

Agenda Item: 7.11  
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**Consideration of the National Council of State Boards of Nursing 2014 Commitment to Ongoing Regulatory Excellence (CORE) Report**

**Introduction and Purpose:** The following information in this report provides an overview of data collected by the Commitment to Ongoing Regulatory Excellence (CORE) Project implemented by the National Council of State Boards of Nursing (NCSBN). These data include performance measures and benchmarking information to support the Board's initiatives for regulatory excellence and public protection. Key performance indicators for Texas are reviewed with background information and strategies to address relevant findings. The Board has participated in six cycles of CORE surveys.

**Summary:** This report is for information only. No action is required.

## NCSBN

### 2014 CORE Report of Texas Data

This report outlines key indicators found in the National Council of State Boards of Nursing's (NCSBN) Commitment to Ongoing Regulatory Excellence (CORE) Report that are pertinent to promoting regulatory excellence in boards of nursing (BON) throughout the country. Excerpts from the CORE Report provide an overview of the methodologies and limitations of the data. Texas specific data, as compared to national averages, are reviewed and discussed by staff.

#### Background and Purpose

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

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

#### National Data Collection and Processing

The four CORE surveys were conducted in a staggered schedule in the autumn of 2014 and ending in spring of 2015. A total of 54 BONs were sent a hardcopy of the CORE survey. A reminder email was sent to the BONs who had not responded to the initial survey. Ultimately, 30 BONs responded to the CORE survey which was a slightly lower response than the previous survey. NCSBN staff reviewed all of the returned surveys for completeness and consistency.

A simple random sample of 1,500 nurses with active licenses from 43 BONs was drawn from Nursys or directly from BONs who do not contribute data to Nursys. Hard copy surveys were mailed to these nurses, with an additional option to complete the survey online. The nurse response rate was 14%.

Approximately 300 employers of nurses within the purview of each BON were mailed hard copies of the employers' survey. A simple random sample of these employers was selected from Medicare-listed nursing homes, the American Hospital Association and Medicare-listed home health care programs. Employers were given the option of completing the online survey. The employer response rate was 12%.

For nursing education programs, surveys were distributed to the program directors of all nursing education programs in the United States with an NCLEX® code: 2,906 were distributed online and 1,317 were sent via the mail. The educator response rate was 18%.

In addition to the four surveys, two outside data sources were used: NCLEX-RN® and NCLEX-PM® examinations data, and disciplinary data from Nursys.

<b>National Target</b>	<b>Surveys Distributed</b>	<b>Surveys Returned</b>	<b>Response Rate</b>
BONs	54	30	56%
Nurses	60,500	8,301	14%
Employers	12,772	1,478	12%
Educators	3,413	607	18%

<b>Texas Target</b>	<b>Surveys Distributed</b>	<b>Surveys Returned</b>	<b>Response Rate</b>
Nurses	1,500	170	11%
Employers	300	45	15%
Educators	207	27	13%

## **Limitations of the Report**

Limitations of the report include missing or incomplete data and inconsistencies among the BONs as to how certain data are reported. Because each BON maintains its own information systems that accumulate transactional data on an ongoing basis, BONs do not consistently keep track of the same information and do not always count measures the same way. Although the BONs were provided with definitions of the measures or informational items solicited, there were inconsistencies.

With respect to the three surveys from nurses, educators and, in particular employers, the number of responses for some individual states is low; therefore caution is needed regarding sampling error.

It should be understood that the results presented in this report are descriptive data only. While almost all of the data presented represents indicators of the performance of respective BONs, the data are merely indicators and are, therefore, subject to possible issues regarding validity and reliability. Furthermore, these performance measures have not been subjected to statistical analysis of associations or relationships among them, nor does this report constitute a cause/effect evaluation of BON performance. Thus, the data should be taken at face value and not over-interpreted. The data presented in this report do provide a comprehensive and well-balanced indication of what the performance measures of the Texas Board of Nursing (Board) look like and how that compares with its counterparts around the country.

## **Discussion of Texas Data**

The Texas Board has participated in six cycles of CORE surveys conducted every two years. This report outlines the Licensing, Enforcement, Practice and Education Departments' 2014 CORE indicators.

The 2014 CORE Report contains over 260 pages of data with numerous indicators pertinent to promoting regulatory excellence. Due to this vast amount of information, key indicators are highlighted and reviewed. The complete 2014 CORE survey information may be requested from the Executive Director of the Texas Board.

This report will review and, if relevant, provide trend information for important indicators highlighted in the previous Texas 2012 CORE Report. For example, indicators are highlighted that have 10% or greater reduction rates since the 2012 CORE Report even if Texas met or exceeded the national average.

As outlined in this report, the 2014 CORE data reflects that Texas exceeds or meets the majority of national averages. Though NCSBN indicates that the CORE data does not reflect a "cause/effect" evaluation, the descriptive data is meaningful and supports other Board measures to promote the quality of nursing regulation in Texas. The staff of each department have

reviewed the 2014 CORE findings and have provided the following report with background information and strategies to address relevant findings.

## I. Licensure

As outlined in the Limitations Section of this report, individual responses from the group of employers, nurses and educational program from each state are low and may lead to sampling error. For example, only 45 employers responded to the CORE survey. However, data from indicators with low response rates can provide the Board with important feedback and suggestions for improvement.

### Key indicators that exceed national averages in 2014

Lower cost of licensure to constituents (dollars received per application):

National	\$40
Texas	\$28*

\* The \$28 average is based on the total number of applications received for endorsement, examination and renewal divided into the total budget for licensing. Since Texas has large numbers of applications in those areas, overall costs are lower due to volume.

Percentage of initial licenses processed online:

National	47%
Texas	73%

NPA is current and state of the art for licensure:

Excellent/Good	Employers	National 85%	Texas 91%
Excellent/Good	Nurses	National 81%	Texas 91%
Excellent/Good	Educators	National 90%	Texas 93%

Percent of boards who perform audits of their licensure process:

National	73%
Texas	100%

### Results of key indicators previously targeted for improvement

With the 2012 CORE data, the following indicators regarding access to the Board were identified as needing improvement. Three out of the 4 indicators in 2014 markedly improved. Data for these indicators are shared between the Licensing Department and the Practice Department as both receive the largest volume of inquiries.

Timeliness of responses to e-mail inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 74%	Texas 58%
<b>2014 Data</b>	Excellent/Good	Nurses	National 73%	<b>Texas 81%</b>

Helpfulness of responses to e-mail inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 74%	Texas 65%
<b>2014 Data</b>	Excellent/Good	Nurses	National 74%	<b>Texas 85%</b>

Ease of telephone inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 73%	Texas 64%
<b>2014 Data</b>	Excellent/Good	Nurses	National 71%	<b>Texas 72%</b>

Timeliness of response to telephone inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 68%	Texas 59%
<b>2014 Data</b>	Excellent/Good	Nurses	National 70%	<b>Texas 42%</b>

In 2014, staff prioritized indicators in the licensing area related to the Board's response to constituents. These included licensing by endorsement, deeming students eligible to take the NCLEX® Exam and students' requests for Criminal Background Check results. Eight new staff members were added to the Operations Department to provide the helpful and timely responses.

The "Timeliness of Response" indicator continues to be a challenge for the Board. Of the additional staff members that were hired, two new FTEs were assigned to provide phone coverage and one was dedicated to the webmaster in FY 2014. However, the Board still receives approximately 200,000 calls per year which continues to challenge meeting all identified objectives. The Board also revised the minimum qualifications and pay structure for customer service staff which has resulted in reduced turnover in this area.

## II. Discipline

As outlined in the Limitations Section of this report, individual responses from the group of employers, nurses and educational programs from each state are low and may lead to sampling error. This is particularly true for the number of respondents who have been disciplined by the Board. For example, the number of responses from disciplined nurses was only 13 in the 2014 evaluation of the timeliness of Board feedback. However, data from indicators with lower response rates can provide the Board with important feedback and suggestions for improvement.

### Key indicators exceeding or meeting national averages in 2014

Average Cost per Completed Investigation:

National	\$1,682
Texas	\$417

Average number of cases completed per investigator:

National	155
Texas	317

Average number of calendar months from receipt of complaint to resolution:

National	5.9
Texas	5.4

### Results of key indicators previously targeted for improvement

With the 2012 CORE data, the following indicators were identified as needing improvement. Two reflected marked improvement while timeliness by the nursing population decreased.

BON acted in a timely manner:

<b>2012 Data</b>	Agree	Employers	National 60%	Texas 45%
	Agree	Nurses	National 65%	Texas 80%
	Agree	Educators	National 91%	Texas 78%

<b>2014 Data</b>	Agree	Employers	National 60%	<b>Texas 58%</b>
	Agree	Nurses	National 53%	<b>Texas 23%</b>
	Agree	Educators	National 93%	<b>Texas 100%</b>

Of the cases brought to resolution, the number of months the cases had been open:

<b>2012 Data</b>	6 months or less	National 63%	Texas 60%
	7-12 months	National 13%	Texas 8%
	13 months – 2 years	National 22%	Texas 30%
	Over 2 years	National 1%	Texas 2%

<b>2014 Data</b>	6 months or less	National 71%	Texas 70%
	7-12 months	National 15%	Texas 12%
	13 months – 2 years	National 10%	Texas 15%
	Over 2 years	National 3%	Texas 3%

Length of time in calendar months from opening investigation to resolution of formal hearing:

<b>2012 Data</b>	Average Months	12 months	25 months
	Number of Hearings	70	123

<b>2014 Data</b>	Average Months	13 months	<b>15 months</b>
	Number of Hearings	54	187

The improvement in these 2014 indicators likely resulted from several Enforcement initiatives including an increase in the number of FTEs in the Enforcement Section, established performance measures to better allocate staff resources for quicker resolution of priority cases and an increase in salary for “degreed-entry-level” investigators for the purposes of recruitment and retention. Even with the increase in the number of administrative hearings, primarily due to an increase in the number of temporary suspensions which must be resolved in 60 days, the Board was able to decrease resolution time by ten months.

The only downturn in ratings was from nurses whose ratings decreased for the indicator “the Board acted in a timely manner”. Please refer to the section *Constituent Feedback on Board Performance with the Disciplinary Process* below.

## Nursys Data for 2014 Report

As previously reported to the Board in the CORE 2012 Data Report, the Nursys data base defined disciplinary terms and processes differently from Texas thus national comparisons could not be made. Since that time, NCSBN has implemented methods to promote the standardization of definitions and processes in Nursys for the 2014 CORE Report and, though these have not been completely finalized, work continues in this area.

Another factor that can impact the equivalency of national comparisons is the actual number of licensees each state regulates. For instance, Texas is a state with many more numbers of licensees than the majority of other states, so one would expect to see higher numbers of all types of disciplinary action enacted including cases opened, dismissed and resolved.

With an acknowledgement that there continues to be some variation in Nursys as described above, the following indicators are presented as a beginning place for the Board to evaluate its Nursys indicators for comparisons with national averages.

Average number of cases assigned to Investigations:

National	1,586
Texas	14,587

Average number of nurses removed from practice per 1,000 nurses in Nursys\*:

National	1.4 per 1,000 nurses
Texas	2.5 per 1,000 nurses

\* Removal from practice includes revocations, suspensions, summary suspensions, voluntary surrenders, and interim actions which are not stayed and does not include actions with probationary conditions (stipulations). Individuals are only counted once.

Average number of nurses who successfully completed discipline per 1,000 nurses in Nursys:

National	0.71 per 1,000 nurses
Texas	3.1 per 1,000 nurses

The Nursys data in this section reflect comparisons for selected disciplinary actions between Texas and other states. The large numbers of Texas licensees impact these comparisons. For example, the number of disciplinary cases assigned to investigators reflects the large numbers

of licensees as well as the numbers of nurses removed from practice (almost twice the national average) and completion of discipline (at over four times the national average).

In addition to the impact of the large numbers of licensees on the Nursys data, Texas has implemented many actions that may contribute to higher numbers of disciplinary cases. For instance, a large number of disciplinary cases historically resulted from the implementation of criminal background checks for all licensees with subsequent “RAP Back” notification of current infractions. Although the criminal background check for licensees was substantially completed by the end of FY 2013, approximately 6,000 licensees remained at the beginning of FY 2014 who still needed to complete the process.

Additionally, criminal background checks for students enrolling in nursing education programs continued to increase in FY 2014 and were required for all students by the beginning of FY 2015. Investigations associated with applications for licensure increased in FY 2014 by 16% compared to FY 2012.

At the beginning of FY 2014, Section 301.4535 (Required Suspension, Revocation, or Refusal of License for Certain Offenses) of the NPA was revised and expanded offenses punished as a felony under Sections 25.07 and 25.071, Penal Code, to include offenses involving violations of certain court orders or conditions of bond.

Board staff will continue to monitor this and other Nursys data as NCSBN continues to refine and update national comparisons.

### **Constituent Feedback on Board Performance with the Disciplinary Process – Opportunities for Improvement**

There were variances in both employer and nurses’ ratings between the CORE 2012 Report and the CORE 2014 Report. Decreases of 10% or more in the ratings are highlighted in red.

#### **Decreases in Employer Ratings**

BON process deters nurses from violating regulations:

<b>2012 Data</b>	Strongly Agree/Agree	Employers	National 80%	Texas 80%
	Nurses not surveyed			

<b>2014 Data</b>	Strongly Agree/Agree	Employers	National 80%	<b>Texas 70%</b>
	Strongly Agree/Agree	Nurses	National 92%	Texas 92%

NPA is current and state of the art for discipline:

<b>2012 Data</b>	Excellent/Good	Employers	National 72%	Texas 85%
	Excellent/Good	Nurses	National 71%	Texas 85%
	Excellent/Good	Educators	National 86%	Texas 93%

<b>2014 Data</b>	Excellent/Good	Employers	National 76%	<b>Texas 73%</b>
	Excellent/Good	Nurses	National 71%	Texas 82%
	Excellent/Good	Educators	National 86%	Texas 89%

In considering a balanced approach to nursing regulation, the Board recognizes that the perceptions of the disciplinary process differ greatly between public interest groups, including employers, and nurses who are subject to being disciplined. While public interest groups often promote a more disciplined approach to corrective actions, nurses tend to perceive these approaches as being harsh.

NCSBN and many regulatory boards have promoted a Just Culture approach to the assurance of public safety and, during the past several years, changes in the NPA authorized a variety of less punitive disciplinary measures for nurses. These include Corrective Actions, Confidential TPAPN Orders, and Deferred Discipline. Additionally, the Board enacted a Rule authorizing the Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot Program. In FY 2014, the Deferred Discipline pilot became a permanent part of the NPA, Corrective Actions were expanded to include minor practice violations, and both the Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot Program and confidential TPAPN orders began.

While it cannot be determined with any degree of certainty whether or not these less punitive approaches to discipline may have impacted the employer responses, providing access to more information and education for employers about these programs and changes to the NPA are beneficial. In early FY 2015, the Board's redesigned web site was deployed and included a newly developed resource page for employers. Going forward, staff will consider methods in which this resource page for employers can be promoted as well as the feasibility of allowing employers to receive digital copies of the Board's newsletter.

### Decreases in Nurse Ratings

BON process was fair during investigation and resolution of the problem:

<b>2012 Data</b>	Agree	Employers	National 89%	Texas 90%
	Agree	Nurses	National 80%	Texas 93%

<b>2014 Data</b>	Agree	Employers	National 89%	Texas 83%
	Agree	Nurses	National 62%	<b>Texas 46%</b>

BON kept you informed during the disciplinary process:

<b>2012 Data</b>	Agree	Employers	National 50%	Texas 75%
	Agree	Nurses	National 54%	Texas 71%

<b>2014 Data</b>	Agree	Employers	National 50%	Texas 71%
	Agree	Nurses	National 50%	<b>Texas 50%</b>

BON acted in a timely manner:

<b>2012 Data</b>	Agree	Nurses	National 65%	Texas 80%
<b>2014 Data</b>	Agree	Nurses	National 53%	<b>Texas 23%</b>

At the beginning of FY 2014, the Enforcement Department adopted performance measures to facilitate timely resolution of cases based upon case priority and, at the same time, began a final push to review and resolve the existing backlog of oldest cases. As a result, an increased number of older cases were resolved along with a majority of the newest cases. These factors may partially explain the very low responses from disciplined nurses regarding timeliness. It should be noted that these low ratings occurred even with a ten month drop in case resolution time.

The adoption of performance measures resulted in cases moving forward faster and this change may relate to the responses of fairness and being kept informed during the process. In early FY2015, the Enforcement Department relaxed a couple of the higher priority measures to allow for more time to review and resolve higher priority cases which may help remedy the perception. Further, in FY2015, the Board added language in the notice letters to help provide nurses with more information about mitigating factors in their responses to the Board.

To facilitate current and ongoing feedback, staff will include the CORE survey questions regarding discipline as an optional part of the online compliance training currently being developed for nurses who receive disciplinary orders.

### III. Practice

As outlined in the Limitations Section of this report, individual responses from the group of employers, nurses and educators from each state are low and may lead to sampling error. For example, only 45 employers responded to the CORE survey. However, data from indicators with low response rates can provide the Board with important feedback and suggestions for improvement.

#### Key indicators meeting or exceeding national averages in 2014

BON performance in addressing emerging issues:

Excellent/Good	Nurses	National 67%	Texas 80%
Excellent/Good	Educators	National 74%	Texas 93%

BON performance in assurance of practicing nurse competency:

Excellent/Good	Employers	National 72%	Texas 80%
Excellent/Good	Nurses	National 72%	Texas 84%
Excellent/Good	Educators	National 84%	Texas 89%

Understand scope/legal limits of nursing practice:

Fully Understand	Employers	National 75%	Texas 82%
Fully Understand	Nurses	National 60%	Texas 62%
Fully Understand	Educators	National 91%	Texas 93%

Are statutes/rules readily accessible?

Yes	Employers	National 85%	Texas 100%
Yes	Nurses	National 73%	Texas 86%
Yes	Educators	National 96%	Texas 96%

Know how to report a suspected violation:

Yes	Employers	National 95%	Texas 100%
Yes	Nurses	National 76%	Texas 84%
Yes	Educators	National 94%	Texas 96%

Usefulness of BON presentations:

Useful	Employers	National 96%	Texas 100%
Useful	Nurses	National 93%	Texas 100%
Useful	Educators	National 98%	Texas 100%

Usefulness of Publications/Magazines:

Useful	Employers	National 65%	Texas 83%
Useful	Nurses	National 51%	Texas 78%
Useful	Educators	National 69%	Texas 96%

NPA is current and state of the art for practice:

Excellent/Good	Employers	National 77%	Texas 84%
Excellent/Good	Nurses	National 77%	Texas 89%
Excellent/Good	Educators	National 85%	Texas 89%

Ease of navigation of the Board's website:

Excellent/Good	Employers	National 79%	Texas 88%
Excellent/Good	Nurses	National 72%	Texas 86%
Excellent/Good	Educators	National 82%	Texas 89%

## Results of key indicators previously targeted for improvement

With the 2012 CORE data, the following indicators regarding access to the Board were identified as needing improvement. Three out of the four indicators in 2014 markedly improved. This data and problem resolution is shared between the Licensing Department and the Practice Department as both receive the largest volume of inquiries. For a discussion of the indicator that did not improve, please refer to the section [Constituent Feedback on Board Performance within the Practice Environment](#) below.

Timeliness of responses to e-mail inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 74%	Texas 58%
<b>2014 Data</b>	Excellent/Good	Nurses	National 73%	<b>Texas 81%</b>

Helpfulness of responses to e-mail inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 74%	Texas 65%
<b>2014 Data</b>	Excellent/Good	Nurses	National 74%	<b>Texas 85%</b>

Ease of telephone inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 73%	Texas 64%
<b>2014 Data</b>	Excellent/Good	Nurses	National 71%	<b>Texas 72%</b>

## Constituent Feedback on Board Performance within the Practice Environment – Opportunities for Improvement

Timeliness of response to telephone inquiries:

<b>2012 Data</b>	Excellent/Good	Nurses	National 68%	Texas 59%
<b>2014 Data</b>	Excellent/Good	Nurses	National 66%	<b>Texas 42%</b>

The overwhelming majority of the Practice ratings exceed national averages and all but two meet national averages. These two indicators concern telephone inquiries to the Board and are shared between the Nursing Department and the Licensure Department. In 2014 and 2015, the Nursing Department alone received more than 7,188 phone calls to the practice line from nurses and the public, an increase of 545 phone calls from 2012-2013. In addition, hundreds of phone calls are made to the Nursing Consultants' direct phone lines each year, not included in these totals. On average, each of the 7,188 phone calls takes about fifteen minutes, totaling more than 224 days for one Full Time Equivalent employee (FTE), or more than 3/4 of one FTE. To address the high volume and demand for service, the Nursing Department has implemented a performance target of 80% of all practice calls will be returned within 5 business days. The evaluation measure is operationalized for each Nursing Consultant through individualized call tracking logs, recording the date the call was received, the date the call was returned, and the average time to return calls. These numbers are reviewed in aggregate monthly, ensuring that performance targets are met.

BON performance in addressing emerging issues:

<b>2012 Data</b>	Excellent/Good	Employers	National 62%	Texas 100%
<b>2014 Data</b>	Excellent/Good	Employers	National 64%	<b>Texas 78%</b>

Though this indicator exceeds national averages, the drop in employer ratings for the Board's performance in emerging issues is of interest. Inquiries from constituents (including employers) may reflect a lack of understanding about the regulatory role of the Board, confusing the nursing regulation and nursing advocacy. For example, employers often call requesting the Board take action in relation to employment issues that are not under Board purview. However, the Board does provide relevant regulatory information that addresses emerging issues. For example, a full length article discussing how one nurse incorporated the Board's standards while treating patients with Ebola in West Africa was presented in the October, 2015 Nursing Bulletin. Additionally, the Board is now posting timely updates of interest to all nursing stakeholders, including employers, on Facebook.

#### **IV. Education**

As outlined in the Limitations Section of this report, response rates from the groups of employers, nurses and educational programs from each state are low and may lead to sampling error. This is particularly true for the number of respondents who have been involved in discipline with the Board. For example, the response rate from programs involved with Board discipline was 4 in 2014 and 9 in 2012. Additionally, the overall response from surveyed programs dropped from 80 programs in 2012 to 27 programs in 2014. However, data from indicators with low response rates can provide the Board with important feedback and suggestions for improvement.

#### **Key indicators exceeding or meeting national averages in 2014**

NPA is current and state of the art for education:

Excellent/Good	Employers	National 76%	Texas 82%
Excellent/Good	Nurses	National 75%	Texas 88%
Excellent/Good	Educators	National 81%	Texas 93%

Conducting the program review during the initial or ongoing review/ approval process:

Excellent/Good	Educators	National 91%	Texas 92%
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Consultation for rules, regulations, and policies during the initial or ongoing approval process:

Excellent/Good	Educators	National 86%	Texas 88%
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Communication with BON Staff during the initial or ongoing review/ approval process:

Excellent/Good	Educators	National 87%	Texas 96%
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Timeliness of feedback during the initial or ongoing review/ approval process:

Excellent/Good	Educators	National 82%	Texas 92%
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Usefulness of feedback during the initial or ongoing review/ approval process:

Excellent/Good	Educators	National 86%	Texas 92%
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Fairness/ objectivity of BON findings during the initial or ongoing review/ approval process:

Excellent/Good	Educators	National 85%	Texas 84%
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### Results of key indicators previously targeted for improvement

With the 2012 CORE data, the following indicators from disciplined programs were identified as needing improvement. All indicators in 2014 markedly improved.

BON process was fair during investigation and resolution of the problem:

<b>2012 Data</b>	Agree	Educators	National 86%	Texas 78%
<b>2014 Data</b>	Agree	Educators	National 91%	<b>Texas 100%</b>

BON acted in a timely manner:

<b>2012 Data</b>	Agree	Educators	National 91%	Texas 78%
<b>2014 Data</b>	Agree	Educators	National 93%	<b>Texas 100%</b>

BON kept you informed during the disciplinary process:

<b>2012 Data</b>	Agree	Educators	National 89%	Texas 89%
<b>2014 Data</b>	Agree	Educators	National 91%	<b>Texas 100%</b>

As mentioned, the 2012 indicators were highlighted as needing improvement. Discussion led to the implementation of measures to promote a process for educational programs to address keeping educators informed during the disciplinary process. Among the measures taken was scheduling conference calls with each of the programs to discuss the approach and requirements for developing a self-study program following the first year of an NCLEX® pass rate below 80%. Program directors, faculty and administrators were invited to participate in these calls aimed to guide programs to develop steps and measures to encourage improvement. Additionally, education consultants regularly appraised program directors of their options in light of their current program status. The Board also hosted a NCLEX® workshop in June of 2014 to provide educators with accurately and timely information about the exam so that strategies to improve NCLEX® scores could be implemented by programs. Each time a survey

visit or Board report is drafted, the program is provided with an opportunity to review and offer responses before the report is published. Finally, the education team strives and carries through on being available to program representatives and the majority of the time, responds to calls and emails on the same day.

### **Constituent Feedback on Board Performance with Educational Programs – Opportunities for Improvement**

As demonstrated in the data above, the majority of indicators reflecting ratings for the Board’s role in regulating nursing education meets or exceeds national averages. There were two indicators from both employers and educational programs that reflected either a drop of 10% or more than the 2012 CORE Report and/or did not meet national averages. These are discussed below.

#### **Feedback from Educators:**

Notification of BON Visit:

<b>2012 Data</b>	Excellent/Good	National 93%	Texas 97%
<b>2014 Data</b>	Excellent/Good	National 81%	<b>Texas 77%</b>

Due Process for Disagreements:

<b>2012 Data</b>	Excellent/Good	National 88%	Texas 91%
<b>2014 Data</b>	Excellent/Good	National 67%	<b>Texas 56%</b>

During FY 2014, there was a significant increase in the number of programs with sanctions. From October 2013 until July 2014, 6 programs were placed on warning, 4 programs were placed on conditional, and 4 programs closed. Additionally, 36 programs experienced an NCLEX® pass rate below 80% and were required to complete a self-study report. Subsequently, in January 2015, an additional 18 professional nursing education programs were moved to warning and 1 moved to conditional. This number of programs with sanctions was unprecedented and of concern. Many programs linked changes in the NCLEX RN® exam in April 2013 to drops in pass rates. Despite Board outreach to educate programs on the NCLEX® development process, it may still have been perceived as unfair. While this may explain the decrease, the findings will focus staff toward guiding programs to anticipate the process and potential outcomes.

Related to notification of visits from the Board, this rating may be related to unannounced complaint based survey visits. When several complaints that suggest serious violations of Board rules are received about a program, the Education Consultants conduct a prompt, unannounced survey visit, sometimes as a joint visit with the Texas Workforce Commission. The benefits of unscheduled visits include determining first-hand whether the program is in violation of rules and addressing the issues immediately.

Additionally, there were 2 survey visits that resulted in additional requirements that the program may not have anticipated prior to the visit. Board staff will continue to work toward preparing program representatives for survey visits in advance, as appropriate, to ensure timely notification.

### Feedback from Employers

BON Performance in promoting quality education:

<b>2012 Data</b>	Excellent/Good	National 69%	Texas 89%
<b>2014 Data</b>	Excellent/Good	National 72%	<b>Texas 73%</b>

BON response to innovation in education:

<b>2012 Data</b>	Excellent/Good	National 62%	Texas 83%
<b>2014 Data</b>	Excellent/Good	National 62%	<b>Texas 64%</b>

This drop in ratings from employers since the 2012 CORE report may reflect a need for the Board to reach out more to employers to communicate innovations and other important information about how the Board plays a role in facilitating these. The next charge to the Education Task Force is aimed directly at this item and will be addressed in 2017. Additionally, staff will explore the possibility of a “push out” of the quarterly electronic newsletter to employers utilizing the facilities provided in the NEPIS survey by nursing education programs.

### Summary

As outlined in this report, the 2014 CORE data reflects that Texas exceeds or meets the majority of national averages. The descriptive data is meaningful and supports proactive, evidence based regulatory decision making, ensuring that the regulatory process and performance adequately protects the public from unsafe nurses.