

## **Strategic Plan for Years 2015-2019**

### **Summary:**

The Legislative Budget Board is required by Section 2056 of the Government Code to guide, review, and finalize agency strategic plans. Staff anticipate that the instructions for the 2015-2019 Strategic Plan will be distributed by March-April 2014 and the Plan will be due in June-July 2014.

The Board Liaisons for Strategic Planning are Tamara Cowen and Patti Clapp. Because of the timing of release of instructions and the short time frame for delivery of the Plan to State officials, the Board has historically approved concepts related to policy and budget requests for the Strategic Plan and allowed the Liaisons to actually review and comment on the Plan before final submission. At the January and April meetings, these concepts will be discussed.

The LBB website explains the history of Strategic Planning in Texas Government:

### ***Strategic Planning and Budgeting System***

*House Bill 2009 (VACS, Article 6465-31), enacted in 1991, required each executive branch state agency and each institution of higher education to develop a six-year strategic planning process. Two years later, the Legislature amended the statute to shorten the planning horizon to five years. The Legislature hoped that strategic planning could provide statewide direction in key policy areas and allow the state to move away from crisis-driven decision making.*

*Later in 1991, the LBB adopted a budget reform proposal to establish a performance-based budgeting system.*

*The proposed system consisted of several elements:*

- Establish a performance and achievement based budgeting system;*
- Strengthen legislative monitoring of budgets;*
- Develop standardized unit costs;*
- Direct the State Auditor to certify performance and achievement;*
- Streamline the budget process; and*
- Base appropriation levels on outcomes.*

*In response to budget reform proposals and the strategic planning statutes, the LBB in cooperation with the Governor adopted a strategic planning and budgeting system (SPB) in 1992. The SPB was designed to integrate the strategic planning process with performance-based budgeting. The system was structured to recognize the relationships between funding and performance, between accountability and resource allocation, and between spending and results. The goal of SPB was to focus on the quality of services provided. In 1993, the Legislature took another step forward and included agency goals, strategies, and performance targets with each agency's appropriation in the 1994–1995 General Appropriations Act.*

*In 1991, the Legislature created the Medicaid Analysis and Cost Control Office (MACC) as part of the LBB. The MACC was designated to seek ways that Texas could increase federal receipts by focusing initially on the Medicaid Program. In 1993, the Legislature merged the staff of the Legislative Education Board and the staff of the Educational Economic Policy Center into the LBB. With reorganization of the LBB in 1994, these groups became the Federal Funds Analysis Team and the Public Education Team, respectively.*

*In 1999, responsibilities for approval of information resource strategic plans and quality assurance review of major information resource projects were transferred by interagency contract from the Department of Information Resources to the LBB. In 2001, amendments of the General Appropriations Act and the Government Code resulted in additional LBB responsibilities for state agency information resources.*

### **Strategic Concepts Identified by Staff and Board Members:**

In preparation for development of the 2015 - 2019 Strategic Plan, the following items have been identified by staff and the board members during FYs 2013 - 2014:

- **Nursing Shortage:** According to the Nursing Workforce in Texas-2011: Demographics and Trends report published in January 2013 by the Texas Center for Nursing Workforce Studies, it is estimated that the demand for registered nurses (RNs) in Texas will rise by 86 percent between 2005 and 2020. Although strategies to address this shortage are in place, current strategies will only grow supply by 53 percent. In a January 2014 Job Outlook projection, the United States Bureau of Labor Statistics expects employment opportunities from 2012-2020 to increase 19 percent for RNs, 25 percent for Licensed vocational nurses (LVNs) and 33 percent for Advanced Practice Registered Nurses (APRNs). Although the shortage is less acute in some major metropolitan areas, the nursing shortage continues in smaller cities and rural communities in Texas and is expected to increase in all areas of the state as access to care increases as a result of the Affordable Care Act, the state population grows and the nursing workforce median age increases. Continued expansion in nursing school enrollment will result in increased production of nurses and increased workload for the Board. Expansion in the number of educational programs also affects agency workload as applications for new programs grows and the need for consultation with new as well as existing programs experiencing challenges increases. Growth is anticipated in nursing education programs, licensees and complaints.
- **Timely Complaint Resolution:** The agency remains challenged by a growing number of complaints and high investigator case loads. Selection, hiring and training of new staff continues, and existing staff are being cross-trained to assist in resolving various types of complaints. With recent enhancements to the enforcement case management components of the NURSE data base system, staff time required to investigate and resolve different types of cases can now be tracked so that resources can readily be re-allocated as needed, based on case type, to better manage case flow and resolution. Additionally, stream-lined resolution of certain types of cases continues, including minor criminal conduct cases, self-reported violations, and cases in which nurses acknowledge errors. Staff will evaluate this data to determine if additional resources are needed.
- **Nursing Diversity in the Workplace:** The Board is aware both statewide and regional demographics of nurses do not match Texas population demographics. Diversity also calls for greater consideration of diverse cultural dimensions of Texas communities in the provision of nursing care.
- **Self-Directed Semi-Independent Status:** In 1999, the Legislature passed the Self-Directed Semi-Independent Agency Project Act. The pilot project created by this Act included the Texas State Board of Public Accountancy, the Texas Board of Professional Engineers, and the Texas Board of Architectural Examiners. Under this project, the agencies remain state agencies but the individual Boards approve their budgets. They are also required to pay a specific amount of money to the General Revenue and to pay their own expenses. Agencies must report biennially to the Legislature. The Financial agencies were added to the project in 2009. The Texas Real Estate Commission achieved SDSI status in 2011. The ability to make budget decisions provides agencies the flexibility to be responsive to changing conditions and to operate more efficiently and effectively. The project was reviewed by the

Sunset Commission and the Legislature in 2013. Legislation passed that ended the pilot and continued SDSI status for the agencies. HB 2092 (82nd Legislative Session), which would have made the nursing and pharmacy boards Self Directed/Semi Independent did not pass. HB 2361 and SB 1375 were filed in the 83rd session to grant SDSI for the Texas Board of Nursing, Texas State Board of Pharmacy and Texas Medical Board but did not pass. As a compromise, HB 1675 included language authorizing the Sunset Commission study SDSI status of state agencies including criteria and process to be used in determining whether an agency should be given SDSI status and measures to ensure adequate state oversight of SDSI status, and report back to the 84th Legislature.

- **Board Regulation of Certified Nurse Assistants and/or Medication Aides:** The LBB Performance Review (2009) recommended the Board of Nursing regulate Certified Nurse Aides. Legislation to move regulation of CNAs to the Board of Nursing failed in 2009. The Board determined at its 2006 retreat that regulation of unlicensed assistive personnel should be regulated by the Board of Nursing since nursing personnel delegate functions to unlicensed personnel. However, due to the large CNA population and concerns over workload and program costs, the decision at that time was to support starting with a smaller group such as medication aides. Exploration of this issue and the position of various stakeholders will continue. The Department of Aging and Disabilities (DADS) is the current oversight agency for CNAs and is undergoing the sunset process at this time. The Texas BON will monitor this process and identify any issues that relate to CNAs.
- **SB 1857 (DADS MOU on LVN On call Services by Phone):** The LVN On Call Pilot is now in the third of the four year pilot. The pilot has increased workload for nursing practice consultants considerably and will continue to through and possibly beyond 2015.
- **Texas Taxonomy of Error, Root Cause Analysis and Practice (TERCAP):** The Texas TERCAP pilot project will continue data collection through August of 2014 working with Peer Review Committees in a pilot project to collect data on nursing error. Ongoing data analysis through consultation with an external nursing informaticist and discussions regarding recommendations toward a regulatory model which incorporates principles of Just Culture and public protection will continue.
- **Delegation Rules Review:** Chapter 224 will undergo review through a stakeholder task force in Fiscal Year 2014. New Rule 225 and Frequently Asked Questions to implement the changes to Chapter 225 will be implemented in 2014.
- **Nursing Education Issues:** The Board will continue working cooperatively with the Texas Higher Education Coordinating Board and the Texas Workforce Commission to review applications for new nursing programs and avoid duplicative requirements; working with the Texas Team to support and monitor expansion of current programs to facilitate increased production of nurses; and working with the Texas Center for Nursing Workforce Studies to evaluate the supply and demand of nurses in Texas. The trend of growing interest in opening new nursing education programs is expected to continue. Board staff plan to consult with nursing education programs in developing self studies aimed to move those programs back into rule compliance, as well as monitor programs under board sanction. The Board will continue to engage stakeholders through the Task Force to Study the Implications of Growth of Nursing Education Programs in Texas to produce a guideline for clinical instruction as well as plan for a statewide summit in 2015. Staff will evaluate the innovative pilot being conducted by approved associate degree professional nursing education programs to implement concept based instruction.
- **Nursing Practice Issues:** The Board will study the demands of the delivery system and impact on nursing scope of practice to inform the Legislature of any implications. The use of technology to improve safety, extend access to nurses, and develop the medical record will be studied as well. Implications of the Institute of Medicine's Report on the Future of Nursing will be considered. The growing number of SOAH practice cases will increase the demand for Nursing practice consultants to provide expert testimony.

- **Online Continuing Competency Initiatives:** The Board will continue to seek creative methods to be the official source of information for Texas nurses. Focus on educating nurses about their legal scope and responding to their questions about practice will continue through workshops, webinars and articles in the newsletter. In 2013 the Board expanded webinars and workshops to APRNs and this initiative will continue in the next biennium. The workshop and webinar offerings to all nurses were expanded significantly. Board staff will monitor the recent move to contract with an outside vendor to provide online registration for workshops and webinars. Delivery of webinars and online courses are hosted by the outside vendor as well. The number of nurses registering for the Nursing Regulations for Safe Practice online course as well as the Protecting Your Patients and Your Practice workshop is expected to continue to increase as a result of the new targeted continuing education requirements in nursing jurisprudence and ethics. The Board will continue to conduct workshops in several regions of the state each year. The Board will continue to evaluate the Nursing Jurisprudence and Ethics Exam and take necessary steps to maintain test reliability.
- **Nurse Licensure Compact:** Compliance self audits are being conducted by Compact states in from 2012 - 2014 with external audits expected to be performed in 2015. A work group comprised of compact administrators has been working to develop new APRN compact language that includes the key elements of the APRN Consensus Model. The work group hopes to present the revised APRN compact and APRN compact rules to the 2014 Delegate Assembly of the National Council of State Boards of Nursing.
- **Punitive vs. Remedial Disciplinary Actions:** The Board will continue to explore Just Culture and its application to nursing regulation. The Board will work with other states, collectively through the National Council of State Boards of Nursing to explore models which promote greater safety in the delivery of health care and nursing services. Soliciting patient safety pilot projects that remediate nurses and remedy systems problems will be considered.
- **Patient Safety Education for nurses:** Nurses need to be more aware of their role in the prevention of error and patient harm. The Board may consider requiring continuing education on patient safety for this purpose.
- **Patient Safety/Competency to Practice:** Evaluating competency will continue to be a focus of the Board's work in the coming biennium. The Board will continue to work with other states through the National Council of State Boards of Nursing to promote competent, safe nursing practice. The Board approved an alternative to discipline pilot, Knowledge, Skills, Training, Assessment and Research (KSTAR) in October 2013 to be conducted with the Texas A&M Rural and Community Health Institute. Additional planning, rule development, pilot implementation and evaluation will continue into and likely beyond the next biennium.
- **Greater Transparency:** The Board will continue to seek open and transparent ways to conduct its business through use of technology to share meetings and reports.
- **Focus of the Board as More "Service Oriented":** The Board will survey, reach out, and seek to meet the needs of its constituents including Employers, Nurses, Educators, and Associations, with particular focus on employers. The agency will maximize the use of technology to deliver the best customer service available including "push" information systems and social media.
- **Commitment to Ongoing Regulatory Excellence (CORE):** The Board will address feedback from the 2012 CORE Report including improving case resolution time lines, communicating better with employers, improving customer service and expanding BON educational offerings. The Board will continue participation in this survey to further the goal of incorporating best practices in regulation.
- **Information Technology:** With the rapid evolution and complexities of information technology, the Texas BON will review current infrastructure and staffing needs to maintain a high level of stability with day-to-day operations and planning for a new licensing system, email backup and a disaster recovery site.

- **Operations Backlog:** The Texas BON is experiencing a consistent increase in new licensees by examination and endorsement, ongoing license renewals, student declaratory order petitions, phone calls and webmaster inquiries. To reduce the days it takes to issue a new license, renew a license, process a petition for declaratory order and answer phone and email inquiries, the Texas BON will request additional staff to meet this challenge.

**Staff recommendation:**

This item is for discussion and information.