

AGENCY STRATEGIC PLAN

Fiscal Years 2017-2021

by

TEXAS BOARD OF NURSING

<u>Board Member</u>	<u>Dates of Term</u>	<u>Hometown</u>
Kathleen Shipp, MSN, RN, FNP (President)	2011-2017	Lubbock
Deborah Bell, CLU, ChFC (Vice-President)	2004-2017	Abilene
Nina Almasy, MSN, RN	2012-2019	Austin
Patricia Clapp, BA	2008-2019	Dallas
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Allison Porter-Edwards, DrPH, MS	2015-2021	Bellaire
Diana Rodriguez Flores, MN, RN	2015-2021	Helotes
Monica Hamby, LVN	2013-2019	Amarillo
Doris Jean Jackson, DHA, MSN, RN	2015-2017	Pearland
Kathy Leader-Horn, LVN	2009-2021	Granbury
Beverly Jean Nutall, LVN	2004-2017	Bryan
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Francis Stokes	2015-2021	Port Aransas

June 24, 2016



Signed:

Katherine Thomas, MN, RN, FAAN
Executive Director



Approved:

Kathleen Shipp, MSN, RN, FNP
President

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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.

For a review of the Board's external and internal assessment which contributed to the formation of the Strategic Plan, please refer to Appendix A. External/Internal Assessment.

Agency Goals and Action Plan

Board of Nursing Operational Goals and Action Plan

OPERATIONAL GOAL

Goal A, Objective 1: Accreditation, Examination, and Licensure - Nurse Education Programs and Nursing Practice – The Board of Nursing (BON or Board) manages cost-effective quality programs of accreditation, examination, licensure, and regulation that ensure legal standards for nursing education and practice. The Board assures the public that licensed nurses in Texas are qualified to provide safe nursing practice by ensuring an efficient system of credential verification.

SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL

Ensure Minimum Licensure Standards for Applicants for Nurse Licensure – The action items accomplished by the Board are achievement of timely, cost-effective nurse licensure application processing, as well as operation of a reliable, accurate, and efficient licensure/credentialing system for all qualified nurse applicants. Currently, each of these action items is ongoing and being implemented.

HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE

1. The Board demonstrates accountability to nurse licensure fee payers by adjustment of fees when fee changes are warranted, including reductions in nurse licensure and renewal fees.
2. Waste of taxpayer dollars is minimized through utilization of strategies such as agency adoption of paperless operations wherever feasible. Completion of the Optimal Regulatory Board System (ORBS) process, which is currently being implemented, will greatly advance meeting of this goal by August 31, 2018.
3. Fulfilling of agency core functions is demonstrated through utilization and analysis of the measures listed above.
4. The BON's commitment to customer service includes gathering and analysis of feedback from constituents served by the agency through internal and external surveys conducted on an annual basis.
5. Transparency of licensure information for stakeholders is accomplished by the agency through the Board website, Customer Service Department telephone system, webmaster e-mails, and regular mail. All licensure requirements, BON Rules and Regulations, and the Nursing Practice Act may be accessed through the agency website. The Board's Accreditation, Examination, and Licensure goals support state strategic planning objectives by fulfilling agency core functions and maintaining accountability to nurse fee payers through the efficiency and explanatory measures below:

Efficiency Measures

- Percentage of new individual registered nurse (RN) licenses issued within ten days;
- Percentage of individual RN licenses renewed within seven days;
- Percentage of new individual licensed vocational nurse (LVN) licenses issued within ten days; and
- Percentage of individual LVN licenses renewed within seven days.

Explanatory Measures

- Number of individual RNs licensed;
- Number of individual LVNs licensed;
- Number of new individual RN licenses issued;
- Number of individual RN licenses renewed;
- Number of new individual LVN licenses issued; and
- Number of individual LVN licenses renewed.

OTHER CONSIDERATIONS RELEVANT TO GOAL OR ACTION ITEM

OPERATIONAL GOAL

Goal A, Objective 2: Ensure that Nursing Educational Programs are in Compliance with Board Rules – The BON ensures that 100% of Texas nursing education programs are in compliance with the Board’s Rules and Regulations.

SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL

The measurable action item for this goal is accreditation of all Texas nursing educational programs which must include the essential competencies in the educational curricula and ensuring that all Texas Nursing Education programs are meeting the required NCLEX pass rates. Currently, each of these action items is ongoing and being implemented.

HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE

1. The BON demonstrates accountability for competency in nursing in Texas by ensuring that nursing educational programs meet the requirements set forward in the Differentiated Essential Competencies for Graduates of Nursing Education Programs in Texas. The agency establishes rules governing Texas nurse educational programs leading to licensure as LVNs and RNs, conducts survey visits to educational programs to ensure compliance, and presents survey findings to the Board for further action as warranted by survey visit findings.
2. Waste of taxpayer dollars is minimized through added program requirements and/or board action, including program closure, for educational programs not meeting standards for passing the national examination for nurses known as the NCLEX examination.
3. Effectiveness is demonstrated through Texas educational program pass rates for the NCLEX examination. Texas pass rates for programs leading to licensure as LVNs and RNs exceed the national standards for the NCLEX-RN and NCLEX-PN exam for 2015.
4. The Board’s commitment to customer service includes conducting orientations for new deans and directors of nursing educational programs, on-site visits to programs to offer guidance for program improvement, and communication of Board Policy/Rules/updates through attendance at events for nursing educators.
5. Agency transparency concerning nursing educational programs is demonstrated through posting pass rate data, board reports concerning the status of educational programs, the website Education Dashboard for individuals inquiring about approved Texas nursing education programs, regular meetings with school associations, and surveys conducted by nursing educators. Accountability of the Board’s Nursing Education goals is also demonstrated through the efficiency and explanatory measures below:

Output Measures:

- Number of LVN programs surveyed;
- Number of LVN programs sanctioned;
- Number of RN programs surveyed; and
- Number of RN programs sanctioned.

OTHER CONSIDERATIONS RELEVANT TO GOAL OR ACTION ITEM

OPERATIONAL GOAL

Goal B: Protection of the Public and Enforcement of the Nursing Practice Act – The Board of Nursing is responsible for 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.

SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL

The Board administers a system of enforcement and adjudication and also identifies, refers, and assists those nurses whose practice is impaired. Currently, each of these action items is ongoing and being implemented.

HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE

1. The Board demonstrates accountability to tax payers responding to more than 16,000 complaints annually. BON staff members, in response to complaints, investigate reported violations of the NPA, Board Rules and Regulations, and other laws relating to the safe practice of nursing. Following investigation by Enforcement staff, disciplinary recommendation(s) are offered to nurses in the form of agreed orders. Orders disputed by nurses are brought before an administrative law judge (ALJ) for resolution and cases not resolved by ALJ go to District Court for resolution.

Nurses determined to have impaired practice, either by substance abuse or mental illness, are referred to the Texas Peer Assistance Program for Nurses (TPAPN) for treatment and monitoring. Nurses refusing to participate in the TPAPN program are referred back to the Board for disciplinary action. Actions taken in response to refusal to participate in the TPAPN program may include suspension or revocation of nurse licensure.

2. Efficiency and transparency in achieving this goal is brought about through a consistent response to violations of the NPA, BON Rules and Regulations, or other laws pertaining to the safe practice of nursing. The Board utilizes a disciplinary action matrix when determining disciplinary action in response to investigatory findings. Utilization of the matrix eliminates inconsistency and guesswork concerning action in response to a complaint or criminal conviction. "Rap Back", where the Board receives and responds to criminal conviction information on nurses from the Texas Department of Public Safety ensures that information pertaining to criminal conduct by nurses is received in a timely manner. A federal "Rap Back" process is expected to be implemented by August 31, 2018.
3. The agency fulfills agency core functions and maintains quantifiable accountability to the public through the efficiency, explanatory, and output measures below:

Efficiency Measures:

- Average time for RN complaint resolution; and
- Average time for LVN complaint resolution.

Explanatory Measures:

- Number of jurisdictional RN complaints received; and
- Number of jurisdictional LVN complaints received.

Output Measures:

- Number of registered nurse complaints resolved;
- Number of LVN complaints resolved;
- Number of RNs participating in a peer assistance program; and
- Number of LVNs participating in a peer assistance program.

4. The BON is committed to excellent customer service through all aspects of the enforcement and adjudication process. Website resources include Imposter Alerts, Board Policies & Guidelines, Courses & Compliance Resources, a description of what happens when a complaint is filed, downloadable complaint reporting forms, and disciplinary action reports.
5. The Board publishes a quarterly notice of disciplinary action included in the agency newsletter and posted on the BON website. Online verification of licensure includes notification of current disciplinary action against a nurse. Agreed order documents which include the findings of the Board and action taken in response to the findings are linked to the verification page. Formal charge documents are provided upon request. Complainants are provided with progress updates 90 days after complaints are received. Online resources are provided describing how the complaint process works. Reporting of disciplinary action statistics takes place at each quarterly board meeting.

OTHER CONSIDERATIONS RELEVANT TO GOAL OR ACTION ITEM

OPERATIONAL GOAL

Goal C: Historically Underutilized Businesses – The BON is committed to establishing and carrying out policies governing purchasing and contracting in accordance with state law that foster meaningful and substantive inclusion of historically underutilized businesses.

SPECIFIC ACTION ITEMS TO ACHIEVE YOUR GOAL

To award at least twenty percent (20%) of the total value of applicable agency contracts and purchases to historically underutilized businesses (HUBs). Currently, each of these action items is ongoing and being implemented.

HOW YOUR GOAL OR ACTION ITEMS SUPPORTS EACH STATEWIDE OBJECTIVE

1. **Accountable to tax and fee payers of Texas:** The agency strives to meet the statewide HUB goals by using HUB vendors who provide the best value and are most cost-effective to the agency. The agency expects to reach the 20% goal by August 31, 2021.
2. **Efficient in that maximum results are produced with a minimum waste of taxpayer funds, including the elimination of redundant and non-core functions.** The agency good faith efforts are part of the BON’s on-going purchasing plan and are interwoven into daily functions to increase efficiency.
3. **Effective in successfully fulfilling core functions, measuring success in achieving performance measures and implementing plans to continuously improve:** The agency has measures in place to help gauge progress and meet goals by implementing strategies to increase HUB utilization when possible.
4. **Provide excellent customer service:** The agency strives to work with HUB vendors to establish professional relationships to support ongoing efforts to meet HUB goals.
5. **Transparent in that agency actions can be understood by any Texan:** The agency’s HUB Goals, Objectives, and

Measures are published in several public reports. These reports are posted on the agency website or can be requested in hard copy form.

OTHER CONSIDERATIONS RELEVANT TO GOAL OR ACTION ITEM

Redundancies and Impediments

Service, Statute, Rule or Regulation (Provide specific citation if possible)	Describe why the Service, Statute, Rule or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Provide Agency Recommendation for Modification or Elimination	Describe the Estimated Cost Savings or Other Benefit Associated with Recommended Change
Texas Occupations Code §301.1581	This section requires the biennial dissemination of information to nursing licensees that relates to abusive and addictive behavior, diversion strategies, appropriate use of pain medications, and prescribing and dispensing pain medications. This information could be provided by other sources that may be able to provide more accurate and tailored information, such as the Texas Pharmacy Board or the Texas Medical Board. Further, some of the required information may not be relevant to nurses (such as dispensing information).	Elimination	
Texas Occupations Code §301.1582	This section requires the dissemination to nursing licensees of information relating to the services provided by poison control centers, This information could be provided by other sources, such as poison control centers, and would likely be more accurate and tailored if provided by another source.	Elimination	
Texas Occupations Code §301.466/Texas Government Code Chapter 552	Requestors routinely seek documents from the Board’s investigative file(s) and related	Statutory exemption in Chapter 552 or §301.466 that makes clear that the Board does not have to seek	In 2014, the Board received 716 open records requests. Nine of these generated referrals to the

Service, Statute, Rule or Regulation (Provide specific citation if possible)	Describe why the Service, Statute, Rule or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Provide Agency Recommendation for Modification or Elimination	Describe the Estimated Cost Savings or Other Benefit Associated with Recommended Change
	<p>materials under the Public Information Act. Although this information should not be releasable pursuant to an open records request (see 301.466(a)(1)), Board Staff must still submit a request for an opinion from the Attorney General's Office when this information is requested (no prior determination has been issued by the Attorney General's Office for this category of information).</p>	<p>an opinion from the Attorney General's Office when an open records request seeks documents from the Board's investigative file(s) or related material.</p>	<p>Attorney Generals' Office. Of these, 7 related to investigatory documents. In 2015, the Board received 736 of open records requests. Nine of these generated referrals to the Attorney Generals' Office. Of these, 7 related to investigatory documents. Not having to seek an opinion from the Attorney General's Office regarding the release of investigatory documents would reduce the Board's workload related to open records referrals by 78%.</p>

Supplemental Schedules

Schedules A-H

Schedule A. Budget Structure -- Goals, Objectives and Outcome Measures, Strategies and Output, Efficiency and Explanatory Measures

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 2018/2019 biennium. This section is organized with the objectives, strategies, and outcome, output, efficiency, and effectiveness measures aligned with each goal.

Goal A: Licensing - 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.1.1: Licensing - Operate Efficient System of Nursing Credential Verification.

Efficiency Measures:

Percentage of New Individual Licenses Issued within Ten Days (RN)
Percentage of Individual Licenses Renewed within Seven Days (RN)
Percentage of New Individual Licenses Issued within Ten Days (LVN)
Percentage of Individual Licenses Renewed within Seven Days (LVN).

Explanatory Measures:

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

Outcomes:

Percentage of Licensees with No Recent Violations (RN)
Percent of Licensees Who Renew Online (RN)
Percent of New Individual Licenses Issued Online (RN)
Percentage of Licensees with No Recent Violations (LVN)
Percent of Licensees Who Renew Online (LVN)
Percent of New Individual Licenses Issued Online (LVN)

Output Measures:

Number of New Licenses Issued to Individuals (RN)
Number of Individual Licenses Renewed (RN)
Number of New Licenses Issued to Individuals (LVN)
Number of Individual Licenses Renewed (LVN)

Objective A.2: Ensure Nursing Education 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: Accreditation - Accredite programs that include Essential Competencies Curricula.

Efficiency Measure:

Average Cost of Program Survey Visit (RN and LVN)

Explanatory Measures:

Total Number of Programs Approved (RN)
Total Number of Programs Approved (LVN)

Outcome Measures:

Percentage of Nursing Programs in Compliance with Rules (RN)
Percentage of Nursing Programs in Compliance with Rules (LVN)

Output Measures:

Total Number of Programs Surveyed (LVN)
Total Number of Programs Sanctioned (LVN)
Total Number of Programs Surveyed (RN)
Total Number of Programs Sanctioned (RN)

Goal B: Protect Public - 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: Protect Public and Enforce Nursing Practice Act – Adjudicate Violations - Investigate and resolve complaints about violations of the Nursing Practice Act.

Strategy B.1.1: Adjudicate Violations - Administer system of enforcement and adjudication.

Efficiency Measures:

Average Time for Complaint Resolution (Days) (RN)
Average Time for Complaint Resolution (Days) (LVN)

Explanatory Measures:

Number of Jurisdictional Complaints Received (RN)
Number of Jurisdictional Complaints Received (LVN)

Outcome Measures:

Percent of Complaints Resolved Resulting in Discipline (RN)
Percent of Complaints Resolved Resulting in Discipline (LVN)
Percent of Complaints Resolved in Six Months (RN)
Percent of Complaints Resolved in Six Months (LVN)

Output Measures:

Number of Complaints Resolved (RN)
Number of Complaints Resolved (LVN)

Strategy B.1.2: Peer Assistance - Identify, refer and assist those nurses whose practice is impaired.

Outcome Measures:

Recidivism Rate for RNs Enrolled in TPAPN
Recidivism Rate for LVNs Enrolled in TPAPN

Output Measures:

Number of Individuals Licensed Participating in a Peer Assistance Program (RN)
Number of Individuals Licensed Participating in a Peer Assistance Program (LVN)

Schedule B. Measure Definitions

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. 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. The 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 <i>not</i> 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 provides a workforce measure. 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 NCLEX Examination through Texas or request to endorse into our state. This measure is explanatory and provides a workload measure.
Calculation Type:	Cumulative.

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

Desired Performance: Higher than Target.

4) Number of Licenses Renewed (Individuals)

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

Purpose/Importance: Licensure renewal is intended to ensure that persons who 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 Boards 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 NCLEX 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 salaries of the Nursing Consultant conducting the visit, travel by the Nursing Consultant and 28% 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: 13) Pass Rate	Higher than target.
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 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 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 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 Enforcement 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.

Schedule C. Texas Board of Nursing Historically Underutilized Business Plan

Texas Administrative Code §20.13(b) requires that each state agency make a good faith effort to award procurement opportunities to businesses certified as historically underutilized. The goal of this good faith effort is to ensure that a fair share of state business is awarded to Historically Underutilized Businesses (HUBs).

The Historically Underutilized Business (HUB) program is governed by the Texas Government Code, Title 10, Subtitle D, Chapter 2161. The purpose of the program is to increase contracting opportunities with the State of Texas for minority and women-owned businesses.

HUB Mission Statement

Texas Board of Nursing will make a good faith effort to award procurement opportunities to historically underutilized businesses. Texas Board of Nursing has developed strategies to increase the agency's HUB participation and ensure that the agency remains in compliance with all of the laws and rules established for the HUB program.

HUB Goals

Texas Board of Nursing has set an overall goal of purchasing 20% of all agency services and goods from historically underutilized businesses. Procurement awarded to HUBs should provide the agency the best value and must be the most cost effective.

HUB Program Strategy

In an effort to meet the agency's goals, the Texas Board of Nursing has strategies that include:

- Complying with HUB planning and reporting requirements
- Following the HUB purchasing procedures and requirements established by the Comptroller's Texas Procurement and Support Services division
- Attending HUB Coordinator meetings and any HUB training
- Utilizing HUB resellers from the DIR contracts as often as possible
- Utilizing the Comptroller's Centralized Master Bidders List (CMBL) and HUB search to ensure that a good faith effort is made to award goods and services contracts to HUBs
- Promoting HUBs in the competitive bid process for goods and services

Schedule D. Statewide Capital Plan



TEXAS BOND REVIEW BOARD

Governor Rick Perry, Chairman
Lieutenant Governor David Dewhurst
Speaker Joe Straus
Comptroller Susan Combs

Bob C. Kline
Executive Director

2016-2017 CAPITAL EXPENDITURE PLAN REPORTING EXEMPTION

Agency: Texas Board of Nursing
Agency Number: 507
Contact Person: Katherine A. Thomas, MN, RN, FAAN
Title: Executive Director
Phone: (512) 305-6888
Email: kathy.thomas@bon.texas.gov

I hereby attest that, through fiscal year 2017, our agency will not have a project requiring capital expenditures for:

- (1) land acquisition;
- (2) construction of building and other facilities;
- (3) renovations of buildings and other facilities estimated to exceed \$1 million in the aggregate for a single state agency or institution of higher education; or
- (4) major information resources projects estimated to exceed \$1 million.

OR

The agency is exempt from reporting due to the following: *(check one)*

- Article X, Section 2(a) of the General Appropriations Act
- No capital budget
- Self Directed Semi Independent Agency
- Other: _____

This document is to be signed by the agency Executive Director or Chief Financial Officer and returned to the Texas Bond Review Board.

Signed: Katherine A. Thomas Date: 4/21/16
Title: Executive Director

P.O. BOX 13292 • AUSTIN, TEXAS 78711-3292 • TEL: 512/463-1741 • FAX: 512/475-4802
WEBSITE: <http://www.brb.state.tx.us> • EMAIL: capital@brb.state.tx.us

Schedule E. Health and Human Services Strategic Planning

N/A

Schedule F. Board of Nursing Fiscal Year 2017-2021 Workforce Plan

I. AGENCY OVERVIEW

The Board of Nursing (BON) has one of the largest licensee databases in the State of Texas. The Board regulates over 390,000 nurses and 209 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 driven by its mission (see page 3) 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 124.7 positions. The agency has 48 FTEs in the Enforcement Division, 43.7 FTEs in the Operations Division, 16 in the Nursing Division and 17 Administrative Employees including the Executive Director. The majority of staff is located in the Austin, Texas office and recently, staff have been hired outside Austin. The board has 13 members from throughout the State of Texas.

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**, supersedes 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 Nursing's 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 Nursing's rules are investigated and resolved in accordance with the Nursing Practice Act (NPA) and Administrative Procedures Act (APA) 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 schools of nursing, approves eligible students to take the national nursing exams, investigates alleged violations of the Nursing Practice Act and the Board's Rules and Regulations.

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

The BON anticipates a possible change in its mission to include regulating Certified Nurse Aides and other unlicensed assistive personnel. The Board has implemented strategies to go paperless by using available technology and migrating to the Optimal Regulatory Board System in fiscal year 2017. Plans are being made to implement additional strategies in the future. The Board anticipates the continuing education process to evolve into a continued competency model.

E. Additional Considerations

Key Economic and Environmental Factors

The Board is experiencing a steady annual growth rate of 2% for currently licensed LVNs and 5% for currently licensed RNs. The number of new Texas licensees from examination and endorsement has added to this increase due to the dramatic growth of students. For the past two fiscal years, the BON has used all appropriated general revenue funds granted by the legislature. The BON has used appropriated receipts in the Licensing strategy allowing the agency to fund all programs adequately.

Challenges to Providing Competitive Salaries

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

The BON continues to receive numerous phone, written and e-mail inquiries. Agency statistics show the following number of phone calls accessing our automated system:

Fiscal Year 2011 - 246,402 Calls
Fiscal Year 2012 - 285,715 Calls
Fiscal Year 2013 - 204,920 Calls
Fiscal Year 2014 - 199,594 Calls
Fiscal Year 2015 - 215,407 Calls

The phone call numbers above do not include the number of direct calls that go to a staff member nor does it include the number of e-mails that are increasing monthly. The BON has a customer service department and dedicated eight staff members to the task of answering calls.

II. CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

A. *Agency Demographics*

Gender:	Female	77.72%
	Male	22.3%
Race:	African-American	10.3%
	Hispanic	29.7%
	Other	2.5%
	Caucasian	57.5%

Percentage of Workforce Eligible to Retire in the Next Five Years: 15%

Job Categories	State Civilian Workforce					
	African American		Hispanic American		Females	
2015 Data	BON %	State %	BON %	State %	BON %	State %
Officials, Administration	25%	11.00%	0%	16.00%	50.00%	52.00%
Professionals	2.00%	11.00%	19.00%	16.00%	78.00%	56.00%
Technical	0%	18.00%	0%	26.00%	0%	61.00%
Para-Professional	32%	34.00%	37.00%	29%	84.00%	71.00%
Administrative Support	14%	19.00%	33.00%	31.00%	90.00%	83.00%

B. *Employee Turnover*

Turnover has been dropping over the past five years with the agency’s ability to pay competitive salaries to new staff and pay for performance to current staff. Due to resignations and retirements, the Board has lost valuable institutional knowledge. To compensate for this loss, detailed policies and procedures and a succession plan are being made.

Agency Turnover Percentages: 2012-2015

- Fiscal Year 2012 - 11.1%
- Fiscal Year 2013 - 16.7%
- Fiscal Year 2014 - 16.4%
- Fiscal Year 2015 - 10.9%

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 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 the Board's 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 affects business processes.

D. *Projected Employee Attrition Rate over the Next Five Years*

Fiscal Year 2017 - 17%
Fiscal Year 2018 - 17%
Fiscal Year 2019 – 17%
Fiscal Year 2020 – 18%
Fiscal Year 2021 – 18%

The agency anticipates ongoing difficulty in filling Nurse Investigator and Nurse Consultant positions at least until fiscal year 2018 due to the acute competition for nursing faculty and staff at schools and hospitals. If unable to secure sufficient operating funds, the agency will look for new ways to apply the merit raise system which is the most effective tool in the recruitment and retention of staff. The BON has begun to feel the effect of “baby boomers” beginning to retire since fiscal year 2015. Beginning in fiscal year 2016, there will be 15 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, it is anticipated that additional and ongoing training in the area of computer software and imaging processes will be needed.

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.

Board staff 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. Staff 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

The Board does 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, it is anticipated that a

shortage of RNs to fill Enforcement and Nursing Consultant duties due to the public and private demand for the limited number of RNs in the workforce.

Currently, there are 25 positions requiring registered nurses. The agency anticipates 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.

The BON believes staff have the fundamental skills to complete tasks but need additional training to enhance their skills to perform more efficiently and effectively. Since there is movement towards more technology based business processes, there will no longer be a need for 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, they will be paired with mentors within the agency. Use of the Council on Licensure, Enforcement and Regulation (CLEAR) organization will facilitate investigator training. Leaders will be identified within the organization to provide internal and external training opportunities to enhance skills and help the agency in succession planning.

Goal 1	Recruit and Retain a competent workforce.
Rationale:	To establish a consistent, productive business atmosphere, the BON needs a well-trained and stable workforce to protect the public. This includes the ongoing internal training of current staff to fill open positions and possibly consolidate some work processes to enhance staff compensation with current or available funds.
Action Steps:	<ol style="list-style-type: none"> 1. Request additional operating funds in the next legislative session to enhance employee compensation especially in the recruitment and retention of nurses. 2. Develop and revise agency policy and procedures to be consistent and detailed. 3. Develop mandatory training components for recognized agency sub-par skill sets. 4. Establish a mentorship program with current staff and those from other small state agencies to demonstrate best practices in needed skill sets. 5. Complete a succession plan which incorporates time lines and minimal skill sets. 6. Conduct a risk assessment to the agency due to potential knowledge loss of key staff. 7. Establish and implement a career ladder for all staff.
Goal 2	Establish an agency culture of change enhancements to business processes.
Rationale:	Resources will always be limited. At best, funding will remain constant but staff 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 before.
Action Steps:	<ol style="list-style-type: none"> 1. Develop an ongoing mandatory training module on change enhancements. 2. Add the skill of change enhancements and change management to the minimal core of essential job functions. 3. Reorganize agency structure around processes.

	4. Develop a pay system that rewards constructive change management.
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Schedule G: Report on Customer Service

Texas Board of Nursing

***Report on Customer Service
for Fiscal Years 2017-2021***



Submitted: June 1, 2016

I. Inventory of Customers Served by the BON

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 or Board) definition of customer includes the following groups:

- The Public (citizens of Texas) - The mission of the BON 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 Board 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*, the BON Facebook page, written, phone and electronic communication.
- Health Care Organizations - The Board 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 Board approves 117 RN Nursing Programs and 92 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, the Board provides students with the information needed to choose a Texas nursing education program and assists 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.

II. Information-Gathering Methods

During this biennium, the Board obtained stakeholder feedback from: (1) survey data from BON stakeholders through a study conducted by the National Council of State Boards of Nursing (NCSBN); (2) a web-based customer service survey published in the April, 2015 *BON Bulletin*, linked through the Board of Nursing website and Facebook page; and (3) Stakeholder feedback related to strategic planning.

The first survey, entitled "Commitment to Ongoing Regulatory Excellence" (CORE) collects data related to BONs across the country and includes stakeholder perceptions of the agency. The second report concerns stakeholder perceptions of the agency website, the *Board of Nursing Bulletin*, and interactions with agency customer service staff through the BON phone system. The third report was drawn from e-mails/letters soliciting Strategic Plan feedback sent to 96 nursing stakeholders on February 12, 2016.

III. Inventory of External Customers by Strategy

The Governor’s Office and Legislative Budget Board require all state agencies to provide an inventory of their external customers organized by the strategies listed in the General Appropriations Act, as well as a brief description of the types of services provided. For the Board of Nursing, these are as follows:

Strategy: Licensing

Section/Division	External Customer Groups	Customer Services
Operations	The Public, Nurses, Schools of Nursing, Health Care Organizations, and the Legislature	Operate efficient system of nursing credential verification

Strategy: Accreditation

Section/Division	External Customer Groups	Customer Services
Nursing	The Public, Schools of Nursing, Nursing Students, Nurses, and the Legislature	Accredit programs that include Essential Competencies Curricula

Strategy: Adjudicate Violations

Section/Division	External Customer Groups	Customer Services
Enforcement, Legal, Nursing, Operations	The Public, Nurses, Health Care Organizations, Schools of Nursing, Nursing Students, Respondents, and the Legislature	Administer system of enforcement and adjudication

Strategy: Peer Assistance

Section/Division	External Customer Groups	Customer Services
Enforcement, Legal, Nursing	The Public, Nurses, Health Care Organizations, Respondents	Identify, refer and assist those nurses whose practice is impaired

IV. Analysis of Findings

A. The CORE Study

CORE is a comparative performance measurement and benchmarking process for state boards of nursing (BONs). Development of the CORE process was initiated in 1998 by National Council of State Boards of Nursing’s (NCSBN) Board of Directors and the process incorporated surveys of BONs, as well as three external stakeholder groups including nurses, employers of nurses, and nursing educational programs.

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

Core Study Methodology

The CORE Study has been conducted by the NCSBN to assist member boards of nursing since FY 2000 on a biennial basis. CORE Study data was provided to the Board of Nursing in the Fall of 2015 by NCSBN, and sections of the report provided measurement of BON stakeholder perceptions related to practice, education, licensure and governance for the Texas Board of Nursing as well as 53 other participating boards of nursing. Survey data collected by the CORE Study provided a myriad of data relating to perceptions of BON customer service.

Of the 1500 Texas nurses surveyed, 170 (11%) responded. Two hundred and seven Directors for BON-approved educational programs were asked to provide feedback and 27 (13%) programs responded and are represented in the data. Three hundred employers were asked to provide feedback and 45 (15%) 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.

Findings of the CORE Study Related to Customer Service

Findings regarding key customer service activities by the Internet, telephone, and print are presented below.

Respondents rated each on a scale of excellent to poor. Tables 1 and 2 present the average responses of nurses, employers and educators concerning the Texas Board of Nursing website. The survey questions addressed ease of navigation and helpfulness of content. The Texas survey responses are then compared to the aggregate responses from all participating boards of nursing.

1. Website Perceptions

Table 1: Ease of Website Navigation - Texas BON (2014)

<u>Ease of Navigation - Nurses</u>		<u>Ease of Navigation - Employers</u>		<u>Ease of Navigation - Educators</u>	
Excellent	41%	Excellent	42.9%	Excellent	48.2%
Good	45%	Good	45.2%	Good	40.7%
Fair	13%	Fair	7.1%	Fair	7.4%
Poor	1%	Poor	4.8%	Poor	3.7%

For all boards of nursing surveyed, approximately 72% of **nurses** reported that the ease of navigation on the boards' of nursing websites was **excellent or good**. In Texas, approximately 86% of **nurses** reported that the ease of navigation on the Board's website was **excellent or good**.

For all boards of nursing surveyed, approximately 79% of **employers** reported that the ease of navigation on the boards' of nursing websites was **excellent or good**. In Texas, approximately 88% of **employers** reported that the ease of navigation on the Board's website was **excellent or good**.

For all boards of nursing surveyed, 81% of **educators** reported that the ease of navigation on the boards' websites was **excellent or good**. In Texas, approximately 88% of **educators** reported that the ease of navigation on the Board's website was **excellent or good**.

Table 2: Helpfulness of Website Content - Texas BON (2014)

<u>Helpfulness - Nurses</u>		<u>Helpfulness - Employers</u>		<u>Helpfulness - Educators</u>	
Excellent	37.1%	Excellent	41.0%	Excellent	53.9%
Good	47.4%	Good	48.7%	Good	42.3%
Fair	15.5%	Fair	10.3%	Fair	3.8%
Poor	0%	Poor	0%	Poor	0%

For all boards of nursing surveyed, approximately 74% of **nurses** reported that the helpfulness of the board’s website was **excellent or good**. In Texas, approximately 84% of **nurses** reported that the helpfulness of the BON’s website was **excellent or good**.

For all boards of nursing surveyed, approximately 77% of **employers** reported that the helpfulness of the board’s website was **excellent or good**. In Texas, 89% of **employers** reported that the helpfulness of the BON’s website was **excellent or good**.

For all Boards of Nursing surveyed, approximately 85% of **educators** reported that the helpfulness of the board’s website was **excellent or good**. In Texas, approximately 96% of **educators** reported that the helpfulness of the BON’s website was **excellent or good**.

2. Telephone Inquiry Perceptions

Tables 3, 4, and 5 present the average responses of nurses, employers, and educators concerning ease of use, timeliness, and helpfulness of responses received to telephone inquiries made to the Texas Board of Nursing.

Table 3: Ease of Use of BON Telephone System - Texas BON (2014)

<u>Ease of Use - Nurses</u>		<u>Ease of Use - Employers</u>		<u>Ease of Use - Educators</u>	
Excellent	31.3%	Excellent	47.4%	Excellent	44.4%
Good	40.6%	Good	36.8%	Good	44.4%
Fair	15.6%	Fair	15.8%	Fair	11.2%
Poor	12.5%	Poor	0%	Poor	0%

For all Boards of Nursing, 71.1% of **nurses** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**. In Texas, 71.9% of **nurses** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**.

For all Boards of Nursing, approximately 81% of **employers** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**. In Texas, 84.2% of **employers** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**.

For all Boards of Nursing, 85.6% of **educators** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**. In Texas, 88.8% of **educators** reported the ease of use of their telephone inquiry to the Board of Nursing was **excellent or good**.

Table 4: Timeliness of Response Regarding Telephone Inquiry - Texas BON (2014)

<u>Timeliness - Nurses</u>		<u>Timeliness - Employers</u>		<u>Timeliness - Educators</u>	
Excellent	24.2%	Excellent	42.1%	Excellent	38.9%
Good	18.2%	Good	26.3%	Good	50.0%
Fair	30.3%	Fair	21.1%	Fair	11.1%
Poor	27.3%	Poor	10.5%	Poor	0%

For all Boards of Nursing, 65.8% of **nurses** rated the timeliness of the response from the Board of Nursing regarding their telephone inquiry as **excellent or good**. In Texas, 42.4% of **nurses** rated the timeliness of the response from the Board of Nursing regarding their telephone inquiry as **excellent or good**.

For all Boards of Nursing, 73.7% of **employers** rated the timeliness of the response from the Board of Nursing regarding their telephone inquiry as **excellent or good**. In Texas, approximately 68% of **employers** rated the timeliness of the response from the Board of Nursing regarding their telephone inquiry as **excellent or good**.

For all Boards of Nursing, 84.8% of **educators** rated the timeliness of the response from the Board of Nursing regarding their telephone inquiry as **excellent or good**. In Texas, 88.9% of **educators** rated the timeliness of the response from the Board of Nursing regarding their telephone inquiry as **excellent or good**.

Table 5: Helpfulness of Response Regarding Telephone Inquiry - Texas BON (2014)

<u>Helpfulness - Nurses</u>		<u>Helpfulness - Employers</u>		<u>Helpfulness - Educators</u>	
Excellent	43.8%	Excellent	50.0%	Excellent	44.4%
Good	25.0%	Good	22.2%	Good	50.0%
Fair	15.6%	Fair	16.7%	Fair	5.6%
Poor	15.6%	Poor	11.1%	Poor	0%

For all Boards of Nursing, 69.9% of **nurses** reported the helpfulness of the Board of Nursing response to a telephone inquiry as **excellent or good**. In Texas, approximately 68% of **nurses** rated the helpfulness of the Board of Nursing response to a telephone inquiry as **excellent or good**.

For all Boards of Nursing, 79.1% of **employers** rated the helpfulness of the Board of Nursing response to a telephone inquiry as **excellent or good**. In Texas, 72.2% of **employers** rated the helpfulness of the Board of Nursing response to a telephone inquiry as **excellent or good**.

For all Boards of Nursing, 90.4% of **educators** reported the helpfulness of the Board of Nursing response to a telephone inquiry as **excellent or good**. In Texas, 94.4% of **educators** rated the helpfulness of the Board of Nursing response to a telephone inquiry as **excellent or good**.

3. Publications/Magazines

Table 6 presents the responses of nurses, employers and educators concerning Texas Board of Nursing publications. BON publications include the *Board of Nursing Bulletin* (hard copy and online), the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs (hard copy and online), and the *Nursing Education Newsletter* (online only). The Board also offers numerous other publications, available for download from the BON website, include the Nursing Practice Act, Agency Rules and Regulations, Education and Practice Guidelines, Position Statements, as well as information relating to Eligibility and the Complaint Process.

Table 6: Usefulness of Board of Nursing's Publications/Magazines - Texas BON (2014)

<u>Usefulness - Nurses</u>		<u>Usefulness - Employers</u>		<u>Usefulness - Educators</u>	
Useful	78.1%	Useful	93.2%	Useful	96.3%
Not Useful	5.9%	Not Useful	0%	Not Useful	0%
Not Used	10.7%	Not Used	6.8%	Not Used	3.7%
Not Aware	5.3%	Not Aware	0%	Not Aware	0%

For all Boards of Nursing, 50.7% of **nurses** responded that their Board of Nursing's publications/magazines were useful. In Texas, 78.1% of **nurses** responded that their Board of Nursing publications/magazine was useful.

For all Boards of Nursing, 64.6% of **employers** responded that their Board of Nursing's publications/magazines were useful. In Texas, approximately 93.2% of **employers** responded that their Board of Nursing publications/magazine was useful.

For all Boards of Nursing, 69.2% of **educators** responded that their Board of Nursing's publications/magazines were useful. In Texas, 96.3% of **educators** responded that their Board of Nursing publications/magazines were useful.

Core Study Summary Analysis

CORE Study survey takers provided positive feedback concerning the helpfulness of BON staff during phone inquiries. Fifty percent of employers surveyed rated BON helpfulness as excellent and approximately 44% of nurses and educators also rated helpfulness as excellent. Survey results did reveal that timeliness of response to telephone continues to be an area where improvement is needed with only 42% of nurses and 68% of employers indicating that BON timeliness was excellent/good. CORE Survey Feedback concerning the BON website and publications continues to remain strong with excellent/good scores consistently in the 80 - 90% range in scoring.

Since the 2014 CORE Survey was conducted, nursing staff members have met several performance targets related to response times for webmaster and phone inquiries.

The Customer Service staff have also set and met performance targets relating to response time for webmaster and phone inquiries. This department receives the majority of phone calls within the agency and therefore is challenged to keep up with the volume of calls received by the agency.

NCSBN is the agency that conducts the CORE survey and the inclusion of BON staff on the CORE Committee will facilitate communication between the two agencies regarding survey process improvements.

B. 2015 Board of Nursing Customer Service Survey

The Board conducted an online survey in 2015 as a part of its continuous efforts to improve the services offered by the agency. The BON utilized an online survey linked through the Board's website published in the agency Bulletin and posted on the agency Facebook page.

Nursing Customer Service Methodology

The Board of Nursing posted a link to the Customer Service Survey on the BON website in April, 2015. The survey was announced on page one of the April 2015 issue of the *Board of Nursing Bulletin* which was sent to all currently licensed nurses in Texas as well as all paid newsletter subscribers. The survey, which consisted of 22 questions, solicited opinions concerning: the *Texas Board of Nursing Bulletin*; the Board of Nursing website; interactions with the Customer Service Department; the agency Facebook page and webmaster inquiries. The survey was posted on the BON website from April 1, 2015 until May 30, 2015. Results from the survey are provided below.

The BON Customer Service Survey was taken a total of 384 times, which is a low response rate for more than 371,000 licensees but an 1100 percent increase in the number of survey respondents to the 2014 BON Reader Survey. Survey takers were also provided the opportunity to provide additional comments concerning the Customer Service Department, the website, the agency newsletter, and interactions with the nursing consultants by phone or e-mail. A brief summary of their comments will also be provided. Comments not related to the survey questions are not included in the comment summary sections.

Findings of the Nursing Customer Service Survey

Feedback on the Board of Nursing Bulletin

Survey questions 8, 9, 10, and 11 concerned the usefulness of content included in the *Board of Nursing Bulletin*.

8. The Patient Safety features in the Bulletin are useful and informative.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	34.4%	106
4 = Very Satisfied	41.2%	127
3 = Moderately Satisfied	18.8%	58
2 = Slightly Satisfied	3.6%	11
1 = Not Satisfied	1.9%	6
<i>answered question</i>		308
<i>skipped question</i>		76

9. The Practice Question and Answer section is useful and/or informative.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	30.6%	93
4 = Very Satisfied	43.1%	131
3 = Moderately Satisfied	20.1%	61
2 = Slightly Satisfied	3.6%	11
1 = Not Satisfied	2.6%	8
<i>answered question</i>		304
<i>skipped question</i>		80

10. The Notice of Disciplinary Actions and Imposter Warnings are useful and/or informative.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	36.9%	113
4 = Very Satisfied	35.3%	108
3 = Moderately Satisfied	18.0%	55
2 = Slightly Satisfied	4.6%	14
1 = Not Satisfied	5.2%	16
<i>answered question</i>		306
<i>skipped question</i>		78

11. The Continuing Education articles and notifications are useful and/or informative.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	38.6%	118

4 = Very Satisfied	35.6%	109
3 = Moderately Satisfied	19.3%	59
2 = Slightly Satisfied	4.6%	14
1 = Not Satisfied	2.0%	6
<i>answered question</i>		306
<i>skipped question</i>		78

Feedback on Telephone Inquiries

Survey questions 1-7 related to frequency, wait time, reason for calling, as well as how knowledgeable, courteous, and helpful board staff members were in responding to calls.

1. How often do you contact the Board of Nursing by phone?		
Answer Options	Response Percent	Response Count
0 = Never	27.4%	105
2 = Once or twice a year	35.5%	136
3 = Once or twice every 1-6 months	22.2%	85
4 = Once or twice a month	10.2%	39
5 = Once or twice a week	4.7%	18
<i>answered question</i>		383
<i>skipped question</i>		1

2. How long did you wait for a BON representative to take your call?		
Answer Options	Response Percent	Response Count
No Wait	15.2%	39
Less than five (5) minutes	45.3%	116
More than five (5) minutes	39.5%	101
<i>answered question</i>		256
<i>skipped question</i>		128

3. Why do you contact the Board of Nursing? (Check all that apply)		
Answer Options	Response Percent	Response Count
Advanced Practice Information	9.1%	24
Check Status of an application	28.9%	76
Complaint against a nurse	2.7%	7
Continuing Education	14.8%	39
Disciplinary Action	7.2%	19
Laws & Rules	34.6%	91
Licensure by Endorsement	17.9%	47
Licensure by Examination	11.0%	29
Renew License	22.4%	59
Nursing Practice Information	11.8%	31

Nursing Education Information	35.4%	93
Verify License	21.7%	57
Other (If checked, please describe)	17.1%	45
<i>answered question</i>		263
<i>skipped question</i>		121

The Board received 45 additional responses to Question 3. Twelve responses related to criminal background checks, and 11 questions involved nursing students or nurse graduates preparing to take the NCLEX Exam. Other reasons the Board was contacted included: licensure by endorsement, how to report an impaired nurse, status of an advance practice application, nurse educator questions, status of a publication order, how to submit a name change, and organizational structure of the Board.

4. The information was provided in a courteous manner.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	41.8%	107
4 = Very Satisfied	29.7%	76
3 = Moderately Satisfied	11.3%	29
2 = Slightly Satisfied	9.0%	23
1 = Not Satisfied	8.2%	21
<i>answered question</i>		256
<i>skipped question</i>		128

5. Board Staff were knowledgeable and helpful.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	43.3%	109
4 = Very Satisfied	27.0%	68
3 = Moderately Satisfied	9.5%	24
2 = Slightly Satisfied	8.3%	21
1 = Not Satisfied	11.9%	30
<i>answered question</i>		252
<i>skipped question</i>		132

6. The information was provided in a timely manner.		
Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	36.5%	93
4 = Very Satisfied	28.2%	72
3 = Moderately Satisfied	11.4%	29
2 = Slightly Satisfied	7.1%	18
1 = Not Satisfied	16.9%	43
<i>answered question</i>		255
<i>skipped question</i>		129

7. Board Staff were able to answer my questions.

Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	40.0%	102
4 = Very Satisfied	26.7%	68
3 = Moderately Satisfied	11.4%	29
2 = Slightly Satisfied	6.7%	17
1 = Not Satisfied	15.3%	39
<i>answered question</i>		255
<i>skipped question</i>		129

Feedback on the BON Website

Questions 12 -17 sought website user feedback concerning the Board of Nursing website including: frequency of access, ease of navigation, sections visited, topic location, and understandability of instructions.

12. How often do you access the Board of Nursing website?

Answer Options	Response Percent	Response Count
0 = Never	2.5%	8
2 = Once or twice a year	21.3%	68
3 = Once or twice every 1-6 months	19.4%	62
4 = Once or twice a month	26.0%	83
5 = Once or twice a week	30.7%	98
<i>answered question</i>		319
<i>skipped question</i>		65

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

Answer Options	Response Percent	Response Count
Main Menu Tabs (e.g., Home, Public, Nurses, Students, Employers, Military, Contact Us)	52.3%	162
About - Newsletters, Publications, Employment Opportunities	25.5%	79
Forms - Applications and Online Services	50.3%	156
News - Board Meetings, Committee Meetings, Calendar of Events	31.6%	98
Licensure - Verification, Renewal, Endorsement, Examination	83.2%	258
Practice - Nursing Practice Information, Scope of Practice, BON Position Statements & Guidelines	49.0%	152
Education - Approved Nursing Programs, Education Guidelines,	59.7%	185

Refresher Courses, Remedial Education		
Discipline & Complaints - Complaints, Policies & Procedures, Imposter Alerts	17.4%	54
Laws & Rules - Nursing Practice Act, Rules & Regulations, Rule Changes	57.4%	178
FAQs - Frequently Asked Questions	32.9%	102
Updates, News and Notices	34.2%	106
Continuing Education Course Catalog	30.3%	94
Board of Nursing Facebook Page	4.8%	15
<i>answered question</i>		310
<i>skipped question</i>		74

14. The website is clear and easy to navigate.

Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	31.1%	94
4 = Very Satisfied	32.8%	99
3 = Moderately Satisfied	26.2%	79
2 = Slightly Satisfied	4.0%	12
1 = Not Satisfied	6.0%	18
<i>answered question</i>		302
		82

15. The instructions on the website are clear and easy to understand.

Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	30.8%	94
4 = Very Satisfied	35.4%	108
3 = Moderately Satisfied	22.0%	67
2 = Slightly Satisfied	5.9%	18
1 = Not Satisfied	5.9%	18
<i>answered question</i>		305
<i>skipped question</i>		79

16. The information obtained from the Board of Nursing website is useful.

Answer Options	Response Percent	Response Count
5 = Extremely Satisfied	35.9%	108
4 = Very Satisfied	39.5%	119
3 = Moderately Satisfied	15.0%	45
2 = Slightly Satisfied	5.0%	15
1 = Not Satisfied	4.7%	14
<i>answered question</i>		301

<i>skipped question</i>			83
17. It is easy to search and and locate topics.			
Answer Options	Response Percent	Response Count	
5 = Extremely Satisfied	25.9%	78	
4 = Very Satisfied	31.2%	94	
3 = Moderately Satisfied	27.2%	82	
2 = Slightly Satisfied	9.3%	28	
1 = Not Satisfied	6.3%	19	
<i>answered question</i>			301
<i>skipped question</i>			83

Feedback on Webmaster E-Mail Inquiries

Survey questions 19-22 asked for feedback concerning e-mails addressed to the Board of Nursing webmaster including response time and category of query made. More than 50% of e-mail inquiries related to licensure by endorsement, examination, renewal, or reactivation, followed by inquiries concerning procedure for name changes and questions concerning nursing education.

19. Have you ever emailed or sent an inquiry to the Board of Nursing Webmaster?			
Answer Options	Response Percent	Response Count	
Yes	37.2%	115	
No	62.8%	194	
<i>answered question</i>			309
<i>skipped question</i>			75

20. If yes, how long before you received the response?			
Answer Options	Response Percent	Response Count	
Same day	8.7%	12	
Less than three days	38.4%	53	
More than three days	13.8%	19	
More than a week	10.9%	15	
Never received a response	28.3%	39	
<i>answered question</i>			138
<i>skipped question</i>			246

21. In emailing the BON Webmaster, which of the following categories of information did you request or have questions about? (Check all that apply)		
Answer Options	Response Percent	Response Count
Licensure by Endorsement or Examination	30.4%	35

Licensure Renewal or Reactivation	24.3%	28
Multistate Regulation	4.3%	5
Name or Address Change	27.8%	32
Proposed or Adopted Rules	7.0%	8
Advanced Practice		
Issues/Problems	6.1%	7
Practice Issues/Problems	11.3%	13
Education Issues/Problems	33.0%	38
Investigations or Disciplinary Process/Action	11.3%	13
Continuing Education	12.2%	14
Other (If checked, please describe)	12.2%	14
answered question		115
skipped question		269

Feedback on the Facebook Page

Question 18 requested feedback concerning the agency's Facebook page, which was launched in January 2015. More than 75% of survey takers responded that they were not familiar enough with the page to ascertain whether the page is useful and informative.

18. Facebook Postings are useful and informative.		
Answer Options	Response Percent	Response Count
Extremely Useful	3.7%	11
Very Useful	9.7%	29
Moderately Useful	3.7%	11
Slightly Useful	4.0%	12
Not Useful	3.7%	11
Not Applicable (N/A)	75.3%	225
answered question		299
skipped question		85

General Comments/Feedback related to Customer Service

Question 22 of the survey provided respondents the opportunity to provide feedback in their own words. A total of 127 responses were received. The largest percentage of comments received was positive towards the Customer Service Group or specific staff members that respondents communicated with by phone or e-mail. The largest percentage of critical comments related to long wait time to talk with staff or for processing of applications.

BON Customer Service Survey Summary Analysis

The most positive feedback received from survey takers among the areas queried was for Customer Service staff responding to telephone inquiries, followed by the *BON Bulletin*, then the agency website. Comments concerning the Customer Service Department by telephone included both positive and negative feedback. Frustration with wait time to speak with board representatives was cited frequently. However, those getting through had positive experiences with BON representatives while suggesting hiring of additional phone staff.

Survey takers were asked to provide feedback concerning sections of the Board of Nursing Bulletin including: Patient Safety, Practice Questions and Answers, the Notice of Disciplinary Action, and Continuing Education (CE) articles and offerings. Survey respondents expressed their highest satisfaction for the Patient Safety features, followed by the CE articles and notifications, then the Practice Questions and Answers, followed by the Notice of Disciplinary Action.

Feedback relating to the BON website was varied but positive. The website received its highest marks for usefulness, followed by ease of understanding instructions, followed by ease of navigation, then ease of searching topics. More than eighty three percent of survey takers indicated that they used the BON website for licensure verification, renewal, or endorsement and more than 59% of survey takers used the website for information concerning nursing education programs in Texas.

Survey questions concerning webmaster inquiries were limited to “response time to inquiries” and about the subject matter of the inquiries. More than 54% of survey takers indicated that they were inquiring about licensure endorsement, examination, renewal, or reactivation. Thirty eight percent of respondents indicated that they received a response in three days or less.

One of the goals of the 2015 Survey was to increase the number of respondents from the survey conducted in 2014. BON staff reduced the number of survey questions and ensured that the survey would take no more than five to ten minutes to complete. Multiple strategies were implemented to market the survey and a long window for completion was provided.

The 2015 response rate improved dramatically from the survey conducted in 2014. The 2014 agency survey included more than 70 questions. Survey fatigue was indicated by the limited responses received to the questions located towards the end of the survey. The 2015 survey, which could be completed in five to ten minutes, had less evidence of survey fatigue. The number of people taking the survey increased 1100 percent from 2014 to 2015. Board staff were satisfied with the data collected from the surveys conducted from 2014 to 2015 but found areas where improvements could be made in the future as the agency continues to gather feedback concerning customer service provided by the agency. Future improvements include reviewing survey questions to improve the accuracy of scoring survey user feedback, and conducting smaller more targeted surveys to measure customer satisfaction with specific areas of customer service such as Nursing Practice and/or APRN.

C. 2016 Letters/Emails sent to Stakeholders

Letters/Emails Methodology

In February 2016, 96 stakeholders from nursing organizations, agencies, and BON advisory committees were contacted by letters and e-mails to obtain feedback concerning the 2016 BON Strategic Plan. Sixteen percent of the stakeholders (N=16) responded with feedback. Organizations/Agencies that responded included: ADAPT, PACT/ADAPT, Prairie View A & M College of Nursing (Nursing Education), University of Texas Permian Basin (Nursing Education), Dallas-Fort Worth Hospital Council, Baylor Scott & White, Consortium of Texas Certified Nurse-Midwives, Texas School Nurses Organization, Texas Association of Deans and Directors of Professional Nursing Programs (2 member responses), Texas Nurses Association, Del Mar College, Texas Organization of Baccalaureate and Graduate Nursing Education (2 member responses), Texas Hospital Association, Texas Nurse Practitioners (2 member responses), and the Texas Department of Aging and Disability Services.

Findings from Letters/Emails sent to Stakeholders

Open-ended feedback to the Nursing Customer Service Survey was varied. Decreasing the time for investigation and resolution of complaints was a theme. There were some suggestions for newly graduated nurses including

adding educational resources to apply to take the NCLEX Exam, safely work in practice settings, and better understand the Essential Competencies. Several responses were received concerning increasing delegation to community attendants working on behalf of consumers. Other responses concerned designating board staff members to interface with specific stakeholders including advanced practice registered nurses, school nurses, and nursing students. Nursing educators offered suggestions including sending NCLEX data to education programs without having to request it, streamlining or changing of the NCLEX application process, and development of initiatives to assist nursing education programs below the required NCLEX pass rate.

This feedback was shared with Board members and BON staff to assist with the strategic planning process and for consideration in future nursing advisory committee meetings.

Letters/Emails Summary Analysis

Feedback from constituents was gathered and analyzed and pertinent feedback is included in this report. The majority of stakeholder feedback was positive which reinforces the Board's current processes aimed to meet its mission as well as serve customers. While some of the recommendations made are not within agency purview, other suggestions are a core component of the processes carried out to accomplish the agency's mission. For example, the Educational Dashboard on the Board of Nursing Website currently provides up-to-date information concerning approved nursing educational programs including NCLEX pass rate information. This program is evaluated and updated on an ongoing basis. Additionally, complaint resolution time is evaluated and presented to the Board quarterly. Board staff meet regularly with the Texas Department of Aging and Disability Services to address care provided in community settings. The Board will continue to collect and assess feedback from stakeholder groups as an ongoing evaluation process of its services.

Customer Service Measures

Outcome Measures

<u>FY14 (NCSBN - CORE)</u>	<u>FY15 (BON Survey)</u>	
82.07%	86.80%	Percentage of Surveyed Customer Respondents expressing Overall Satisfaction with Services Received
3.73%	.034%	Percentage of Surveyed Customer Respondents Identifying Ways to Improve Service Delivery

Output Measures

<u>FY14</u>	<u>FY15</u>	
2,007	n/a*	Number of Customers Surveyed
381,637	398,417	Number of Customers Served

Efficiency Measures

<u>FY14</u>	<u>FY15</u>	
0	\$1.56	Cost Per Customer Surveyed

Explanatory Measures

<u>FY14</u>	<u>FY15</u>	
381,637	398,417	Number of Customers Served (Note: FY 14 measure reflects only first and second quarter statistics)
8	8	Number of Customer Groups Inventoried

* This number is not available as the survey was conducted online with information about the survey provided to all nurses via the agency newsletter requesting that they participate in the survey. The BON Customer Service Survey was taken by 384 customers.

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

Outcome Measures

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

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

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

Source/Collection of Data: NCSBN develops/-mails a survey to agency Customers. The BON tabulates survey data from those who respond to the survey.

Method of Calculation: BON Stakeholder responses were averaged to produce an aggregate stakeholder score. Scoring was based on all responses received. A Likert Scale was utilized for all questions considered for scoring. The satisfaction rating was calculated by averaging the scores for all questions divided by the total number of responses.

Data Limitations: The agency has no control over how many BON customers will respond to the survey. It is the agency's intention to gather survey data either through external or internal surveys.

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 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.

Sources of Data:	NCSBN develops/-mails a survey to agency Customers. The BON posted a survey online from April to May 2015. The BON tabulated survey data from those who respond to the surveys.
Method of Calculation:	This performance measure was calculated by dividing the number of written comments by the total number of responses received.
Data Limitations:	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). This data is most useful when considered on a biannual basis.
New Measure:	No.
Desired Performance:	Written responses provide feedback not obtainable by Likert-type scales so the Board will continue to utilize open-response type questions when seeking stakeholder feedback.

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:	NCSBN develops/-mails a survey to a random sample of BON licensees, employers of nurses, and schools of nursing approved by the Board. The BON Customer Service Survey, linked through the agency website, was the source for the survey respondents.
Method of Calculation:	The number of nurses, businesses, and educational institutions selected by NCSBN for participation in the CORE Study were summed to produce this number. The number of respondents surveyed for the BON Customer Service Survey is unknown as the survey was conducted online with information about the survey provided to all nurses via the agency newsletter.
Data Limitations:	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.

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 nurses, advanced practice registered nurses, licensed vocational nurses, schools of nursing, and nursing associations, estimated number of employers, and complainants.

Method of Calculation: BON manually calculates the approximate number of customers served during a reporting period using quarterly statistical reports.

Data Limitations: The agency has no control over how many BON customers will respond to the survey. It is the agency's intention to gather survey data either through external or internal surveys.

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 customers, include: personnel time to develop the BON Customer

Service Survey, cost of Survey Monkey subscription, and staff time to evaluate the data collected.

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

Source/Collection of Data: Funds expended 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.
Note: no changes have taken place to the cost of the online survey service plan used since 2014. Estimated cost per customer surveyed has not changed since 2014.

Method of Calculation: The BON Accountant keeps a record of costs.

Data Limitations: There were no limitations in the source/collection of data. Utilization of the operating budget to evaluate the cost of the survey was appropriate and cost-effective.

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:	The BON keeps an updated inventory of its customer groups.
Data Limitations:	The types and groups of customers are somewhat specific (“targeted”) as a result of the agency’s enabling legislation.
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.

Schedule H: Assessment of Advisory Committees

Advanced Practice Nursing Advisory Committee

Nursing Practice Advisory Committee

Advisory Committee on Education

Task Force to Study Implications of Growth in Nursing Education Programs in Texas

Advisory Committee on Licensure, Eligibility, & Discipline

Deferred Disciplinary Action Pilot Program Advisory Committee

Delegation Task Force (Ch 224)

Delegation Task Force (Ch 225)

ASSESSMENT OF ADVISORY COMMITTEES

March, 2016

Texas Board of Nursing (Agency #507)

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Cmte1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:	Advanced Practice Nursing Advisory Committee		
Number of Members:	11		
Committee Status (Ongoing or Inactive):	Ongoing	Note: An Inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.	
Date Created:	7/1/1987	Date to Be Abolished:	
Budget Strategy (Strategies) (e.g. 1-2-4)	1.1.1	Strategy Title (e.g. Occupational Licensing)	Occupational Licensing
Budget Strategy (Strategies)		Strategy Title	
Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.			
Committee Members' Direct Expenses		Expended Exp 2015	Estimated Est 2016
			Budgeted Bud 2017
	Travel	\$0	\$0
	Personnel	\$0	\$0
	Number of FTEs	0.0	0.0
	Other Operating Costs	\$0	\$0
	Total Committee Expenditures	\$0	\$0
			\$587
Committee Members' Indirect Expenses		Expended Exp 2015	Estimated Est 2016
			Budgeted Bud 2017
	Travel	\$0	\$0
	Personnel	\$0	\$0
	Number of FTEs	0.0	0.0
	Other Operating Costs	\$0	\$0
	Total Committee Expenditures	\$0	\$0
			\$0
Method of Financing		Expended Exp 2015	Estimated Est 2016
			Budgeted Bud 2017
	Method of Finance		
	1 - General Revenue Fund	\$0	\$0
		\$0	\$0
		\$0	\$0
		\$0	\$0
		\$0	\$0
		\$0	\$0
	Expenses / MOF's Difference:	\$0	\$0
			\$587
Meetings Per Fiscal Year		0	0
			1
Committee Description:	The Advanced Practice Nursing Advisory Committee (APNAC) advises the Board on practice issues and regulations that have or may have an impact on advanced practice nursing practice and advanced practice nursing education. Staff costs are included in operating budget.		

SECTION B: ADDITIONAL COMMITTEE INFORMATION			
Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.			
1. When and where does this committee typically meet and is there any requirement as to the frequency of committee meetings?	There are no requirements as to frequency. The committee meets as needed when changes are issued by the Board. Meetings are held in the Hobby Building in Austin		
2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.	Minutes of committee meetings are provided to the Board. Reports of the committee's activities are drafted by staff and provided to the Board as appropriate. Deliverables may include proposed rule amendments, position statements, and guidelines presented for the Board's consideration and approval.		
3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?	Rule 228 related to APRNs that practice in pain management was adopted in February 2014 (work of the committee completed prior to that date). Proposed amendments to Rule 221 were withdrawn by the Board due to public comment following publication of the proposed rules in the Texas Register.		
4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its enabling statute and relevant to the ongoing mission of your agency?	Yes		4b. Is committee scope and work conducted redundant with other functions of other state agencies or advisory committees?
5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?	0.0		No
5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.	The committee last met in FY 2014. Staff support includes recording and preparing minutes, arranging, preparing and cleaning up meeting space, preparing handouts and guidelines for committee members, ensuring a quorum is present. Participate in meetings as a resource to the committee members regarding the statutes, rules, position statements, guidelines and agency policies and processes. Prepare and deliver reports to the Board regarding the committee's work.		
6. Have there been instances where the committee was unable to meet because a quorum was not present?	Yes		Please provide committee member attendance records for their last three meetings, if not already captured in meeting minutes.
7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?	Posted on agency website and in the Texas Register. Members of the public have been invited to participate in meetings when they are in attendance.		
7b. Do members of the public attend at least 50 percent of all committee meetings?	Yes		7c. Are there instances where no members of the public attended meetings?
8. Please list any external stakeholders you recommend we contact regarding this committee.			Yes
Organizations that are represented on the committee.			
9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?	Yes		
9b. Please describe the rationale for this opinion.	The committee members are responsive to requests from the Board and provide thoughtful input and recommendations for the Board's consideration that take into consideration APRN education and the broad array of APRN practice settings.		
10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:			
10a. Is there any functional benefit for having this committee codified in statute?	no		10b. Does the scope and language found in statute for this committee prevent your agency from responding to evolving needs related to this policy area?
10c. If "Yes" for Question 2b, please describe the rationale for this opinion.			no
11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere (either at your agency or another in state government)?	Retain		
11b. Please describe the rationale for this opinion.	The advisory committee provides valuable input related to APRNs practicing in a broad array of settings and also information related to APRN education. Because the Board does not have jurisdiction over APRN education, information regarding education and from practicing APRNs is critical to the Board's decision-making process.		
12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?	Yes		
12b. If "Yes" for Question 4a, please describe the rationale for this opinion.	The agency would not have regular input from key stakeholders on issues of concern to APRNs. This would make the rule-making process and process of developing position statements and guidelines more difficult for the agency if stakeholder input is not obtained in advance.		
13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.	None at this time.		

ADVANCED PRACTICE NURSING ADVISORY COMMITTEE

TEXAS BOARD OF NURSING

AUSTIN, TEXAS

MINUTES

September 16, 2013

0915-1506pm

333 Guadalupe, Tower 2 Room 500

Members Present

Kathleen Baldwin, PhD, RN, ANP, GNP, CNS-AH

Kathy Baker, PhD, RN, ACNS-BC, CGRN, FAAN

Lara Boyett, DNP, RN, FNP-BC, ACNP-BC (late)

Mary Brucker, RN, CNM, PhD

Sister Deborah Fuchs, RN, CNM, MSN

Stanley Harmon, RN, MSN, FNP

Lynne Hudson, BSN, MPH, RN, WHNP-BC

Gayle Varnell PhD, RN, CPNP

Jim Walker, CRNA, DNP, Chair

Susan Willis, CRNA

Organization/Representation

Texas Clinical Nurse Specialists

CNS Education

Texas Nurse Practitioners

Nurse-Midwifery Education

CTCNM

Texas Nurses Association

CNAP

Graduate NP Education

CRNA Education

Texas Association of Nurse Anesthetists

Absent

Glenn Alexander, RN, CPNP

Deborah Antai-Otong, MSN RN, PMHNP, CNS-PMH

Carolyn Sutton, MS, RN, WHNP-BC

Consultant to Committee

Consultant to Committee

Certificate Level Education

Board Members & Staff

Kathleen Shipp, MSN, RN, FNP

Kristin Benton, RN, MSN

Nicole Binkley, RN, BSN

Jolene Zych, PhD, RN, WHNP-BC

Jena Abel, JD

Janice Hooper, PhD, RN

John Vanderford

Board member, Liaison to Committee

Director of Nursing Department

Nursing Consultant for Advanced Practice

Nursing Consultant for Advanced Practice

Assistant General Counsel

Lead Consultant for Nursing Education

Law Clerk

Guests

Kathryn Whitcomb

Krista Crockett

Jim Willmann

Barbara Camune

Texas Tech DNP student

Texas Pain Society

Texas Nurses Association

Baylor University

Recorded by: Nicole Binkley, BSN, RNC-LRN

Approval Date:

AGENDA ITEM/DISCUSSION	ACTION
<p>I. Call to Order</p> <p>The meeting was called to order at 0915 am by Chairperson J. Walker.</p>	
<p>II. Introductions</p> <p>Members & other attendees introduced themselves. A quorum was established.</p>	
<p>III. Review & Approval of Minutes from 31 May 2013 meeting and 1 July 2013 meeting.</p>	<p>Motion to approve both passed unanimously</p>
<p>IV. State and National APRN Updates and Issues:</p> <p>A. Introduction of Barbara Camune as nominee to replace Mary Brucker as representative for Nurse-Midwifery Education.</p> <p>B. NPAC meeting coming 9/18/13 to discuss required continuing education and recommend changes to rule 216.</p> <p>C. Discussion if Protocols needed if there is a Prescriptive Authority Agreement. Discussion with TMB implies only 1 is required.</p> <p>D. Rule 222 went to July board meeting. Public hearing was on Friday 9/13/13. We will be taking rule back to board in October. Four comments on 222 received which included start date concern, good standing definition being too restrictive, editorial comments, and comments on delegation/supervision/diagnosis. Also comments to request reinforced language to show SB 406 did not change CRNA requirement for prescriptive authority. Staff will respond to comments and present to board in October. There will be one final publish in Texas register</p>	

<p>in late Oct or early Nov. BON will likely be 2 weeks late on Nov 1 deadline, but we will likely be ahead of TMB.</p> <p>E. Kathy Thomas elected area 3 director at last NCSBN delegate assembly. Mark Majek elected to Leadership Succession Committee. Jan Hooper elected to chair NCLEX examination committee. Linda Rounds presented with Elaine Ellibee Award.</p> <p>F. We will be issuing APRN licenses. We need to notify groups and stakeholders. IT in house is ready, but we need to notify everyone before rolling this out. TMB is aware this is coming. We will put it on 1st page of Oct bulletin and have something on our website. Need input on which stakeholders need notification. Committee member asks if we would issue honoring numbers for “forefathers” of APRN community. We have discussed issuing wall certificates.</p> <p>G. Some committee members would like BON to come up with a 1-2 sentences to say why we are issuing APRN license numbers. Also want information of what the individual APRN is required to do. Concern over pharmacy and length of license # field. Question if this was an administrative decision or board voted to do this. Board voted on using the term “license”. Email any thoughts on who should be on notification list to JZ.</p> <p>H. APRN Workshop open to APNAC members free of charge.</p>	<p>Committee suggestions for stakeholder notification: Medicare/Medicaid/Blue Cross Blue Shield Credentialers All third party payers Hospitals/Licensed ASC’s/ Birth Centers DSHS list of facilities Accreditors JCAHO DPS/DEA TDI Liability carriers Schools VA/DOJ NPI Database</p>
<p>V. Old Business</p> <p>A. Review of Pain Management Rule Tentatively rule 228, would like to take it to board in Oct.</p> <p>B. Review of Board Rules 221</p>	<p>Motion made and seconded to approve all changes to pain management rules as discussed today and at previous readings and as currently projected on screen. Unanimous approval.</p> <p>Motion to approve rule 221 as modified. Discussion on timeline for rule proposal to board. Desire to get titles approved. Second given and unanimous</p>

	approval to recommend changes to 221.
VI. Future Meeting Date No future meeting date set at this time.	Board staff will take continuing competency to Board at future meeting to see if they want to charge APNAC to explore this.
VII. Adjournment Meeting adjourned at 1506	

DRAFT

Advanced Practice Nursing Advisory Committee Report

Summary of Request: Consider the report of the September 16, 2013 meeting of the Advanced Practice Nursing Advisory Committee (APNAC).

Meeting Report: Minutes of the May 31 and July 1, 2013 meeting of the APNAC are provided for the Board's consideration. A verbal report regarding these meetings was provided to Board members at the July 2013 Board meeting and will not be provided again as part of this report.

The APNAC met on September 16, 2013. Committee members continued discussing recommendations for amendments to Board Rules 221 and recommendations for a new rule related to Pain Management. Rule 221 will be presented for the Board's consideration at a future meeting while the Pain Management rule is on the current agenda as item 7.3. Discussion at the September 2013 meeting focused on recommendations for change to Rule 221 that are consistent with the National Council of State Boards of Nursing's Model Rules and with Texas law. There is no future meeting date set at this time.

Pros and Cons: None noted.

Staff Recommendation: This item is for information purposes only. No action is required.

ASSESSMENT OF ADVISORY COMMITTEES
 March, 2016
 Texas Board of Nursing (Agency #507)

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Cmta1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:

Number of Members:

Committee Status (Ongoing or inactive): Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.

Date Created: Date to Be Abolished:

Budget Strategy (Strategies) (e.g. 1-2-4) Strategy Title (e.g. Occupational Licensing)

Budget Strategy (Strategies) Strategy Title

State / Federal Authority
 State Authority
 State Authority
 State Authority
 Federal Authority
 Federal Authority
 Federal Authority

Select Type	Identify Specific Citation
Statute	Nursing Practice Act 301.1595
Admin Code	22 TAC Board Rule 211.6(f)(1)(C)

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' Direct Expenses

	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$1,175	\$1,175
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$1,175	\$1,175

Committee Members' Indirect Expenses

	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$0	\$0

Method of Financing

	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Method of Finance			
1 - General Revenue Fund	\$0	\$1,175	\$1,175
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Expenses / MOFs Difference:	\$0	\$0	\$0

Meetings Per Fiscal Year

	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
	0	2	2

Committee Description:

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its 4b. Is committee scope and work conducted redundant with other

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

6. Have there been instances where the committee was unable to meet because a quorum was not present?

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g., online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings? 7c. Are there instances where no members of the public attended

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:
 10a. Is there any functional benefit for having this committee codified in statute? 10b. Does the scope and language found in statute for this committee

10c. If "Yes" for Question 2b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere

11b. Please describe the rationale for this opinion.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 4a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

**TEXAS BOARD OF NURSING
AUSTIN, TEXAS**

NURSING PRACTICE ADVISORY COMMITTEE

Minutes

Wednesday, September 18, 2013
10:00 am - 3:00 pm
333 Guadalupe, Tower 2, Room 225
Austin, TX

Members Present

Gie Archer, MSN, RN
Thelma Davis, LVN
Jettie Eddleman, BSN, RN proxy for
Rachel Hammon, BSN, RN
Kathryn Griffin, MSN, RN, NEA, BC
Laura Lerma, MSN, RN proxy
for Julie Withaeger, RN, MSN
Julie Lindley, BSN, RN
Laura Miller, MSN, RN
Diane Moy, MSN, RN, APMHCNS-BC

Elizabeth Sjoberg, JD, RN
Elizabeth Skeleton, BSN, RN
Vickie Ragsdale, PhD, RN

Board Member Liason

Marilyn Davis, RN, BSN

Guests

Marty Land
Sally Gillam, MSN, RN

Kathryn Whitcomb, MSN, RN

Board Staff

Kristin Benton, MSN, RN
Jena Abel, JD
Denise Benbow, MSN, RN
Nicole Binkley, BSN, RN, RNC-LRN
Bonnie Cone, MSN, RN
Ramona Gaston-McNutt, BSN, RN
Melinda Hester, DNP, RN

Organization/Representation

Texas Association of Vocational Nurse Educators
Licensed Vocational Nurses Association

Texas Association for Home Care
Texas Department of State Health Services

Texas Nurses Association
Texas School Nurses Organization
Texas Organization of Nurse Executives
Consultant to the Nursing Practice Advisory
Committee
Texas Hospital Association
Texas Department of Aging and Disability Services
Texas Association of Homes and Services for the
Aging

Texas Board of Nursing

Volunteer Retired RN
DNP Student, Texas Tech University Health Science
Center
DNP Student, Texas Tech University Health Science
Center

Director of Nursing
Assistant Legal Counsel
Consultant for Practice
Advanced Practice Consultant
Consultant for Practice
Consultant for Practice
Lead Consultant for Practice

Jan Hooper, PhD, RN, FRE
Dusty Johnston, JD
Jolene Zych, RN, PhD, WHNP-BC

Lead Consultant for Education
Legal Counsel
Advanced Practice Consultant

Agenda Item & Discussion	Action
<p>I. Call to Order</p> <p>The meeting was called to order at 10:05 am by Laura Miller. Members and other attendees introduced themselves. A quorum was established.</p> <p>II. Old Business</p> <p><input type="checkbox"/> Review and approval of 6/8/2011 meeting minutes</p> <p>III. New Business</p> <p>Overview of SB 1058 and SB 1191 passed in 83rd Regular Texas Legislature. SB 1058 Section 4, pages 4 and 5 requires continuing nursing education in nursing jurisprudence and ethics, and requires nurses whose practice includes older adults or geriatric populations to complete continuing education related to that population. SB 1191 requires a person who performs a forensic examination on a sexual assault victim to have at least basic forensic evidence collection training or the equivalent education.</p> <p><input type="checkbox"/> Review of Proposed Rule Revisions Chapter 216, Continuing Competency</p> <p>Discussions included: forensic evidence collection as a one time requirement and the types of courses that are offered. Discussion surrounding use of “CE” terminology for APRNs and not CNE for forensic evidence collection.</p> <p>The committee discussed at length about allowing a nurse(s) that develops or presents course(s) in nursing jurisprudence, geriatrics, or forensic evidence collection to receive CNE. Members discussed allowing this for any program and not just the three topics in the</p>	<p><input type="checkbox"/> Gie Archer moved to approve the minutes from the 6/8/2011 meeting; seconded by Kathryn Griffin; motion passed.</p> <p><input type="checkbox"/> G. Archer moved to use CNE or CME on page 10 lines 12, 14, and 19 relating to APRNs; seconded by J. Eddleman; motion did not pass.</p> <p><input type="checkbox"/> E. Sjoberg moved that the Board consider amending current rules that a person who develops or presents a program may obtain CNE. G. Archer seconded. Motion carried.</p>

<p>proposed rules.</p> <p>Some discussion regarding minor editorial changes.</p> <p>IV. Announcements</p> <p>There were no announcements.</p> <p>V. Future Meeting Dates</p> <p>Next meeting to be scheduled at the request of the Board.</p> <p>VI. Adjournment</p>	<p><input type="checkbox"/> Motion made by J. Lindley to approve the amendments and D. Moy seconded; motion passed.</p> <p>The meeting adjourned at 11:28 am.</p>
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Minutes recorded by: R. Gaston-McNutt, BSN, RN

Approved on:

TEXAS BOARD OF NURSING

AUSTIN, TEXAS

NURSING PRACTICE ADVISORY COMMITTEE

Minutes

Monday, May 19, 2014
10:00 am - 3:00 pm
333 Guadalupe, Tower 2, Room 225
Austin, TX

Members Present

Gie Archer, MSN, RN
Pamela Brashears, LVN
Michelle Dionne-Vahalik, MSN, RN
Proxy for Elizabeth Skeleton, BSN, RN

Jettie Eddleman, BSN, RN
Kathryn Griffin, MSN, RN, NEA-BC
Julie Lindley, BSN, RN
Laura Miller, MSN, RN
Donna Richardson, DNP, RN, NEA-BC;
Proxy for Dana Bjarnason, RN, NEA-BC

Elizabeth Sjoberg, JD, RN

Organization/Representation

Texas Association of Vocational Nurse Educators
Texas League for Vocational Nurses
Texas Department of Aging and Disability Services
Texas Association for Home Care
Texas Department of State Health Services
Texas School Nurses Organization
Texas Organization of Nurse Executives
Texas Nurses Association
Texas Hospital Association

Board Member Liason

Marilyn Davis, RN, BSN, MPA
Texas Board of Nursing

Guests

Cindy Zolnerik, PhD, RN
Lois Hughes
Texas Nurses Association

Board Staff

Kristin Benton, MSN, RN
Denise Benbow, MSN, RN
Bonnie Cone, MSN, RN
Melinda Hester, DNP, RN
Dusty Johnston, JD
Linda Laws, MSN, RN
Mark Majek
Christina Stelly, MSN, RN
Mary Beth Thomas, PhD, RN
Jolene Zych, RN, PhD, WHNP-BC
Director of Nursing
Consultant for Practice
Consultant for Practice
Lead Consultant for Practice
General Counsel
Consultant for Practice
Director of Operations
Consultant for Practice
Consultant to the Board
Advanced Practice Consultant

Agenda Item & Discussion	Action
<p>I. Call to Order</p> <p>The meeting was called to order by Laura Miller at 10:01. Members and other attendees introduced themselves. A quorum was established.</p> <p>II. Old Business</p> <p>Review and approval of 9/18/2013 meeting minutes</p> <p>III. New Business</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review of Proposed Rule Revisions Chapter 216, Continuing Competency <input type="checkbox"/> Discussion of “contributed to” in NPA Sec. 301.401(1)(A) & Rule 217.16 (d)(1)(A) 	<ul style="list-style-type: none"> <input type="checkbox"/> Mission of the Board was read by Marilyn Davis. <input type="checkbox"/> Jettie Eddleman moved to approve the minutes from the 9/18/2013 meeting; seconded by Gie Archer; motion passed. <input type="checkbox"/> Denise Benbow reviewed proposed rule revisions. Mr. Mark Majek provided history of Rule 216 and why certain sections over the years had been deleted. Discussion ensued. <input type="checkbox"/> Donna Richardson motioned that we accept changes to Rule 216 and Jettie Eddleman seconded. Motion carried. <input type="checkbox"/> Mary Beth Thomas provided information regarding background of TERCAP. From discussions with participants in the Texas TERCAP pilot, they are not clear as to what should be reported to NPRC and what should be reported to the Board. Michelle Dionne-Vahalik suggested making a decision tree to assist people. Laura Miller discussed Just Culture & role of a professional nurse. Remediation with the nurses discussed. As a result of the discussion and application of the minor incident rule to case scenarios a motion was made by Julie Lindley and seconded by Jettie Eddleman to seek a charge from the Board to revise Board Rule 217.16. Motion carried.

<p>IV. Announcements</p> <p>V. Future Meeting Dates</p> <p>VI. Adjournment</p>	<ul style="list-style-type: none"><input type="checkbox"/> There were no announcements.<input type="checkbox"/> The next meeting is tentatively scheduled for Friday, 26 September.<input type="checkbox"/> Meeting adjourned at 1:35 pm.
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Minutes recorded by: Linda Laws, BSN MSN RN

Approved on:

ASSESSMENT OF ADVISORY COMMITTEES
 March, 2016
 #507 Texas Board of Nursing

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Crnt1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:	Advisory Committee on Education		
Number of Members:	12		
Committee Status (Ongoing or Inactive):	Ongoing	Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.	
Date Created:	9/7/1994	Date to Be Abolished:	Standing Committee
Budget Strategy (Strategies) (e.g. 1-2-4)	1.1.1	Strategy Title (e.g. Occupational Licensing)	Occupational Licensing
Budget Strategy (Strategies)		Strategy Title	

State / Federal Authority:

- State Authority
- State Authority
- State Authority
- Federal Authority
- Federal Authority

Select Type:

Identify Specific Citation

Statute	Texas Occupations Code 301.1595
Admin Code	Board Rule 211.6(f)(B)

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' <u>Direct</u> Expenses	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
<i>Total, Committee Expenditures</i>	\$0	\$0	\$0

Committee Members' <u>Indirect</u> Expenses	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
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Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
<i>Total, Committee Expenditures</i>	\$0	\$0	\$0

Method of Financing	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
Method of Finance			
1 - General Revenue Fund	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Expenses / MOFs Difference:	\$0	\$0	\$0
	1	1	

Meetings Per Fiscal Year

Committee Description:

(Enter Committee Description and Justification for Continuation/Consequences of Abolishing) The Advisory Committee on Education (ACE) advises the Board on education and practice issues that have or may have an impact on the regulation of nursing in Texas. The ACE is comprised of representatives from nursing education stakeholder groups (see Board Rule 211.6(f)(B)). Continuation of ACE is

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws. Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as ?

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its 4b. Is committee scope and work conducted redundant with other

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

6. Have there been instances where the committee was unable to meet because a quorum was not present?

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings? 7c. Are there instances where no members of the public attended

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:
10a. Is there any functional benefit for having this committee codified in statute? 10b. Does the scope and language found in statute for this committee

10c. If "Yes" for Question 2b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere

11b. Please describe the rationale for this opinion.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 4a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

Texas Board of Nursing Advisory Committee on Education

Friday, July 31, 2015
10:05 a.m. - 2:48 p.m.
333 Guadalupe, Tower II, Room 225
Austin, Texas

Members Present:

Alicia Anger, MSN, RN
Joan Becker, MA, RN
April Ernst, MSN, RN, CNE

Nancy Maebius, PhD, RN
Betty Sims, EdD, MSN, RN, FRE
Peggy Roberts, LVN
Cynthia Plonien, RN, DNP, CENP
Helen Reid, EdD, MSN, RN, CNE

Sharon Wilkerson, PhD, RN, CNE, ANEF
Marla Erbin-Roesemann, PhD, RN

Representing:

Diploma Nursing Education
Texas Organization for Associate Degree Nursing (TOADN)
Texas Association for Vocational Nurse Educators (TAVNE)-Hospital Based
TAVNE- Career Schools
TAVNE at Large
Licensed Vocational Nurses Association of Texas (LVNAT)
Texas Organization of Nurse Executives (TONE)
Serving as Proxy for Stephanie Woods- Texas Nurses Association (TNA)
Texas League for Nursing (TLN)
Association of Deans and Directors of Professional Nursing Programs (TADDPNP)

Members Absent:

Pamela Brashears, LVN
Stephanie Woods, PhD, RN
Texas League for Vocational Nurses (TLVN)
Texas Nurses Association (TNA)

Guests:

Carol Kleinman, PhD, RN, NEA-BC
Cindy Zolnerek, PhD, RN

Board Liaison:

Nina Almasy, MSN, RN

Staff present:

Kristin Benton, MSN, RN, Director of Nursing
Janice Hooper, PhD, RN, FRE, CNE, Lead Nursing Consultant for Education
Virginia Ayars, EdD, MS, RN, CNE, Nursing Consultant for Education
Sandi Emerson, MSN, RN, Nursing Consultant for Education
John Vanderford, Assistant General Counsel
Ciara Williamson, Administrative Assistant
Jackie Ballesteros, Administrative Assistant

Charges:

- #1: Consideration for Board approval for increasing enrollments in nursing programs.
- #2: Consideration for limitations in teaching responsibilities for VN Program Directors.
- #3: Consideration related to specific requirements for classroom and clinical practice hours in VN programs.
- #4: Consideration of the length of time for nursing graduates to take the NCLEX examination after completion of the nursing program.

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AGENDA ITEM	DISCUSSION	ACTION
<p>CALL TO ORDER</p> <p>ROLL CALL</p> <p>INTRODUCTIONS</p> <p>ACCEPTANCE OF AGENDA</p>	<p>10:05 am– K. Benton read the BON Mission Statement.</p> <p>K. Benton called roll.</p> <p>BON staff, BON liaison, and ACE members continued with introductions.</p> <p>10:14 K. Benton reviewed the agenda.</p>	<p>M. Erbin-Roesemann moved to approve the agenda. B. Sims seconded the motion. The committee voted unanimously to approve the agenda.</p> <p>Final Resolution: Motion carried.</p>
<p>REVIEW ROLE OF THE ADVISORY COMMITTEE</p>	<p>V. Ayars:</p> <ul style="list-style-type: none"> • Reviewed the role of the Advisory Committee; • Discussed the role of the Board liaison; and • Reviewed the BON Mission Statement and ACE Policy. 	
<p>SELECTION OF A CHAIR</p>		<p>B. Sims nominated A. Ernst.</p> <p>M. Erbin-Roesemann self-nominated.</p> <p>Members voted on paper ballots.</p> <p>M. Erbin-Roesemann elected as Chair.</p>
<p>REVIEW OF BOARD CHARGES TO ADVISORY COMMITTEE ON EDUCATION</p>	<p>M. Erbin-Roesemann briefly reviewed the three charges issued by the Board in October 2014. A fourth charge would be considered as time allowed.</p>	
<p>CHARGE #1 RELATED TO INCREASING ENROLLMENTS IN NURSING PROGRAMS</p>	<p>S. Emerson:</p> <ul style="list-style-type: none"> • Reviewed Charge #1; • Presented current policy, procedures, and accreditation information regarding enrollment changes; and • Reviewed potential benefits and disadvantages of increasing en- 	

	rollments.	
	Members and staff discussed. C. Kleinman presented data and information from other state boards of nursing (AZ, NM).	
		H. Reid moved to establish a requirement for Board approval for programs to increase student enrollment 25% or greater if not nationally accredited.
		J. Becker seconded the motion.
		Motion was tabled; members did not vote.
	Further discussion occurred.	
		C. Plonien moved to amend previous motion that Board staff identify the schools at risk with the below 80% pass rate to be included in this action.
		Motion was not seconded nor voted on. Original motion remained tabled.
	Discussion continued.	
		H. Reid moved to establish a requirement for programs to apply for Board approval to increase student enrollment by (to be determined) _____ percentage or more when that program is not nationally accredited.
		J. Becker seconded the motion.
		Nine voted in favor, one member abstained.
		Final Resolution: Motion carries.
CHARGE #2 RELATED TO LIMITATIONS IN TEACHING RESPONSIBILITIES	V. Ayars: <ul style="list-style-type: none"> Discussed Charge #2; Provided historical background; and 	

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<p>FOR VN PROGRAM DIRECTORS</p>	<ul style="list-style-type: none"> Discussed current Board Rules. 	<p>N. Maebius moved to set some limitations on the teaching responsibilities for VN Program Directors.</p>
		<p>A. Anger seconded the motion.</p>
		<p>Ten members voted in favor. Final Resolution: Motion carries.</p>
	<p>Members discussed the factors that should be considered in limiting the VN Program Director’s responsibilities.</p>	<p>H. Reid moved to use Attachment #1 as the factors in limiting the VN Program Director’s responsibilities.</p>
	<p>Members and staff continued to discuss.</p>	
		<p>The motion was not seconded and was not voted on.</p>
	<p>Members continued to discuss.</p>	
		<p>B. Sims moved to direct Board staff to draft changes to Rule 214, which will exactly mirror Rule 215 for the maximum teaching hours assigned to a vocational nursing program director.</p>
		<p>A. Ernst seconded the motion.</p>
		<p>Nine members voted in favor, one member opposed.</p>
		<p>Final Resolution: Motion carries.</p>
<p>CHARGE #3 RELATED TO CLASSROOM AND CLINICAL HOURS REQUIREMENTS FOR VN PROGRAMS</p>	<p>K. Benton:</p> <ul style="list-style-type: none"> Discussed Charge #3; and Provided background by referencing NCSBN data. <p>Members asked questions and discussed.</p>	
	<p>M. Erbin-Roesemann reviewed the possible motions.</p>	
	<p>Members continued to ask questions and discuss.</p>	

		B. Sims motioned that Board staff reach out to VN programs throughout the state to encourage programs to apply for an innovative pilot program aimed to investigate the effectiveness of a decrease in program clock hours below the minimum 1398.
		N. Maebius seconded the motion.
		Ten members voted unanimously in favor.
		Final Resolution: Motion carries.
	Discussion regarding the Pilot continued.	
	Members requested Board staff to draft a proposed motion to reduce the number of contact hours required of VN programs. Members continued to discuss. Guest C. Kleinman spoke regarding program hours in her home state (AZ).	
		H. Reid moved that ACE direct Board staff to draft a proposed motion for ACE consideration at the next meeting to reduce the number of hours to comply with accreditation standards. N. Maebius seconded the motion.
		Ten members voted unanimously in favor. Final Resolution: Motion carries.
CHARGE #4 RELATED TO THE TIME ALLOWED FOR NURSING GRADUATES TO TAKE THE NCLEX FOLLOWING GRADUATION	J. Hooper: <ul style="list-style-type: none"> • Reviewed Charge #4; • Presented data and historical perspective; and • Discussed patient safety as a Board rationale for shortening the time allowed to obtain licensure by exam. 	
	Members discussed.	
	J. Vanderford advised the committee that a rationale is necessary to consider a new	

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	time frame requirement for licensure by exam.	
	Guest C. Kleinman provided information that the AZ BON is considering changing to a 1-2 year time limit for licensure by exam. Referenced study regarding CPR competency and skills degradation.	
		B. Sims moved to limit the time frame to test for the NCLEX to two years for graduates seeking licensure by exam. The motion is based on the amount of time that is expected for student knowledge retention of competencies curriculum.
		C. Plonien seconded the motion.
	M. Erbin-Roesemann suggested continuing the discussion for the rationale of possible change in Rule.	
	Members discussed possible rationales: <ul style="list-style-type: none"> • Skill degradation; • Patient safety; and • Employment opportunities. 	
		Ten members unanimously voted in favor. Final resolution: Motion carries.
		Evidence is to be submitted to K. Benton for next meeting.
NEXT ACE MEETING, SEPTEMBER 18, 2016	Members agreed to aim for this date.	Next meeting: September 18, 2015 10:00 am to 3:00 pm Hobby Building, Tower 2, Rm 225
ADDITIONAL QUESTIONS		Sharing of ACE members' contact information with other ACE members will follow.
ADJOURNMENT	The meeting was adjourned at 2:48 p.m.	

Handouts:

- Background materials for charges presented to ACE;
- October 2014 Board Report, Agenda Item: 5.2.3.a;
- July 2015 Board Report, Agenda Item: 5.2.3.a;
- Texas Board of Nursing Mission Statement; and Committee Policy.

ASSESSMENT OF ADVISORY COMMITTEES
March, 2016
Texas Board of Nursing (Agency #507)

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NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:

Number of Members:

Committee Status (Ongoing or Inactive): Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.

Date Created: Date to Be Abolished:

Budget Strategy (Strategies) (e.g. 1-2-4): Strategy Title (e.g. Occupational Licensing):

Budget Strategy (Strategies): Strategy Title:

State / Federal Authority
 State Authority
 State Authority
 State Authority
 Federal Authority
 Federal Authority

Select Type	Identify Specific Citation
Statute	Nursing Practice Act 301.1595
Admin Code	22 TAC Board Rule 211.6(e)

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' <u>Direct</u> Expenses		Expended	Estimated	Budgeted
		Exp 2015	Est 2016	Bud 2017
	Travel	\$0	\$0	\$0
	Personnel	\$0	\$0	\$0
	Number of FTEs	0.0	0.0	0.0
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	Total, Committee Expenditures	\$0	\$0	\$0
Method of Financing		Expended	Estimated	Budgeted
	Method of Finance	Exp 2015	Est 2016	Bud 2017
	1 - General Revenue Fund	\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
	Expenses / MOFs Difference:	\$0	\$0	\$0
Meetings Per Fiscal Year		0	0	0

Committee Description:

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

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5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

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13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

**TASK FORCE TO STUDY IMPLICATIONS OF GROWTH IN NURSING EDUCATION
PROGRAMS IN TEXAS
TEXAS BOARD OF NURSING
AUSTIN, TEXAS**

MINUTES

November 5, 2013
10:00 a.m. - 2:59 p.m.
Hobby Building, Room 101

Chair

Pat Yoder-Wise

Members Present

Gail Acuna
Betty Adams
Dayna Davidson
Vangie DeLeon
Chris Fowler
Pam Lauer
Mary LeBeck
Cheryl Livengood,
Beth Mancini
Steve Rye
Ellarene Sanders
Betty Sims
Sally Harper Williams
Shellie Withrow
Deborah Yancy
Rebecca Zielinski

Representing

Nursing Practice
Texas Organization Baccalaureate and Graduate Nursing Education
Associate Degree Nursing Education
Associate Degree Nursing Education
Texas Higher Education Coordinating Board
Texas Center Nursing Workforce Studies
Board liaison
Associate Degree Nursing
Texas Team
Texas Workforce Commission
Texas Nurses Association
Texas Association of Vocational Nurse Educators
Workforce Center Director, DFVHC Foundation
Vocational Nursing Education
Texas Organization for Associate Degree Nursing
Career Schools and College

Board Staff

Kristin Benton
Virginia Ayars
Janice Hooper
Sandi Emerson
Bruce Holter
Jackie Ballesteros

Recorded by Sandi Emerson
Approval Date:

AGENDA ITEM AND DISCUSSION**ACTION****I. Call to Order (10:00a-10:27a)**

10:00 a.m. The meeting was called to order by P. Yoder-Wise (PYW) and followed with welcome and introductions by all members and guests. The need for additional members from nursing practice was identified. PYW provided an explanation of the role of the Board liaison, thanking Mary LeBeck for her attendance and contributions.

Review of New Charges:

P. Yoder-Wise reviewed charges and goal for the group:

Charges:

- Develop a guideline describing optimal clinical instruction in prelicensure nursing programs.
- Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in prelicensure nursing program.

Proposed Goal:

- Plan and present a statewide nursing faculty workshop on Excellence in Clinical Instruction in Nursing Education in Texas in 2014 or 2015.

PYW reviewed the one (1) page guideline used previously by the task force to facilitate meetings, asking for suggestions, input or comments.

A review of the Task Force work and report at the January 2013 Board meeting was given by P. Yoder-Wise. The January 2013 Board report is available at <http://www.bon.texas.gov/about/January13/5-2-7-a.pdf>. A conference call to orient new members to the Task Force was held on 10/25/13 and attended by new members as well as many of the continuing members.

II. Background – The Issue of Clinical Availability (10:27a-10:47a)

- Kristin Benton reviewed the history of the task force creation and work done: the development of a guideline on preceptors and the development of definitions and changes to the 2013 NEPIS culminating with a report to the Board at the January 2013 Board meeting.
- Chair – P. Yoder-Wise remarked that another product from the task force work is to make a dashboard of quality indicators available to the public. She also commented that the work that the Task Force has done and continues to do is cutting edge work and recognized the work contributed by the TBON staff.

III. Review of Past NEPIS Data Related to Clinical Learning Experiences (10:47a-10:53a)

- Pam Lauer reported that there was a wide variety of clinical hours reported in 2012 and that clinical hours outside an identified range were verified by staff. She said that not a lot of differences in reported hours are being noted between the years even though definitions continue to be refined/revised. Data are verified in November, analyzed and a report created. This report is then reviewed by the advisory group in May/June, edited, updated, and then published.

Dr. Jan Hooper delegated to Gail Acuna the responsibility of identifying and inviting additional nursing practice representatives. New members will be approved at the Board at the January 2014 quarterly Board meeting

With no additional suggestions, input, or comments, the meeting guidelines will be utilized for all task force meetings.

Power point slides included with packet of information provided to each member

Informational
Hand-out distributed to members

Informational

Informational

IV. Revised 2013 NEPIS Survey and Timeline (10:53a-11:18a)

- Virginia Ayars reviewed the NEPIS collection process emphasizing that it is critical to have accurate data. Deans and directors were advised early in September of the NEPIS dates (10/1-10/18). An instructional webinar was provided this year. Dr. Ayars praised the collaborative relationship with TCNWS. A member inquired if data is collected from out of state programs conducting clinical in the state. Discussion on this topic was held with no specific action decided.

Informational

V. Updates from Organizations (11:18a-12:18p)

- **Texas Team, Dayna Davidson:** Distributed handouts of the findings from the Texas Team clinical hours sub-committee. Eight of the fourteen (8/14) programs reported decreased clinical hours when responding to the survey. The majority of programs with decreased clinical hours reported that they had included didactic lab hours as clinical.

- **Texas Higher Education Coordinating Board (THECB), Chris Fowler:** Reported on the pending RFAs for nursing for 2013-2014. 9.4 million dollars is available until 8/31/14. It is anticipated to encumber the majority of the money with the three (3) RFAs which will come out in January. One RFA addresses an extensive research project on clinical hours; a second RFA is focused on transition to practice and clinical competency, and the third RFA is focuses on faculty recruitment. THECB has coordinated with the BON and TNA in the development of the RFAs.

- **Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE), Betty Adams:** Reported that programs are exploring a change in curriculum to a “front-loading” model to address some of the constraints posed by clinical facilities for clinical placements and to ensure safety. It was reported that in some areas of the state, some facilities may be asked to accommodate forty (40) or more programs, inclusive of a variety of health education programs. It was noted that seamless transfer remains an issue and that students in BSN programs may be older than previous cohorts.

- **Texas Association of Associate Degree Nursing (TOADN), Cheryl Livengood:** Reported similar issues to BSN students and programs. The mandate for all associate degree programs to conform to a sixty (60) credit hour maximum by 2015 is driving AD nursing programs to make curriculum changes. Some programs are moving to the Concept Based Curriculum model while others will be using WECM to adopt other models. Outcomes from the Perkins grant have been helpful to program directors in making changes to be in alignment with the sixty (60) credit hour mandate. It was noted that stakeholders, including academic administrators lack understanding and knowledge of nursing education programs.

- **Texas Association of Vocational Nursing Education (TAVNE), Betty Sims;** Reported that access to acute care clinical sites, is very tight. Specialty areas such as OB/Pedi are almost nonexistent. Questioned if there is a disconnect between the NCLEX-PN Test Plan and Scope of Practice. Discussion about the use of computerized clinical placement systems and that they do not account for preceptor/precepted assignments – question usefulness. The question was asked, “What model can be developed to accommodate the numbers of students and provide quality”? It was reported that termination clauses have changed to a thirty (30) day clause rather than allowing students to complete the rotation. Discussion around the

AGENDA ITEM AND DISCUSSION**ACTION**

amount of time required for facility orientation and how can this be accommodated or met. Possible online orientation was suggested.

- **Texas Nurses Association (TNA), Ellarene Sanders:** TNA has heard anecdotal reports that enrollment in programs in the DFW and Houston areas is being reduced to accommodate declining clinical placements. Discussed: facilities seeking magnet status deny placements to AD and some BS programs. Is there a lack of understanding of how education prepares for seamless transition for nursing graduates (VN – AD – BS) and how can these individuals be educated? It's important for the state to continue to produce graduates. Some facilities may also decrease the number of students allowed in a group or on a unit. This affects the number of faculty needed for the clinical setting, creating program resource issues. The comment was made that these decisions are being made at the CNO level. It was stated that BSN programs are just as affected by these decisions as AD programs, particularly in specialty areas. The practice of programs having to or paying for the opportunity to hold clinical experiences is becoming a reality. The questions: How much is this happening? Where is it happening? And what's the cost? What literature exists on paying facilities to conduct prelicensure clinical? Has this grown out of other disciplines?

- **Texas Workforce Commission, Steve Rye:** TWC is aware that some schools have had trouble obtaining sites for clinical. When problems arise, TWC staff do make a visit to the school; this is usually predicated on a complaint from a consumer.

Informational

VI. Lunch (12:20-12:55p)

VII. Guest Presentation: Jennifer Hayden, NSCBN Simulation Study (1:00-1:30p)

J. Hayden presented telephonically with power point slides. She shared the history, process, and progress of the Simulation Study. Data from Phase II is now being analyzed for presentation and publication next year.

Informational

VIII. Strategies to Address Changes

Informational

IX. Group Meetings

. P. Yoder-Wise gave directions for groups:

- May trade with another individual to another group as long as it is with someone with similar background
- Each group will assign a facilitator/convener
- Board staff will be scribes
- May assign items that do not belong to another group;

Informational

X. Reports from Groups

2:20p – P. Yoder-Wise called for end of breakout sessions

- A representative from each of the four groups presented a summary of their group discussion

XI. Plans for Next Meeting

- Each small group is to have a conference call with Board staff prior to next meeting.
- A written report from each group is to be ready for the 2/7/14 meeting.

Staff will schedule small group conference calls

XII. Future Meetings

- P. Yoder-Wise stated that a final meeting was not established.

AGENDA ITEM AND DISCUSSION**ACTION**

Discussion of potential dates ensued. Vote held with 6/13/14 established as most convenient date for all

Final meeting date will be 6/13/14. Next two meetings will be 2/7/14 and 4/25/14

XIII. Adjournment

The meeting was adjourned at 2:59pm.

Handouts:

- Agenda
- 2013-2014 Task Force Members Contact Information
- Four Task Force Groups – 2013 (list of questions and group composition)
- NCSBN National Simulation Study powerpoint slides
- Guidelines for Meetings of the Task Force to Study the Implications of the Growth in Nursing Education Programs in Texas
- Power point slides: Background: The Issue of Clinical Availability
- 2012 Nursing Education Program Information Survey (NEPIS) powerpoint slides and handout
- TOADN Sub-Committee on Clinical Hours Nursing Director letter and table of clinical hours of programs identified outside a specific range

**TASK FORCE TO STUDY IMPLICATIONS OF GROWTH IN NURSING EDUCATION
PROGRAMS IN TEXAS
TEXAS BOARD OF NURSING
AUSTIN, TEXAS**

MINUTES

April 25, 2014
10:00 am – 3 pm
Hobby Building, Room 102

Chair

Pat Yoder-Wise

Members Present

Gail Acuna
Betty Adams
Dayna Davidson
Vangie DeLeon
Chris Fowler
Pam Lauer
Mary LeBeck
Cheryl Livengood,
Beth Mancini
Maureen Polivka
Jessica Ruiz
Steve Rye
Cindy Zolnierek
Sally Harper Williams
Shellie Withrow
Deborah Yancy

Representing

Nursing Practice
Texas Organization Baccalaureate and Graduate Nursing Education
Associate Degree Nursing Education
Associate Degree Nursing Education
Texas Higher Education Coordinating Board
Texas Center for Nursing Workforce Studies
Board Liaison
Associate Degree Nursing Education
Texas Team
Nursing Practice
Nursing Practice
Texas Workforce Commission
Texas Nurses Association
Workforce Center Director, DFVHC Foundation
Vocational Nursing Education
Texas Organization for Associate Degree Nursing

Members Absent

Cole Edmondson
Rebecca Zielinski
Betty Sims

Nursing Practice
Career Schools and Colleges
Texas Association of Vocational Nurse Educators

Board Staff

Kristin Benton
Virginia Ayars
Janice Hooper
Jackie Ballesteros

Recorded by Virginia Ayars
Approval Date:

AGENDA ITEM AND DISCUSSION**ACTION****I. Call to Order (10 am)**

a. Welcome and Introduction

P. Yoder-Wise (PYW) called the meeting to order, followed with welcome and introductions by all members. No guests were in attendance.

PYW welcomed new members Jessica Ruiz and Maureen Polvika. The third new member, Cole Edmondson, was unable to attend the meeting. Cindy Zolnierek is replacing Ellarene Sanders as the TNA representative.

b. Review of Current Charges:

P. Yoder-Wise reviewed current charges and goal for the group, as follows:

Charges:

- Develop a guideline describing optimal clinical instruction in prelicensure nursing programs.
- Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in prelicensure nursing program.

Proposed Goal:

- Plan and present a statewide nursing faculty workshop on Excellence in Clinical Instruction in Nursing Education in Texas in 2014 or 2015.

Historical Perspective and Update – Kristin Benton (10:15 am)
Kristin reviewed the PPT hand-outs, provided update about Dashboard of Outcomes, and discussed the current survey.

Power point slides included with packet of information provided to each member.

II. Approval of Minutes (10:25 am)

The meeting scheduled for February 7, 2014 was cancelled due to inclement weather.

Minutes from the November 5, 2013 meeting were considered.

Approved by Acclamation.

III. Review of member post-it questions submitted at November 5th meeting (10:30 am)

Informational.
Hand-out provided in packet of information, was reviewed and discussion followed.

IV. THECB Grant RFPs related to Nursing Education (10:35 am)
Chris Fowler presented information about two RFPs to be released next week, regarding:

- 1) Range & Distribution of Clinical Contact Hours
- 2) Transition to Practice

Informational.
Discussion followed.

AGENDA ITEM AND DISCUSSION**ACTION****V. NEPIS Survey Report (11:10 am)**

Pam Lauer provided an update regarding the 2013 NEPIS data.

11:40 am – Lunch Break

12:25 pm – Meeting resumed

VI. Task Force Survey Update (12:25 pm)

Kristin Benton presented a detailed report of the current survey. More than 1400 responses have been received.

VII. Review of Draft Guideline (1:35 pm)

Jan Hooper reviewed the draft guideline.

VIII. Plans for Next Meeting (2:40 pm)

PYW reminded the Task Force members that the next meeting will be held on June 13, 2014 from 10 am to 3 pm in the Hobby Building in Austin.

IX. Adjournment

The meeting was adjourned at 2:50 pm.

Handouts:

- Agenda
- 2013-2014 Task Force Members Contact Information
- Power point slides: Proposed Education Guideline
- November 5, 2013 Meeting Minutes
- Clinical Instruction Survey Faculty Response Data
- Clinical Instruction Survey Student Response Data
- Clinical Instruction Survey Clinical Affiliate Data
- Draft Education Guideline re. Principles for Optimal Clinical Instruction in Pre-licensure Nursing Education Programs

Informational.
Discussion followed.

Informational.
Hand-outs in packet presented response data from faculty, students, and clinical affiliates.
Discussion followed.

Informational with discussion following.
Members will examine draft guideline.
Jan Hooper will distribute draft guideline electronically to members, providing deadline for response.

PYW recapped directions to staff regarding three tasks:

1. Analyze survey data
2. Develop guideline further
3. Plan workshop for Summer/Fall 2015

AGENDA ITEM AND DISCUSSION

ACTION

AGENDA ITEM AND DISCUSSION	ACTION

AGENDA ITEM AND DISCUSSION

ACTION

**TASK FORCE TO STUDY IMPLICATIONS OF GROWTH IN NURSING EDUCATION
PROGRAMS IN TEXAS
TEXAS BOARD OF NURSING
AUSTIN, TEXAS**

MINUTES

June 13, 2014
10:00 am – 3 pm
Hobby Building, Room 102

Chair

Pat Yoder-Wise Participated Telephonically

Members Present

Gail Acuna
Betty Adams
Dayna Davidson
Vangie DeLeon
Cole Edmonson
Chris Fowler
Cheryl Livengood,
Maureen Polivka
Jessica Ruiz
Steve Rye
Stacey Cropley for C. Zolnierrek
Betty Sims
Sally Harper Williams
Shellie Withrow
Deborah Yancy

Representing

Nursing Practice
Texas Organization Baccalaureate and Graduate Nursing Education
Associate Degree Nursing Education
Associate Degree Nursing Education
Nursing Practice
Texas Higher Education Coordinating Board
Associate Degree Nursing Education
Nursing Practice
Nursing Practice
Texas Workforce Commission
Texas Nurses Association
Texas Association of Vocational Nurse Educators
Workforce Center Director, DFWHC Foundation
Vocational Nursing Education
Texas Organization for Associate Degree Nursing

Members Absent

Pam Lauer Texas Center for Nursing Workforce Studies
Mary LeBeck Board Liaison
Beth Mancini Texas Team

Board Staff

Kristin Benton
Virginia Ayars
Janice Hooper

Recorded by Virginia Ayars
Approval Date:

AGENDA ITEM AND DISCUSSION**ACTION****I. Call to Order (10:07 am)**

a. Welcome and Introduction

K. Benton called the meeting to order. P. Yoder-Wise, participating telephonically, requested that members offer introductions. One guest, Kathryn Whitcomb, was in attendance.

Kathy Thomas, Executive Director of the Board, welcomed the group and provided an update concerning Board activities.

K. Benton informed the group that Rebecca Zielinski has resigned from the Task Force due to a change in employment.

b. Review of Current Charges:

P. Yoder-Wise reviewed current charges and goal for the group, as follows:

Charges:

- Develop a guideline describing optimal clinical instruction in prelicensure nursing programs.
- Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in prelicensure nursing program.

Proposed Goal:

- Plan and present a statewide nursing faculty workshop on Excellence in Clinical Instruction in Nursing Education in Texas in 2014 or 2015.

II. Approval of Minutes (10:15 am)

Minutes from the April 25, 2014 meeting were considered.

Approved by Acclamation.

III. Presentation and Discussion of Clinical Instruction Survey Data

Principle #1 – Optimal clinical learning experiences share a common set of quality indicators

K. Benton offered data analysis for Table I.

Informational.
Discussion followed.

Principle #2 - Faculty promote optimal clinical learning experiences when they embrace principles for effective instruction

V. Ayars presented data analyses for Tables II, III, and IV.

Informational.
Discussion followed.

IV. Lunch

12:10 am – Lunch Break

12:40 pm – Meeting resumed

V. Presentation and Discussion of Clinical Instruction Survey Data (cont'd)

Principle #3 - Student perspectives are considered when the clinical learning experiences are developed

J. Hooper offered data analyses for Tables V, VI, and VII.

Informational.
Discussion followed.

AGENDA ITEM AND DISCUSSION**ACTION**

Principle #4 - Clinical settings are selected to meet clinical objectives
V. Ayars provided data analyses for Tables VIII, IX, and X.

Informational.
Discussion followed.

VI. Discussion of Guideline Recommendations

Discussion took place.

VII. Model Brainstorming

Schematic interpretation of
work discussed.

VIII. Next Steps

- a. **Guideline – October Board meeting**
- b. **Faculty Workshop planning – Spring 2015**
- c. **Practice/Education Summit planning**
- d. **Proposed date/s for next meeting/s**

J. Hooper will electronically
distribute updated Guideline
to all members.

The next meeting will be
conducted via telephone
conference, with the date to
be determined.

IX. Adjournment

The meeting was adjourned at 2:05 pm.

Handouts:

- Agenda
- Draft April 25, 2014 Meeting Minutes
- Draft Education Guideline: Principles for Optimal Clinical Instruction in Pre-licensure Nursing Education Programs
- The Task Force Clinical Instruction Survey

AGENDA ITEM AND DISCUSSION

ACTION

AGENDA ITEM AND DISCUSSION	ACTION

ASSESSMENT OF ADVISORY COMMITTEES
 March, 2016
 Texas Board of Nursing (Agency #507)

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2015-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Crmta1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:	Advisory Committee on Licensure, Eligibility, & Discipline		
Number of Members:	9		
Committee Status (Ongoing or Inactive):	Ongoing	Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.	
Date Created:	4/1/2006	Date to Be Abolished:	standing committee
Budget Strategy (Strategies) (e.g. 1-2-4)	1.1.1	Strategy Title (e.g. Occupational Licensing)	Occupational Licensing
Budget Strategy (Strategies)		Strategy Title	

State / Federal Authority

- State Authority
- State Authority
- State Authority
- Federal Authority
- Federal Authority
- Federal Authority

Select Type Identify Specific Citation

Statute	Texas Occupations Code 301.1595
Admin Code	22 TAC Board Rule 211.6(f)(1)(D)

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' <u>Direct</u> Expenses	Expended	Estimated	Budgeted
	Exp 2015	Est 2016	Bud 2017
Travel	\$3,339	\$3,500	\$3,500
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
<i>Total, Committee Expenditures</i>	<i>\$3,339</i>	<i>\$3,500</i>	<i>\$3,500</i>

Committee Members' <u>Indirect</u> Expenses	Expended	Estimated	Budgeted
	Exp 2016	Est 2016	Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
<i>Total, Committee Expenditures</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>

Method of Financing	Expended	Estimated	Budgeted
	Exp 2016	Est 2016	Bud 2017
Method of Finance			
1 - General Revenue Fund	\$3,339	\$3,500	\$3,500
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Expenses / MOFs Differences:	\$0	\$0	\$0

Meetings Per Fiscal Year: 3-4 on average 3 3

Committee Description: Gives analysis and advises the Board regarding regulatory matters. Members are comprised of representatives of the following organizations: (i) Texas Association of Vocational Nurse Educators (TAVNE); (ii) Licensed Vocational Nurses Association of Texas (LVNAT); (iii) Texas League of Vocational Nurses (TLVN); (iv) Texas Organization of Associate Degree Nursing (TOADN); (v) Texas

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as ?

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its

4b. Is committee scope and work conducted redundant with other

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

6. Have there been instances where the committee was unable to meet because a quorum was not present?

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings?

7c. Are there instances where no members of the public attended

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:
10a. Is there any functional benefit for having this committee codified in statute?

10b. Does the scope and language found in statute for this committee

10c. If "Yes" for Question 2b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere

11b. Please describe the rationale for this opinion.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 4a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

TEXAS BOARD OF NURSING

Eligibility & Disciplinary Advisory Committee Meeting

Friday, August 1, 2014
10:06 a.m. - 2:38 p.m.
William P. Hobby Building
333 Guadalupe St., Room 102
Austin, Texas 78701

Advisory Committee Members Present:

Betty Sims, MSN, RN, FRE, Texas Association of Vocational Nurse Educators (TAVNE)
Lynda Woolbert, RN, PNP, Coalition for Nurses in Advance Practice (CNAP)
Cheryl Livengood, MSN, RN, Texas Organization of Associate Degree Nurses (TOADN)
Lena Rippstein, Ph.D., APRN-BC, Texas Organization of Baccalaureate and Graduate Nurse Educators (TOBGNE)
Lora Lee (Lolly) Lockhart, Texas Nurses Association (TNA)
Debora Simmons, Ph.D., RN, CCNS, Just Culture
Thelma Davis, LVN, Licensed Vocational Nurses Association of Texas (LVNAT)

Advisory Committee Board Liaisons:

Deborah Bell, CLU, ChFC
Tamara Cowen, MSN, RN

Others in Attendance:

Jena R. Abel, BON Assistant General Counsel
Dusty Johnston, BON General Counsel
Anthony Diggs, Director of Enforcement
John Vanderford BON Assistant General Counsel
Rene McDonald, BON Legal Assistant
Elise Moore, BON Investigator
Erin Raesz, BON Investigator
Dr. John Lehman, Licensed Psychologist
Dr. Stephen Thorne, Licensed Psychologist
Mike Van Doren, Texas Peer Assistance for Nurses (TPAPN)
Cindy Zolnierek, Texas Nurses Association (TNA)
Marc Burns, Texas Nurses Association (TNA)

AGENDA ITEM	DISCUSSION	ACTION
Call to Order	Betty Sims, Interim Committee Chair, called the meeting to order on Friday, August 1, 2014, at 10:06 a.m.	
Roll Call	Betty Sims, Interim Committee Chair, called the roll to determine who was present.	The names of members attending were recorded.
Acceptance of Agenda	The Committee reviewed the agenda for the meeting. A motion was made to approve the agenda of the August 1, 2014, Advisory Committee Meeting.	The Committee approved the agenda.
Acceptance of Minutes	The Committee reviewed the Minutes of the meeting of October 11, 2013. A motion was made to approve the Minutes of the October 11, 2013, Advisory Committee Meeting.	The Committee approved the October 11, 2013 Meeting Minutes.
1.4 Introduction of New Member	Betty Sims, Interim Committee Chair, introduced Lora Lee (Lolly) Lockhart, Ph.D., RN, the Committee's newest member.	No Action was taken.
1.5 Presentation by John Lehman, Ph.D.	Dr. Lehman gave a presentation regarding the recent changes to <i>The Diagnostic and Statistical Manual of Mental Disorders</i> (DSM-V), Fifth Edition and their anticipated impact on chemical dependency/substance use evaluations.	No Action taken.
1.6 Review and Discussion of the Board's Guidelines for Physical and Psychological Evaluations and possible revisions.	The Committee discussed the Board's Guidelines for Physical and Psychological Evaluations and possible revisions. Goals discussed included: to ensure consistency among evaluations and evaluators; to ensure reports include all relevant and necessary information to enable informed decisions; to ensure that evaluators appropriately explore and explain discrepancies; to ensure that evaluators adequately answer referral question(s); to ensure evaluators follow applicable standards in performing evaluations.	No Action taken.
1.7 Review of the Board's April, 2012, Charge to Committee.	The Committee reviewed the Board's April, 2012, Charge.	No Action taken.
1.8 Review of the changes recommended to Board policies and rules by the Committee at the October 11, 2013, meeting.	The Committee reviewed the changes recommended to Board policies and rules by the Committee at the October 11, 2013, meeting. Policies and rules discussed included: Professional Character (§213.27), Criminal Offenses (§213.28), Intemperate Use and Lack of Fitness (§213.29). For each rule or policy, the Committee discussed whether it needs to be re-organized and any inconsistencies between the policy and the corresponding rules and the Guidelines.	No Action taken.

<p>1.9 Review and discussion of proposed amendments to the Board's Eligibility and Disciplinary Sanction Policies based upon the Committee's recommendations.</p>	<p>The Committee reviewed the Board's Eligibility and Disciplinary Sanction Policies based upon the Committee's recommendations. These policies included: Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or Other Substance Use Disorder, Disciplinary Sanctions for Lying and Falsification, and Disciplinary Sanctions for Fraud, Theft, and Deception. The Committee discussed whether there is a need to continue these policies and what changes should be made.</p>	<p>No Action taken.</p>
<p>1.10 Election of New Committee Chair</p>	<p>The Committee members took a vote to choose the next Committee Chair. Betty Sims was elected as the new Committee Chair.</p>	<p>The Committee approved Betty Sims as the new Committee Chair.</p>
<p>1.11 Items for Future Agenda</p>	<p>At the next meeting, the Committee will continue its review and discussion of suggested revisions to the Board's disciplinary sanction policies and rules.</p>	<p>No Action taken.</p>
<p>1.12 Set Future Meeting Date</p>	<p>It was determined that Staff would email Committee members with possible dates for the next Committee meeting to occur around December, 2014.</p>	<p>No Action taken.</p>
<p>Adjourned</p>	<p>Having completed all business, the meeting adjourned at 2:38 p.m. on August 1, 2014.</p> <p>_____</p> <p>Jena R. Abel, Assistant General Counsel</p> <p>_____</p> <p>Betty Sims, MSN, RN FRE, Committee Chair</p>	

TEXAS BOARD OF NURSING

Eligibility & Disciplinary Advisory Committee Meeting

Monday, January 5, 2015
10:10 a.m. - 2:59 p.m.
William P. Hobby Building
333 Guadalupe St., Room 102
Austin, Texas 78701

Advisory Committee Members Present:

Betty Sims, MSN, RN, FRE, Texas Association of Vocational Nurse Educators (TAVNE)
Lynda Woolbert, RN, PNP, Coalition for Nurses in Advance Practice (CNAP)
Cheryl Livengood, MSN, RN, Texas Organization of Associate Degree Nurses (TOADN)
(Represented by Proxy and TOADN President-Elect, Joan Becker, M.A., BSN, RN)
Lena Rippstein, Ph.D., APRN-BC, Texas Organization of Baccalaureate and Graduate
Nurse Educators (TOBGNE)
Lolly Lockhart, Texas Nurses Association (TNA)
Debora Simmons, Ph.D., RN, CCNS, Just Culture
Pamela Brashears, LVN, Texas League of Vocational Nurses (TLVN)

Advisory Committee Board Liaisons:

Deborah Bell, CLU, ChFC
Tamara Cowen, MSN, RN

Others in Attendance:

Jena R. Abel, BON Assistant General Counsel
Katherine Thomas, BON Executive Director
Dusty Johnston, BON General Counsel
Anthony Diggs, BON Director of Enforcement
Kristin Benton, BON Director of Nursing
Rene McDonald, BON Legal Assistant
Denise Benbow BON Nurse Consultant
Bonnie Cone, BON Nurse Consultant
Stacey Cropley, BON Advanced Practice
Mike Van Doren, Texas Peer Assistance for Nurses (TPAPN)
Cindy Zolnierek, Texas Nurses Association (TNA)

AGENDA ITEM	DISCUSSION	ACTION
Call to Order	Betty Sims, Committee Chair, called the meeting to order on Monday, January 5, 2015, at 10:10 a.m.	
Roll Call	Betty Sims, Committee Chair, called the roll to determine who was present.	The names of members attending were recorded.
Acceptance of Agenda	The Committee reviewed the agenda for the meeting. A motion was made to approve the agenda of the January 5, 2015, Advisory Committee Meeting.	The Committee approved the agenda.
Acceptance of Minutes	The Committee reviewed the Minutes of the meeting of August 1, 2014. A motion was made to approve the Minutes of the August 1, 2014, Advisory Committee Meeting.	The Committee approved the August 1, 2014 Meeting Minutes.
1.4 Review of the Board's April, 2012, Charge to Committee.	The Committee reviewed the Board's April, 2012, Charge.	No Action taken.
1.5 Update on recent rule changes to Board Rules 213.32, 213.34, and 213.35.	The Committee reviewed updates on recent rule changes to Board Rules 213.32, 213.34, and 213.35.	No Action taken.
1.6 Review of the changes recommended to Board policies and rules by the Committee at the October 11, 2013, and August 1, 2014 meetings.	The Committee reviewed the changes recommended to Board policies and rules by the Committee at the October 11, 2013, and August 1, 2014 meetings. Policies and rules discussed included Good Professional Character (§213.27) and Lack of Fitness Due to Mental Health Condition or Substance Use Disorder (§213.29). For each rule or policy, the Committee discussed whether it needs to be re-organized and any inconsistencies between the policy and the corresponding rules and the Guidelines.	No Action taken.
1.7 Review and discussion of proposed amendments to the Board's Eligibility and Disciplinary Sanction Policies based upon the Committee's recommendations.	The Committee did not address this agenda item due to time constraints.	No Action taken.
1.8 Review and discussion of proposed amendments to Board Rules 213.27 and 213.29 based upon the Committee's recommendations.	The Committee reviewed Board Rules 213.27 and 213.29 based upon the Committee's recommendations. For 213.27, the Committee discussed why professional character is important in nursing, how professional character has been evaluated and valued by nursing employers, supervisors and peers, whether other factors should be added or explained better, and whether 213.27's content should be reorganized.	No Action taken.

<p>1.9 Items for Future Agenda</p>	<p>For 213.29, the Committee discussed whether the rule should be reorganized, any inconsistencies between the rule and the Board's Disciplinary Policy, whether the rule should address mental illness in more detail, and a variety of impairments associated with §301.452(b)(12).</p>	
<p>1.10 Set Future Meeting Date</p>	<p>At the next meeting, the Committee will continue its review and discussion of suggested revisions to the Board's disciplinary sanction policies and rules.</p>	<p>No Action taken.</p>
<p>1.10 Set Future Meeting Date</p>	<p>It was determined that Staff would email Committee members with possible dates for the next two Committee meetings to occur in April and in June of 2015.</p>	<p>No Action taken.</p>
<p>Adjourned</p>	<p>Having completed all business, the meeting adjourned at 2:59 p.m. on January 5, 2015.</p> <p>_____</p> <p>Jena R. Abel, Assistant General Counsel</p> <p>_____</p> <p>Betty Sims, MSN, RN FRE, Committee Chair</p>	

TEXAS BOARD OF NURSING

Eligibility & Disciplinary Advisory Committee Meeting

Monday, May 11, 2015
William P. Hobby Building
333 Guadalupe St., Room 102
Austin, Texas 78701

Advisory Committee Members Present:

Pamela Brashears, LVN, Texas League of Vocational Nurses (TLVN)
Lynda Woolbert, RN, PNP, Coalition for Nurses in Advance Practice (CNAP)
Joan Becker, MA, BSN, RN, Texas Organization of Associate Degree Nurses (TOADN)
Lena Rippstein, Ph.D., APRN-BC, Texas Organization of Baccalaureate and Graduate Nurse Educators (TOBGNE)
Lora Lee (Lolly) Lockhart, Ph.D., RN, Texas Nurses Association (TNA)
Debora Simmons, Ph.D., RN, CCNS, Just Culture

Advisory Committee Board Liaisons:

Deborah Bell, CLU, ChFC

Others in Attendance:

Jena R. Abel, BON Assistant General Counsel
Dusty Johnston, BON General Counsel
Anthony Diggs, Director of Enforcement
Mike Van Doren, Texas Peer Assistance for Nurses (TPAPN)
Cindy Zolnierek, Texas Nurses Association (TNA)
Denise Benbow, MSN, RN, BON Practice Consultant
Bonnie Cone, MSN, RN, BON Practice Consultant
Josie Queen, PhD, MS, MSN, RN-CCNS, BON Education Consultant
Jessica Lance, Law Clerk

AGENDA ITEM	DISCUSSION	ACTION
Call to Order	Debora Simmons, substituting for Betty Sims, Committee Chair, called the meeting to order on Monday, May 11, 2015, at approximately 10:20 a.m.	
Roll Call	The Committee members who were present signed in and it was determined that a quorum was present.	The names of members attending were recorded.
Acceptance of Agenda	The Committee reviewed the agenda for the meeting. A motion was made to approve the agenda of the May 11, 2015, Advisory Committee Meeting.	The Committee approved the agenda.
Acceptance of Minutes	The Committee reviewed the Minutes of the meeting of January 5, 2015. A motion was made to approve the Minutes of the January 5, 2015, Advisory Committee Meeting.	The Committee approved the January 5, 2015, Meeting Minutes.
1.4. Review of the Board's April 2012, Charge to Committee.	The Committee discussed the Board's April 2012, Charge to the Committee.	No action taken.
1.5. Review and Discussion of the Board's Guidelines for Physical and Psychological Evaluations and proposed revisions.	<p>The Committee discussed the Board's Guidelines for Physical and Psychological Evaluations and possible revisions. Goals discussed included: to ensure consistency among evaluations and evaluators; to ensure reports include all relevant and necessary information to enable informed decisions; to ensure that evaluators appropriately explore and explain discrepancies; to ensure that evaluators adequately answer referral question(s); to ensure evaluators follow applicable standards in performing evaluations.</p> <p>The Committee also discussed re-visiting the issue of whether APRNs can perform certain physical and/or psychological evaluations. The Committee agreed that this issue should be reviewed by the Board again and recommends that the Board issue a new charge to this Committee or another standing Board Committee to review the issue.</p>	The Committee approved the proposed revisions to the Guidelines, with the following changes: edit the first paragraph of the document to separately list the objectives; note that evaluators who are removed from the Board's approved list must cease accepting referrals; and correct typographical and editing errors in the document.
1.6. Review and Discussion of the Board's adopted Disciplinary Guidelines for Criminal Conduct and proposed revisions.	The Committee reviewed and discussed the proposed changes to the Board's Disciplinary Guidelines for Criminal Conduct, including incorporating the Guidelines into Board Rule 213.28.	The Committee approved the proposed revisions to the Guidelines for Criminal Conduct.

1.7. Review and Discussion of proposed amendments to the Board's Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or Other Substance Use Disorder; for Lying and Falsification; and for Fraud, Theft, and Deception.

The Committee reviewed the Board's Eligibility and Disciplinary Sanction Policies. These policies included: Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or Other Substance Use Disorder, Disciplinary Sanctions for Lying and Falsification, and Disciplinary Sanctions for Fraud, Theft, and Deception. The Committee discussed whether there is a need to continue these policies and what changes should be made.

The Committee approved the proposed changes to the policies with the following edits: change the term "mentally ill" to "persons with mental disorders"; correct punctuation; highlight that fraudulent or dishonest conduct may occur outside of work also; and include other private reimbursement programs.

1.8. Review and discussion of proposed amendments to 22 Tex. Admin. Code §§213.27, 213.28, 213.29, 213.30, and 213.33.

The Committee discussed proposed revisions to Board rules 213.27, 213.28, and 213.29.

The Committee approved the proposed amendments to Board rules 213.27, 213.28, and 213.29, with the following edits: emphasize that each nurse has an individual duty to ensure he/she is fit to practice; replace a defined time frame with 'a reasonable time' in mental health/diminished capacity matters; add language that allows the Board to limit the practice setting(s) a nurse may work in order to accommodate the nurse's physical condition; change the term "mentally ill" to "persons with mental disorders"; utilize the phrase

<p>1.9. Items for Future Agenda.</p> <p>1.10 Set Future Meeting Date</p>	<p>At the next meeting, the Committee will continue its review and discussion of suggested revisions to Board Rules 213.30 and 213.33.</p> <p>It was determined that Staff would email Committee members with possible dates for the next Committee meeting to occur in June, 2015.</p>	<p>“similar criminal behavior”; and correct grammatical errors.</p> <p>No Action taken.</p> <p>No Action taken.</p>
<p>Adjourned</p>	<p>Having completed all business, the meeting adjourned at approximately 3:10 p.m. on May 11, 2015.</p> <p>_____</p> <p>Jena R. Abel, Assistant General Counsel</p> <p>_____</p> <p>Debora Simmons, on behalf of Betty Sims, MSN, RN FRE, Committee Chair</p>	

TEXAS BOARD OF NURSING

Eligibility & Disciplinary Advisory Committee Meeting

Thursday, June 25, 2015
William P. Hobby Building
333 Guadalupe St., Tower II, Room 225
Austin, Texas 78701

Advisory Committee Members Present:

Betty Sims, RN, MSN, EdD, FRE, Texas Association of Vocational Nurse Educators (TAVNE)
Pamela Brashears, LVN, Texas League of Vocational Nurses (TLVN)
Lynda Woolbert, RN, PNP, Coalition for Nurses in Advance Practice (CNAP)
Lena Rippstein, Ph.D., APRN-BC, Texas Organization of Baccalaureate and Graduate Nurse Educators (TOBGNE)
Lora Lee (Lolly) Lockhart, Ph.D., RN, Texas Nurses Association (TNA)
Debra Simmons, Ph.D., RN, CCNS, Just Culture

Advisory Committee Board Liaisons:

Deborah Bell, CLU, ChFC

Others in Attendance:

Jena R. Abel, BON Assistant General Counsel
Dusty Johnston, BON General Counsel
Mike Van Doren, Texas Peer Assistance for Nurses (TPAPN)
Cindy Zolnierek, Texas Nurses Association (TNA)
Denise Benbow, MSN, RN, BON Practice Consultant
Kristin Benton, MSN, RN, BON Director of Nursing
Andrew Cates, General Counsel, Texas Nurses Association (TNA)

AGENDA ITEM	DISCUSSION	ACTION
Call to Order	Betty Sims, Committee Chair, called the meeting to order on Thursday, June 25, 2015, at approximately 10:00 a.m.	
Review of Last Meeting	Staff reviewed the items that were reviewed and discussed by the Committee at the last meeting (Board rules 213.29, 213.27, 213.28, Disciplinary Sanction Policies, and Criminal Guidelines).	No action was taken.
Roll Call	The Committee members who were present signed in and it was determined that a quorum was present. Two members arrived late, but a quorum was present before any voting or deliberation took place.	The names of members attending were recorded.
Acceptance of Agenda	The Committee reviewed the agenda for the meeting. A motion was made to approve the agenda of the June 25, 2015, Advisory Committee Meeting.	The Committee approved the agenda.
Acceptance of Minutes	The Committee reviewed the Minutes of the meeting of May 11, 2015. A motion was made to approve the Minutes of the May 11, 2015, Advisory Committee Meeting.	The Committee approved the May 11, 2015, Meeting Minutes.
1.4. Review and discussion of proposed amendments to 22 Tex. Admin. Code §213.30 and §213.33, including the Board's Disciplinary Matrix [§213.33(b)].	The Committee discussed proposed amendments to the Board's rules regarding declaratory orders and the imposition of disciplinary sanctions, including proposed changes to the Disciplinary Matrix.	The Committee voted to approve the proposed amendments with the following changes: with regard to Rule 213.33, in preamble to Disciplinary Matrix, change "which" to "that"; be consistent with use of "substance use disorder and/or abuse/misuse" throughout Matrix; and be consistent with "mental health condition, diminished capacity, or physical health condition" throughout Matrix; and with regard to Rule 213.30, add "as discussed in this rule" to subsection (b); add

<p>1.5. Review and Discussion of legislation from 84th Texas Legislative Session and any necessary rule revisions resulting from statute changes.</p> <p>1.6. Items for Future Agenda.</p> <p>1.7 Set Future Meeting Date</p>	<p>Staff summarized that no bills affecting the Nursing Practice Act were passed and that Staff was still reviewing a handful of bills to determine if they would affect the Board’s existing policies or rules. If Staff determined changes would be needed, those changes may be brought to the Committee for review at a future meeting date.</p> <p>No issues were discussed for future meetings at this time.</p> <p>No future meetings were set at this time.</p>	<p>a comma after “medication regime” in subsection (c)(3); add “as applicable” to end of (c)(6); and change (d) to include “approve licensure without encumbrance” and change the ordering of the sentence.</p> <p>No Action taken.</p> <p>No Action taken.</p> <p>No Action taken.</p>
<p>Adjourned</p>	<p>Having completed all business, the meeting adjourned at approximately 3:00 p.m. on June 25, 2015.</p> <p>_____</p> <p>Jena R. Abel, Assistant General Counsel</p> <p>_____</p> <p>Betty Sims, MSN, RN FRE, Committee Chair</p>	

ASSESSMENT OF ADVISORY COMMITTEES
 March, 2016
 #607 Texas Board of Nursing

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Cmts1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:	Deferred Disciplinary Action Pilot Program Advisory Committee	
Number of Members:		
Committee Status (Ongoing or Inactive):	Inactive	<small>Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.</small>
Date Created:	1/1/2011	Date to Be Abolished: 4/19/2018
Budget Strategy (Strategies) (e.g. 1-2-4)		Strategy Title (e.g. Occupational Licensing)
Budget Strategy (Strategies)		Strategy Title

State / Federal Authority
 State Authority
 State Authority
 State Authority
 Federal Authority
 Federal Authority
 Federal Authority

Select Type	Identify Specific Citation
Statute	Texas Occupations Code 301.1595
Statute	Texas Occupations Code 301.1607 (Repealed by Acts 2013 (SB 1058), 83rd Leg., eff. Sept 1, 2013)
Admin Code	Board Rule 211.6(f)(1)(E) amended 4/19/16 to

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' <u>Direct</u> Expenses		Expended	Estimated	Budgeted
		Exp 2015	Est 2016	Bud 2017
Travel		\$0	\$0	\$0
Personnel		\$0	\$0	\$0
Number of FTEs		0.0	0.0	0.0
Other Operating Costs		\$0	\$0	\$0
<i>Total, Committee Expenditures</i>		\$0	\$0	\$0
Committee Members' <u>Indirect</u> Expenses		Expended	Estimated	Budgeted
		Exp 2015	Est 2016	Bud 2017
Travel		\$0	\$0	\$0
Personnel		\$0	\$0	\$0
Number of FTEs		0.0	0.0	0.0
Other Operating Costs		\$0	\$0	\$0
<i>Total, Committee Expenditures</i>		\$0	\$0	\$0
Method of Financing		Expended	Estimated	Budgeted
		Exp 2016	Est 2016	Bud 2017
Method of Finance				
1 - General Revenue Fund		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
Expenses / MOFs Difference:		\$0	\$0	\$0
Meetings Per Fiscal Year		1	1	

Committee Description: The Deferred Disciplinary Action Pilot Program Advisory Committee was created by SB 1415 by the 81st Legislature to advise the Board on overseeing and evaluating the deferred disciplinary action pilot program. The pilot program began on 2/1/2011. In October 2012, following completion of the pilot, the Committee recommended that deferred discipline become a permanent part of the Nursing

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its Yes 4b. Is committee scope and work conducted redundant with other No

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.
Staff schedules meetings, gathers pertinent background information relevant to charge, prepares and posts agendas in the Texas Register and Board website, schedules presentations and speakers, prepares supporting documents, corresponds with committee members as

6. Have there been instances where the committee was unable to meet because a quorum was not present? Please provide committee member attendance records for their last three meetings, if not already captured in

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings? 7c. Are there instances where no members of the public attended

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:

10a. Is there any functional benefit for having this committee codified in statute? 10b. Does the scope and language found in statute for this committee

10c. If "Yes" for Question 2b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere

11b. Please describe the rationale for this opinion.
The committee describes valuable feedback regarding the Board's pre-licensure education regulatory functions. The perspectives shared by members are necessary to ensure that Board rules and policies that impact education appropriately balance the Board mission of public

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 4a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

TEXAS BOARD OF NURSING

Deferred Disciplinary Action Pilot Program Advisory Committee Meeting

Wednesday, August 22, 2012

10:00 a.m. - 12:00 p.m.

William P. Hobby Building

333 Guadalupe St., Tower III, 4th Floor, Large Conference Room (LCR)

Austin, Texas 78701

Advisory Committee Members Present:

Poldi Tschirch, PhD, RN, BC (chair), Texas Nurses Association (TNA)

Jim Willmann, JD, Texas Nurses Association (TNA)(alternate)

April Ernst, MSN, RN, Texas Association of Vocational Nurse Educators (TAVNE)

Lori Moseley, MSN, RN, CNE, Texas Organization of Associate Degree Nurses (TOADN)

Eileen Curl, PhD, CNS, RN, CNE, Texas Organization of Baccalaureate & Graduate Nursing Education (TOBGNE)

Sheila Fata, Texas Organization of Nurse Executives (TONE)

Peggy Roberts, LVN, Licensed Vocational Nurses Association of Texas (LVNAT)

Advisory Committee Members Absent:

Pamela Watson, R.N., Sc.D, Texas Organization of Baccalaureate & Graduate Nursing Education (TOBGNE)

Sandi Peters, CRNA, CLNC, Coalition for Nurses in Advance Practice (CNAP)

Pamela Brashears, LVN, Texas League of Vocational Nurses (TLVN)

Tammy Wolff, Licensed Vocational Nurses Association of Texas (LVNAT)

Board Staff in Attendance:

Anthony L. Diggs, Director of Enforcement

James "Dusty" Johnston, General Counsel

Jena R. Abel, Assistant General Counsel

Skylar Caddell, Legal Nurse Investigator

AGENDA ITEM	DISCUSSION	ACTION
1.1 Call to Order and Roll Call	Poldi Tschirch, Committee Chair, called the meeting to order on Wednesday, August 22, 2012 at 10:10 a.m.	
	Committee Members and Staff introduced themselves to determine who was present.	The names of members attending were recorded. A quorum was established.
1.2. Review of the Agenda	The Committee reviewed the agenda.	The Committee approved the agenda.
1.3. Approval of the Meeting Minutes of July 26, 2012	The Committee reviewed the minutes of the July 26, 2012, Committee meeting.	The Committee approved the July 26, 2012, meeting minutes.
1.4 Discussion of articles regarding recidivism, remediation, and discipline in nursing practice.	The Committee discussed the articles presented by Jena Abel regarding recidivism, remediation, and discipline in nursing practice.	No action was taken.
1.5 Discussion and formulation of Committee recommendations regarding pilot program, including continuation of the program, eligibility for the program, terms and conditions of program, and any necessary changes in legislation or Board rules or policy.	The Committee recommended that the statute be changed to make the pilot program a permanent part of the Nursing Practice Act. The Committee also recommended that the statute be as least restrictive as possible and provide the Board with the authority to impose deferred discipline and to have rule making authority to address changes as they come up, such as including violations at a higher level than a warning at some point in the future, if warranted.	The Committee approved all recommendations.
	The Committee discussed the continuing concerns about confidentiality once a deferred order has been completed and whether a nurse would have to answer "yes" if asked if she/he had ever received disciplinary action. The Committee recognized the ongoing problems with expunging information from HIPDB/NPDB.	
	The Committee recommended that the Board should have discretion on continuing the task force. Information on recidivism, remediation, and discipline in nursing practice should still be gathered and analyzed.	
	The Committee discussed allowing the Board discretion on the appropriate amount of time to monitor for recidivism. Staff was	

<p>1.6 Review of upcoming meeting dates and timeline for final Committee Report.</p>	<p>directed to compile ideas on how to decide on length of monitoring periods and bring to the Board for rule changes at a later date.</p> <p>The Committee also discussed allowing appropriate timeline for confidentiality of actions based on sanction level imposed. The Committee discussed the idea of including less serious violations as corrective actions. The Committee agreed that the Board could adopt related rule changes at a later date.</p> <p>The Committee determined that further research and opportunities for outreach to nurses were good ideas, including the Board’s website, quarterly newsletter, and FAQ’s.</p> <p>The Committee agreed it would be productive to continue the process of capturing and tracking the data sets it had looked at so far.</p> <p>The Committee discussed setting the next meeting date, and timeline for completing the Committee Report.</p>	<p>No action was taken.</p>
<p>1.7 Adjournment</p>	<p>The meeting adjourned at 12:04 p.m. on August 22, 2012.</p> <p>_____</p> <p>Jena R. Abel, Assistant General Counsel</p> <p>_____</p> <p>Poldi Tschirch, PhD, RN, BC, Committee Chair</p>	

ASSESSMENT OF ADVISORY COMMITTEES
March, 2016
Texas Board of Nursing (Agency #807)

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Criteria", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:

Number of Members:

Committee Status (Ongoing or Inactive): (Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.)

Date Created: Date to Be Abolished:

Budget Strategy (Strategies) (e.g. 1-2-4) Strategy Title (e.g. Occupational Licensing)

Budget Strategy (Strategies) Strategy Title

[State / Federal Authority](#)
 State Authority
 State Authority
 State Authority
 Federal Authority
 Federal Authority

Select Type	Identify Specific Citation
Statute	Nursing Practice Act 301.1595
Admin Code	22 TAC Board Rule 211.6(e)

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' <u>Direct</u> Expenses	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$0	\$0

Committee Members' <u>Indirect</u> Expenses	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$0	\$0

Method of Financing	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Method of Finance			
1 - General Revenue Fund	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Expenses / MOFs Difference:	\$0	\$0	\$0

Meetings Per Fiscal Year	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
	0	0	0

Committee Description:

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its Yes 4b. Is committee scope and work conducted redundant with other No

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

6. Have there been instances where the committee was unable to meet because a quorum was not present? Please provide committee member attendance records for their last three meetings, if not already captured in

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g. online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings? 7c. Are there instances where no members of the public attended

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:
 10a. Is there any functional benefit for having this committee codified in statute? 10b. Does the scope and language found in statute for this committee

10c. If "Yes" for Question 2b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere

11b. Please describe the rationale for this opinion.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 4a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

**Texas Board of Nursing
Delegation Task Force – Chapter 224**

**June 20, 2014
10:00 am – 3:00 pm**

Members present:

Monte Chambers, RN proxy for
Mary Noell, BSN, RN

Ramona Gaston-McNutt, BSN, RN
(Pending Board approval)
Kathryn Griffin, MSN, RN, NEA-BC
Michael Jones, BSN, RN
Cindy Keese, MSN, RN proxy for
Stacy Cropley, DNP, RN
Laura Miller, MSN, RN
Diane Moy, MSN, RN, PMHCNS-BC
Vickie Ragsdale, PhD, RN
Elizabeth Sjoberg, JD, RN
Jim Willmann, JD

Guests:

Jettie Eddleman, BSN, RN
Maxine Tomlinson
Nancy Slott, MSN, RN

Board Liaison:

Deborah Bell

Board Staff:

Kristin Benton, MSN, RN
Denise Benbow, MSN, RN
Melinda Hester, DNP, RN
James “Dusty” Johnston
Mary Beth Thomas, PhD, RN
Christina Stelly, MSN, RN

Representing:

Texas School for the Blind and Visually
Impaired

Pediatric Provided Extended Care Centers
Department of State Health Services
Correctional Health, TTUHSC

Texas Nurses Association
Texas Organization of Nurse Executives
Consultant
Texas Association of Homes and Services
Texas Hospital Association
Texas Nurses Association

Texas Association for Hospice
TX/New Mexico Hospice
Texas Juvenile Justice Department

Texas Board of Nursing

Director of Nursing
Nursing Consultant for Practice
Lead Nursing Consultant for Practice
General Counsel
Consultant
Nursing Consultant for Practice

Agenda Item	Discussion/Action
I. Welcome and Introductions	I. Call to order at 10:04 by Dr. Melinda Hester, DNP, RN. All members, guests, and staff introduced themselves.
II. Guidelines for Meeting	II. There was a copy of the guidelines for the meeting in the folder provided for members who were encouraged to read them.
III. Election of Chairperson	III. Laura Miller, MSN, RN was nominated by Elizabeth Sjoberg, JD, RN. The nomination was seconded by Kathryn Griffin, MSN, RN, NEA-BC. The vote was unanimous.
IV. History of dates for rules	IV. Dr. Mary Beth Thomas, PhD, RN gave overview of the history of the delegation rules in Texas.
V. Purpose of meeting	V. In October 2011 the Board issued a charge to examine the delegation rules.
VI. Discussion of RN Delegation Rules in Chapter 224	<p>VI. The discussion of the delegation rules in Chapter 224 began with identification of broad topics to be addressed including:</p> <ol style="list-style-type: none"> 1) To specifically include APRNs in the rule (as was done in 225.3 (c)). 2) Nurses need a greater understanding of delegation (could be provided through education – both in nursing school and as continuing education). 3) Discussion related to hospice and applicability of the two delegation chapters. 4) Discussion related to physician delegation (224.10). This included discussion of the APRN role when there is an alternate supervising physician delegating to UAP. 5) Care transitions and patient hand offs -

	<p>How does delegation and supervision of the delegation transfer when a patient goes to another facility and care transitions in general (home to facility; facility to facility; unit to unit within a facility; EMS brings a patient into the emergency department).</p> <ol style="list-style-type: none"> 6) Training of UAP – and verification of training and continuing competency in relation to delegated tasks. 7) Employers need to understand fiscal implications of delegation/supervision requirements. There was also discussion about settings where non-licensed personnel make decisions related to patient care and use of UAP. Example in 225.3 puts responsibility on the nurse executive. 8) Correctional health utilizing physician delegation for UAP to administer medications – Medication Aide. For Rule 224.9, LTC, and home health may not be only settings where the Medication Aide is permitted to work. Add correctional health facilities to 224.9 based on TAC Title 40 Part 1 chapter 95 for Medication Aides. 9) Nursing Staffing committee – only required in hospitals, but could be utilized as a resource in relation to RN delegation within the hospital (i.e. training of nurse aides, delegation protocol within the hospital; oversight of competency, supervision, and feedback). Other types of facilities that utilize a number of nurses might benefit from a nurse staffing committee structure. <p>The meeting progressed with a more in-depth review of the rules including:</p> <ul style="list-style-type: none"> • Editorial changes to rule to change “BNE” to “BON” and correct spelling, ensure correct references to government code, and align with changes to 225. • Review of rule by section with
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<p>VII. Schedule next meeting</p> <p>VIII. Closing</p>	<p>suggestion to add reference to 225 in 224.1; add “current” in relation to competency in 224.6; add “qualified” before RN in 224.7; reference to others delegating such as the principle in a school setting to 224.10.</p> <p>VII. Potential dates for next meetings: July 30; September 5; and September 26.</p> <p>VIII. Adjourned 12:28</p>
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Minutes recorded by
Denise Benbow, MSN, RN

Date Approved:
July 30, 2014

**Texas Board of Nursing
Delegation Task Force – Chapter 224**

**July 30, 2014
10:00 am – 3:00 pm**

Members present:

Stacey Copley, DNP, RN
Irma Elizondo, RN
Gary Eubanks, RN
Ramona Gaston-McNutt, BSN, RN
Kathryn Griffin, MSN, RN, NEA-BC
Michael Jones, BSN, RN
Laura Miller, MSN, RN
Vickie Ragsdale, PhD, RN
Elizabeth Sjoberg, JD, RN
Jim Willmann, JD
Cindy Zolnierek, MSN, RN proxy for
Donna Richardson, DNP, RN

Representing:

Texas Nurses Association
Department of Aging and Disability Service
UTMB Correctional Managed Care
Department of Aging and Disability Service
Department of State Health Services
Correctional Health, TTUHSC
Texas Organization of Nurse Executives
Texas Association of Homes and Services
Texas Hospital Association
Texas Nurses Association
Texas Nurses Association

Guests:

Jettie Eddleman, BSN, RN
Maxine Tomlinson, RN
Justin Robison, RN

Texas Association for Hospice
TX/New Mexico Hospice
UTMB Director of Nursing Vendor Care

Board Liaison:

Deborah Bell

Texas Board of Nursing

Board Staff:

Kristin Benton, MSN, RN
Melinda Hester, DNP, RN
James “Dusty” Johnston
Mary Beth Thomas, PhD, RN
Christina Stelly, MSN, RN
Jolene Zych, PhD, RN, WHNP-BC

Director of Nursing
Lead Nursing Consultant for Practice
General Counsel
Consultant
Nursing Consultant for Practice
Nursing Consultant for Advance Practice

Agenda Item	Discussion/Action
I. Welcome and Introductions	I. Call to order at 10:03 by Laura Miller. All members, guests, and staff introduced themselves.
II. Review of the Minutes	II. Review & Approval of the minutes by Jim Willmann at 10:09.
III. Discussion of Draft for RN Delegation rules in 224	<p>III. The discussion of the delegation rules in Chapter 224 began with identification of broad topics to be addressed including:</p> <ol style="list-style-type: none"> 1) To clarify 224.1(3) to include additional settings in addition to acute care settings who provide 24/7 care. 2) Accepted amended changes to 224.2 and 224.3. 3) Discussion related to 224.5(c) and the RN administrator (RN who is responsible for nursing services) to assure that registered nurse delegation is compliant with Texas NPA and this chapter. 4) Discussion related to 224.5(c) and the input of the Nursing Staff Committee, the Nursing Peer Review Committee, or any other like committee in collaboration with the nurse administrator in the development and implementation of policies on RN delegation and the appropriateness of delegation tasks in RN care. 5) Accepted amended changes to 224.6(6) 6) Discussion to postpone review of 224.6(7), 224.6(8) and 224.7(2) until 224.10 can be clarified. 7) Discussion related to 224.8 regarding the non-acute setting and the collaborative effort of the RN and the tasks of the delegation process without the input of a nurse staffing committee. 8) Handout received “TNA Proposed Wording to Address Nurse Staffing Committee’s Role in Delegation to Unlicensed Persons” 9) Accepted amended changes to 224.8(a)(1)(A), 224.8(b)(1)(B)

<p>IV. Schedule next meeting</p> <p>V. Closing</p>	<p>10) Discussion related to the board’s authority to establish criteria in the nurse staff committee (regulated by DSHS) and the duty of the nurse in his/her decision to delegate following 224.8(B).</p> <p>11) Discussion of 224.8(b)(B)(iv) and the RN’s discretion to delegate</p> <p>12) Accepted amended changes to 224.9(a)</p> <p>13) Clarify 225.10(F) to avoid RN delegation confusion between 224.9 & 225.10(F)</p> <p>14) Accept amended changes to 224.9(5)</p> <p>The meeting progressed with a more in-depth review of the rules including:</p> <ul style="list-style-type: none"> • 224.10 <ul style="list-style-type: none"> ○ Clarifying the difference between the RN Supervisor and “other practitioners” in supervising unlicensed personnel performing tasks in delegation. ○ Defining the supervising RN in 224.7 by excluding the supervising RN in 224.10 <p>IV. Next meetings: September 5</p> <p>V. Adjourned 1:08</p>
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Minutes recorded by
Christina Stelly, MSN, RN

Date Approved:
September 5, 2014

**Texas Board of Nursing
Delegation Task Force – Chapter 224**

**September 5, 2014
10:00 am – 3:00 pm**

Members present:

Monte Chambers, RN
Stacey Cropley, DNP, RN
Irma Elizondo, RN
Ramona Gaston-McNutt, BSN, RN
Kathryn Griffin, MSN, RN, NEA-BC
Michael Jones, BSN, RN
Diane Moy, MSN, RN, PMHCNS-BC
Laura Miller, MSN, RN
Vickie Ragsdale, PhD, RN
Donna Richardson, DNP, RN
Elizabeth Sjoberg, JD, RN
Cindy Zolnierak, PhD, RN proxy for
 Jim Willmann, JD

Representing:

Texas School of the Blind
Texas Nurses Association
Department of Aging and Disability Service
Department of Aging and Disability Service
Department of State Health Services
Correctional Health, TTUHSC
University of Texas, Austin
Texas Organization of Nurse Executives
Texas Association of Homes and Services
Texas Nurses Association
Texas Hospital Association
Texas Nurses Association

Guests:

Jettie Eddleman, BSN, RN
Justin Robison, RN
Nancy Slott, RN
Maxine Tomlinson, RN
Teri Town, RN
Kevin Keety, RN
Irene Solinas, RN

Texas Association for Hospice
UTMB Director of Nursing Vendor Care
Juvenile Justice
TX/New Mexico Hospice
US Department of Veterans Affairs
Director of Nursing, MSN Student
Texas Tech Doctorate of Nursing Practice

Board Liaison:

Deborah Bell

Texas Board of Nursing

Board Staff:

Kristin Benton, MSN, RN
Melinda Hester, DNP, RN
Kyle Hensley
Bonnie Cone, MSN, RN
Christina Stelly, MSN, RN
Jolene Zych, PhD, RN, WHNP-BC

Director of Nursing
Lead Nursing Consultant for Practice
Assistant General Counsel
Nursing Consultant for Practice
Nursing Consultant for Practice
Nursing Consultant for Advance Practice

Agenda Item	Discussion/Action
I. Welcome and Introductions	I. Call to order at 10:02 by Diane Moy. All members, guests, and staff introduced themselves.
II. Review of the Minutes	II. Review & Approval of the minutes by Katheryn Griffin at 10:07. Second by Stacey Cropley.
III. Discussion of Draft for RN Delegation rules in 224	<p>III. The discussion of the delegation rules in Chapter 224 began with identification of broad topics to be addressed including:</p> <ol style="list-style-type: none"> 1) Accepted amended changes 224.1, 224.2, 224.3 and 224.4 2) Discussion related to 224.5(c) and the wording that identifies the responsibility of the CNO in delegation. 3) Accepted amended changes to 224.6 4) Discussion related to 224.11 regarding reassuring the rule addresses 217.11(1)(B) and 217.11(1)(M) 5) Discussion related to 224.8 and the RN's accountability in delegating. 6) Discussion of 224.9 and the RN delegated initial dose of a medication 7) Accepted amended changes of 224.10 and 224.11
IV. Motion to Send Draft to Board of Nursing	IV. Motion to send final draft to Board of Nursing at the October Meeting by Monte Chambers at 11:01. Second by Donna Richardson.
V. Motion to Edit Board Rule by Board Legal Department before Sending to Board of Nursing	V. Bonnie Cone presented the proposed rule be edited before presentation to the Board by the Board's Legal Department. Elizabeth Sjoberg abstained. All remaining members approved at 11:02.

VI. Closing	VI. Adjourned 11:07
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Minutes recorded by
Christina Stelly, MSN, RN

ASSESSMENT OF ADVISORY COMMITTEES
 March, 2016
 Texas Board of Nursing (Agency #807)

To assist in the process required by Chapter 2110, Texas Government Code, state agencies should submit an assessment of advisory committees using the format provided. Please submit your assessment for each advisory committee under your agency's purview. Include responses for committees created through statute, administrative code or ad-hoc by your agency. Include responses for all committees, whether ongoing or inactive and regardless of whether you receive appropriations to support the committee. Committees already scheduled for abolishment within the 2016-17 biennium are omitted from the scope of this survey. When submitting information for multiple advisory committees, right-click the sheet "Crmte1", select Move or Copy, select Create a copy and move to end.

NOTE: Only the items in blue are required for inactive committees.

SECTION A: INFORMATION SUBMITTED THROUGH ADVISORY COMMITTEE SUPPORTING SCHEDULE IN LEGISLATIVE APPROPRIATIONS REQUEST

Committee Name:	Delegation Task Force (Ch 225)	
Number of Members:		
Committee Status (Ongoing or inactive):	inactive	Note: An inactive committee is a committee that was created prior to the 2014-15 biennium but did not meet or supply advice to an agency during that time period.
Date Created:		Date to Be Abolished:
Budget Strategy (Strategies) (e.g. 1-2-4)		Strategy Title (e.g. Occupational Licensing)
Budget Strategy (Strategies)		Strategy Title

State / Federal Authority
 State Authority
 State Authority
 Federal Authority
 Federal Authority

Select Type	Identify Specific Citation
Statute	Nursing Practice Act 301.1595
Admin Code	22 TAC Board Rule 211.6(e)

Advisory Committee Costs: This section includes reimbursements for committee member costs and costs attributable to agency staff support.

Committee Members' Direct Expenses	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$0	\$0

Committee Members' Indirect Expenses	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Travel	\$0	\$0	\$0
Personnel	\$0	\$0	\$0
Number of FTEs	0.0	0.0	0.0
Other Operating Costs	\$0	\$0	\$0
Total, Committee Expenditures	\$0	\$0	\$0

Method of Financing	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
Method of Finance			
1 - General Revenue Fund	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Expenses / MOFs Difference:	\$0	\$0	\$0

Meetings Per Fiscal Year	Expended Exp 2015	Estimated Est 2016	Budgeted Bud 2017
	0	0	0

Committee Description: The purpose of the ad hoc Delegation Task Force was to review and recommend revisions to Chapter 225, Delegation of Nursing Tasks By Registered Professional Nurses To Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions. Work of this Ad Hoc Committee was completed in September 2013 and the

SECTION B: ADDITIONAL COMMITTEE INFORMATION

Committee Bylaws: Please provide a copy of the committee's current bylaws and most recent meeting minutes as part of your submission.

1. When and where does this committee typically meet and is there any requirement as

2. What kinds of deliverables or tangible output does the committee produce? If there are documents the committee is required to produce for your agency or the general public, please supply the most recent iterations of those.

3. What recommendations or advice has the committee most recently supplied to your agency? Of these, which were adopted by your agency and what was the rationale behind not adopting certain recommendations, if this occurred?

4a. Does your agency believe that the actions and scope of committee work is consistent with their authority as defined in its Yes 4b. Is committee scope and work conducted redundant with other No

5a. Approximately how much staff time (in hours) was used to support the committee in fiscal year 2015?

5b. Please supply a general overview of the tasks entailed in agency staff assistance provided to the committee.

6. Have there been instances where the committee was unable to meet because a quorum was not present? Please provide committee member attendance records for their last three meetings, if not already captured in

7a. What opportunities does the committee provide for public attendance, participation, and how is this information conveyed to the public (e.g., online calendar of events, notices posted in Texas Register, etc.)?

7b. Do members of the public attend at least 50 percent of all committee meetings? 7c. Are there instances where no members of the public attended

8. Please list any external stakeholders you recommend we contact regarding this committee.

9a. In the opinion of your agency, has the committee met its mission and made substantive progress in its mission and goals?

9b. Please describe the rationale for this opinion.

10. Given that state agencies are allowed the ability to create advisory committees at will, either on an ad-hoc basis or through amending agency rule in Texas Administrative Code:
 10a. Is there any functional benefit for having this committee codified in statute? 10b. Does the scope and language found in statute for this committee

10c. If "Yes" for Question 2b, please describe the rationale for this opinion.

11a. Does your agency recommend this committee be retained, abolished or consolidated with another committee elsewhere

11b. Please describe the rationale for this opinion.

12a. Were this committee abolished, would this impede your agency's ability to fulfill its mission?

12b. If "Yes" for Question 4a, please describe the rationale for this opinion.

13. Please describe any other suggested modifications to the committee that would help the committee or agency better fulfill its mission.

**Texas Board of Nursing
Delegation Task Force – Chapter 225**

Minutes

November 28, 2012

Transcribed by Denise Benbow, MSN, RN

10:00 am – 12:00 pm

Members Present

Julie Lindley, RN, BSN (Chair)
 Ron Cranston
 Stacy Cropley, DNP, RN
 Daneen Machicek, BSN, RN
 Diane Moore BSN, RN, SCCD
 Cynthia Morgan, RN, CHPN
 Susan Murphree
 Jessica Ramos
 Ellarene Sanders, PhD, RN, NEA-BC
 Sylvia Trevino, BSN, RN
 Jim Willman, JD

Representing

Texas School Nurses Organization
 ADAPT of Texas
 Texas Nurses Association
 Department of Aging and Disability Services
 Developmental Disabilities Nurses Association
 Hospice Austin
 Disability Rights Texas
 Texas Council for Developmental Disabilities
 Texas Nurses Association
 Department of Aging and Disability Services
 Texas Nurses Association

Guests Present

Tom Blackwell, RN
 Maxine Tomlinson

PACTX
 TX/New Mexico Hospice

Board Member Liaison

Not present

Board Staff Present

Dusty Johnston, JD
 Melinda Hester, RN, DNP
 Denise Benbow, MSN, RN
 Bonnie Cone, MSN, RN
 Ramona Gaston-McNutt, BSN, RN

Board staff, General Counsel
 Board staff, Lead Practice Consultant
 Board staff, Consultant for Practice
 Board staff, Consultant for Practice
 Board staff, Consultant for Practice

Agenda Item	Discussion	Action or Follow-up
Call to Order	Meeting called to order at 10:00 am by Committee Chair, Julie Lindley. Roll was called.	
Minutes	Review of October 16, 2012 meeting minutes	Diane Moore moved to accept the minutes as written Jessica Ramos seconded the motion. Motion passed.

<p>Consideration of expanding the list of HMAs</p>	<p>The proposed expanded list* of tasks that may be designated as Health Maintenance Activities (HMAs) is:</p> <ul style="list-style-type: none"> • Noninvasive ventilation (NIV) such as continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) therapy • Routine administration of a prescribed dose of oxygen • Unit dose medication administration by way of inhalation (MDIs) including medications administered as nebulizer treatments for prophylaxis and/or maintenance • Topically applied medications • Insulin administration subcutaneously, nasally, or via an insulin pump <p>*Rule 225.4(8)(E) permits the Board to designate other tasks as HMAs.</p> <p>Discussion of expanding the list of Health Maintenance Activities (HMAs) that may be delegated in current Board Rule 225 included:</p> <ol style="list-style-type: none"> 1)importance of RN assessment 2)concerns regarding patient safety in delegation of nebulizer treatments and insulin administration 3) if the list of additional HMAs is adopted by the Board then plan to provide clarity to nurses through a new frequently asked question 	<p>Jim Willmann moved to have the task force consider and vote on each proposed HMA. The motion was seconded by Jessica Ramos. Motion passed.</p> <p>The committee voted on each proposed HMA item and each item passed. (All but one item was unanimous.)</p>
<p>Consideration of expanding the list of tasks that can be delegated in emergency situations</p>	<p>The proposed, expanded, list* of tasks a RN may delegate in emergency situations in independent living environments for certain life-sustaining medications, treatments or procedures that have been previously prescribed by an appropriately authorized healthcare practitioner is:</p> <ul style="list-style-type: none"> • Glucagon injections for treatment of severe hypoglycemia in unconscious clients or clients who are unable to swallow oral glucose • Epinephrine injections from a single-dose pre-filled automatic injection device for severe allergic anaphylactic reactions • Diazepam rectal gel in a pre-filled syringe for episodes of increased seizure activity • Nitroglycerin tablet(s) administered sublingually for the acute relief of an attack of angina pectoris • Use of a hand held magnet to activate a vagus nerve stimulator to prevent or control seizure activity • Metered dose inhalers or nebulizer treatments for the 	

<p>Schedule Next Meeting</p> <p>Closing</p>	<p>relief of acute respiratory symptoms</p> <ul style="list-style-type: none"> • Oxygen administration for the relief of acute respiratory symptoms <p>*Rule 225.10(13) permits the Board to designate other tasks that a RN may delegate.</p> <p>Discussion included clarification that this would be for a change in an ongoing chronic health condition where something must be done immediately and the condition is previously diagnosed with the intervention previously prescribed and thus addressed in the care plan for the patient.</p> <p>This task force is on hold until after the 83rd legislative session. Board staff will maintain contact with task force members.</p> <p>Meeting adjourned at 11:00</p>	<p>Diane Moore moved to approve the addition of these 7 items to the list of delegable tasks. Ellarene Sanders seconded the motion. The motion passed unanimously.</p> <p>To be determined.</p> <p>Motion to adjourn made by Diane Moore and seconded by Jim Willman. All were in favor.</p>
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Appendices

Appendix A. External/Internal Assessment

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

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

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

The Texas Board of Nursing has requested SDSI status in 81st, 82nd and 83rd legislative sessions. The BON did not pursue SDSI status in the 84th legislative session. The Board's budget is self-funded through the assessment of licensure fees. 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.

The Board believes that SDSI status is well balanced by accountability to the legislature 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 SDSI model with minimal increase in fees, if needed.

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

- Board direction over agency funds.
- Board direction over agency programs.
- Agency would have more flexibility in staff compensation.
- A decrease in the number of reports to oversight agencies.
- Most reports would be on an annual basis.
- Agency would have a budget set by the Board and not the legislature.
- The Strategic Plan and the Biennial Operating Plan would be directed by the Board.
- Would not be subject to the State mandated FTE and Travel caps.
- The Board is held to a higher accountability to their constituents.
- The agency budget is held to a higher level of scrutiny.
- Reduces administrative burden to state for constant oversight.

Self-directed, semi-independent status has been tested by nine state agencies and has proven to be successful and effective. By virtue of past State Auditor, Comptroller and State Office of Risk Management audits, the Texas Board of Nursing has proven to be an effective, efficient and well-managed state agency. With changes in the health care environment, this move allows the Texas Board of Nursing 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 Board had the self-directed, semi-independent status, the BON would not have had to delay hiring additional staff to investigate cases and process licensure applications in a timely manner.

From a financial point of view, the Texas Board of Nursing has consistently paid encumbrances in a timely manner, contracted within state parameters, collected fees to support agency appropriations and provided 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 would be seamless transfer to self-directed, semi-independent status.

II. Criminal Background Checks on Students and Federal Rap Back

The Texas Board of Nursing is authorized to conduct FBI criminal background checks on all applicants for licensure by authority of Texas Occupation Code § 301.1615 and Texas Government Code § § 411.087 and 411.125. The screening process for licensure must now start when a student is “enrolled or planning to enroll” in a nursing education program through the declaratory order of eligibility process required by Texas Occupation Code §301.2511(c) and §301.257 (Nursing Practice Act). The declaratory order process determines eligibility for licensure. One of the primary purposes of the declaratory order process is to avoid a needless use of nursing education resources by both a student and a school toward earning a degree in nursing when the student might be deemed ineligible to qualify for a nursing license.

In fiscal year 2009, the Texas Board of Nursing applied for and received a \$50,000 grant from the National Council of State Boards of Nursing to hire two staff to receive and process CBCs for new and accepted students. This pilot/grant lasted up to seven months and during that period, 57 schools of nursing participated and staff processed 6,948 CBCs. The schools of nursing adapted to the new process quickly and provided positive feedback as to the ease of the system and the elimination of multiple background checks during the school year, especially prior to clinical learning experiences. The Texas Board of Nursing decided to continue the program through fiscal year 2010 and as of this date, all schools of nursing are participating and staff process over 25,000 student CBCs per fiscal year.

Currently, the State of Texas, through the Texas Department of Public Safety, has a system called “rap back” which provides any public entity requiring a background check to know if any new criminal issues occur. As of this date, the Texas Board of Nursing has received over 8,000 rap back reports. This is provided at no cost to the Texas Board of Nursing. In the past two years, the federal government through the Federal Bureau of Investigation (FBI) have created a federal rap back system which will do the same thing the state currently does but on the federal level. The State of Texas must be approved by the FBI to implement this process and we anticipate the approval within the next two years. Once approved by the FBI, the Texas Board of Nursing has requested to implement the federal rap back as soon as possible. We anticipate beginning with new licensees by examination and endorsement as they will pay the additional fee directly to the Texas Department of Public Safety.

The federal rap back process has three levels of participation and each has a cost associated with that level. The highest level would allow the licensee to pay one fee and be registered in perpetuity. At this time, the Texas Board of Nursing has almost 400,000 licensees that have already gone through the state and federal process and we will have to work with the Texas Department of Public Safety and the FBI in determining how to pay for the service without requiring the licensee to be re-fingerprinted. We will continue to work with the Texas Department of Public Safety to make this a seamless process for our licensees while at the same time, implementing the process in the most cost effective manner.

III. Adoption of New Nurse Licensure Compact

Texas joined the Nurse Licensure Compact (NLC) in 2000. As of 2015, 25 states have joined the NLC. Noting the slowing rate of adoption of the Compact in 2013, the Compact Administrators initiated discussions with non-compact states to identify barriers. These discussions identified concerns that uniform licensure requirements were not included in the NLC. In addition, a number of drivers of change at the national level have impacted the ongoing need for national recognition of licensure including the need for affordable healthcare; the need to improve access to care for the growing geriatric population and those in rural or underserved areas; the need to reduce medical errors and prevent chronic illness; and the availability of improved telehealth technology to make specialty and more convenient care readily available.

Formal meetings with all states over a period of a year resulted in agreement on a set of uniform licensure requirements and a recommendation to incorporate such requirements in a new NLC. The new Compact contains uniform licensure requirements under Article III (c).

In addition, other improvements to the NLC were added including strengthened enforcement and oversight of the compact and rulemaking. These provisions were designed to facilitate better administration of the Compact. Rulemaking on a state by state basis has resulted in a very lengthy adoption process, sometimes resulting in years of delay. The rulemaking

provision is similar to provisions of other modern day Interstate Compacts such as the Interstate Compact for Adult Supervision, the Interstate Compact for Juveniles, and the Interstate Compact on Educational Opportunity for Military Children.

The new Compact was adopted by the National Council of State Boards of Nursing Delegate Assembly on May 4, 2015. Eight states have adopted the new NLC in 2016 and Texas will be seeking approval in 2017.

The new compact uniform licensure requirements are not new requirements for Texas nurses, with the exception of Article III (c) (7) which would result in non-eligibility for a multistate license for an applicant or licensee who “has been convicted or found guilty, or has entered into an agreed disposition of a felony offense under applicable state or federal criminal law”. Pursuant to Texas Occupations Code section 301.4535, certain crimes require licensure revocation or denial until the fifth anniversary of completion and dismissal from community supervision or parole. Other felony crimes are currently evaluated on a case by case basis. A small number of applicants and nurses with felony convictions will not be eligible for a multistate license but may still be eligible for a single state license in Texas.

The new Compact also contains a Grandfathering provision providing that any licensee who has a current multistate license may retain that license but if the licensee changes primary state of residence after the Compact’s effective date, they must meet the Article III (c) requirements to obtain a new multistate license, and a nurse who fails to satisfy the Article III (c) requirements due to a disqualifying event that occurs after the effective date of the Compact, shall be ineligible to retain or renew a multistate license.

Should Texas fail to adopt the new NLC, the benefits of the current Compact would diminish and more than likely eventually become non-existent. Texas nurses would lose a benefit that they have had for 16 years. It would result in limited mobility of nurses coming to Texas; more costly licensure; and potentially reduce the supply of nurses. Employers would experience delays in licensure of nurses to meet immediate patient care needs.

IV. Centralized Accounting and Payroll/Personnel System (CAPPS)

The Texas Board of Nursing has been listed by the State Comptroller as an agency to implement the new Centralized Accounting and Payroll/Personnel System (CAPPS). The Texas Board of Nursing has agreed to start implementation of the Payroll/Personnel System in September, 2018.

To accomplish this, the Texas Board of Nursing Accounting staff will be required to serve as subject matter experts to the Comptroller's office and document business processes. This is scheduled to last up to eight months. We will need to have additional accounting support to maintain the day-to-day accounting and payroll activities for the Texas Board of Nursing and the Board of Podiatric Medical Examiners (TSBPME). The Texas Board of Nursing provides accounting services for the TSBPME and plans on implementing the new CAPPS Payroll/Personnel system the same time for TSBPME as we implement for the Texas Board of Nursing.

We would need this support in fiscal year 2018 to train and be ready to launch the new payroll/personnel system in May, 2018 for both agencies.

Fiscal Impact

To implement CAPPS for both the Texas Board of Nursing and TSBPME, we will need one additional accountant to work on day-to-day payroll and accounting duties while the current staff work with the Office of the Comptroller to document the current system, transfer to CAPPS and test. We will need to hire an Accountant III at \$50,000 per fiscal year to cover the salary and direct and indirect costs.

V. Health Professions Council Funding

The Texas Board of Nursing receives shared services from the Health Professions Council (HPC), specifically Imaging and Document Management System hosting, Web Administrator assistance, staff development and toll free complaint line support. The BON has entered into a formal memorandum of understanding for these services and reimburses HPC a specific appropriation each fiscal year as set in the General Appropriations Act, Article VIII, Special Provisions Relating to all Regulatory Agencies, Section 3.

Specifically, the Texas BON will transfer to HPC \$71,651 in fiscal year 2016 and \$67,070 in fiscal year 2017. Up to this time, the Texas BON has absorbed any funds appropriated to HPC within current budgets. For the next biennium, the Texas BON will request to include these amounts in our legislative appropriations request for fiscal years 2018 and 2019 for the specific purpose of reimbursing HPC.

VI. Hobby Building Support

The Texas Board of Nursing is located in Tower III, floors 2 and 4, shares a board conference room in Tower II, and has parking spaces located below the building and in a state parking garage on San Antonio Street.

The Texas Board of Nursing has made some improvements within our offices but the overall general appearance, building maintenance, sanitation and security are lacking. Infrastructure maintenance is slow at best with a new alarm system coming soon and possible replacement of our elevators to be scheduled later. Specific problems with the building are:

1. The unused water fountain in front of the building is used for unsanitary means for transient individuals.
2. The outside of the buildings are in desperate need of cleaning or needing to be power-washed.
3. The stairwells in both parking garages serve as trash receptacles and overnight camping which leaves garbage every night and especially after downtown festivals.
4. Rodents occupy space intermittently.

The Texas Board of Nursing would like to assist the Texas Facilities Commission in upkeep of the Hobby Building and feel it is necessary for physical safety of our staff and the right thing to do since we occupy space in the building. We will be requesting up to \$100,000 per fiscal year for this purpose.

VII. Nursing Education

Growth in RN-to-BSN Programs in the State

A new market for RN-to-BSN education was created after the IOM recommendation to increase the number of BSN-prepared nurses to 80% by 2020. Unfortunately, there are no standards or quality metrics to ensure that all RN-to-BSN programs will provide valuable education and advance the nurse's competencies. Also, there is limited regulatory oversight and no regulations that RN-to-BSN programs must be accredited by a national nursing organization. Even though a number of the RN-to-BSN programs may be accredited by the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE), their accreditation evaluation will likely be minimal.

Board Staff developed a document entitled "Defining Quality Indicators for Baccalaureate Degree Nursing (BSN) Education" in response to concerns from established programs about maintaining quality in RN-to-BSN programs. The document examined the gap in the competencies between the ADN graduate and the generic BSN graduate based upon the

Differentiated Essential Competencies for Graduates of Texas Nursing Programs and suggested that an RN-to-BSN program should provide an education to bridge that gap.

Inability of Nursing Programs to Secure Clinical Learning Experiences in Clinical Settings

Growth in the number of Board-approved nursing programs in the state as well as increased enrollments in established programs has increased the demand for clinical practice settings for students. Concerns related to clinical shortages for nursing programs reached the legislative level. The Board of Nursing appointed a Task Force to Study Implications of Growth in Nursing Education Programs in Texas in October 2011. The Task Force developed a guideline for nursing programs with recommendations for optimal clinical instruction. Findings and recommendations were disseminated through a faculty workshop, publication of a monograph on the BON web site, and a national presentation at a faculty summit. One recommendation to programs was to review the allocation of clinical hours among skills lab, simulation experiences, and hands-on care to optimize all types of experiences.

Encouraging Stability in Nursing Programs with Director Turnover

A review of a list of new director approvals by Board Staff indicated that there are between forty (40) and fifty (50) new program directors approved each year. The Education Consultants provide information about Board rules by forwarding an electronic version of the New Director Orientation Module and by providing a one-day orientation workshop for new directors three (3) times each year. Education Consultants also encourage directors to communicate questions and concerns to them by email or phone calls.

New Programs Considered High-Risk Due to No Experience in Nursing Education

Board rules acknowledge that a program may be high-risk if it meets one or more of the following criteria, including, but not limited to: inexperience of the governing entity in nursing education; inexperience of the program director in the administrative responsibility and expertise of leading a nursing program; high director or faculty turnover leading to instability of the program; high attrition rate among students. A monitoring plan allowing close oversight of the program may be utilized requiring quarterly reports from the program of student performance, remediation strategies used by the program, and attrition rates. Regular communications between the Education Consultants and Program Director may help alleviate current concerns and future problems. Survey visits may be conducted to provide additional information helpful to the Education Consultant when making suggestions or recommending requirements.

Shortage of Qualified Nursing Faculty and Faculty Turnover

In order to promote compliance with education rules, a Faculty Module is available online for faculty to familiarize new faculty with the rules. Programs are strongly urged to provide ongoing faculty development opportunities for faculty growth in teaching strategies and to maintain enthusiasm and energy among faculty as they update their knowledge. Board rules allow for program directors to waive faculty qualifications for a Master's Degree in Nursing for faculty who are engaged in pursuing this degree. Faculty extenders are also suggested to relieve nursing faculty of non-nursing tasks in working with students: lab coordinator, simulation coordinator, retention specialist, and tutor.

Statute Re: Excelsior College

Sec. 301.157(d) states that "A person may not be certified as a graduate of any school of nursing or educational program unless the person has completed the requirements of the prescribed course of study, including clinical practice, of a school of nursing....."

House Bill 3961 (81st Legislative Session, effective June 19, 2009) and outlined in the Nursing Practice Act Sec. 301.157(d-8) allowed Excelsior College to meet standards substantially equivalent to the board's standards based upon criteria stated. The statute further required that the program participate in a research study under Section 105.008, Health and Safety Code to determine the effectiveness of a "clinical competency assessment program" as equivalent to a "supervised clinical learning experiences program." The research study never materialized related to lack of a qualified research proposal, lack of funding, and lack of acceptance by all parties of a proposed study suggested by the National Council of State Board of Nursing. Subsections (d-8), (d-9), (d-10), and (d-11) expire December 31, 2017. The Sunset Advisory Commission shall: (1) recommend whether Subsections (d-8) and (d-9) should be extended; and (2) recommend any changes to Subsections (d-8) and (d-9) relating to the eligibility for a license of graduates of a clinical competency assessment program operated in another state.

Nursing Education Program Proposal Fees

Since 2006, there have been sixty (62) new nursing education programs approved by the Board. As of April 2016, there were ten (10) new proposals under review. Each proposal requires approximately 72 hours of review with a cost estimate of \$3100, and consultation by Board Staff to reach the stage of Board presentation for consideration of approval. The Board has expressed concern that despite the current proposal application fee set at \$2500; this fee may not adequately cover the workload necessary to review a proposal, especially for those submitted by applicants with little or no experience in nursing education whose lack of expertise is often reflected in the proposal. The Board would like to move toward creating incentive for high quality initial proposal submissions through implementing a no refund policy of the entire initial application fee and may move toward increasing the proposal fee to better match workload requirements.

VIII. 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 and the authority to implement the existing APRN compact in Texas expired.

Amendments to the APRN Compact enabling language were developed by a working group that included representatives from the Nurse Licensure Compact Administrators from across the United States.

After an extensive review and opportunity for stakeholder comment, the final amended APRN Compact enabling language was adopted by the National Council of State Boards of Nursing in May 2015. The amended compact language includes the following elements:

- Promotion of uniform licensure requirements among states
- Facilitation of the sharing of information between party states related to APRN regulation, investigation and disciplinary or adverse actions to ensure APRNs do not move from one state to another to avoid licensure sanctions
- Authorization for party states to hold APRNs accountable for compliance with the practice laws of the state in which the patient is located at the time care is rendered although no collaborative practice requirement exists
- Requirements for states to implement and conduct state and federal criminal history evaluations as a condition for initial APRN licensure and APRN licensure by endorsement
- Authorization for a state to take action against a multistate licensure privilege to practice and
- Requirements for participation in the Coordinated Licensure Information System.

The amended APRN Compact establishes an Interstate Commission of APRN Compact Administrators that is similar in the nature and function of other interstate compact authorities. The rule-making authority that would be granted to the Interstate Commission of APRN Compact Administrators is consistent with the rule-making authority and procedures that have already been granted to and utilized by other interstate commissions.

To date, in excess of 3800 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 additional 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. This would also enhance access to care for Texas citizens as well as military personnel and their family members.

At this time, it is not possible for APRNs to practice across state lines without meeting the licensure requirements in every state in which they intend to practice. Due to the wide variation in licensure requirements from one state to another, this is a cumbersome and costly process for APRNs and their employers that ultimately may result in decreased access to patient care. As a result, staff has observed that there have been increased calls for federal intervention that would create a national license for APRN practice. This includes efforts by the Veterans Health Administration to develop a standardized scope of practice for APRNs who practice within this federal health system. Similar calls have been noted that would address physician licensure and practice across state lines, prompting medical boards to develop an interstate licensure compact for physicians.

The APRN compact that was previously found in Chapter 305 of the *Texas Occupations Code* expired December 31, 2011 without implementation. As a result, Texas may not implement the APRN compact unless new language is adopted. Board staff members have continued to monitor the discussions by key stakeholders regarding the need for interstate practice for APRNs and other health care professionals. This includes the development of a medical licensure compact allowing interstate practice for physicians as well as moves by entities such as the Veterans Health Administration to standardize APRN practice within the system at the national level. Likewise, Board staff has noted the increased need for ability to practice across state lines among APRNs, including APRNs who practice in the military and their family members.

IX. 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 persons accountable for their actions. A Just Culture environment encourages individuals to report mistakes so that the causes of the errors can be understood in order to resolve systems issues. In a *Just Culture*, there is a distinction between errors that are human in nature and those that are intentional, indifferent, or reckless.

The Board has incorporated the concepts of *just Culture* into its regulation over the last several years. Pursuant to new statutory authority in 2009, the Board implemented the use of corrective actions, a non-disciplinary alternative to traditional methods of regulatory discipline, for minor violations of the Nursing Practice Act (NPA) and Board rules. The Board also successfully piloted the implementation of deferred disciplinary actions, which the Legislature made a permanent part of the NPA in 2013. The Board also began a two-year pilot program in 2013 to implement the KSTAR (Knowledge, Skills, Training, Assessment, and Research) program for nurses. Further, based upon statutory authority received in 2013, the Board began referring qualifying individuals to the Texas Peer Assistance Program for Nurses (TPAPN), an approved peer assistance program under the Health and Safety Code §467.003, through confidential Board Orders.

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 NPA and Board rules. 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. If successfully completed, a corrective action remains confidential under state law unless a subsequent violation of the NPA or Board rules occurs. In November, 2009, the Board first adopted rules that specified the types of violations that could be resolved through a corrective action and prescribed the circumstances under which an individual would be eligible to receive a corrective action.

In 2014, after the issuance of approximately 983 corrective actions, the Board reviewed its compliance rates. At that time, only eight (8) cases had been opened by the Board to investigate an individual's non-compliance with a previous corrective action or with new practice issues, making the recidivism rate of individuals receiving corrective actions extremely low, at 0.8%. Based on this trend, the Board amended its rules in July 2014 to permit lower level practice violations (those not involving a serious risk of harm to the public or patients) to be resolved through a corrective action. More serious conduct that poses a higher risk of harm to patients or the public continues to be evaluated and sanctioned pursuant to the Board's traditional disciplinary policies, procedures, and requirements. However, 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 and continues to monitor disciplinary trends that would support the expansion of corrective actions in the future.

Deferred Disciplinary Action Pilot Program (DDAPP)

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

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

During its evaluation, the Committee reviewed non-compliance data and discovered that, of the one hundred and thirty (130) deferred disciplinary orders issued from February 1, 2011, through April 30, 2012, only one non-compliance case was opened by the Board. However, the Board's investigation did not result in a non-compliance order. Thus, only 0.5% of the deferred disciplinary orders reviewed required a non-compliance investigation, while 5.2% of the Board's traditional disciplinary orders (992 orders for same time period) required a similar non-compliance investigation for the same time period (fifty two (52) non-compliance cases opened, resulting in six (6) non-compliance orders, with thirty seven (37) cases still pending at the time of the Committee's review). Further, the data revealed that deferred disciplinary orders were accepted forty one (41) days sooner than the Board's traditional disciplinary orders for the same time period, reducing the time of acceptance by 43%. The Committee determined that the pilot program appeared to be significant in reducing Staff's case resolution time for deferred disciplinary actions. The Committee also considered the results of the surveys sent to participants in the deferred pilot program, as well as extrinsic data. Following its evaluation, the Committee recommended that deferred discipline be made a permanent part of the NPA.

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

During the 83rd Legislative Session, the Texas Legislature enacted SB 1058, effective September 1, 2013, making deferred disciplinary action a permanent part of the NPA. The Board considers deferred discipline an important alternative to traditional discipline for its licensees. In July 2014, the Board amended its rules to implement deferred discipline as a permanent part of the Board's rules. Since February 1, 2011, the Board has issued approximately 412 deferred disciplinary orders and anticipates that this number will continue to grow.

The Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot Program

Early in 2013, the Board began discussions with the Texas A&M Health Science Center Rural and Community Health Institute (RCHI) to offer an alternative to traditional nursing discipline through an innovative customized training and educational program. In October 2013, the Board approved a two year pilot program to implement the KSTAR (Knowledge, Skills, Training, Assessment, and Research) program for nurses. The program was intended to evaluate the use of individualized competency assessments and targeted remediation plans for nurses with demonstrated practice deficiencies. The pilot program requires nurses who have violated the NPA or Board rules to undergo an individualized assessment and remediation process. Although an order requiring participation in KSTAR is considered public discipline, nurses are not required to comply with the standard supervisory requirements that are generally included in traditional disciplinary orders. For many nurses, this provides them with an opportunity to demonstrate their nursing competency in a shorter period of time without jeopardizing their current employment status. Forty-three (43) nurses have participated in the pilot program to date, with twenty two (22) successful completions. The Board continues to monitor the success of the individuals in the pilot program, which may prove to be a worthwhile long-term alternative to traditional discipline.

The Texas Peer Assistance Program for Nurses (TPAPN)

The Texas Peer Assistance Program for Nurses (TPAPN) is a nonprofit program administered by the Texas Nurses Foundation, a nonprofit arm of the Texas Nurses Association. The Board contracts with TPAPN to provide peer assistance services to individuals whose practice may be affected due to a substance use disorder or alcohol or drug misuse/abuse or mental illness.

TPAPN was created as an alternative to discipline. Therefore, if there are no practice errors present and an individual voluntarily participates and successfully completes TPAPN, the nurse is not considered for disciplinary action. If there is a practice error present, the Board, after receiving and investigating the complaint, may determine that it is 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. In 2013, SB 1058 granted confidential status to board orders requiring an individual to participate in an approved peer assistance program. Prior to 2013, however, these types of orders were not permitted to be confidential. Granting these types of orders confidential status provides individuals the opportunity to receive treatment and establish recovery without the public stigma sometimes associated with a disciplinary order.

Due to the early success of these alternative methods of discipline, the Board continues to explore less punitive methods of remediation and discipline. For example, the Board may consider lessening the period of time that a deferred disciplinary order is public. The Board may also consider issuing corrective actions in situations that involve more than one violation of the NPA or Board rules. The Board has also explored utilizing more lenient supervisory stipulations in agreed orders where fraudulent or deceptive conduct is not present or where mitigating evidence supports less onerous stipulations. The Board also utilizes an exception process, whereby it considers requests for modifications to agreed orders. When supported and appropriate, these requests often result in modification of the required supervisory stipulations in an agreed order, thereby enabling individuals to obtain and maintain employment easier.

X. Mental Health Issues & Traditional Discipline

Individuals holding a nursing license in Texas must be fit to practice nursing with reasonable skill and safety. Sometimes, an individual's mental health status may affect his/her behavior and fitness to practice. In such situations, it may become necessary for the Board to intervene and evaluate the situation to ensure safe and competent nursing practice. However, the Board must be able to narrowly tailor such regulation or run the risk of violating individual rights under the Americans with Disabilities Act. When mental health issues affect an individual's ability to practice nursing safely, the traditional "disciplinary authority" of the Board may be insufficient to address the needs of the nurse and those of the Board.

In 2013, SB 1058 granted confidential status to board orders requiring an individual to participate in an approved peer assistance program. Currently, the Texas Peer Assistance Program for Nurses (TPAPN) provides assistance to nurses with substance use disorders, alcohol or drug abuse or misuse, and mental health issues. Thus, individuals may now receive treatment and participate in TPAPN under a confidential Board Order. Prior to 2013, however, these types of disciplinary orders were not permitted to be confidential.

There are times when TPAPN does not serve the needs of an individual. In these situations, no confidential alternative is available for the resolution of the matter. While it may be possible for an individual to be monitored under a board order in lieu of participation in TPAPN, a traditional disciplinary board order cannot be made confidential under current statutory authority. For nurses with mental health issues, this often means that the nurse's mental health history may be disclosed in a public disciplinary order. While mental health issues must be reviewed and may be monitored by the Board to ensure ongoing safe and competent nursing practice, the Board believes that an alternative statutory mechanism may be necessary to protect nurses' mental health history from public disclosure.

There are two options to pursue remedies for this situation;

- utilizing the framework similar to section 301.466(d) of the Nursing Practice Act (NPA), the Board could be provided authority to enter into an order (not just those requiring participation in a peer assistance program) addressing an individual's mental health status that would remain confidential, unless there was a subsequent violation of the NPA or Board rules.
- amending section 301.452(b) of the NPA. Currently, section 301.452(b)(11) and (12) authorizes the Board to address an individual's mental incompetency or mental health issues through disciplinary action. Although there is an ongoing need for the Board to evaluate and monitor an individual's conduct to ensure safe nursing practice, the issuance of a disciplinary action is not necessarily the only way in which the Board could do so. Utilizing the statutory framework for a corrective action under Subchapter N of the NPA, the Board could be provided similar statutory authority to address an individual's mental incompetency and mental health issues in a non-disciplinary manner. This would provide the Board another avenue in which to monitor an individual's safe nursing practice without the requirement of public disclosure.

XI. Military Support

Over the past few years, new issues have emerged affecting veterans and military personnel seeking occupational licensure. Veterans seek credit toward licensing requirements based upon the medical training they received in their service branch; military personnel and their spouses seek expedited licensure in Texas when they must quickly transfer to the state; and military nurses seek expedited licensure when they are sent to Texas for training that includes the direct care of civilian patients. Further, potential inconsistencies among Department of Defense and state nursing regulations may affect the ability of the Board to appropriately regulate nursing practice in this state. Even with these complexities, the Board has implemented several initiatives to address these issues for veteran and military communities and will continue to do so.

In Fiscal Year 2010, the Board was contacted by representatives of the Air Force Reserves and the Navy to begin the process of deploying active duty and reserve military nurses for training in civilian facilities. However, some of these nurses did not

hold a Texas nursing license or a privilege to practice nursing in Texas based upon the Nurse Licensure Compact. If one of these nurses committed a violation of the NPA or Board rules while practicing in Texas, the Board would be without jurisdiction to investigate the incident and take appropriate disciplinary action. This issue raised concerns about the Board's ability to protect the welfare of its citizens.

A second issue resulted from an increased concentration of military operations moving to Texas. Military personnel, including servicemen's families and spouses, were relocated to Texas, often with little advanced notice. Some of these spouses were nurses holding licenses to practice nursing in other states. Upon relocating to Texas, these individuals needed to obtain licensure in Texas. The need to receive an expedited license became a concern for these individuals.

A third issue resulted from the wind down of the wars in Iraq and Afghanistan. Consequently, the DOD experienced drastic budget cuts resulting in the discharge of thousands of active duty personnel. These individuals were suddenly without employment, and in some cases, without the skills needed to transition to the civilian job market and support their families. Although some of these affected personnel had limited mission-related training as medics or corpsmen, they did not meet the requirements to hold a nursing license in Texas. This raised questions regarding the Board's ability to credit requirements for licensure based upon the individual's training received in their respective service branches.

The final issue of significance involves the employment of military nurses and civilian nurses in military hospitals. Military hospitals in Texas employ and utilize military nurses licensed in other states, as well as civilian nurses licensed in Texas. However, nursing laws related to nursing delegation and scope of practice are not uniform nationwide. As a result, the policies of the DOD and Department of Veterans Affairs may be inconsistent with Texas' regulations. Texas civilian residents receive care in these facilities, and Texas civilian nurses are subject to Texas regulations. As such, there is a potential inconsistency between the state's regulations and the regulations of the DOD in this regard.

The Board has attempted to respond to these issues through rulemaking and agency policy. First, the Board has created a licensure exception process, which verifies the individual's out of state nursing license(s) and results in a 120 day temporary license to the individual without a fee. If the nurse remains in Texas beyond 120 days, the nurse is then required to take a jurisprudence exam (available from the Board's website) and is issued a permanent Texas license.

Second, in an attempt to expedite the licensure process, the Board adopted Rules 217.6(h) and (j), which provides licensure renewal exceptions for actively deployed nurses and their spouses. Furthermore, the Board has designated one point of contact to address military issues in an expedited manner and created a web page specifically for military personnel and their spouses. The webpage addresses educational mobility, the Board's licensure process, licensure exceptions, continuing education, and provides information regarding other resources.

The Board has also attempted to develop ways to support the military's efforts to train nursing personnel in Texas. The Board met with the nursing leadership from the Army, Navy, and Air Force, as well as Texas nursing education programs, to discuss the gaps in the training received by a military medic/corpsman and the training required of nursing students in Texas. Texas nursing education programs have responded by establishing programs specifically designed to support the military population. These programs may lead to certificates or degrees in vocational or professional nursing.

Finally, the Veterans Health Administration (VHA) has contacted the Board to discuss its policy change to allow advanced practice registered nurses (APRNs) to work independently in the civilian community while caring for veterans in their homes. The VHA is proposing to allow its APRNs to work independently, even in states whose laws require physician oversight of these clinicians. APRNs include nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), certified nurse-midwives, and clinical nurse specialists. Texas law does not permit the independent practice of APRNs. As such, these discussions remain ongoing at this time.

XII. Non-Therapeutic Prescribing/Pain Clinic Activity

In recent years, much attention has been given to treatment of patients who are experiencing pain associated with a disease process or condition. Additionally, there has been a tremendous increase in the number of cases of prescription

drug diversion and abuse across the United States. In fiscal years 2014 and 2015, the Board received an influx of complaints related to non-therapeutic prescribing. The complaints involved advanced practice registered nurses (APRNs) who practice in pain clinic settings that might best be described as “pill mill” settings. In these settings, nurses are working with patients who present to the clinic complaining of chronic pain and requesting treatment. In most cases, the clinic has not been certified as a pain clinic and clinic ownership and patient care services provided in the clinic are questionable. APRNs prescribe dangerous combinations of controlled substances to patients in quantities that pose a higher risk of harm to the patients than any therapeutic benefit. Further, the APRNs fail to follow the standard of care for chronic pain treatment.

Staff has taken several steps to address the increase in non-therapeutic prescribing cases including:

- publishing articles in the agency newsletter that discuss the challenges of pain management practices and reiterate the importance of evaluating patients for potential aberrant behavior
- adopting new rules related to prescribing controlled substances and pain management practices. The new rules provide guidance to APRNs who practice in the area of pain management
- amending its existing rules in response to Senate Bill 406, which was enacted in 2013, by requiring APRNs who order or prescribe controlled substances to complete three additional contact hours of continuing education related to prescribing controlled substances.

Despite Staff’s best efforts, the increase in complaints regarding non-therapeutic prescribing has placed a significant strain on agency resources to prosecute these cases effectively. Board Staff have worked cooperatively with investigators and attorneys from other agencies, including the Texas Medical Board and the Department of Public Safety (DPS), but cases related to “pill mill” practices have proved to be challenging for the agency. In some cases, no medical records are available to support the complaint because the records have been seized by a federal entity, such as the DEA. Reliance on the prescription monitoring program records from DPS creates an additional burden for the Board to prove that an APRN engaged in non-therapeutic prescribing practices. The costs associated with these cases is further increased by the need to retain experts who can evaluate whether the standard of care has been met with regard to assessment and diagnosis of a patient’s condition and whether the treatment regimen selected is within acceptable standards. Investigating and resolving these complex cases consumes significant human and financial resources of the agency.

In 2015, the Legislature authorized additional funds to address the growing and anticipated increases in expert witness costs. However, the Board will need to continue to seek the expertise of external experts who have knowledge of the standard of care in this area, and this will significantly increase the cost of the investigation. Likewise, increases in the number and complexity of cases are likely to require additional investigators and attorneys so that cases can be investigated expeditiously and litigated as appropriate. Better cooperation from federal agencies in order to obtain photocopies of medical records and billing records that have been seized would further assist Staff in prosecuting these cases. Although Staff have met with and attempted to work with federal agencies, Staff will need to continue to explore mechanisms to develop working relationships with these agencies in order to support the prosecution of these disciplinary cases.

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

Current non-therapeutic prescribing practices, particularly “pill mills”, pose an imminent threat to public health. The Board's ability to temporarily suspend a nurse's license is currently limited to the statutory scheme set forth in the Occupations Code §301.455 and §301.4551. It may be difficult for the Board to garner and produce evidence sufficient to sustain a Board suspension under §301.455 within the very abbreviated time frame for trial prescribed in the statute. As a result, the Board may be delayed in timely seeking temporary suspension of a nurse's license under §301.455.

The Board believes that amendments to the NPA are necessary to prevent delay in prosecuting a temporary suspension when appropriate. First, the Board believes that more flexibility in the statutory deadlines would allow the Board to better address a portion of the non-therapeutic prescribing complaints it receives. Further, if the NPA provided specific criteria that would justify the temporary suspension of an APRN's license(s) and prescriptive authority in pain management settings, the Board would be able to initiate temporary suspension proceedings in a more efficient manner, and on a larger scale, to address what appears to be a growing public health issue.

In 2009, the Board was granted new temporary suspension authority under HB 3961 to address nurses who tested positive for alcohol/drugs; refused to comply with a Board Order to submit to a drug/alcohol test; or failed to satisfactorily complete a peer assistance program. HB 3961 created a statutory framework that permitted the Board to immediately suspend a nurse's license and remove the nurse from practice, provided the nurse received a hearing at the State Office of Administrative Hearings to review the suspension. Originally, the hearing was required to be scheduled within fourteen (14) days of the Board's suspension; however, in 2011, the statute was amended to permit the hearing to be held within seventeen (17) days of the Board's suspension. A similar type of statutory amendment aimed at addressing the complexities of non-therapeutic prescribing cases would enable the Board to better address the large number of complaints its receives regarding dangerous prescribing practices.

An additional statutory change that would require the Board to review and certify an APRN to practice in a pain management setting may also be necessary. The vast majority of APRNs involved in non-therapeutic prescribing lack the appropriate education and training to treat the vulnerable pain population. Requiring an APRN to submit evidence of his/her credentials to the Board for approval prior to practicing in a pain management setting could be one way to ensure that only those APRNS with appropriate credentials are able to provide care to this population. This proposed review would focus on establishing a minimal level of competency, not unlike the Board's current requirements for APRN licensure in a particular role and population focus area.

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

XIII. Legal Costs

The Board utilizes medical experts to review evidence and testify in "pill mill" and other complicated enforcement cases. During FY 2015, the Board spent \$134,474 for expert review/testimony and other legal costs. For the first six months of fiscal year 2016, we have expended \$120,794. Our current budget for legal costs is \$100,000. Of the current pending "pill mill" cases, we expect 22 to be heard within the next 12-18 months with 39 active "pill mill" cases still in the pipeline. Since the majority of "pill mill" cases are reported by DEA and law enforcement, it cannot be determined how many of these complaints the Board may receive in the foreseeable future. What can be expected, however, is that the investigation and prosecution of these cases will continue to be labor and time intensive and resource demanding. If the trends seen in the current biennium continue in the future, additional resources will be needed to investigate and litigate these complex cases. The board will need to continue to seek the expertise of external experts who have knowledge of the standard of care in this area which will significantly increase the cost of the investigating and prosecuting these cases. The BON will request an additional **\$100,000** per fiscal year to cover increased legal costs.

XIV. North Carolina Dental Board vs. Federal Trade Commission Decision

In 2014, the United States Supreme Court decided *North Carolina Dental Board v. Federal Trade Commission*. In response to complaints from dentists regarding teeth-whitening services being provided by non-dentists, the North Carolina Dental Board issued cease and desist letters to non-dentist teeth whitening service providers and distributors of teeth whitening products and equipment. The Federal Trade Commission (FTC) brought suit against the North Carolina Dental Board under

federal antitrust laws asserting that the Board's actions were anti-competitive. The legal issue for consideration was whether the Board could use the State-Action-Immunity doctrine as a shield from federal antitrust law.

To invoke state-action immunity, an agency must show that the state, as a sovereign, clearly articulated authority for the agency to engage in anti-competitive conduct and active supervision by the state as a sovereign. The United States Supreme Court found that the state didn't show active supervision of the Board's activities and found that the attempted regulation of non-dentists providing teeth whitening services in North Carolina was a violation of federal antitrust laws.

In the wake of the ruling, consumer and advocacy groups have been quick to cite the decision in support of their position that occupational licensing agencies should not be governed by market participants. However, much legal debate currently exists regarding the significance of this case. In October 2015, the Federal Trade Commission published a document summarizing the details of the ruling and detailing possible future implications for state regulators. In July 2015, the Oklahoma Governor, after consultation with the attorney general of that state, issued an executive order, recommending reform of certain current practices by Oklahoma state licensing boards. In September 2015, the California Attorney General issued an opinion summarizing the ruling and explaining its interpretation of the active state supervision requirement. The American Legislative Exchange Council, a voluntary membership of state legislators and stakeholders, published a model Occupations Board Reform Act. Articles and white papers have been written by legal scholars, consumer groups, and analysts on both sides of the issue. Although it is likely that legal debate will continue into the near future regarding the implications of this ruling, it could be argued that the case will ultimately have no bearing on agency actions undertaken pursuant to a legislatively mandated framework that provides for appellate review (e.g., rulemaking pursuant to the Texas Administrative Procedure Act). The Board will continue to monitor developments in other states and among consumer and advocacy groups, as well as any guidance that may be forthcoming from the Texas legislature, attorney general's office, or Governor's office.

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. Nursing Salary Adjustments

The Texas BON has a total of twenty-five (25) positions that require a licensed registered nurse. Of these twenty-five positions, twelve (12) are nursing investigators and thirteen (13) are nursing consultants. The turnover/retirement rate in this group was 24% from January 1, 2015 through December 31, 2015. Also during that period, we had 6 nursing positions open more than 5 months. The Board has made several salary adjustments in the past two fiscal years to attempt to remain competitive at the mid-range pay scale. In doing this, all nurses are above the middle of their pay grade. The agency was not funded at that level. In order to remain competitive, further adjustments are needed for current nursing staff and increase beginning salaries to attract a qualified pool of applicants for open nursing positions.

Implications for the 2018 and 2019 Biennium

Based on the current salaries of nursing staff (\$147,856) and requesting 10% of current salaries for each fiscal year, it is projected that the BON will need an additional \$177,427 per fiscal year to fund further past and future increases.

II. Merit Salary Increases

The BON requested and received additional funding for merit increases in fiscal years 2016 and 2017. The agency would like to continue to provide merit increases based on performance to provide incentive for high performing staff including difficult to recruit areas such as nursing and information technology.

Implication for the 2018-2019 Biennium

Based on the agency salaries for fiscal year 2016, the Board is requesting an additional 4% merit funding in fiscal year 2018 or \$281,608 and an additional \$563,216 to sustain and provide merit increases in fiscal year 2019.

III. Internal Audit Funding

The Texas Internal Audit Act requires a state agency that receives more than \$10 million or more in revenue and has more than 100 employees must comply with the Texas Government Code, Section 2102.005.

The Texas BON reached the threshold stated above in September, 2011 and entered into a contractual agreement with a qualified certified public accountant, not to exceed \$25,000. This funding was not included in our appropriations and since fiscal year 2012, has absorbed this cost. The Texas BON has absorbed many unfunded costs over the past few fiscal years which makes it difficult to fund day-to-day operations. Also, with a cap of \$25,000, the Board is limited to the number of audits that can be accomplished. The Texas Board of Nursing will be requesting up to \$50,000 to fund the current level of audits and to allow the Board to conduct additional and more in depth audits of agency financial and program areas.

Appendix B. Agency Information Technology Resource Planning

A technology initiative is defined as a current or planned activity that will improve, expand, or significantly change the way information technology (hardware, software, and services) is used to support one or more agency objectives. In the Technology Initiative Assessment and Alignment section, the Board of Nursing (BON) has identified the initiatives that will be addressed over the next five years.

1. Initiative Name: Technology Refresh - Continued replacement and upgrading of computer hardware/software in alignment with Technology Refresh plan.	
Initiative Description: The BON replaces hardware and software in compliance with the Four-Year 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.	
Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's Information Technology Detail.	
Name	Status
Desktop PC, Laptops, and Printer Lifecycle Replacement	Planned
Server and Major Network component Upgrades and Lifecycle Replacement	Planned
SANS Devices Upgrades and Lifecycle Replacement	Planned
Software Lifecycle	Planned
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • Virtualization • Data Management • Infrastructure
Anticipated Benefit(s): The BON anticipates benefits in the following areas:	
<ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements • Compliance (required by State/Federal laws or regulations) 	
Capabilities or Barriers: The barriers in implementation of this project are costs.	

2. Initiative Name: Security - Strengthen, maintain and enforce policies and infrastructure for data privacy and system security.

<p>Initiative Description: The BON has participated in the Gartner security assessment by the Texas Department of Information Resources (DIR) to evaluate BON 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 is currently starting the third year of the plan. The BON will be implementing these recommendations as outlined in the five year plan along with performing staff security awareness training.</p> <p>The BON has recognized that the landscape of IT security is changing rapidly and has been updating the 5 year plan every two years to respond to new security threats and new technologies. The BON is committed to staying on the front end of systems security through, investments, training, and application of best practice principles.</p>
<p>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.</p>
<p>Agency Objective(s): All Agency Objectives.</p>
<p>Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.</p> <ul style="list-style-type: none"> • Security and Privacy • Data Management
<p>Anticipated Benefit(s): The BON anticipates benefits in the following areas:</p> <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)
<p>Capabilities or Barriers: The barriers in implementation of this project are lack of funding, lack of IT staffing, training and overall costs associated with an ever changing IT specialty.</p>

<p>3. Initiative Name: Development of new capabilities for real time data sharing, updating and processing with other individual, State, and Federal entities.</p>
<p>Initiative Description: The BON is investigating and reviewing every data sharing path within the agency and has created a position for Integration of new systems and processes to import and export data that is meaningful with our partners in real-time, weekly, monthly and/or yearly basis. New initiatives in this area include the effort to post de-identified raw data used for statistical reporting for public use and research and the ability to allow constituents real time access to their own data and the ability to update their non-licensing base information.</p>
<p>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.</p>
<p>Agency Objective(s): Licensing, Nursing Education, Data Sharing, APRN Compact, Transparency in Regulation, Security.</p>
<p>Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.</p> <ul style="list-style-type: none"> • Security and Privacy • IT Workforce

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

Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative.

Types of benefits include:

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

Capabilities or Barriers: The barriers in implementation of this project are limitations of equipment, lack of IT staffing and reverse engineering of older established systems written in a variety of programming languages.

4. Initiative Name: Upgrade Licensing System - Expansion of existing and new licensee data, electronic file systems and shared data services.

Initiative Description: The BON’s current licensure application is 14 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. However, the data architecture is outdated and due to the functionality of newer developmental software and the integration of web interfaces and mobile technology, the BON will be partnering with National Council of State Boards of Nursing to develop a new licensure application that is cloud-based, called the Optimal Regulatory Board System (ORBS). This new system will allow information to be gathered and updated among the other compact boards of nursing in real time.

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
Optimal Regulatory Board System (ORBS)	In Progress

Agency Objective(s): All agency objectives

Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

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

Anticipated Benefits: Identify the benefits that are expected to be gained through the technology initiative.

Types of benefits include:

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

Capabilities or Barriers: The barriers in implementation of this project is getting the required infrastructure

from DIR to meet requirements of a web based system.

5. Initiative Name: Rapid information dissemination to constituents – expanding the mobile application offerings and services.

Initiative Description: The BON plans to build upon its publicly available system on the BON website and mobile applications to allow anyone to verify licenses and applications in real time and get the most current news and postings from the BON. Expanding the ability to get important information to stakeholders, completion of changes to licensee information such as address changes, or to have real time interactions with BON staff through new web services and/or portals are components of this initiative.

The BON will continue to put effort in the new Mobile market by continuing to improve the existing and new websites and applications to be both more useful and friendlier for mobile device users.

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.

Agency Objective(s): All agency objectives.

Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

- Cloud Services
- Business Continuity
- Mobility
- Network

Anticipated Benefits: Identify the benefits that are expected to be gained through the technology initiative.

Types of benefits include:

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

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

6. Initiative Name: Disaster Recovery and BON distributed service infrastructure.

Initiative Description: The BON plans to continue building on its distributed computing infrastructure at its offsite data center in preparation for catastrophic failures by continuing to upgrade and expand the functionalities of the BON Disaster Recovery Center at The University of Texas Health Science Center at San Antonio. This will allow staff to work remotely as if they were physically located at the Austin office. This ensures that in the event of a disaster, the BON will continue to be able to serve the public.

This is not limited to the technology systems info structure but also the phone systems as the BON seeks to convert over to VoIP systems that will allow staff to still be in contact with their stakeholders even if they cannot be at the office location.

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
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Remote Accessibility infrastructures	In Progress
Virtualized Desktop Systems	Planning
DR site	In Production; Planning expanded capabilities
Cloud based servers	In Production
IVR and VoIP	In Progress
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration • Virtualization • Data Management • Mobility • Network 	
<p>Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:</p> <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Security improvements • Foundation for future operational improvements 	
Capabilities or Barriers: The barrier to implementation of this project is lack of funds for additional infrastructure development.	

7. Initiative Name: BON to be Paperless operations	
Initiative Description: As industries have moved more towards paperless operations, there have been many benefits. The BON in conjunction with the adoption of ORBS has made the decision to take make the agency paperless. The goal is to be able to complete the entire business process of initial licensure, renewal, and enforcement in a virtual paperless workflow system.	
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
Document Management System	Planning
Document Management System Infrastructure	Planning
Agency Objective(s): All agency objectives.	
Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • IT Workforce • Virtualization 	

- Legacy Applications
- Business Continuity
- Enterprise Planning and Collaboration
- Data Management
- Network

Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative.

Types of benefits include:

- Operational efficiencies (time, cost, productivity)
- Security improvements
- Cost Savings and space savings with little to no printing of paper documents
- Efficiently replicated to Disaster Recovery site to insure no information lost in event of disaster
- Foundation for future operational improvements
- Integration into Licensing management system ORBS.

Capabilities or Barriers: The barriers in implementation of this project policy creation, workflow mapping, and overall infrastructural costs.

8. Initiative Name: Hyper-Convergent infrastructure; distributed networking

Initiative Description: The IT industry has been migrating to scalable, robust, and reliable systems structures. The BON, as part of the following initiatives: Licensure Management System, BON going Paperless, Disaster Recovery and BON distributed serviced infrastructure, is looking at a more reliable and scalable IT system that is as reliable as the current system but can grow with the business needs of the board.

This system will allow all users and systems to run virtually. This system allows all users to work in the office or offsite while maintaining the same level of productivity in either location with the same “in-office” experience. In the case of a disaster, the BON will continue to operate from distributed networking nodes either via the BON Disaster Recovery Site or from other hosted servers. This enables the agency to operate in a virtual environment which may be easily moved to a new physical location.

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
Hyper Convergent Infrastructure-	Planning
Hyper Convergent Infrastructure- DR- High availability failover	Planning
DIR faster link speeds and more Reliable WAN connectivity	Planning

Agency Objective(s): All agency objectives.

Statewide Technology Priorities: Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

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

- Enterprise Planning and Collaboration

Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative.

Types of benefits include:

- Operational efficiencies (time, cost, productivity)
- Security improvements
- Cost savings running more on less hardware.
- Real-time replication and failover for quick system failover and continuous Business Continuity.
- Virtual Systems allows for cheaper end user and server hardware.
- Virtual Desktops allow for remote users to have the same level of security and the same experience as if they were in the office.
- Allows expedient growth without changing the underlying system designs at a predictable linear cost.
- Foundation for future operational improvements

Capabilities or Barriers: The barriers in implementation of this project are increased infrastructural costs.