in fiscal years 2011 and thus far in fiscal year 2012. The BON anticipates 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 lost from those states, therefore bringing a balance between those RNs and LVNs migrating into the state and those who hold a compact designation. For fiscal years 2013 and 2014, the BON received funding for eight FTEs to complete the criminal background checks by renewal by August, 2013. The BON is on target to complete this process by that date and will cease collecting DPS/FBI background check fees for renewals, examination, endorsement and new/accepted students. Beginning September 1, 2013, all nursing applicants required to complete a background check for the BON, will pay a fee directly to the Texas Department of Public Safety or their contractor for this service. Thus, the BON will reduce its revenue by \$2,000,000 per fiscal year which is the average collected for this service. The State of Texas will not lose any of these funds since the fee will be paid to the Texas Department of Public Safety.

Historically Underutilized Businesses

The BON is committed to reach its goal of purchasing from Historically Underutilized Business (HUBs). The BON has set an 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 the HUB goal. The BON fell just short of its goal in fiscal year 2011 by purchasing 8.27% of all goods and services from HUBs.

The BON will focus on increasing its HUB spending by targeting HUB vendors in all delegated purchases. By increasing the pool of vendors, the BON is able to receive a competitive price from all vendors. The BON will continue its good faith effort in purchasing from HUBs to maintain its 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.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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: Technology Refresh - Continued replacement of computer hardware/software in alignment with Technology Refresh plan.	
2. Initiative Description: The BON replaces hardware and software in compliance with the Boards Technology Refresh Plan. The refresh schedule staggers the replacement and yearly purchases of these systems to assist the BON in maintaining a consistent budget and workload. Analysis of services, software, costs and purchase versus lease is performed prior to each purchase.	
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
4. Agency Objectives: All agency objectives.	
5. Statewide Technology Priorities: P1 – Cloud, P2 – Data Management, P3 - Data Sharing, P4 – Infrastructure, P6 – Mobility, P7 – Network, P8 – Open Data and P9 – Security and Privacy.	
6. Guiding Principles: Maintaining current standards in hardware and software allow the agency to connect and deliver expected services using the latest technologies.	
7. Anticipated Benefits: 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) 	
8. Capabilities or Barriers: The barriers in continued implementation of this project are mandated budget cuts, lack of funding and overall costs.	

1. Initiative Name: Security - Strengthen, maintain and enforce policies and infrastructure for data privacy and system security.	
2. Initiative Description: The BON has participated in an external security assessment to evaluate their 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 process 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 staff security awareness training.	
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
4. Agency Objectives: All Agency Objectives	
5. Statewide Technology Priority: P9 – Security and Privacy	
6. Guiding Principles: The BON is committed in protecting citizen's sensitive and confidential data while providing open government through expanded online data, services and functionality.	
7. Anticipated Benefits: 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) 	
8. Capabilities or Barriers: The barriers in implementation of this project are mandated budget cuts, lack of funding, lack of IT staffing and overall costs.	

1. Initiative Name: Data Sharing - Increase electronic access to information and data.	
2. Initiative Description: The BON has partnered with several different agencies and supplies electronic licensure data on a monthly 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 and research.	
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

4. Agency Objectives: Nursing Education, APRN Compact, Transparency in Regulation.
5. Statewide Technology Priorities: P2 – Data Management, P3 – Data Sharing, P8 – Open Data.
6. Guiding Principles: The initiative expands access use for nurses by providing a single repository that is shared with other agencies for licensure and authentication checking regarding fund reimbursement and access to informational arenas. Posting of de-identified data for research purposes develops partnerships and two way information sharing between the public and private sectors.
7. Anticipated Benefits: 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)
8. Capabilities or Barriers: The barriers in implementation of this project are limitations of equipment, lack of IT staffing and delays in security implementations.

1. Initiative Name: Upgrade Licensing System - Expansion of existing and new licensee data, electronic file systems and shared data services.	
2. Initiative Description: The BON’s current licensure application is 10 years old, but has been maintained and upgraded using a valid software migration path and is up-to-date in regards to system and data maintenance. Due to the functionality of newer developmental software and the integration of web interfaces and mobile technology, the BON will be investigating and reviewing options for a full review and rewrite of existing coding, migrating to a different applications and/or subscribing to distributed cloud services for its next generation licensure application.	
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
4. Agency Objective(s): All agency objectives	
5. Statewide Technology Priorities: P1 – Cloud, P2 – Data Management, P3 - Data Sharing, P4 – Infrastructure, P6 – Mobility, P7 – Network, P8 – Open Data and P9 – Security and Privacy.	
6. Guiding Principles: Implementation of this initiative will increase online functionality, including offering and consuming web services for increase proficiency in data exchange, configurable real-time public reports and the ability to implement mobile applications in a secure environment.	
7. Anticipated Benefits: 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

8. Capabilities or Barriers: The barriers in implementation of this project are mandated budget cuts, lack of funding, lack of IT staffing and overall costs.

1. Initiative Name: Outreach to Constituents – Electronic notification of new events, rules, guidelines and publications along with employer subscription services.

2. Initiative Description: The BON plans to release an online eNotification subscription service that pushes license verification and disciplinary information to employers. Employers will identify their nurse employees and receive email notification when changes are made to the licensure record.

The second phase of this initiative will allow constituency to sign up for electronic notification of events, new publications, guidelines, rules and offerings. This information will also be posted on the BON governmental Facebook page.

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

4. Agency Objective(s): All agency objectives.

5. Statewide Technology Priorities: P2 – Data Management, P3 – Data sharing, P6 – Mobility, P8 – Open Data, P10 – Social Media.

6. Guiding Principles: The initiative increases public protection, awareness and trust by sending notifications as changes are updated in the database and/or posted on the web.

7. Anticipated Benefit(s):

The BON anticipates benefits in the following areas:

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

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

Appendix A

Strategic Planning Process

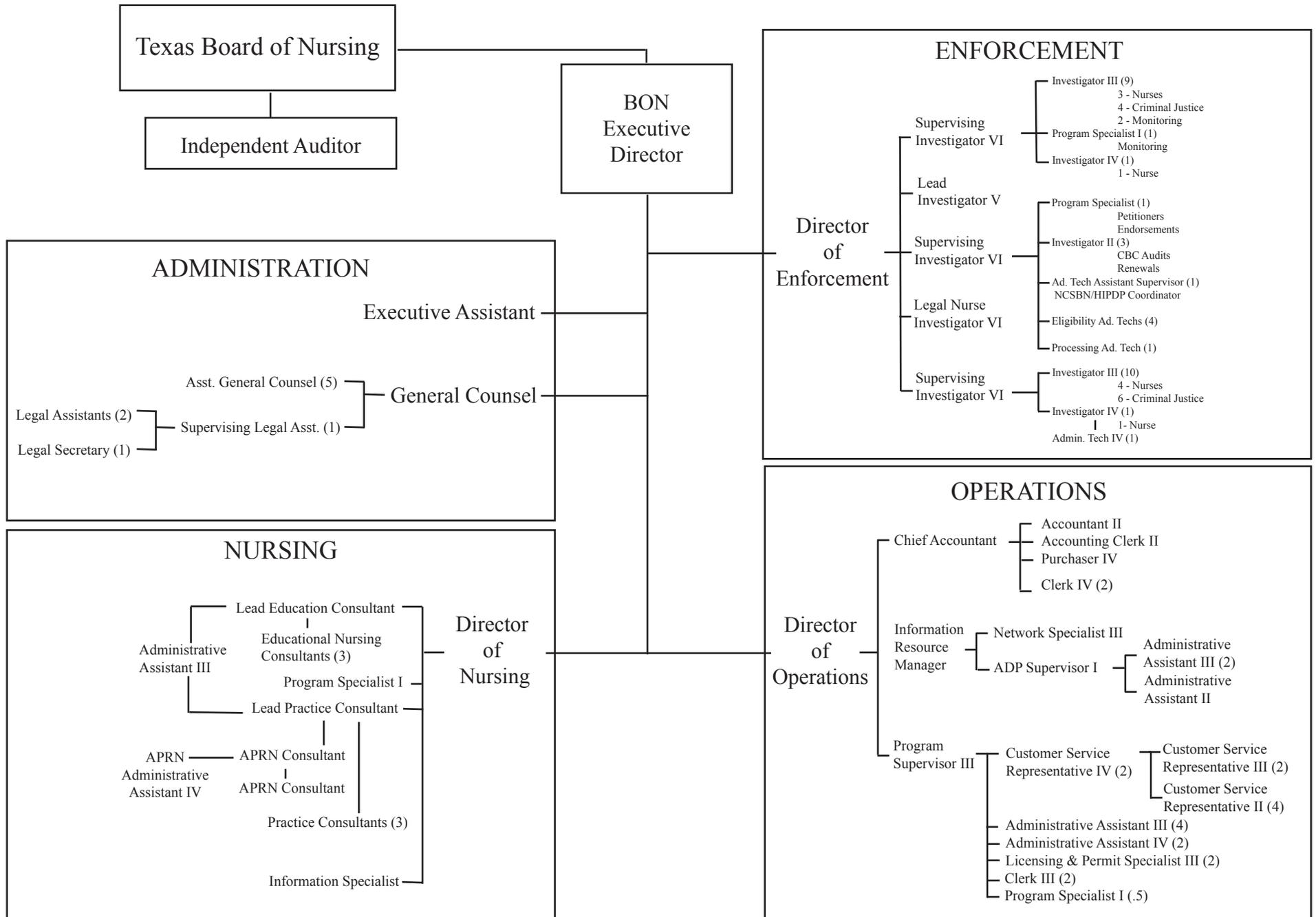
In developing the Strategic Plan, the Board and the agency staff identified and analyzed those trends and resulting issues expected to have the most significant impact on the profession and the regulation of nursing over the next five years.

The process included:

- **The Board of Nursing held a retreat in Austin in October 2011 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 in April 2012. Stakeholders provided feedback via a survey conducted online from April 1, 2012 to May 1, 2012. Results from the survey are included in the Customer Service Report located in Appendix G.**
- **Discussion of strategic planning logistical issues occurred at the April 19-20, 2012 Board Meeting including designation of a Board liaison to review the agency Strategic Plan prior to plan submission.**
- **Review of customer service feedback is elaborated on in the Customer Service Report at Appendix G.**
- **Review and approval of the final document by a liaison of the Board prior to submission.**

Appendix B

Agency Organization



Appendix C

OUTCOME PROJECTIONS FOR 2013 - 2017

<u>OUTCOME MEASURES</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</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.
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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 2013-2017 Workforce Plan

I. AGENCY OVERVIEW

The Board of Nursing (BON), has one of the largest licensee databases in the State of Texas. We regulate over 338,000 nurses and 204 schools of nursing. This is a unique challenge to investigate alleged violations of the Nursing 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 107.7 positions. The agency has 46 FTEs in the Enforcement Division, 34.7 FTES in the Operations Division, 14 in the Nursing Division and 13 Administrative Employees including the Executive Director. All staff are located in the Austin, Texas office. The board has 13 members from throughout the State of Texas.

With advancing technology, the scope of practice of nursing continually changes. The Advanced Practice Registered 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 Registered 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, and RNs performing radiological procedures.

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 plan to discontinue requiring paper affidavits of graduation. We plan on implementing additional strategies in the future. We anticipate the continuing education process to evolve into a continued competency model to include portfolios and practice targeted requirements.

E. Additional Considerations

Key Economic and Environmental Factors

We are experiencing a steady 3% growth of RNs and LVNs currently licensed. The number of new Texas licensees from examination and endorsement has added to this increase due to the dramatic growth fund for students and the number of internationally educated nurses. For the past two fiscal years, the BON has exhausted all appropriated funds granted by the legislature. The BON has used appropriated receipts in the Licensing strategy to allow us to fund all agency programs adequately.

The most important human resource issues for the Texas Board of Nursing is to increase the salary of the Executive Director. By the end of this biennium, she will not have received an increase in four years.

Challenges to Providing Competitive Salaries

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

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

Fiscal Year 2003 - 160,027 Calls
Fiscal Year 2004 - 232,947 Calls
Fiscal Year 2005 - 235,386 Calls
Fiscal Year 2006 - 212,641 Calls
Fiscal Year 2007 - 219,438 Calls
Fiscal Year 2008 - 267,401 Calls
Fiscal Year 2009 - 318,418 Calls
Fiscal Year 2010 - 302,284 Calls
Fiscal Year 2011 - 246,402 Calls

The phone call numbers above do not include the number of direct calls that go directly to a staff member nor does it include the number of e-mails that are increasing monthly. The BON has a customer service department and dedicated six staff members to the task of answering calls. We have decreased the customer waiting time by hiring and training higher level administrative personnel and paying up to 10% beyond beginning salaries. This compensation adjustment has decreased the turnover in that area and has allowed us to add more essential functions to the customer service area and decrease the pressure of other licensing staff to concentrate on processing applications and not have to answer the phone. We have used this compensation philosophy with our nursing staff in both the enforcement and nursing departments with success of decreasing turnover and creating more stability.

II. CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

A. *Agency Demographics*

Gender	Female	76.7%
	Male	23.3%
Race	African-American	13.6%
	Hispanic	30.1%
	Other	1.0%
	Caucasian	55.3%

Percentage of Workforce Eligible to Retire in the Next Five Years: 23%

Job Categories	State Civilian Workforce					
	African American		Hispanic American		Females	
2008 Data	BON %	State %	BON %	State %	BON %	State %
Officials, Administration	25%	15.30%	0%	11%	50%	31%
Professionals	0%	18.51%	0%	10%	66.6%	47%
Technical	0%	28.27%	0%	18%	33.3%	39%
Protective Services	6.6%	18%	33.3%	21%	66.6%	21%
Para-Professional	16.6%	18%	33.3%	31%	83.3%	56%
Administrative Support	20.5%	12.35%	43.6%	27%	84.6%	80%

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: 2003-2011

Fiscal Year 2003 - 18.0%
Fiscal Year 2004 - 22.5%
Fiscal Year 2005 - 10.6%
Fiscal Year 2006 - 11.0%
Fiscal Year 2007 - 19.6%
Fiscal Year 2008 - 14.2%
Fiscal Year 2009 - 12.7%
Fiscal Year 2010 - 6.2%
Fiscal Year 2011 - 9.3%

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 2012 - 15%
Fiscal Year 2013 - 18%
Fiscal Year 2014 - 20%
Fiscal Year 2015 - 20%
Fiscal Year 2016 - 20%

The agency anticipates ongoing turnover in the Nurse Investigator and Nurse Consultant positions at least until fiscal year 2014 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 will begin to feel the effect of “baby boomers” beginning to retire in fiscal year 2012. Beginning in fiscal year 2012, we will have 17 staff members eligible for retirement.

III. FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)

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

As the agency moves towards a paperless environment, 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 14 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 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.

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:	<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 doesn't always have to be done the way it's always been done.</p>
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.

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. In 2010, 92% of staff completed the survey. Respondents were regular employees who work 40 hours per week.

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

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 2012 Synthesis Score of 3.95 is noteworthy. The Board of Nursing's synthesis score for 2010 was 3.87. The agency's response rate for 2012 was 94%, with 87 of 93 employees responding to the survey.

Appendix G

Texas Board of Nursing

***Report on Customer Service
for Fiscal Years 2013-2017***



Submitted: June 1, 2012

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 108 RN Nursing Programs and 97 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*: Requested 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: survey data from BON stakeholders through a study conducted by the National Council of State Boards of Nursing (NCSBN); and a stakeholder survey promoted in the April, 2012 *BON Bulletin*, hosted by the Survey Monkey website 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 April, 2011. 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 April, 2011 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 58 other participating boards of nursing. Study data relating to practice, education, licensure and governance was collected by the NCSBN in FY 2009. Additional data for the CORE Study was drawn from BON participation in a previous pilot data study on nurses during FY 2000, FY 2003, FY 2005, and FY 2007.

BON Stakeholders Provided to Core Study

The NCSBN asked the BON to provide contact information on stakeholders for the CORE. Of the 1500 nurses surveyed, 413 (28%) responded. One hundred and ninety-four directors for BON-approved educational programs were asked to provide feedback and 91 (47%) programs responded and are represented in the data. Two hundred employers were asked to provide feedback and 20 (10%) 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. Data relating to perceptions of BON customer service (i.e., agency communications, performance of agency mission functions, communications with the public concerning perceptions of the BON) provided a myriad of data. The data concerning stakeholder perceptions of BON communications by Internet, telephone and print is presented below. Respondents rated each on a scale of 4 (excellent) to 1 (poor). Table 1 presents the average responses of nurses polled. Their responses are then compared to the aggregate responses from all participating boards of nursing.

Table 1
Perceptions of Stakeholders Regarding Board Website, Telephone System and Newsletter

<u>BON Website Rating</u>	<u>BON Phone System Rating</u>	<u>Newsletter Rating</u>
Nurses (3.04)	Nurses (2.53)	Nurses (3.03)
Employers (3.47)	Employers (2.80)	Employers (3.05)
Nursing Ed. (3.37)	Nursing Ed. (2.48)	Nursing Ed. (3.52)
Programs	Programs	Programs

The data in Table 1 indicates an average satisfaction level in the area of the telephone system. Both Texas and aggregate survey data (Aggregate nurses also rated phone systems at 2.49 and aggregate employers rated them at 2.57) indicate dissatisfaction with the phone systems of all boards of nursing in the study. Board staff members saw a slight decrease in call volume from 200,079 in FY 09 to 199,522 in FY 10 (.3% decrease).

The agency continues to expand the number of customer service programs on the website in order to provide easily accessible information. One program allows applicants to track applications status online. Applicants can see what materials the agency has received and what is missing. The application has performed more than 18,386 queries since implementation in October, 2009. The second is a *Live Help* function. Located in the Licensing section of the webpage, this function allows applicants and nurses to chat directly with licensing staff during regular business hours. It was implemented in September 2009 and has already engaged in

more than 5,000 chat sessions. In addition, more Frequently Asked Questions have been added to the website to assist in locating nursing practice and education information.

Methods Used to Find Out About Scope of Practice or to Make Practice Decisions

Nurses were asked what methods they used to find out about scope of practice or practice decisions.

The nurse responses are included below:

	<u>Percentage</u>
Nursing practice law and rules	(57%)
Board newsletter	(50%)
Board website	(51%)
Personal communication with board staff or member	(8%)
Public meetings or educational workshops	(15%)
Public hearings	(0.5%)
Public notice	(1%)
Other assn. newsletter	(10%)
Other assn. website	(7%)

Employers surveyed provided the feedback below:

	<u>Percentage</u>
Nursing practice law and rules	(65%)
Board newsletter	(40%)
Board website	(65%)
Personal communication with board staff or member	(10%)
Public meetings or educational workshops	(5%)
Public hearings	(0%)
Public notice	(0%)
Other assn. newsletter	(10%)
Other assn. website	(30%)

The 2009 data reveals a reliance on the BON website, nursing practice laws and rules, and the newsletters as sources of information for nurses making practice decisions.

Effectiveness in Protecting the Public

The mission of the Board is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely.

Stakeholders were asked how effective the Board was in protecting the public. A rating scale was utilized from 1 to 4 with 4=very well; 3=well; 2=poorly; and 1=very poorly. Survey results appear below:

	<u>Rating</u>
Nurses	(3.11)
Employers	(3.37)

Survey results indicate a higher satisfaction level from employers than nurses concerning protection of the public. The Board will work with the NCSBN to increase the number of

business respondents responding to the survey. The BON is exploring implementation of a data push system utilizing e-mail alerts to businesses employing nurses.

Adequacy of Regulation

Stakeholders were also asked for their views about the adequacy of regulation for existing statutes and administrative rules. They rated activities in the areas of practice standards (scope of practice), complaint resolution/discipline process, and requirements for licensure.

Results from nurses surveyed appear below:

	<u>Rating</u>
Practice Standards/Scope of Practice	91% adequate, 5.6% too much regulation, 3.5% too little regulation
Complaint Resolution/Discipline Process	86.6% adequate, 5.8% too much regulation, 7.6% too little regulation
Requirements for Licensure	90.7% adequate, 5.1% too much regulation, 4.1% too little regulation

Results from employers surveyed appear below:

	<u>Rating</u>
Practice Standards/Scope of Practice	94.7% adequate, 5.3% too much regulation, 0% too little regulation
Complaint Resolution/Discipline Process	77.8% adequate, 22.2% too little regulation
Requirements for Licensure	100% adequate

Texas nursing education programs surveyed provided the feedback below:

	<u>Rating</u>
Practice Standards/Scope of Practice	95.5% adequate, 2.2% too much regulation, 2.2% too little regulation
Complaint Resolution/Discipline Process	96.4% adequate, 3.6% too little regulation
Education Program Approval	89.8% adequate, 4.5% too much regulation, 5.7% too little regulation
Requirements for Licensure	100% adequate

The Board did particularly well with adequacy of regulation from the perspective of employers and education programs participating in the survey.

Perceptions of Nurses Regarding the Licensure Process

Nurses were asked to rate their satisfaction for the licensure process in 2009. A rating scale was utilized from 1 to 4 with 4=very satisfied; 3=satisfied; 2=dissatisfied; and 1=very dissatisfied. Survey results appear below:

	<u>Rating</u>
Satisfaction with the Licensure Process	(3.35)

In FY11, 92% of registered nurses renewed their licenses online (N=102,554) and 89% of licensed vocational nurses renewed online (N=38,647).

Perceptions of Nurses Regarding Helpfulness of the Board of Nursing on Questions about Practice Issues

Nurses were asked to rate how helpful or unhelpful was the response received in response to questions about practice issues. A rating scale was utilized from 1 to 4 with 4=very helpful; 3=helpful; 2=unhelpful; and 1=very unhelpful. Survey results appear below:

	<u>2005</u>	<u>2007</u>	<u>2009</u>
Nurses	(3.00)	(3.55)	(3.29)

Nurses responses concerning helpfulness of the Board on practice questions remained consistent from 2005 to 2009 in indicating that Board was helpful in responses relating to practice issues.

Differences between the Board of Nursing and Professional Associations

When nurses were surveyed on whether they understood the differences between the roles of the Board of Nursing and professional organizations, the responses indicate that a large percentage do not fully understand the differences. The survey results appear below:

	<u>Percentage</u>
Understand	(45%)
Somewhat understand	(47.2%)
Somewhat misunderstand	(4.4%)
Misunderstand	(3.4%)

The Board of Nursing's jurisprudence prep course and the jurisprudence examination test questions address the differences between the BON and professional associations.

The BON has also addressed the differences in articles in the agency newsletter.

Full text of the CORE Report can be located at:

<http://www.bon.state.tx.us/about/pdfs/NCSBN-Core-Report-2009.pdf>

Board of Nursing Survey

The Board of Nursing posted a Customer Service Survey on the BON website in April, 2012. The survey solicited public opinions concerning: the *Texas Board of Nursing Bulletin*; the Board of Nursing website; BON Webmaster inquiries; and interactions with the Customer Service Department, by telephone or walk-in. The survey was posted on the BON website from April 1, 2012 until May 1, 2012. Results from the survey are provided below.

Number of Respondents

The BON Customer Service Survey was taken a total of 51 times, which is a low response rate for more than 330,000 licensees. 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 and the agency newsletter. A brief summary of their comments will also be provided.

Customer Service Department

1. Have you contacted the Board of Nursing during the past six months for information services? **Yes** 37.3% (N=19) **No** 62.7% (N=32)

If Yes, in which area(s):

	<u>Areas Contacted</u>
Advanced Practice	17.6% (N=3)
Licensure by Endorsement	11.8% (N=2)
Licensure by Examination	11.8% (N=2)
Renewal	23.5% (N=4)
Complaints against a Nurse	5.9% (N=1)
Nursing Practice	5.9% (N=1)
Verification	11.8% (N=2)
Other	35.3% (N=6)

2. Was the information provided helpful?

Forty-one point two percent (N=17) of respondents found the information provided helpful and 11.8% (N=2) found the information somewhat helpful. 29.4% (N=5) of respondents found the information provided very unhelpful and 5.9% (N=1) found the information not helpful.

3. Was the information (written or verbal) provided in a timely manner?

Forty-seven point one percent (N=8) of respondents indicated that the information was provided in a timely manner and 11.8% (N=2) found the information was provided in a somewhat timely manner. 23.5% (N=4) of respondents found the information provided in a very untimely manner and 5.9% (N=1) found the information was not provided in a timely manner.

4. Was the information provided in a courteous manner?

Sixty-four point seven percent (N=11) of respondents found the information was provided in a very courteous manner and 5.9% (N=1) found the information was provided in a somewhat courteous manner. Five point nine percent (N=1) found the information was provided in a very uncourteous manner.

5. Was the staff professional?

Fifty-two point nine percent (N=9) of respondents described staff as very professional and 17.6% (N=3) described staff as somewhat professional. Five point nine percent (N=1) described Board staff as very unprofessional.

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

Forty-one point two percent (N=7) of respondents indicated that they waited 16 or more minutes before speaking with a BON representative. Five point nine percent (N=1) waited 11-15 minutes. Forty-one percent (N=7) described their wait as five minutes or less to speak with a BON representative.

Board of Nursing *Bulletin*

1. Is the information valuable?

Sixty-six point six percent (N=24) of respondents indicated that the information in the *Bulletin* is valuable or somewhat valuable. Twenty-five percent of respondents were neutral (N=9) and 8.4% (N=3) of respondents indicated that the information in the *Bulletin* is not valuable.

2. Is the Laws and Rules section helpful or informative to you?

Sixty-nine percent (N=25) of respondents indicated that the Laws and Rules section is useful or informative. Twenty-two percent of respondents were neutral (N=8) and 8.3% of respondents found the information to not be useful or informative (N=3).

3. Are the practice questions and answers useful or informative to you?

Seventy-two point two percent (N=26) of respondents indicated that the practice questions in the *Bulletin* are useful or informative. Twenty-two point two percent of respondents were neutral (N=8) and 5.6% (N=2) of respondents found the information to not be useful or informative.

4. Is the format of the *Bulletin* “reader friendly”?

Seventy-two point two percent (N=26) of respondents indicated that the format of the *Bulletin* is “reader friendly” and 27.8% of respondents (N=10) indicated that it is not “reader friendly”.

Board of Nursing Website

1. How often have you accessed the BON website?

Sixty-six point six percent (N=24) of respondents indicated that they only access the BON website once a year, or once every six months. Nineteen point four percent of respondents access the site once or twice a month (N=7), 5.6% of respondents access the site once or twice a week (N=2) and 8.3% of respondents indicated that it was the first time they had accessed the site (N=3).

2. Which of the following sections did you visit?

	<u>Percentage</u>
Board Members	30% (N=3)
BON CE Offerings	60% (N=6)
Board Meetings and Events	40% (N=4)
News for Consumers	40% (N=4)
BON News	40% (N=4)
Policy - Use of Technology to Improve Board Functions	30% (N=3)
BON Expenditures	10% (N=1)
BON Resource Efficiency Plan	20% (N=2)
Statistical Information	30% (N=3)
Quarterly Newsletters	40% (N=4)
Publications	30% (N=3)

3. Was the website map clear and easy to follow?

Seventy point six percent (N=24) of respondents indicated that the website map was clear and easy to follow and 29.4% of respondents (N=10) indicated that the website is not clear and easy to follow.

4. Were the instructions on the website clear?

Seventy-nine point four percent (N=27) of respondents indicated that the instructions on the website map were clear and easy to follow and 20.6% of respondents (N=7) indicated that the website instructions were not clear.

5. Was the information obtained from the BON website useful?

Eighty-two point four percent (N=28) of respondents indicated that the information obtained from the BON website was useful and 17.6% of respondents (N=6) indicated that the website was not useful.

6. Were you able to navigate the website and locate topics easily?

Sixty-seven point six percent (N=23) of respondents indicated that they were able to easily navigate the website and 32.4% of respondents (N=11) indicated that they were not able to easily navigate the website.

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

<u>Topic</u>	<u>Response</u>
Licensure by Endorsement	21.4% (N=3)
Licensure by Examination	14.3% (N=2)
Licensure Reactivation	7.1% (N=1)
Requirements for APN Recognition	7.1% (N=1)
Criminal Background Checks	7.1% (N=1)
Multi-state Regulation	7.1% (N=1)
Proposed or Adopted Rules	0.0% (N=0)
Requirements for Prescriptive Authority	7.1% (N=1)
Practice Issues/Problems	7.1% (N=1)
Education Issues/Problems	7.1% (N=1)
Changing a Name or Address	21.4% (N=3)
Continuing Education	14.3% (N=2)
Other	14.3% (N=2)

8. After e-mailing the Webmaster, did you receive a response to your inquiry?

Sixty-four point three percent (N=9) of respondents indicated that they had received a response to their webmaster inquiry and 35.7% of respondents (N=5) indicated that they had not received a response.

9. If yes, how long before you received the response?

	<u>Time Before Response</u>
Same Day	11.1% (N=1)
1 Day	22.2% (N=2)
2-5 Days	44.4% (N=4)
More than 5 Days	22.2% (N=2)

10. Did the response answer your question inquiry?

Seventy-seven point eight percent (N=7) of respondents indicated that the response they received from the Webmaster had answered their inquiry and 22.2% of respondents (N=2) indicated that the response they received had not answered their inquiry.

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: increased hours of operation for the Live Chat service on the website, purging of deceased persons from active or inactive status in the nurse licensure database in order to reduce opportunities for licensure fraud, changing the home page to make the license verification function more prominent, expansion of position statements to assist advanced practice registered nurses in decision-making processes, historical profiling of nursing pioneers, addition of a "Ask the Consultant" section similar to the Live Chat function under the Licensing section, and simplification of the home page to give a less cluttered appearance.

Written comments received in the survey concerning contacting the Customer Service Department by telephone provided an explanation for the negative scores given. Forty-six percent of the written comments (N=13) expressed frustration concerning waiting to speak with

the customer service representatives. Not all comments concerning the telephone system were negative. Thirty-eight percent of the written comments reflected positive interactions with BON staff. Two of the written comments related to areas other than the telephone system. One survey taker wants the BON to print paper licenses upon licensure renewal and another survey taker did not like the automated check-in system in the lobby.

Survey takers were asked about their favorite sections of the *Board of Nursing Bulletin*. Thirty-six written comments were received. Updates concerning changes to nursing practice were mentioned the most in written comments (N=10). The Best Practices articles/Case Scenarios were popular (N=7), along with the Notice of Disciplinary Action/ Imposter Warnings (N=7). Articles on laws and regulations received six comments and continuing education was mentioned twice.

Survey takers were asked what their least favorite sections of the newsletter. The Notice of Disciplinary Action section (18) received the most unfavorable comments. Written comments/suggestions for improvement on the agency newsletter included: information on internet-related resources available to nurses, more case scenarios, information on areas of growth and opportunity for nurses, more information on nurses disciplined by the Board, and less space allocated to the Notice of Disciplinary Action section of the newsletter. Future articles in the Bulletin will address how to get to Board disciplinary orders on the BON website in response to the comments of the survey taker.

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*.

Customer Service Measures

Outcome Measures

<u>FY11</u>	<u>FY12</u>	
75.7%	69.4%	Percentage of Surveyed Customer Respondents expressing Overall Satisfaction with Services Received

28.3%	.01%	Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery
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Output Measures

<u>FY11</u>	<u>FY12</u>	
1,894	n/a*	Number of Customers Surveyed
333,008	338,766	Number of Customers Served (Note: FY 12 measure reflects only first and second quarter statistics)

Efficiency Measures

<u>FY11</u>	<u>FY12</u>	
0	0	Cost Per Customer Surveyed

Explanatory Measures

<u>FY11</u>	<u>FY12</u>	
333,008	338,766	Number of Customers Served (Note: FY 12 measure reflects only first and second quarter statistics)

6	6	Number of Customer Groups Inventoried
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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.

* 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
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 registered 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 status for new advanced practice graduates.**
- **Provisional approval for APRNs relocating to Texas.**
- **Approval of full APRN status following completion of all application requirements.**
- **Renewal of APRN status.**
- **Establishing a registry of Certified Registered Nurse Anesthetists who practice in outpatient settings, which are not otherwise regulated.**
- **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, 108 registered nurse schools of nursing are approved by the BON at the Diploma, Associate Degree, and Baccalaureate Degree levels and 97 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 11, the BON closed approximately 32% of RN cases within 6 months, 28% within 6-12 months, and 40% in over 1 year. The BON closed approximately 30% of LVN cases within 6 months, 28% within 6-12 months, and 42% in over 1 year. The average resolution time for jurisdictional complaints was 204 calendar days.**
 - **Complainants receive letters on the status of their complaints every 90 days, and if a case is unresolved after 1 year, a letter of explanation is sent to the complainant.**
 - **Complaints can be filed at any time against a nurse by completing a written complaint form transmitted by US mail, fax, or e-mail. The form is available by several venues. A toll-free number hosted by the Health Professions Council receives complaints against various health care professionals. Following receipt of a call to this number, a complaint form is mailed to the complainant. The form is also available at the BON's 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 calls within five business days. This is a challenge since the agency receives approximately 246,000 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.
 - **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 21 working days.**
 - **Publications and orders of labels or lists are mailed within 21 working days of the request.**
 - **The BON's newsletter is mailed to nurses and other subscribers quarterly.**

Nurse Licensure Compact

- **The BON implemented the Nurse Licensure Compact on January 1, 2000. The Compact provides for states to recognize a license from another state. More information about the Compact can be found on the BON's website. The goal of the BON 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 the addition of online webinars covering topics including: LVN Scope of Practice, Peer Review, Medication Safety, Safe Harbor and Professional Boundaries. The Board will also have a Facebook page for sharing of information with nurses. The Board is also considering the addition of board meeting broadcasts available for download.

The Board of Nursing may be reached 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. 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, the BON's Customer Service Representative, Bruce Holter, should be contacted at 512/305-6842 or through e-mail at bruce.holter@bon.texas.gov

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

Outcome Measures

- ***Percentage of Surveyed Customer Respondents Expressing Overall Satisfaction with Services Rendered***

Short Definition: Total number of surveyed customer respondents who expressed an overall satisfaction with BON services, divided by the total number of surveyed customer respondents (during a specific reporting period).

Purpose/Importance: This measure is one mechanism to determine the percentage of BON customers that are satisfied with the agency's customer service.

Source/Collection of Data: NCSBN develops/emails 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 3.03 for FY 11. The aggregate stakeholder score was then multiplied by 25 to produce a score equivalent to scoring utilized for the BON Survey. For calculation of the FY 2012 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 2, 3, 4, and 5 were utilized. For the Board of Nursing Bulletin, questions 1, 2, 3 and 4 were utilized. For the Board of Nursing website, questions 3, 4, 5 and 6 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/Collection of Data: NCSBN develops/mails a survey to agency Customers. The BON posts a survey online from April to May 2012. 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.

DENOMINATOR - Total number of surveys that were mailed to BON customers. For BON online survey, the total number of current licensees at the end of first quarter of FY 2012 when the survey was posted online. 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 51 customers responded. 524 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/mails 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 *Number of Customers Surveyed*.

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

Source/Collection of Data: Funds expended would include all direct costs attributable to the survey. These direct costs are identified in the agency's operating budget and where applicable, will include: percent of exempt and classified salaries according to estimated time spent in this function, consumable supplies, computer expenses, training and education, capitalized equipment, and other operating expenses.

Method of Calculation: BON Accountant will keep manual record of costs.

Data Limitation: BON has no control over the number of customers who will want BON services (e.g., number of people who want to obtain a nursing license, who want to obtain information, or who want to file a complaint). In addition, the types and groups of customers are somewhat specific ("targeted") as a result of the agency's enabling legislation.

It is the agency's intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.

Calculation Type: Non-cumulative.

New Measure: No.

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

Explanatory Measures

(1) ***Number of Customers Identified*** This explanatory measure is the same as the Output entitled “Number of Customers Served.”

(2) ***Number of Customer Groups Inventoried***

Short Definition: Total number of customer groups identified in a reporting period.

Purpose/Importance: This measure reflects the diversity of agency customers and gives an indication of the agency’s workload.

Source/Collection of Data: The number of customer groups is determined by reviewing the external customer groups that might exist within each budget strategy listed in the agency Strategic Plan.

Method of Calculation: BON keeps a manual inventory (manual list) of its customer groups.

Data Limitation: The types and groups of customers are somewhat specific (“targeted”) as a result of the agency’s enabling legislation.

It is the agency’s intention to conduct a survey of customer service in each even-numbered year of the biennium. This performance measure does not lend itself to a quarterly or annual report.

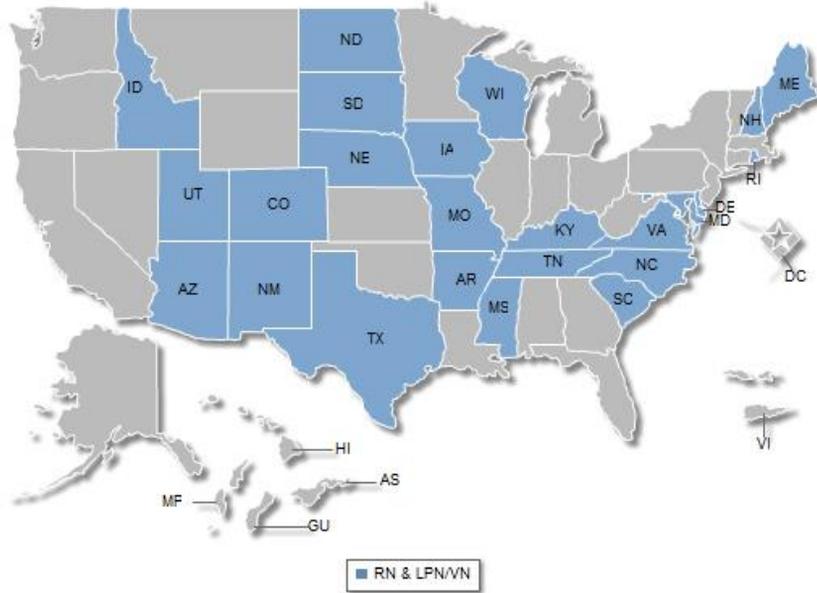
Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Actual performance that is higher than targeted performance is desirable, provided that agency has sufficient staff to handle the increased workload that results from having additional groups of customers to serve.

Appendix H

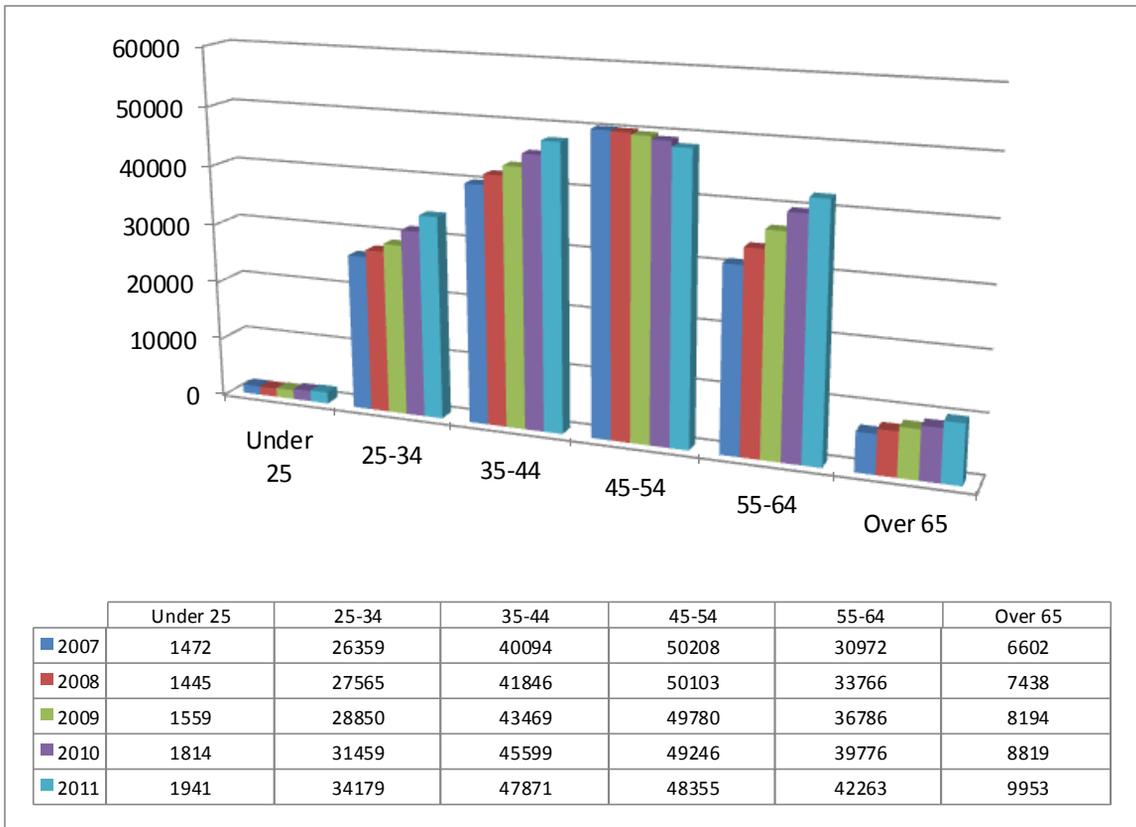
Map of State Compact Bill Status



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
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Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

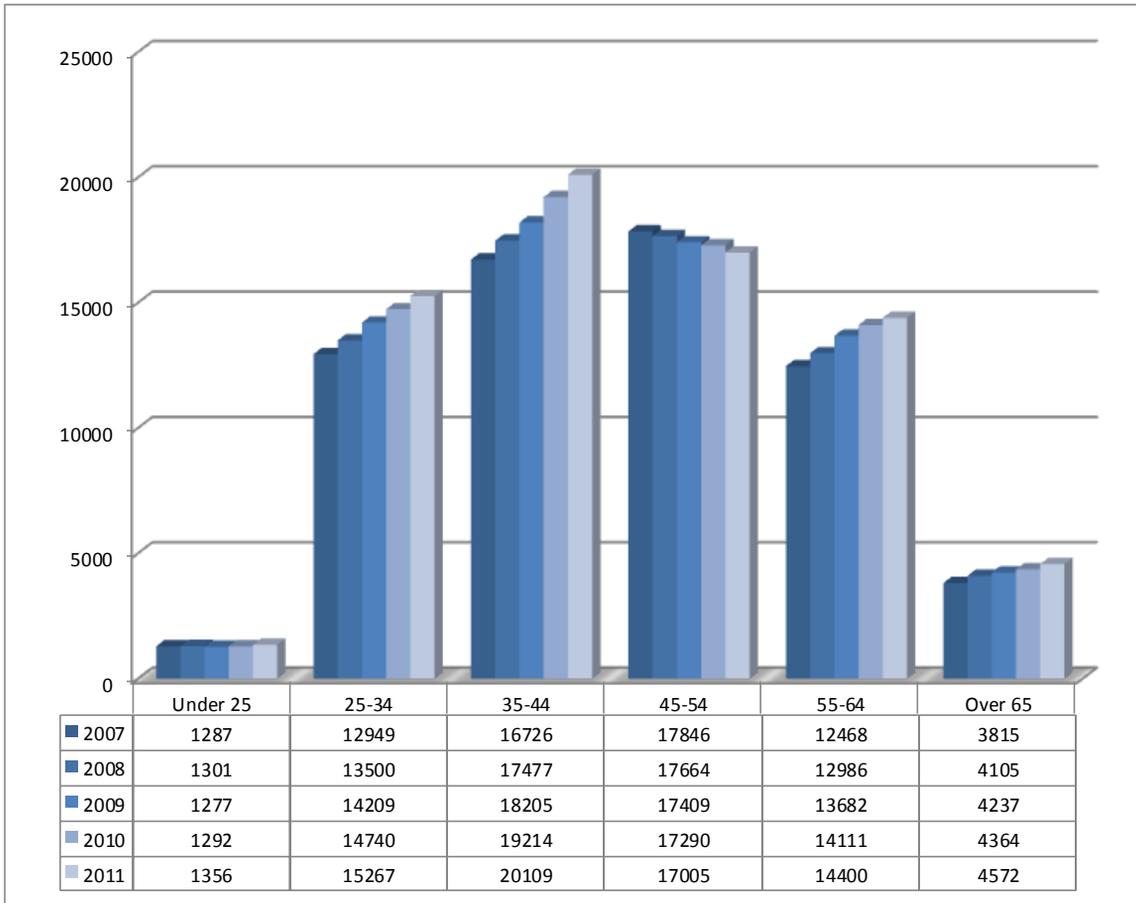
Appendix I

Texas RNs Employed in Nursing By Age: 2007-2011



All age groups increased in number from FY 2007 to FY 2011 except nurses ages 45 to 54 who decreased by 3.69 percent. The number of RNs ages 35 to 44 increased 19% from FY 2007 to FY 2011 (the lowest increase of all groups). The number of RNs ages 25 to 34 increased 29.66%, nurses under age 25 increased 31.86%, nurses ages 55 to 64 increased 36.45% and RNs over age 65 increased 50.75% in number from FY 2007 to FY 2011.

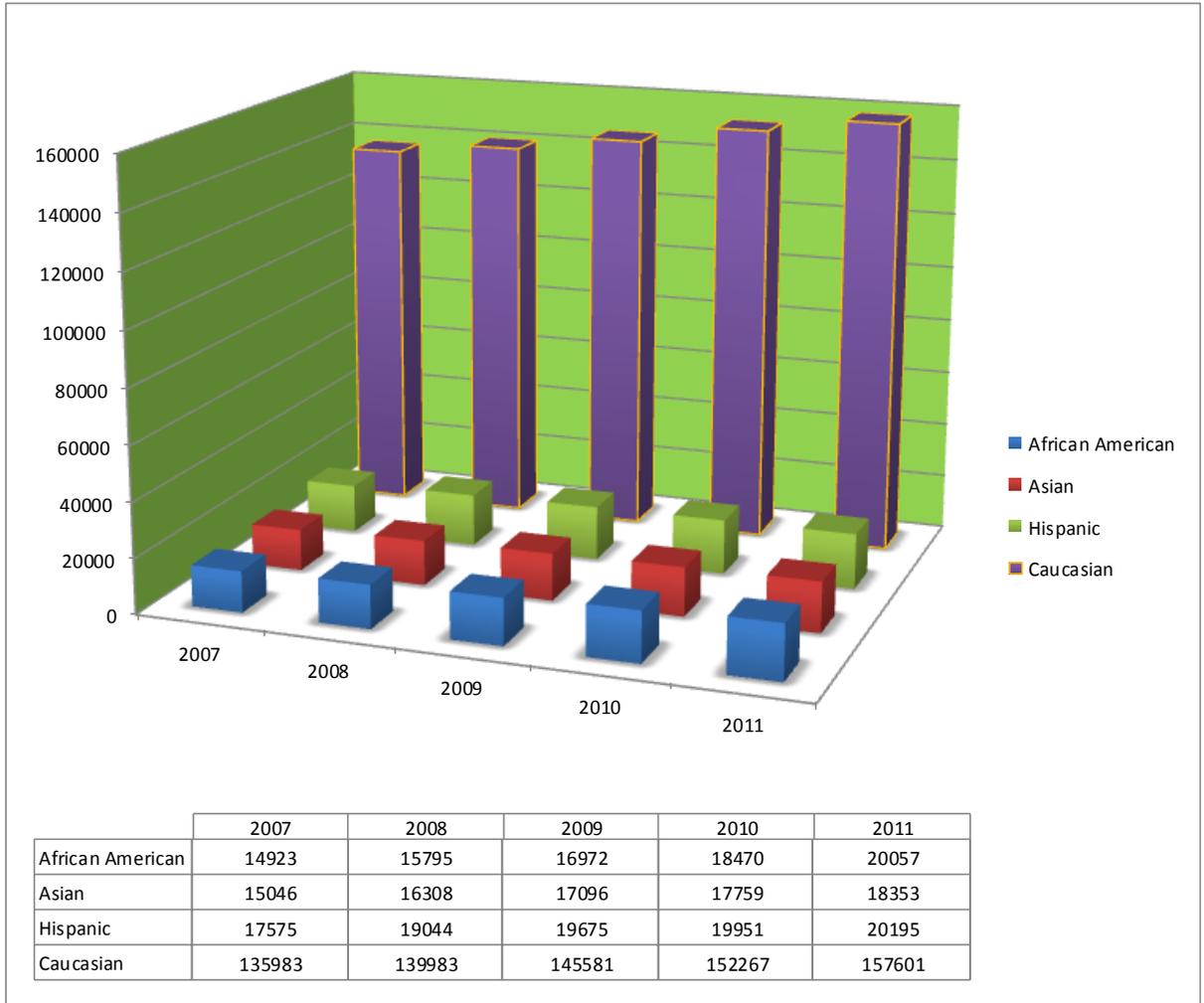
Texas LVNs Employed in Nursing By Age: 2007-2011



LVNs ages 45 to 54 decreased in number 4.7% from FY 2007 to FY 2011. LVNS under age 25 increased 5.36%, LVNs ages 25 to 34 increased 17.9%, LVNs ages 35 to 44 increased 20.22%, LVNs ages 55 to 64 increased 15.49% and LVNs over 65 increased 19.84% from FY 2007 to FY 2011.

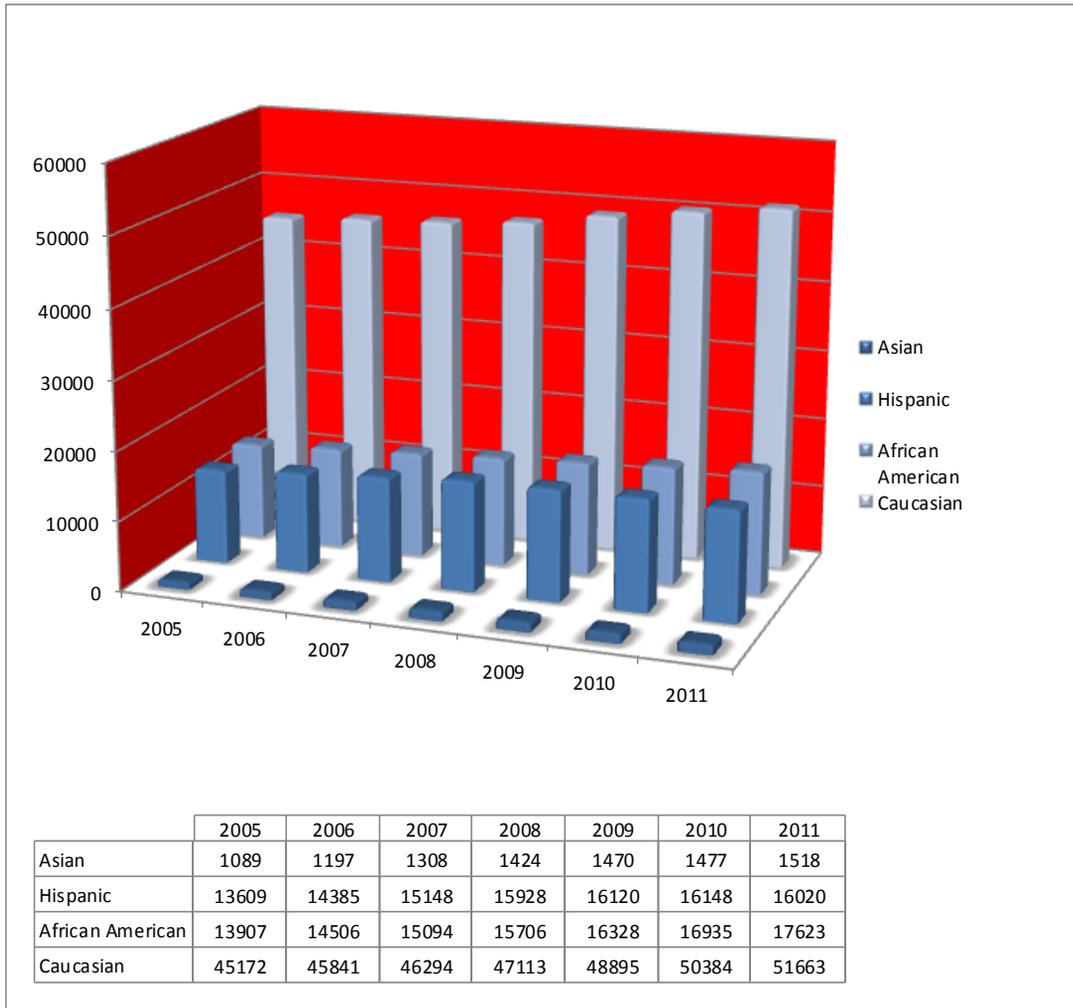
Appendix J

Currently Licensed RNs by Ethnicity: 2007-2011



In 2011, 70% of currently licensed registered nurses (RNs) were Caucasian, 9% were African American, 9% Hispanic, 8% Asian, and .3% American Indian. From 2007 to 2011, the number of Caucasian RNs increased by 16%, African American RNs increased by 34%, American Indian RNs increased by 22%, Asian RNs increased by 22%, and Hispanic RNs increased by 15%.

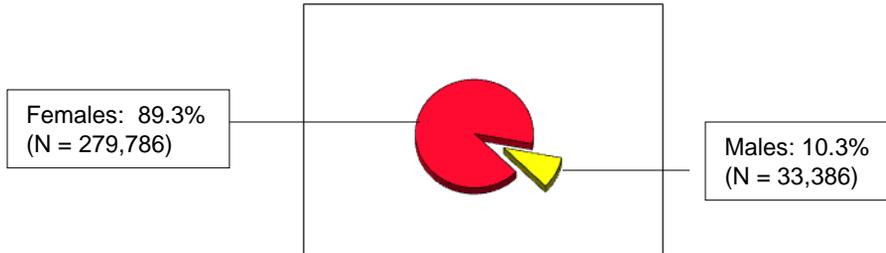
Currently Licensed LVNs by Ethnicity: 2007-2011



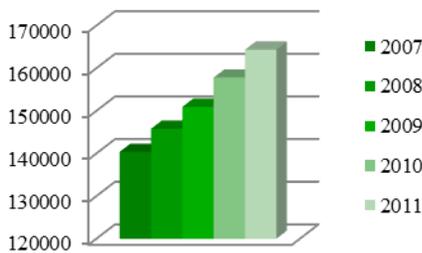
In 2011, 58% of currently licensed vocational nurses (LVNs) were Caucasian, 20% were African American, 18% Hispanic, 2% Asian, and .5% American Indian. From 2007 to 2011, the number of Caucasian LVNs increased by 14%, African American LVNs increased by 27%, American Indian LVNs decreased by 31%, Asian LVNs increased by 39% and Hispanic LVNs increased by 18%.

Appendix K

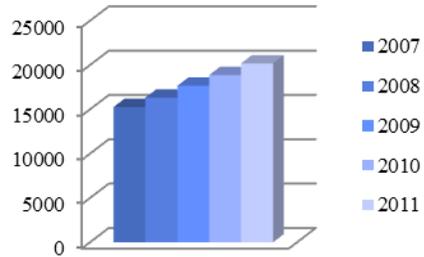
Licensed Nurses residing in Texas by Gender: 2011



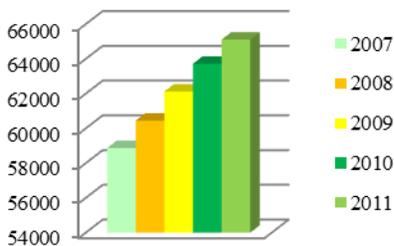
Female RNs Employed in Nursing: 2007-2011



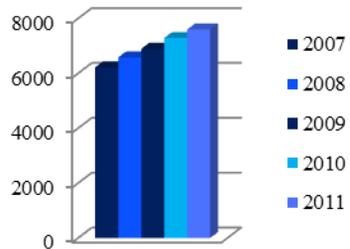
Male RNs Employed in Nursing: 2007-2011



Female LVNs Employed in Nursing: 2007-2011



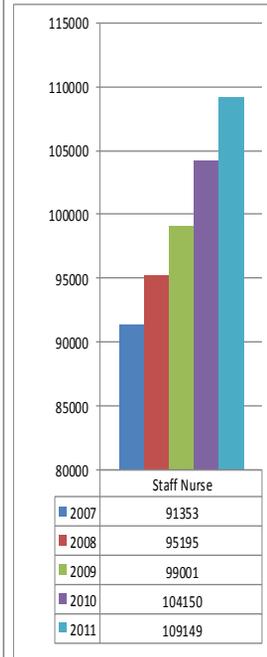
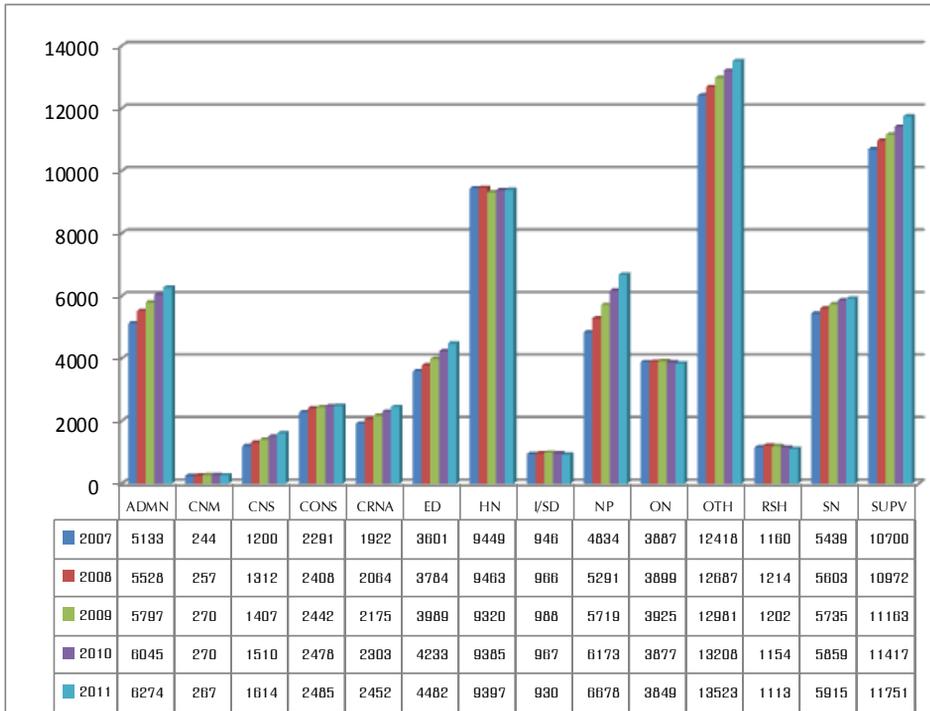
Male LVNs Employed in Nursing: 2007-2011



The number of female RNs employed in nursing increased 17% from 2007-2011. The number of male RNs employed in nursing increased 32% from 2007-2011. The number of female LVNs employed in nursing increased 11% from 2007-2011. The number of male RNs employed in nursing increased 22% from 2007-2011.

Appendix L

Employed Licensed RNs/APNs Residing in Texas By Position Type: 2007-2011



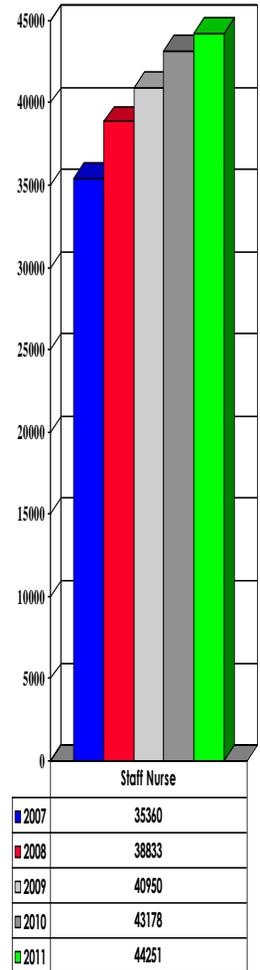
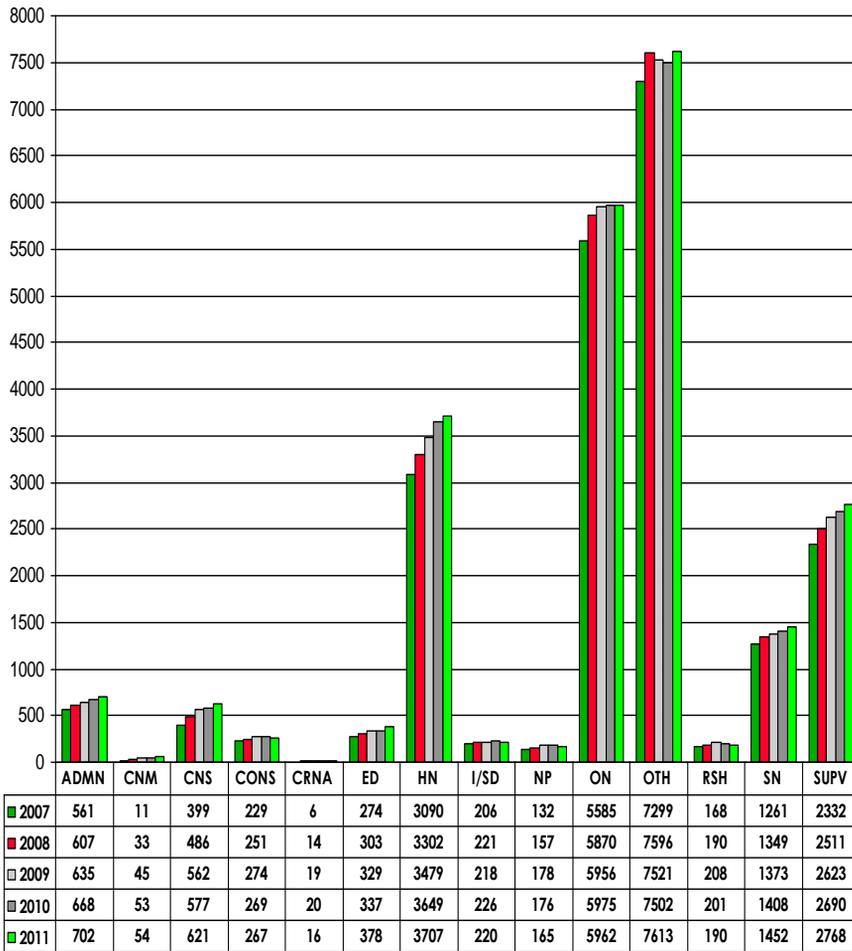
CODE KEY

- 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

2007-2011

- Administrator or Asst. - Up 22%
- Clinical Nurse Specialists - Up 34%
- Certified Nurse Midwives - Up 9%
- Certified RN Anesthetists - Up 27%
- Consultant - Up 8%
- Faculty/Educators - Up 24%
- Head Nurse or Asst. - Down .5%
- In-Service/Staff Development - Down 2%
- Nurse Practitioner - Up 38%
- Office Nurse - Down .9%
- Other Position - Up 9%
- Researcher - Down 4%
- School Nurse - Up 9%
- Staff Nurse/General Duty - Up 19%
- Supervisor or Asst. - Up 10%

Employed Licensed LVNs Residing in Texas By Position Type: 2007-2011



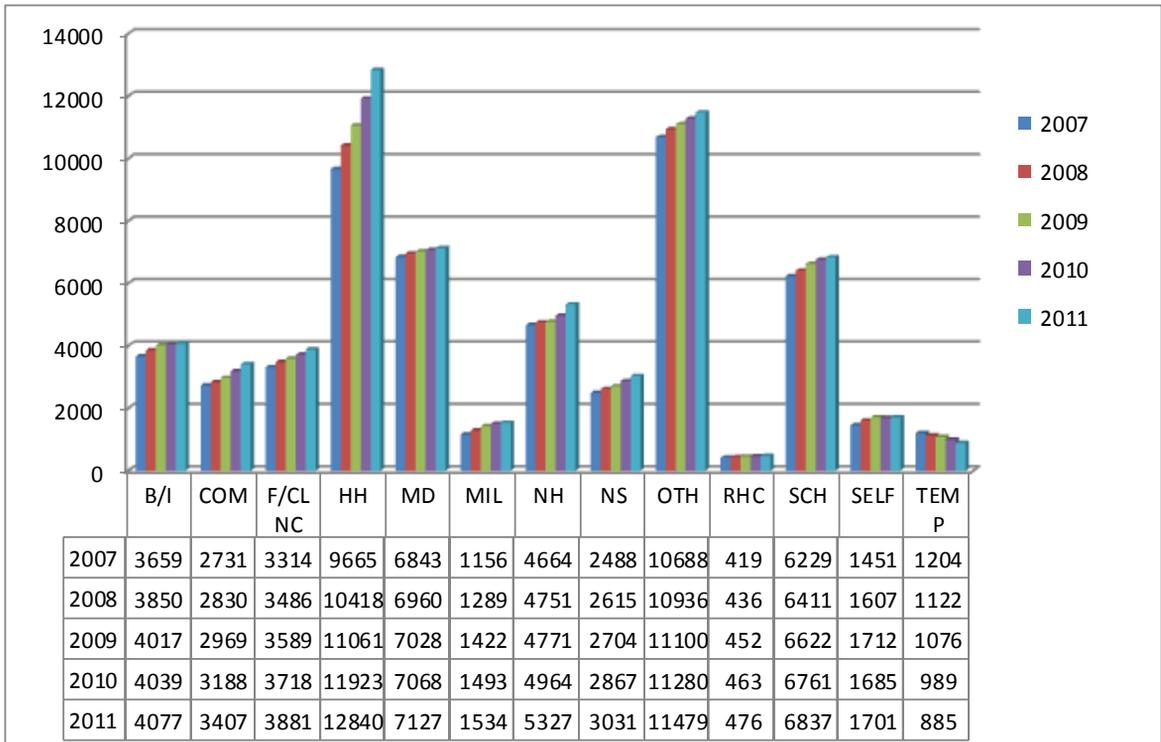
CODE KEY

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

NOTE: FY 2005 was the first period of data collection period for this type of data. In 2011, 4,343 LVNs (6%) indicated no response on the question on position type when queried.

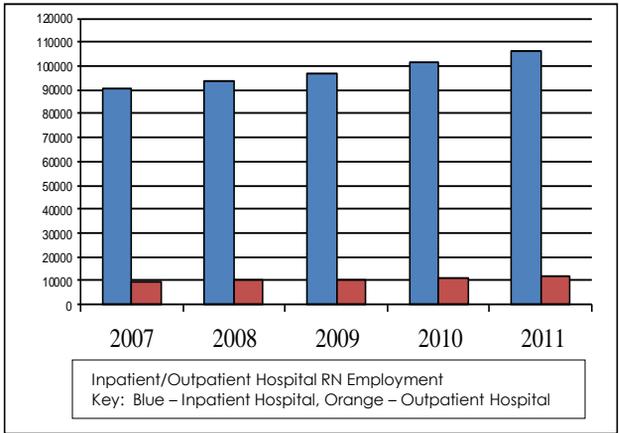
Appendix M

Currently Licensed Texas RNs By Primary Place of Employment: 2007-2011



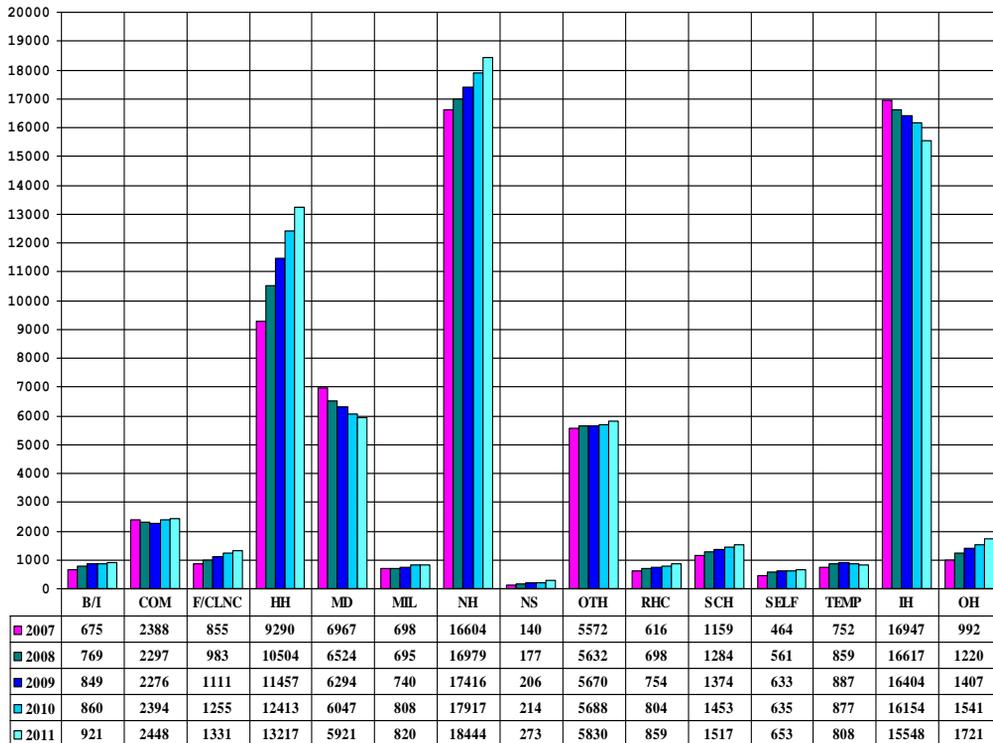
CODE KEY

- B/I - Business/Industry
- COM - Community/Public Health Agency
- F/CLNC - Freestanding Clinic
- HH - Home Health Agency
- MD - Physician or Dentist
- MIL - Military
- NH - Nursing Home/Extended Care
- NS - School of Nursing
- OTH - Any other place of employment not listed above
- RHC - Rural Health Clinic
- SCH - School/College Health
- SELF - Self-Employed/Private Practice
- TEMP - Temporary Agency



Increases: 2007-2011	
Business/Industry - Up 11%	Other Place of Employment - Up 7%
Community/Public Health - Up 25%	Physician/Dentist Office - Up 4%
Freestanding Clinics - Up 17%	School/College Health - Up 10%
Home Health - Up 33%	Schools of Nursing - Up 22%
Inpatient Hospital - Up 14%	Self-Employed/Private Practice - Up 17%
Military - Up 33%	Temp. Agencies - Down 26%
Nursing Homes/Extended Care - Up 14%	Rural Health Clinics - Up 14%

Currently Licensed Texas LVNs By Primary Place of Employment: 2007-2011



Increases/Decreases: 2007-2011

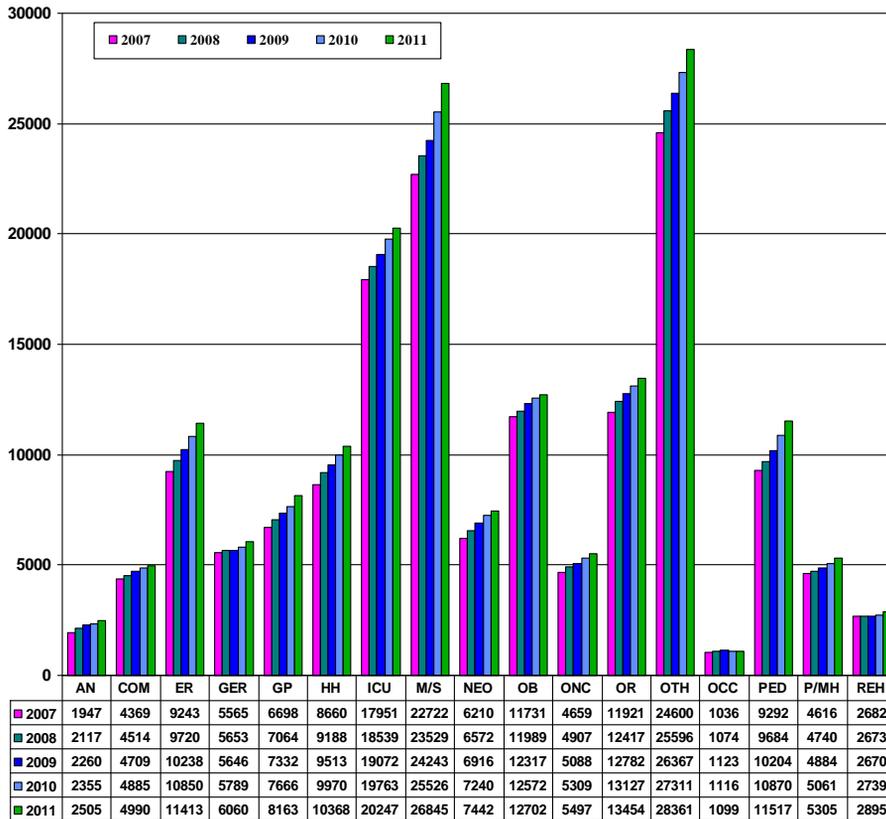
- Business/Industry - Up 36%
- Community/Public Health – Up 3%
- Freestanding Clinics - Up 56%
- Home Health - Up 42%
- Inpatient Hospital - Down 8%
- Military - Up 17%
- Nursing Homes/Extended Care - Up 11%
- Other Place of Employment - Up 5%
- Outpatient Hospital Care – Up 73%
- Physician/Dentist Office - Down 15%
- School/College Health - Up 31%
- Schools of Nursing - Up 95%
- Self-Employed/Private Practice - Up 41%
- Temp. Agencies - Up 7%
- Rural Health Clinics – Up 39%

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: 2007-2011



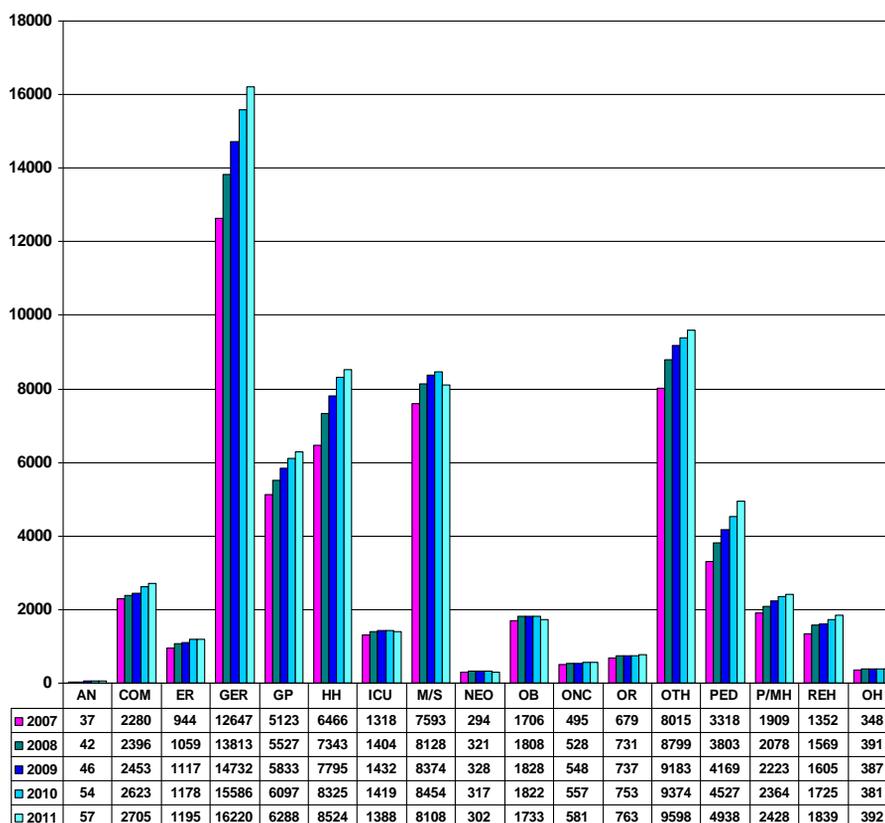
CODE KEY

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: 2007-2011

Anesthesia - Up 29%	Neonatology - Up 20%
Comm./Public Health - Up 14%	Obstetrics/Gynecology - Up 8%
Emergency Care - Up 23%	Oncology - Up 18%
Geriatrics - Up 9%	Operating Room - Up 13%
General Practice - Up 22%	Other Practice Area - Up 15%
Home Health - Up 20%	Pediatric - Up 24%
Intensive Care/Critical Care - Up 13%	Psychiatric/MH - Up 15%
Medical/Surgical - Up 18%	Rehabilitation - Up 8%
Occupational/Environmental Health - Up 6%	

Licensed Employed LVNs in Texas By Clinical Practice Area: 2007-2011



CODE KEY

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

Increases/Decreases: 2007-2011

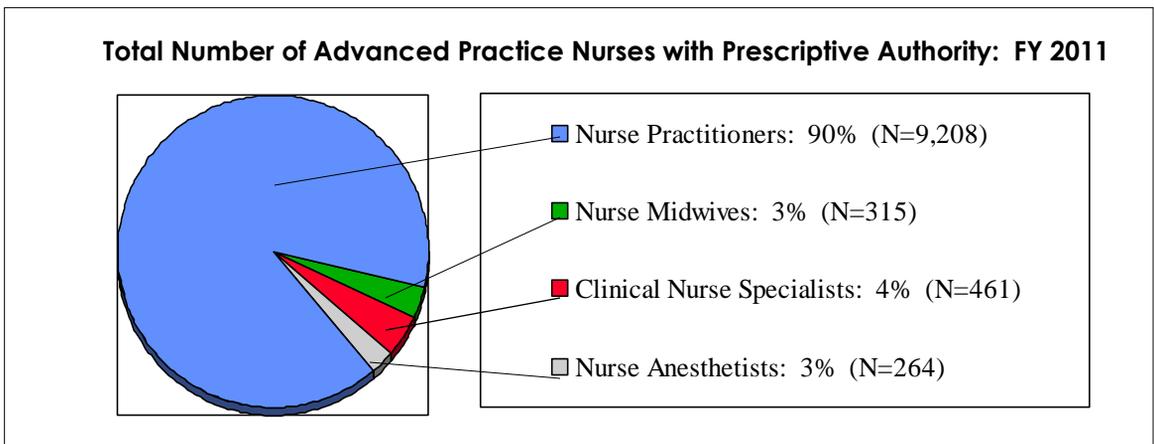
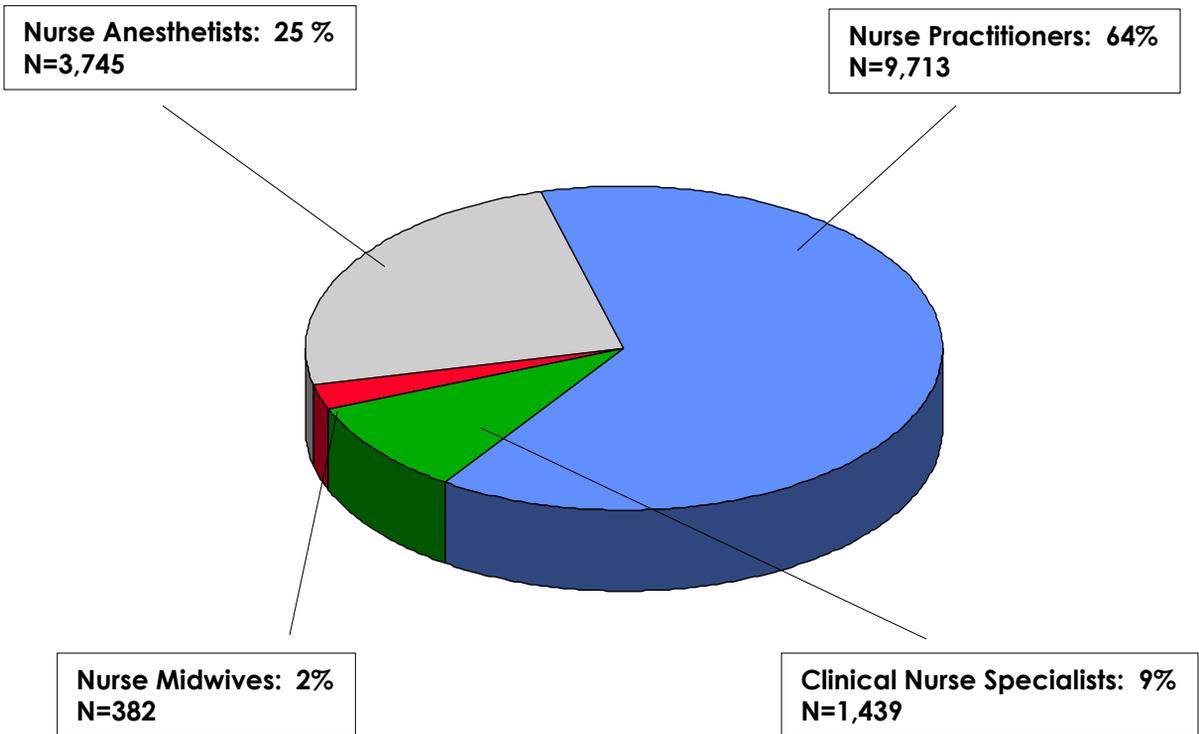
Anesthesia - Up 35%
 Comm./Public Health - Up 19%
 Emergency Care - Up 27%
 Geriatrics - Up 29%
 General Practice - Up 23%
 Home Health - Up 32%
 Intensive Care/Critical Care - Up 5%
 Medical/Surgical - Up 7%

Neonatology - Up 3%
 Obstetrics/Gynecology - Up 2%
 Oncology - Up 17%
 Operating Room - Up 12%
 Other Practice Area - Up 20%
 Pediatric - Up 49%
 Psychiatric/MH - Up 27%
 Rehabilitation - Up 36%

Occupational/Environmental Health - Up 13%

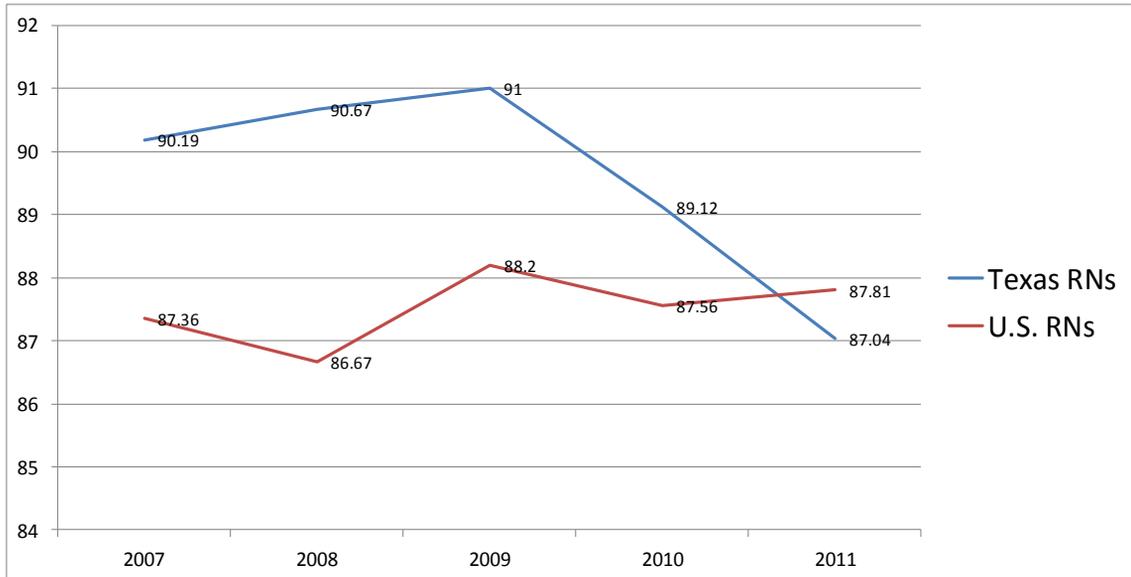
Appendix O

Currently Licensed RNs Recognized as Advanced Practice Registered Nurses by Category: 2011



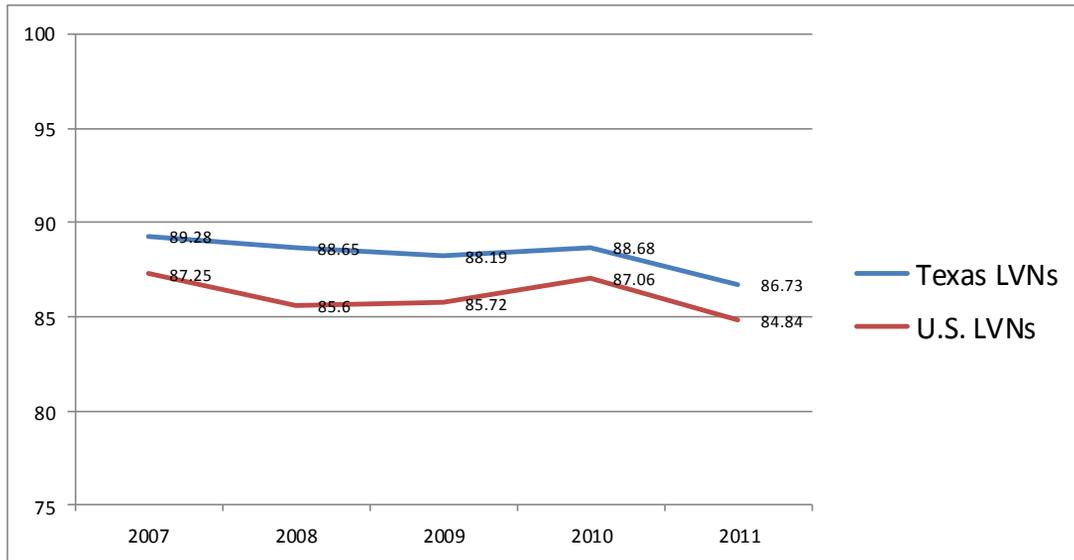
Appendix P

2007-2011 RN Pass Rates: Texas/U.S. Nurses



	2007	2008	2009	2010	2011
Texas RN School Enrollees	17,841	18,732	19,721	22,095	22,866
Texas NCLEX-RN Exam Takers	7,001	7,521	8,146	8,912	9,711
Texas First-time Pass Rate - NCLEX-RN	6314 (90.19%)	6819 (90.67%)	7413 (91%)	7959 (89.12%)	8452 (87.04%)
National Average for RN Candidates	87.36%	86.67%	88.20%	87.56%	87.81%

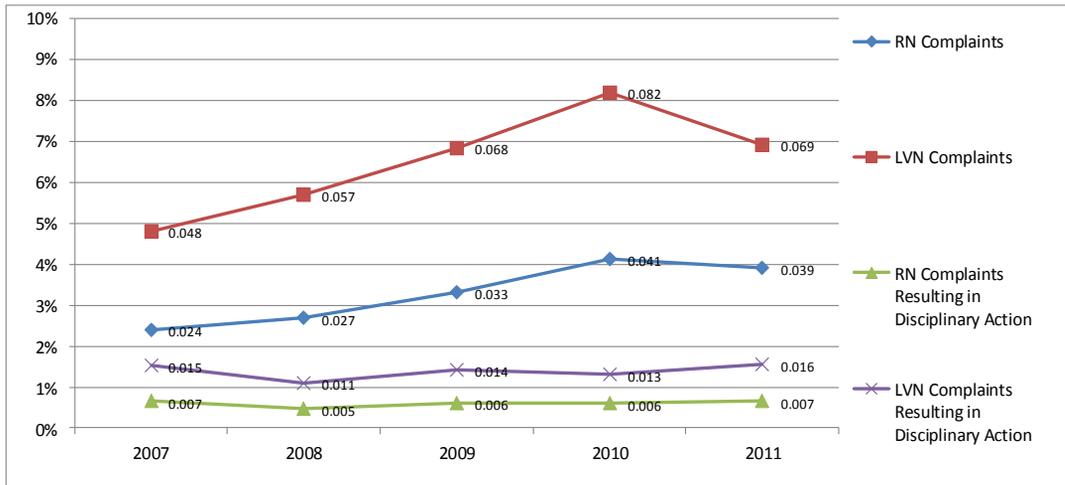
2007-2011 LVN Pass Rates: Texas/U.S. Nurses



	2007	2008	2009	2010	2011
Texas LVN School Enrollees	6,488	7,156	7,414	7,860	8,612
Texas NCLEX-VN Exam Takers	4,886	5,032	5,488	5,627	5,099
Texas First-time Pass Rate - NCLEX-VN	89.28% (4,362)	88.65% (4,461)	88.19% (4,840)	88.68% (4,990)	86.73% (5,879)
National Average for VN Candidates	87.25%	85.62%	85.73%	87.06%	84.84%

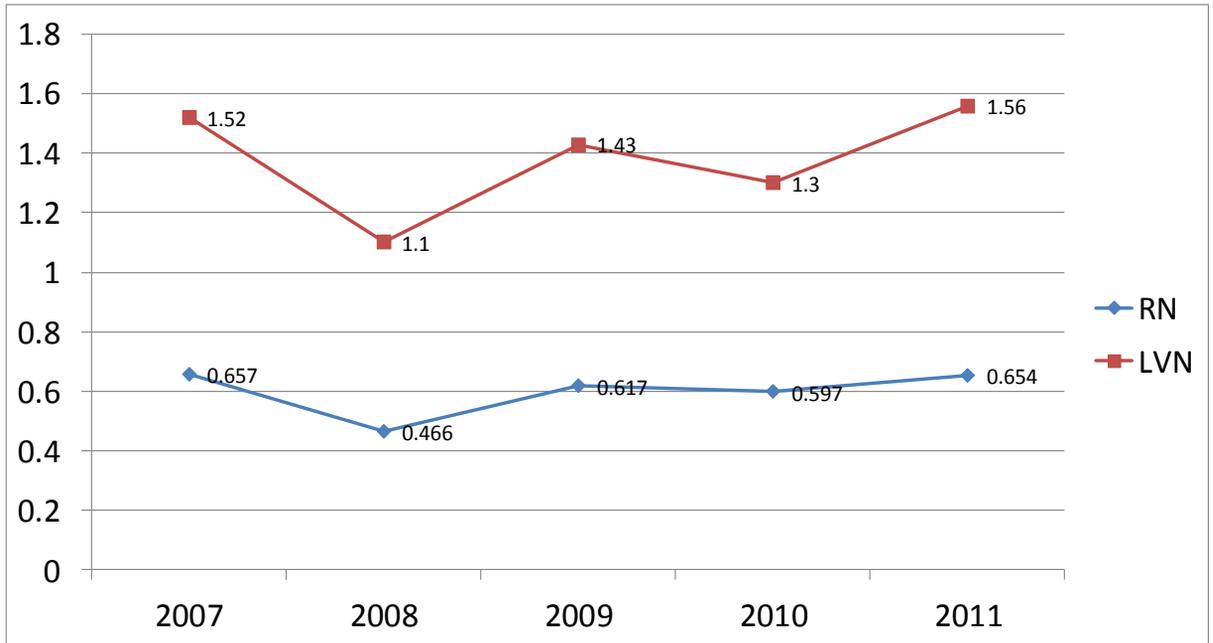
Appendix Q

Percentage of Complaints per Nursing Population



	2007	2008	2009	2010	2011
Texas RN Population	201,172	209,588	219,458	229,798	239,377
Texas LVN Population	82,621	85,175	88,493	90,905	93,413
Total: RN Complaints	4,832	5,634	7,307	9,469	9,373
Total: LVN Complaints	3,980	4,851	6,058	7,421	6,450
Total: RN Complaints with Disciplinary Action	1,323	977	1,402	1,373	1,566
Total: LVN Complaints with Disciplinary Action	1,257	937	1,314	1,183	1,458

Percentage of Complaints Resulting in Disciplinary Action: 2007-2011



Data Source: Texas Board of Nursing.