

**Consideration of the National Council of State Boards of Nursing (NCSBN)  
2016 Commitment to Ongoing Regulatory Excellence (CORE) Report**

**Introduction and Purpose:** The following information in this report provides an overview of the data collected by the CORE Project implemented by NCSBN. These data include performance measures and benchmarking information to support Boards of Nursing in their initiatives to promote regulatory excellence and public protection. Key performance measures for Texas are reviewed and discussed.

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

## **NCSBN 2016 CORE Report of National and Texas Data**

This report outlines key indicators found in the National Council State Board 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 have been taken and provide a vast array of data as well as an overview of the methodologies and limitations of the data. Texas specific data, as compared to national averages, are reviewed and discussed by Board 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 and 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 starting in July 2016 and ending in September of 2016. 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, 38 BONs responded to the CORE 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 44 BONs was drawn from Nursys® or directly from BONs that do not contribute data to Nursys®. Hard copy surveys were mailed to these nurses, with an additional option to complete the survey online. The national nurse response rate was 13%.

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 the Medicare-listed home health care programs. Employers were given the option of completing the survey via hard copy or online. The national employer response rate was 10%.

For nursing education programs, surveys were distributed to the program directors of all nursing education programs in the United States with an NCLEX® code: 3,544 were sent a hard copy with the option to complete the survey online. The national educator response rate was 22%.

In addition to the four surveys, three outside data sources were used; NCLEX-RN® and NCLEX-PN® examinations data, disciplinary data from Nursys® and Member Board Profile data.

## CORE National Response Rates

National Target	Surveys Distributed	Surveys Returned	Response Rate
BONs	54	38	70.4%
Nurses	66,000	8,692	13.2%
Employers	12,720	1,325	10.4%
Educators	3,413	607	18%

## CORE Texas Response Rates

Texas Target	Surveys Distributed	Surveys Returned	Response Rate
Nurses	1,500	151	10%
Employers	300	18	6%
Educators	197	42	21.3%

## Limitations of the 2016 CORE 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 still some 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 indicators only and are, therefore, subject to possible issues regarding measurement validity and reliability. Furthermore, these performance measures have not been subjected to 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 the performance measures of the Texas Board of Nursing (Board) and how it compares with its counterparts around the country.

## Future Directions for the CORE Data Collection Process

### *CORE Portal*

As a way to ease the burden of four 100-page CORE reports, the CORE committee is partnering up with NCSBN's IT team to design an online portal that facilitates data collection and customized reporting of CORE data. The portal will allow members to create a customized CORE report that includes only measures relevant for their current needs at any time. Also, the portal will allow members to create custom reports that compare BONs by way of structure

(independent and umbrella), compact (compact and non-compact), area (I, II, III, and IV), and BON size. This portal is being modeled after the Member Board Profiles reporting tool (<https://mbprofiles.ncsbn.org>)

### *Response Rate*

As more nurses and nurse employers register or self-enroll into e-Notify, NCSBN will have the capability to push the CORE employer survey and the CORE nurse survey via online by using the email address associated with the individual's e-Notify profile. This will allow the survey to reach more nurses and more employers, as well as sending reminders to complete the CORE survey. This should greatly increase the number of CORE responses of nurses and nurse employers. Additionally, to ensure accurate mailing lists, the CORE Committee will discuss having BONs send email/ mailing lists of their nurse employers to the committee prior to administering the CORE Employer survey.

### *CORE BON Survey*

The CORE Committee is currently looking at the BON survey to identify measures that are already being captured elsewhere such as Nursys®, Member Board Profiles, and online databases as a way to ease the burden of filling out a lengthy survey. To reflect BONs' performance more accurately, the committee is looking at incorporating more objective measures, as well as measures that reflect governance, autonomy, and economic performance.

## **Discussion of Texas Data**

Due to issues with the Texas report having a low response rate from employers, their ratings were unable to be evaluated. Board Staff discussed this and other methodological issues with NCSBN Staff and the upcoming changes to the CORE process are outlined in the preceding section of the report. However, the CORE Report provides a broad array of meaningful, objective information and these data were reviewed by Board Staff and are presented in this report. The complete 2016 CORE survey information may be requested from the Executive Director of the Texas Board.

### **I. Licensure**

Nurse licensure is one service line within the Operations Department of the Board. The Operations Department assists individuals in attaining their initial Texas nursing license by either Examination or Endorsement, and subsequently maintaining that license through the renewal process. Some of the steps include but are not limited to: completion of a criminal background check (CBC), verifying nursing education, completion of the Nursing Jurisprudence Examination (NJE), and verifying previous licensure (if applicable).

**Table 1: Average number of applications for nursing licensure in 2016\***

<b>Number of applications</b>	<b>Texas</b>	<b>All Boards</b>
Initial Exam	17,182	4,199
Endorsement	11,255	4,112
Renewal	184,848	51,771

*\*It should be noted that the Board monitors the number of **licenses** issued and not the number of applications. The methodology utilized by other BON's is unknown. Consequently, comparisons with all BON's may or may not be accurate.*

Table 1 reflects the continued growth for Texas licensure. The CORE data reflects how much larger the Texas population of licensees is as compared to the majority of BON's throughout the country. Tables 2 – 4 contains licensure data that provides trends for initial, renewal and endorsement licensure.

**Table 2: Average Number of Applications for Nursing Licensure Received by Initial Exam in FY2012, FY2014, and FY2016**

<b>Applications</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY2012</b>	17,263	4,693
<b>FY2014</b>	16,706	4,877
<b>FY2016</b>	17,182	4,199

Table 2, reflecting the numbers of new graduates licensed in Texas, has remained fairly consistent since 2012. However, the numbers of RN applications by exam has increased while the number of LVN applications by exam has decreased. In 2013, the NCLEX-RN® passing standard increased which led to a drop in the pass rates and programs elected to enroll fewer students for better success on the exam. Additionally, clinical slots for both RN and LVN students were becoming more difficult for programs to secure and there were fewer qualified faculty. The market place and data on the nursing shortage will influence future projections for the number of graduates who apply for nursing licensure.

**Table 3: Average Number of Applications for Nursing Licensure Received by Endorsement in FY2012, FY2014, and FY2016**

<b>Applications</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY2012</b>	7,740	2,825
<b>FY2014</b>	9,057	3,557
<b>FY2016</b>	11,255	4,112

Table 3 reflects that the influx of nurses coming into the state continues to grow and may correlate to the overall growth of Texas' population and job creation. Additionally, as Table 2 reflects, the annual numbers of Texas graduates applying for licensure is not substantially growing and consequently, there may be more opportunities for nurses from other states taking jobs in Texas and seeking Texas licensure.

**Table 4: Average Number of Applications for Nursing Licensure Received by Renewal in FY2012, FY2014, and FY2016**

<b>Applications</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY2012</b>	158,003	52,663
<b>FY2014</b>	173,427	53,511
<b>FY2016</b>	184,848	51,771

Table 4 demonstrates that as the number of nursing licensees grows, so do the numbers of license renewed. Additionally, Texas does not have a practice requirement for renewal of licensure and consequently, nurses are able to renew their licenses by simply paying the fee and completing 20 hours of continuing education. Nurses may also prefer renewing rather than going inactive or retired because of the requirements mandated in refresher courses if they have not practiced for 4 or more years.

**Table 5: Average Dollars per Application Received for Nurse Licensure in FY2016**

<b>Dollars</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY 2014</b>	\$28	\$40
<b>FY2016</b>	\$29	\$19

*\*The average is based on the total number of applications received for endorsement, examination and renewal divided into the total budget for licensing.*

The data outlined in Table 5 provides an average of dollars per application received and is not reflective off the actual fees that nurses are charged for Texas licensure which are amongst the lowest in the country. When the legislature removed the requirement of a contingency revenue rider, the Board lowered fees to match the received appropriations. Table 5 reflects that the Board has remained consistent in the amount of the average dollars per application. Board Staff have made an inquiry to NCSBN to ascertain possible reasons for the large drop in the national rates.

## **II. Discipline**

The Board enforces the Nursing Practice Act (NPA) and BON Rules and Regulations by setting minimum standards for nursing practice and nursing education, conducting investigations of complaints against nurses, and adjudicating complaints. The compliant resolution process is most often accomplished through informal settlement. If unable to settle informally with the nurse, the Board will proceed to formal, contested case resolution through the State Office of Administrative Hearings.

The following indicators from the 2016 CORE Discipline Report provide data that outline key indicators of how the Board is accomplishing this mission.

**Table 6: Average Cost per Investigation in FY2016. \***

	<b>Texas</b>	<b>All Boards</b>
Cost	\$222	\$1,580

*\*Cost per Investigation = [total complaints and discipline budget) – (expenses related to monitoring compliance with probation + expenses related to alternative programs)] / (total number of cases brought to resolution in FY2016)*

The CORE Report outlines the average cost per investigation in Table 6 and provides a methodology for how the results were tabulated. Because of changes to any of the factors included in this methodology, “cost per investigation” may change substantially from year to year. However, the difference noted in this report between Texas’ costs as compared to other Boards is substantial. The Texas costs are probably impacted by having over 400,000 nurse licensees in the state of Texas. However, the Board has also worked diligently to enhance and streamline work processes to develop efficiencies in the management of the Enforcement caseload.

**Table 7: Average Number of Cases Completed per Investigator in FY2012, FY2014, and FY2016**

	<b>Texas</b>	<b>All Boards</b>
<b>FY 2012</b>	375	147
<b>FY 2014</b>	317	155
<b>FY 2016</b>	204	122

Table 7 provides an overview of the ongoing decrease in the number of cases completed per Investigator. This is due to the Board increasing Full Time Equivalent (FTE) Investigator positions to support caseloads more aligned with national averages as well as the steady decrease in the overall numbers of cases opened in the Enforcement Division as reflected in Table 8 below.

**Table 8: Average Number of Cases Assigned to Investigations in FY2012, FY2014, and FY2016.**

<b>Cases</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY2012</b>	15,192	1,501
<b>FY2014</b>	14,587	1,586
<b>FY2016</b>	11,454	1,261

Table 8 reflects the overall downward trend of disciplinary cases within the Enforcement Division. This trend is related to the completion of the CBC process for all licensees, the clearance of a backlog of older cases, the decrease in the numbers of cases assigned to investigators and the continued improvement in investigation completion and case resolution times as outlined in Table 9.

**Table 9: Percent of Cases Resolved by Boards within Six Months, 7 Months – 12 Months, 13 Months – 2 Years, and Over 2 Years in FY2014, FY2016.**

		<b>Texas</b>	<b>All Boards</b>
<b>FY2014</b>	6 Months or Less	70%	71%
<b>FY2016</b>	6 Months or Less	82%	67%
<b>FY2014</b>	7 Months – 12 Months	12%	15%
<b>FY2016</b>	7 Months – 12 Months	10%	15%
<b>FY2014</b>	13 Months – 2 Years	15%	10%
<b>FY2016</b>	13 Months – 2 Years	5%	14%
<b>FY2014</b>	Over 2 Years	3%	3%
<b>FY2016</b>	Over 2 Years	2%	4%
	Total	100%	100%



**Table 10: Average Number of Nurses with an Initial Discipline per 1,000 Nurses in Nursys® in FY2012, FY2014, and FY2016.**

<b>Average per 1,000 Nurses</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY2012</b>	7.7	3.0
<b>FY2014</b>	6.1	2.5
<b>FY2016</b>	4.2	2.5

Table 10 reflects the overall downward trend of initial discipline for nurses. Though there is no clearly apparent reason for this trend, it may be due to the fact that the Board’s complaints related to CBCs for all licensees licensed before 2004 has significantly decreased. Also, the Board’s increased use of non-disciplinary remedies such as corrective actions and confidential peer assistance orders may also be a factor.

**Table 11: Average Number of Denials for Licensure per 1,000 Nurses Recorded in Nursys® in FY2012, FY2014, and FY2016.**

<b>Average per 1,000 Nurses</b>	<b>Texas</b>	<b>All Boards</b>
<b>FY2012</b>	0.11	0.06
<b>FY2014</b>	0.11	0.13
<b>FY2016</b>	0.16	0.10

Table 11 reflects the average numbers of denials for Texas licensure per 1,000 nurses. In 2013, SB 1058 made CBC’s mandatory for students accepted for enrollment in a nursing education program and allowed the Board to initiate declaratory orders (DOs) for eligibility proceedings based on a positive CBC. Consequently, the number of applications for petitions for DOs since this time has steadily increased. Fiscal year 2015 is the first full year the Board required schools of nursing to adopt the mandatory student CBC program. A 98% adoption rate for the program was achieved in 2015 and Board Staff anticipates approximately 6,000 DO petitions in subsequent fiscal years.

**Table 12: Average Number of Formal Hearings and Months Taken for Completion of Cases in FY2012, FY2014, and FY2016.**

Cases		Texas	All Boards
<b>FY2012</b>	Average months for SOAH Completion	25 months	12 months
	Number of Hearings	123	70
<b>FY2014</b>	Average months for SOAH Completion	15 months	12 months
	Number of Hearings	187	54
<b>FY2016</b>	Average months for SOAH Completion	21 months	14 months
	Number of Hearings	231	66

Table 12 reflects that the case resolution time for formal hearings increased in FY 2016. This was primarily due to non-therapeutic prescribing cases for APRN's. Both the Texas Medical Board and the Board received an influx of these cases from the Harris County District Attorney who, in conjunction with the Drug Enforcement Agency, began investigating this issue. These cases are more complex and time consuming because of the need for expert review and coordination between attorneys and witnesses. Additionally, experts were sometimes difficult to secure because both boards were utilizing them to try and resolve the cases.

### **III. Practice**

The Nursing Practice Department promotes evidence-based, proactive regulation of nursing practice through a variety of activities including, but not limited to: consulting with constituents who have practice inquiries, developing practice resources such as *Position Statements*, *Guidelines*, *Frequently Asked Questions*, authoring articles on current practice issues, and producing continuing nursing education workshops, webinars and online courses.

Unlike the licensing and discipline data, the majority of nursing practice indicators are comprised of survey ratings from constituents. As noted in the Limitations of the CORE Report and Discussion of Texas Data section, the employer response rate was particularly low and consequently, not evaluated in this report. However, response rates for nurses and Texas educational programs were adequate for many of the indicators.

**Table 13: Board Performance in Addressing Emerging Issues**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Nurses	80%	67%
	Excellent/Good	Educators	93%	74%
<b>2016</b>	Excellent/Good	Nurses	84%	70%
	Excellent/Good	Educators	98%	75%

**Table 14: Board Performance in Assurance of Nursing Competency**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Nurses	84%	72%
	Excellent/Good	Educators	89%	84%
<b>2016</b>	Excellent/Good	Nurses	83%	75%
	Excellent/Good	Educators	95%	89%

**Table 15: NPA is Current and State of the Art for Practice?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Nurses	89%	77%
	Excellent/Good	Educators	89%	85%
<b>2016</b>	Excellent/Good	Nurses	87%	80%
	Excellent/Good	Educators	95%	84%

**Table 16: Understand Scope/Legal Limits of Nursing Practice**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Fully Understand	Nurses	62%	60%
	Fully Understand	Educators	93%	91%
<b>2016</b>	Fully Understand	Nurses	76%	63%
	Fully Understand	Educators	90%	87%

Table 16 reflects a 14% increase in positive nurse responses in understanding the scope and legal limits of the NPA and is noteworthy. One of the core functions of the Practice Department is to ensure that nurses understand their scope of practice. Beginning in January, 2014, all nurses were required to complete at least two contact hours of continuing nursing education in nursing jurisprudence and ethics prior to the end of each third, two-year licensure renewal cycle. It seems logical to attribute the 14% increase in positive nurse responses, in part, to this education requirement. Additionally, since 2014, the Practice Department expanded its online course offerings to ensure that each course includes content on the concept of scope of practice.

**Table 17: Are Statutes Readily Accessible?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Yes	Nurses	86%	73%
	Yes	Educators	96%	96%
<b>2016</b>	Yes	Nurses	81%	75%
	Yes	Educators	100%	95%

**Table 18: Know How to Report a Suspected Violation?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Yes	Nurses	84%	76%
	Yes	Educators	96%	94%
<b>2016</b>	Yes	Nurses	89%	78%
	Yes	Educators	100%	95%

**Table 19: Content of the Board's Website?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Nurses	84%	75%
	Excellent/Good	Educators	96%	86%
<b>2016</b>	Excellent/Good	Nurses	85%	78%
	Excellent/Good	Educators	95%	84%

**Table 20: Ease of Navigation of the Board's Website?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Nurses	86%	72%
	Excellent/Good	Educators	89%	82%
<b>2016</b>	Excellent/Good	Nurses	84%	75%
	Excellent/Good	Educators	88%	76%

**Table 21: Usefulness of the Board’s Publications/Magazine?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Nurses	78%	51%
	Excellent/Good	Educators	96%	69%
<b>2016</b>	Excellent/Good	Nurses	79%	52%
	Excellent/Good	Educators	95%	73%

In summary, the CORE Survey results pertaining to practice reflect that the Board is effectively meeting its mission to protect the public by ensuring that each nurse holding a license is competent to practice safely. The Practice Department will use these data to inform the direction of developing new education offerings and strategies for effectively communicating updates nurses need to know to practice safely.

#### **IV. Education**

The Education Department engages in a proactive approach to implementing initial and ongoing approval of pre-licensure nursing education programs statewide. The Education Team performs a number of activities to assist programs with understanding Board Rules and Regulations pertaining to nursing education including, but not limited to: prompt telephonic and electronic communication with program directors and faculty, regularly updated education guidelines, education newsletters as a means to disseminate important updates, routine and complaint driven survey visits, and orientation sessions for new deans, directors and coordinators of education programs.

**Table 22: NPA is Current and State of the Art for Education?**

			<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators	93%	81%
<b>2016</b>	Excellent/Good	Educators	95%	81%

**Table 23: Board's Performance in Promoting Quality Education**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		93%	92%
<b>2016</b>	Excellent/Good	Educators		98%	89%

**Table 24: Board's Performance in Conducting a Review during the Initial or Ongoing Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		92%	91%
<b>2016</b>	Excellent/Good	Educators		100%	89%

**Table 25: Board's Performance in Consultation during the Initial or Ongoing Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		88%	86%
<b>2016</b>	Excellent/Good	Educators		97%	85%

**Table 26: Communication with Board Staff during the Initial Review or Ongoing Review/Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		96%	87%
<b>2016</b>	Excellent/Good	Educators		97%	85%

**Table 27: Notification of Board Visits during the Initial Review or Ongoing Review/Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		77%	81%
<b>2016</b>	Excellent/Good	Educators		85%	89%

**Table 28: Timeliness of Feedback during the Initial Review or Ongoing Review/Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		92%	82%
<b>2016</b>	Excellent/Good	Educators		97%	82%

**Table 29: Usefulness of Feedback during the Initial Review or Ongoing Review/Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		92%	86%
<b>2016</b>	Excellent/Good	Educators		97%	86%

**Table 30: Fairness/Objectivity during the Initial Review or Ongoing Review/Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		84%	85%
<b>2016</b>	Excellent/Good	Educators		85%	86%



**Table 31: Due Process for Disagreements Regarding Findings and Correction Plans during the Initial Review or Ongoing Review/Approval Process**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		56%	67%
<b>2016</b>	Excellent/Good	Educators		79%	80%

It is worth highlighting the 24% increase in positive educator responses in Table 31 from 2014 to 2016. In reflection, this increase may be attributed, in part, to the initiation of conference calls with each program required to complete a Self-Study Report (SSR) following a first year NCLEX pass rate below the 80% benchmark for first-time test takers during the examination year. Consultants work closely with the program directors and faculty to guide them through the process of developing a SSR that is practical, includes data-driven plans for improvement, and has measurable outcomes. If a program experiences a second consecutive year of noncompliance with Board rules, often including an NCLEX pass rate below 80%, Board Staff also engage with program administrators to fully explain the process and answer questions. Should the program's NCLEX pass rate meet the benchmark upon completion of the next examination year, the program may return to full approval before the calendar year is completed.

The ratings within Table 32 and Table 33 are ratings from programs sanctioned and/or monitored by the Board.

**Table 32: Board's Process was Fair during Investigation and Resolution of a Problem Related to Sanctions or Monitoring**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		100%	91%
<b>2016</b>	Excellent/Good	Educators		100%	88%

**Table 33: Board's Acted in a Timely manner during Investigation and Resolution of a Problem Related to Sanctions or Monitoring**

				<b>Texas</b>	<b>All Boards</b>
<b>2014</b>	Excellent/Good	Educators		100%	93%
<b>2016</b>	Excellent/Good	Educators		100%	90%

In summary, the CORE Survey results pertaining to the Education Department demonstrate that educators have a positive view of the Board's role and effectiveness in regulating pre-licensure education in Texas. The results are a positive reflection on Board governance and Board Staff's diligent, proactive approach to meet the challenges of the ever changing landscape of nursing education.

### **Summary of the 2016 CORE Report**

The 2016 CORE Report provides trending data from previous CORE Reports as well as an overview of how the Texas Board's performance indicators compare with other BONs. Though these findings have some limitations in how the data is interpreted, the process of reviewing the report provides a rich experience for Board Staff in critiquing and analyzing processes related to performance outcomes.

Though the 2016 Report validates that the Texas Board has far greater numbers of constituents than the majority of other BONs, the findings in the Practice/Education Section reflect that the Board's satisfaction rankings by nurses and educators exceeds and/or meets virtually all other BONs rankings. Additionally, the majority of the Practice indicators had higher ratings than the previous Texas CORE 2014 rankings and all of the Education indicators were higher. The Licensure and Discipline Sections present data given by the Board to NCSBN as well as data obtained from Nursys®. Licensure data reflects that the numbers of renewal and endorsement licenses continues to increase while the numbers for exam have remained fairly consistent since FY 2012. Discipline data shows that investigator case-loads are finally approaching national norms which most likely has contributed to the decrease in case resolution times. Average cost per investigation may be impacted by the large number of nurses in the state but also reflects the Board's fiscal responsibility and management skills. The number of cases opened in investigations is decreasing and, with the recent Sunset Commission recommendations, may continue to do so.

Board Staff is looking forward to the changes that are going to be implemented as outlined in the section "Future Directions for the CORE Data Collection Process" and will ensure close communication with NCSBN Staff. Efforts to promote standardization in the collection and interpretation of the national CORE data will help to ensure a more meaningful and applicable evaluation of performance measures between BONs across the country.