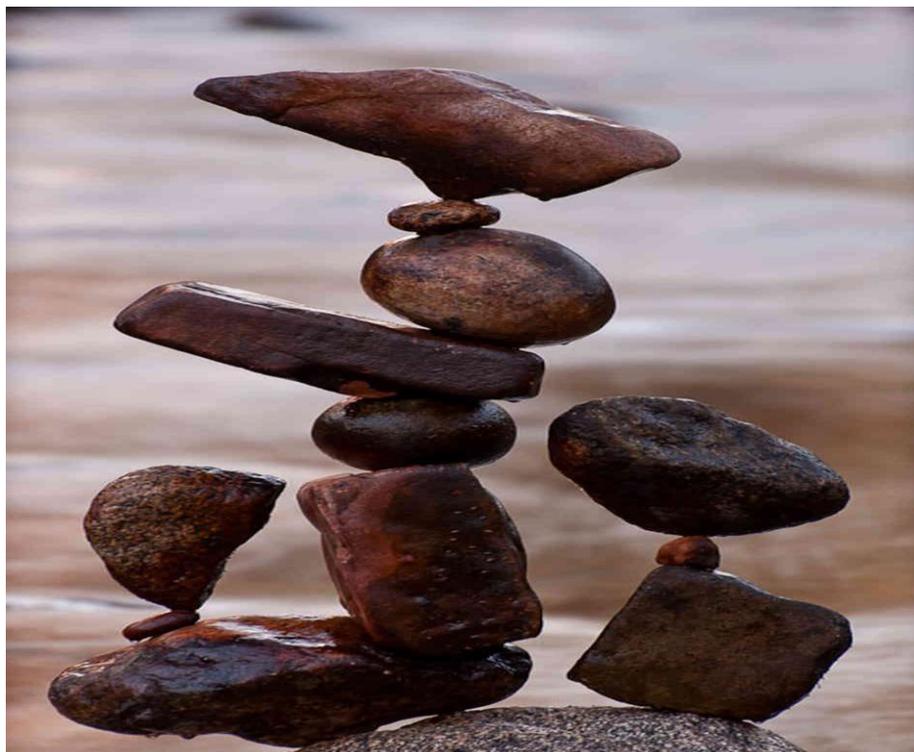


## FY 2014 STRATEGIC PLAN



IDAHO BOARD OF NURSING

July 2013 - June 2017

# Idaho Board of Nursing

## STRATEGIC PLAN

**FY 2014**

**For the period of July 1, 2013 to June 30, 2017**

**Submitted:**

**July 3, 2013**

**Signed:**



*Sandra Evans, MAEd, RN, Executive Director*



**Approved:** \_\_\_\_\_  
*Susan Odom, PhD, RN, Chairman*

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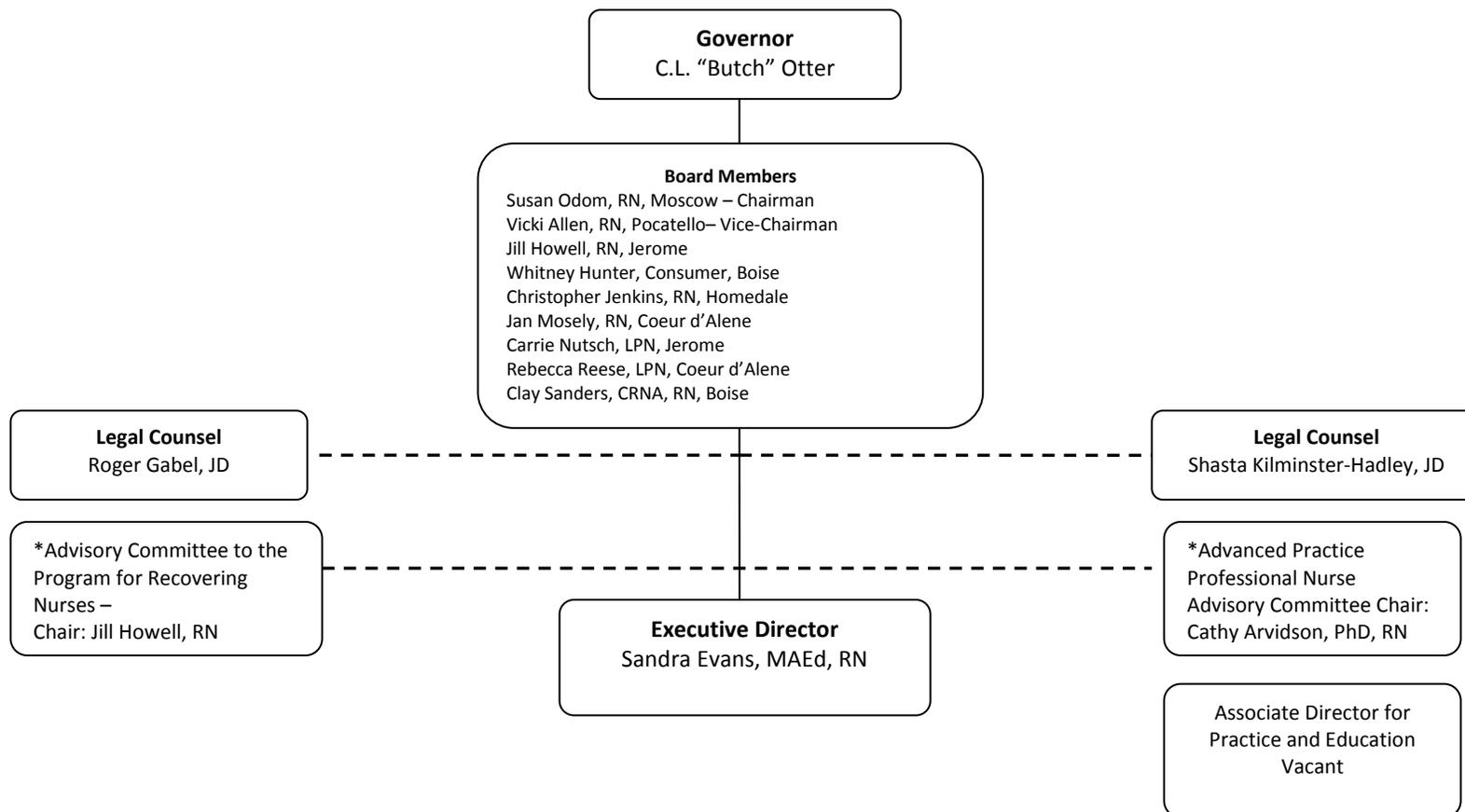
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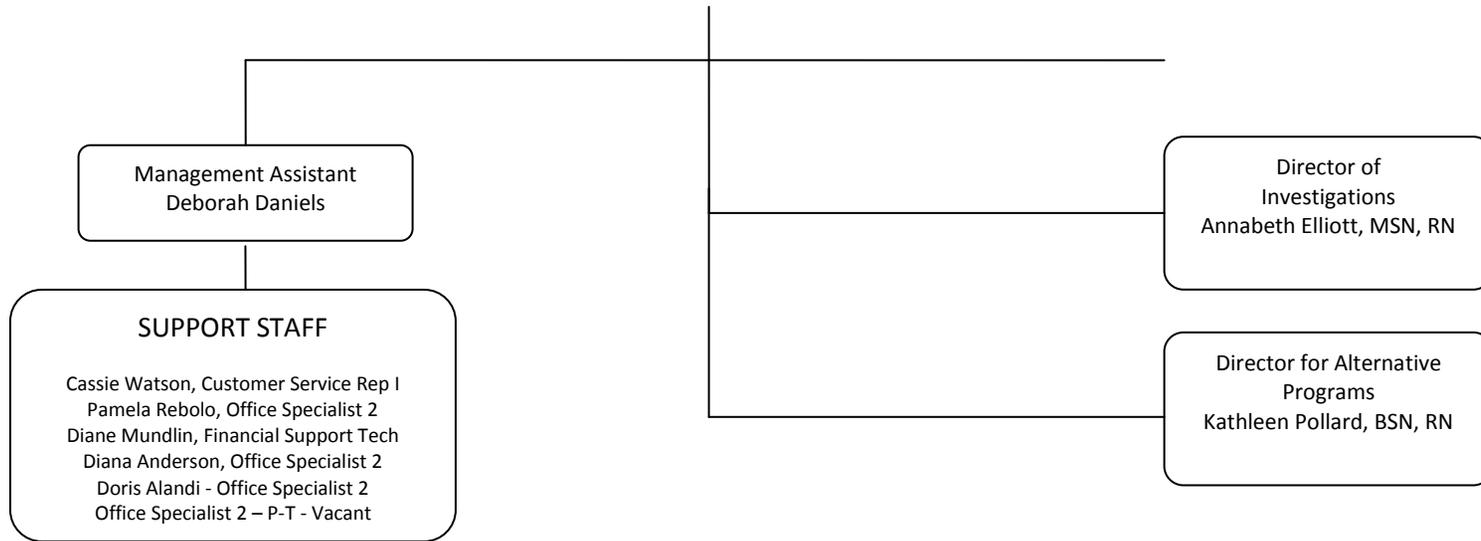
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**ORGANIZATIONAL CHART  
BOARD OF NURSING**





\*Appointed by Board  
2013

## MISSION STATEMENT

The Mission of the Idaho Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety, and welfare.



## Idaho Board of Nursing Vision Statement

### *Advancing trust in Idaho's nursing workforce through regulatory excellence*

Looking to the future, the Idaho Board of Nursing is a recognized leader in regulating nursing licensure, education, and practice and a model of regulatory excellence within Idaho, nationally, and internationally.

- ◆ The Board is a trusted, authoritative voice which safeguards the public while honoring the profession of nursing.
- ◆ The Board proactively addresses or resolves issues that impact nursing practice and nursing education.
- ◆ The Board engages in strategic thinking to synthesize various and competing influences, thereby determining priority initiatives.
- ◆ The Board applies best practices in regulation and challenges existing practices to ensure public safety and advance public trust.

Regulatory excellence is determined within the context of space and time, and is influenced by inputs such as new knowledge, evolving science and technology, and dynamic partnerships.

- ◆ The Board is vigilant in maintaining and strengthening public safeguards while eliminating or preventing unnecessary barriers to practice.
- ◆ The Board is open to regulatory change which is supported by new knowledge, evolving science, or technology.
- ◆ The Board influences health care policy strengthened by relevant data and research.
- ◆ The Board considers system design, levels of risk, and levels of shared accountability in its deliberations, decisions and actions.
- ◆ Board policies, initiatives, and decisions are:
  - sensitive to public need;
  - relevant and responsive to evolving health care delivery systems and changing needs of recipients of nursing practice while promoting professional accountability; and
  - collaborative in nature, considered with and by diverse and/or interdisciplinary representation.

The Board is known as a bridge for accountability between nursing and the public. Public trust is advanced by:

- ◆ consistent and transparent application of published standards and defined processes
- ◆ respected, lawful guidance
- ◆ unrestricted access to the Board

- ◆ public understanding of the Board's purpose and public protections and fiscal responsibility at all levels of Board operation.

## VALUES

The Board of Nursing has endorsed the following values for application within all Board activities and decisions, including those delegated to staff, appointed bodies, and contractors.

### **Values**

### **Value Definitions**

#### **Accountability**

*Acknowledging and assuming responsibility for actions, decisions, and policies*

#### **Collaboration**

*Working with others and utilizing their diverse expertise to reach solutions.*

#### **Integrity**

*Being honorable, forthright, and acting with conviction based upon a firm intention to seek the impartial truth and act justly*

#### **Leadership**

*Using knowledge and experience to influence the perceptions, understanding, and behaviors of others*

#### **Respect**

*Acting with courtesy, attentiveness, and understanding in all encounters.*

## KEY EXTERNAL FACTORS THAT MAY IMPACT GOAL ACCOMPLISHMENT

Shifting economic, political, social, and professional climates which are beyond the Board's control, may impact Board accomplishment of long-range goals and objectives. Unanticipated events, both positive and negative, may alter outcomes and projected timelines reflected in the Board's strategic plan. Unsettled economic forces, the cultural shift to healthier lifestyles, citizen demands for governmental accountability and transparency, the aging 'baby boom' population and changes resulting from healthcare reform will impact nursing regulation and the role of the Board of Nursing. In addition, the rapid shift from nursing care delivered at the bedside to care delivered both physically and electronically across not only state borders, but also internationally, will require the Board to be continually responsive to the protection of a "greater" public.

### Sociologic/Demographic

Idaho's population demographics impact the work of the Board of Nursing. As the population changes, standards for nursing education programs will be reconsidered, nursing practice will be redefined, new settings where nursing is practiced will be identified and the way information is shared with constituents will be restructured. Consumer demand for access to home-based care, client-directed care, and care delivered electronically will impact how nurses are educated and how/where they are licensed. Social issues that may impact the health of Idahoans, such as substance use, the natural effects of aging, and work-related stress, among others, will likewise affect the performance and behavior of nurses. Many of these same factors will impact the number and complexity of investigations into the practice and behavior of nurses alleged to have violated provisions of the law and may result in special licensure considerations for these nurses to assure public protection.

### Economic

State and national economic fluctuations impact the nursing workforce, often with dramatic and unpredictable up and downswings. Board operations are planned with attention to agency workload and revenue projections, both of which change in direct response to shifts in nursing workforce demand and supply, or, in other words, the number of licensure applications processed, and licenses issued and maintained by the Board. As the economy changes, nurses tend to exit from and reenter practice and the number of international nurses seeking licensure in Idaho changes, affecting the numbers of licensees in the state. State and national economic fluctuations impact healthcare economics, which directly affects nursing workforce numbers.

### Technological

Board operations have changed significantly over the past ten years, in part as a result of the acquisition and application of increasingly more sophisticated electronic systems and processes. Complex interface requirements, anticipated and unanticipated obsolescence and threats to the security and integrity of these systems requires the timely replacement and upgrade of existing electronic systems. The need for healthcare workforce data, including the analysis and comparisons of that data, requires data management systems on both state and national levels. In addition, emergency preparedness and planned disaster recovery strategies present significant operational challenges.

Political

As a self-governing agency of state government, the Board is directly impacted by the state's political climate and resulting administrative and legislative decisions and directives. Appropriated spending authority, legislative action on proposed rule changes as well as political hurdles encountered during the enactment of statutory revisions all affect Board accomplishment of strategic goals and benchmarks. Public demand for 'less government' as well as the Board's commitment to identify and alleviate unnecessary regulatory barriers may require legislation or at least support from the Legislature. While involvement of constituents in political processes as well as the education of policy makers is often key to the success of Board initiatives, these strategies may delay projected goal accomplishment and timeframes. In addition, political pressure to act or respond to special interests and partisan issues may interrupt or divert Board-established goals and priorities.

Environmental

Efforts to conserve natural resources and protect and nurture the environment affect the way the Board accomplishes its objectives, from paperless correspondence and records, to virtual meetings, to telecommute policies for staff. Support systems, policies, and logistics for environmentally-friendly processes and transactions will affect Board functions and strategies.

## STRATEGIC GOALS OF THE BOARD OF NURSING

- ✧ **LICENSURE/CERTIFICATION GOAL:** License/Certify Qualified Persons for Practice
- ✧ **PRACTICE GOAL:** Determine, Communicate, and Enforce Standards of Conduct and Scope and Standards of Practice
- ✧ **DISCIPLINE GOAL:** Receive and Investigate Alleged Violations of the Act/Rule and Initiate Disciplinary Actions and Alternatives to Discipline
- ✧ **EDUCATION GOAL:** Determine, Communicate, and Enforce Standards for Educational Programs Preparing Individuals for Practice at all Levels
- ✧ **GOVERNANCE GOAL:** Cultivate Governance Framework and Culture that Sustains Board Relevance and Supports Accomplishment of Vision, Mission, and Goals
- ✧ **COMMUNICATION GOAL:** Foster Communication between the Board, its Colleagues, Internal and External Stakeholders and the Public
- ✧ **ORGANIZATIONAL GOAL:** Support Organizational Infrastructure Necessary to Accomplish the Vision, Mission, and Goals

# **LICENSURE/CERTIFICATION GOAL:**

**License/Certify  
Qualified Persons  
for Practice**

**Licensure/Certification Goal: License/Certify Qualified Persons for Practice****To accomplish the Licensure/Certification Goal:**

<i>Objectives</i>	<i>Performance Measure</i>
L.1. Licensure/Certification is grounded by application of the Board's Core Beliefs	<ul style="list-style-type: none"> <li>▪ Board affirms licensure/certification processes and decisions are consistent with Board beliefs</li> </ul>
L.2. Licensed Nurses Provide Evidence of On-Going Competence/Commitment to Lifelong Learning	<ul style="list-style-type: none"> <li>▪ Criteria for demonstrated continued competence/commitment to lifelong learning are developed, adopted and implemented as a requirement for licensure by endorsement, reinstatement and renewal</li> </ul>
L.3 APRN Regulation is Consistent with Adopted National Standards	<ul style="list-style-type: none"> <li>▪ Key concepts of the APRN Consensus Model provide the framework for statute and rules governing APRN regulation in Idaho</li> </ul>
L.4. Mutual Recognition of Licensure is Idaho's Regulatory Model	<ul style="list-style-type: none"> <li>▪ Participation in the LPN/RN Nurse Licensure Compact</li> <li>▪ Application of provisions of the NLC, including statute, rules and policies</li> <li>▪ Progress toward adoption/implementation of APRN Compact</li> </ul>
L.5. Certified Medication Assistants are Regulated	<ul style="list-style-type: none"> <li>▪ Implementation of medication assistant credentialing processes</li> </ul>
L.6. Constituents Indicate Satisfaction with Licensure/Certification Processes	<ul style="list-style-type: none"> <li>▪ Meet or exceed the satisfaction rating for licensure/certification-related processes as defined through NCSBN CORE® research</li> </ul>
L.7. Applicants Who Meet Adopted Standards are Licensed/Certified by: <ul style="list-style-type: none"> <li>▪ Examination</li> <li>▪ Endorsement</li> <li>▪ Reinstatement</li> <li>▪ Renewal</li> </ul>	<ul style="list-style-type: none"> <li>▪ NCSBN 2011 Uniform Licensure Requirements (ULR) are adopted</li> <li>▪ Licensure/certification of applicants who meet established criteria</li> <li>▪ Licenses granted to nurse applicants who meet equivalence criteria</li> <li>▪ Licensing decisions for applicants with criminal background history are based on established guidelines</li> <li>▪ Licenses/certificates subject to special restrictions, terms and conditions allow for continued practice under strictly defined parameters</li> </ul>
L.8. Licensure/Certification Standards are Responsive to Changes in the Healthcare and Regulatory Environments	<ul style="list-style-type: none"> <li>▪ Issues and trends in the healthcare environment impacting licensure/certification are identified and addressed by the Board</li> <li>▪ Licensure/certification standards are reviewed and revised to protect against unnecessary barriers to credentialing and practice</li> </ul>
L.9. Statute, Rules and Policies Provide Direction on Licensure to	<ul style="list-style-type: none"> <li>▪ NCSBN CORE® research data demonstrates constituent use of Board</li> </ul>

Licensees/MA-Cs, Employers and Others	resources to guide licensure
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**GOAL: LICENSE/CERTIFY QUALIFIED PERSONS FOR PRACTICE**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>L.1. Licensure/Certification is Grounded by Application of the Board's Core Beliefs</i>	- Board affirms licensure/certification processes and decisions are consistent with Board beliefs	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ Annual BON self-assessment determines congruence with beliefs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY2017</li> <li>▪ Annual</li> </ul>
<i>L.2. Licensed Nurses Provide Evidence of Ongoing Professional Development</i>	- Criteria for demonstrated professional development are implemented as a requirement for licensure by endorsement, reinstatement, and renewal	<ul style="list-style-type: none"> <li>▪ Implementation plan developed</li> <li>▪ Statute/rule changes identified/initiated</li> <li>▪ Statute/rule changes implemented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Board</li> <li>▪ Board &amp; Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY2014</li> <li>▪ FY2014</li> <li>▪ FY2015</li> </ul>
<i>L.3. APRN Regulation is Consistent with Adopted National Standards</i>	- Key concepts of the APRN Consensus Model provide the framework for statute and rules governing APRN Regulation in Idaho	<ul style="list-style-type: none"> <li>▪ Revisions to NPA necessary to implement APRN Consensus Model implemented</li> <li>▪ Revisions to APRN rules necessary to implement Consensus Model implemented</li> <li>▪ APRN certifying organizations approved based on revised criteria</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY2014</li> <li>▪ FY2013</li> <li>▪ FY2014</li> </ul>

<p><i>L.4. Mutual Recognition of Licensure is Idaho's Regulatory Model</i></p>	<ul style="list-style-type: none"> <li>- Participation in the LPN/RN Nurse Licensure Compact (NLC)</li> <li>- Application of provisions of the NLC, including statute, rules and policies</li> <li>- Progress toward adoption/implementation of APRN Licensure Compact (APRNLC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participate in NLCA</li> <li>▪ Collaborate with other NLC/APRNLC states</li> <li>▪ Assist states adopting NLC</li> <li>▪ Amend IDAPA 23.01.01.077.03.e</li> <li>▪ Explore APRNLC adoption</li> <li>▪ Identify necessary revisions to NPA &amp; rules for APRNLC adoption</li> <li>▪ Annually complete NLC compliance self-assessment</li> <li>▪ Adopt APRN Compact</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff</li> <li>▪ Board</li> <li>▪ APRNAC, Board</li> <li>▪ APRNAC, Staff, Board</li> <li>▪ Staff</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2014</li> <li>▪ FY2014</li> <li>▪ FY2015</li> <li>▪ Ongoing</li> <li>▪ FY2016</li> </ul>
<p style="text-align: center;"><b>Objective</b></p>	<p style="text-align: center;"><b>Performance Measure</b></p>	<p style="text-align: center;"><b>Benchmarks</b></p>	<p style="text-align: center;"><b>Responsibility Assigned</b></p>	<p style="text-align: center;"><b>Timeframe</b></p>
<p><i>L.5. Certified Medication Assistants are Regulated</i></p>	<ul style="list-style-type: none"> <li>- Implementation of medication assistant credentialing processes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adopt MA-C exam</li> <li>▪ Process MA-C applications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY2013</li> <li>▪ Ongoing</li> </ul>
<p><i>L.6. Constituents Indicate Satisfaction with Licensure/Certification Processes</i></p>	<ul style="list-style-type: none"> <li>-Meet or exceed satisfaction rating for licensure/certification-related processes as defined through NCSBN CORE® research</li> </ul>	<ul style="list-style-type: none"> <li>▪ Current processes are analyzed for efficiency</li> <li>▪ Electronic applications are available for all licensure</li> <li>▪ Digital fingerprinting is implemented</li> <li>▪ Licenses/certificates are paperless</li> <li>▪ Constituent licensure application process satisfaction survey is initiated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ FY2015</li> <li>▪ FY2015</li> <li>▪ FY2015</li> <li>▪ FY2015</li> </ul>
<p><i>L.7. Applicants who Meet Established Standards are Licensed/Certified by:</i></p> <ul style="list-style-type: none"> <li>▪ Examination</li> <li>▪ Endorsement</li> <li>▪ Reinstatement</li> <li>▪ Renewal</li> </ul>	<ul style="list-style-type: none"> <li>- NCSBN 2011 Uniform Licensure Requirements(ULR) are adopted</li> <li>- Licensure/certification of applicants who meet established criteria</li> </ul>	<ul style="list-style-type: none"> <li>▪ Statute/rule revisions identified/initiated for ULR implementation</li> <li>▪ Refine credentialing processes for efficiency/effectiveness</li> <li>▪ Monitor for compliance with conditions/restrictions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2013-15</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>

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	<ul style="list-style-type: none"> <li>- Licenses granted to nurse applicants who meet equivalence criteria</li> <li>- Licensure decisions for applicants with criminal background history are based on established guidelines</li> <li>- Licenses/certificates subject to special restrictions, terms, conditions allow for continued practice under defined parameters</li> </ul>	<ul style="list-style-type: none"> <li>▪ Licensure decisions regarding criminal history are based on established guidelines and accepted standards</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> </ul>
Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>L.8. Licensure/Certification Standards are Responsive to Changes in the Healthcare and Regulatory Environments</i>	<ul style="list-style-type: none"> <li>- Issues and trends in the healthcare environment impacting licensure/certification are identified and addressed by the Board</li> <li>- Licensure/certification standards are reviewed/ revised to protect against unnecessary barriers to credentialing and practice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Licensure issues/trends are considered by BON               <ul style="list-style-type: none"> <li>— Veterans issues</li> </ul> </li> <li>▪ Statute and rules related to nurse licensure are regularly reviewed and revised as necessary for compatibility with changes in the healthcare and regulatory environments</li> <li>▪ Environmental scan informs BON of emerging trends</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ FY2014</li> <li>▪ FY2016</li> <li>▪ Ongoing</li> </ul>
<i>L.9. Statute, Rules, and Policies Provide Direction on Licensure to Licensees/MA-Cs, Employers and Others</i>	<ul style="list-style-type: none"> <li>-NCSBN CORE<sup>®</sup> research data demonstrates constituent use of Board resources to guide licensure</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resources are made available/updated</li> <li>▪ Criteria &amp; processes communicated to constituents using a variety of media/mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff &amp; Board</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>

		▪ Adopted/approved documents are made available	▪ Staff	▪ Ongoing
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**PRACTICE GOAL:**  
**Determine,**  
**Communicate, and Enforce Standards**  
**of Conduct**  
**and**  
**Scope and Standards**  
**of**  
**Practice**

**Practice Goal: Determine, Communicate and Enforce Standards of Conduct and Scope and Standards of Practice**

**To accomplish the Practice Goal:**

<i>Objectives</i>	<i>Performance Measure</i>
P.1. Regulation of Nursing Practice is Grounded by Application of the Board's Core Beliefs	<ul style="list-style-type: none"> <li>▪ Board affirms decisions related to practice issues are consistent with Board beliefs</li> </ul>
P.2. Statute, Rules, and Policies Guide Practice and Conduct and Inform Licensees, including MA-C, Employers, Educators and Others	<ul style="list-style-type: none"> <li>▪ NCSBN CORE® research data demonstrates constituent use of Board resources to determine practice decisions</li> <li>▪ Scope of practice is defined and clarified through application of IDAPA 23.01.01.400</li> <li>▪ Decision-making model on scope of practice is readily accessible to the public</li> </ul>
P.3. Conduct and Practice Standards are Responsive to the needs of Healthcare Recipients, Evolving Healthcare Systems, and Changes in the Regulatory Environments	<ul style="list-style-type: none"> <li>▪ Issues and trends in the healthcare environment impacting practice and conduct decisions are addressed by the Board</li> </ul>

**GOAL: DETERMINE, COMMUNICATE, AND ENFORCE STANDARDS OF CONDUCT  
AND SCOPE AND STANDARDS OF PRACTICE**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>P.1. Regulation of Nursing Practice is Grounded by Application of the Board's Core Beliefs</i>	- Board affirms decisions related to practice issues are consistent with Board beliefs	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ BON statement on pain mgmt is reviewed every 4 years and revised as needed</li> <li>▪ Annual Board self-assessment determines congruence with beliefs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2015</li> <li>▪ FY2016</li> <li>▪ Ongoing</li> </ul>
<i>P.2. Statute, Rules and Policies Guide Practice and Conduct and Inform Licensees, including MA-Cs, Employers, Educators and Others</i>	<ul style="list-style-type: none"> <li>- NCSBN CORE® research data demonstrates constituent use of Board resources to determine practice decisions</li> <li>- Scope of practice is defined and clarified through application of IDAPA 23.01.01.400</li> <li>- Decision-making model on scope of practice is readily accessible to the public</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resources are available/updated</li> <li>▪ Standards are communicated to constituents through a variety of media/mechanisms</li> <li>▪ Adopted/approved documents, statements are disseminated</li> <li>▪ Decision-making model on SOP is communicated to constituents through a variety of media/mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff &amp; Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>
<i>P.3. Conduct and Practice Standards are Responsive to Changes in the Needs of Healthcare Systems and Changes in Regulatory Environments</i>	- Issues and trends in the healthcare environment impacting practice and conduct decisions are addressed by the Board	<ul style="list-style-type: none"> <li>▪ Practice issues/trends are considered by the BON               <ul style="list-style-type: none"> <li>- Consumer-directed care</li> <li>- Delegation</li> </ul> </li> <li>▪ Statute and rules related to nursing practice and conduct are reviewed and revised as necessary for compatibility with changes in the healthcare and regulatory environments to identify unnecessary regulatory barriers</li> <li>▪ Environmental scan informs BON of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ FY 2015</li> <li>▪ Ongoing</li> </ul>

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Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>P.1. Regulation of Nursing Practice is Grounded by Application of the Board's Core Beliefs</i>	- Board affirms decisions related to practice issues are consistent with Board beliefs	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ BON statement on pain mgmt is reviewed every 4 years and revised as needed</li> <li>▪ Annual Board self-assessment determines congruence with beliefs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2015</li> <li>▪ FY2016</li> <li>▪ Ongoing</li> </ul>
		emerging trends		

# DISCIPLINE GOAL:

Receive and Investigate  
Alleged Violations of the Act/Rules  
and  
Initiate Disciplinary Actions  
and Alternatives to Discipline

**Discipline Goal: Receive and Investigate Alleged Violations of the Act/Rule and Initiate Disciplinary Actions and Alternatives to Discipline**

**To accomplish the Discipline Goal:**

<i>Objectives</i>	<i>Performance Measure</i>
D.1. Management of Complaints is Grounded by Application of the Board’s Core Beliefs	<ul style="list-style-type: none"> <li>▪ Board affirms discipline and alternative to discipline processes and decisions are consistent with Board beliefs</li> </ul>
D.2. Complaints Alleging Violations are Managed Promptly, Fairly and Consistently to Assure Public Protection	<ul style="list-style-type: none"> <li>▪ Meet or exceed the satisfaction rating for discipline-related processes as defined through CORE® research data</li> <li>▪ Timeframes for complaint resolution are consistent with CORE® aggregate data</li> <li>▪ BON discipline actions are upheld on appeal</li> <li>▪ Significant investigative information is reported to regulatory boards and law enforcement</li> <li>▪ Disciplinary action is reported to key entities and is accessible to the public as required and permitted by law</li> <li>▪ Primary source documents are publicly accessible through Nursys® and the Board website</li> <li>▪ Nursys® ENotify® informs employers of disciplinary action</li> </ul>
D.3. Root Cause of Practice Breakdown is Identified and Analyzed	<ul style="list-style-type: none"> <li>▪ TERCAP® model is the framework for investigations</li> <li>▪ Trends in root cause of practice errors direct Board decisions</li> </ul>
D.4. Substantiated Practice Violations are Addressed Within the Continuum of Formal Discipline to Informal Remediation and Alternatives to Discipline	<ul style="list-style-type: none"> <li>▪ Suspension and revocation are imposed when there is evidence of real or potential risk to public safety</li> <li>▪ Remedial measures are considered when appropriate and where public protection is not compromised</li> <li>▪ The PRN is maintained as an alternative to discipline for nurses diagnosed with substance use and mental health disorders</li> <li>▪ PRP is implemented as an alternative to discipline for practice breakdown</li> </ul>
D.5. Complaint and Discipline-Related Processes are Responsive to Changes in the Healthcare and Regulatory Environments	<ul style="list-style-type: none"> <li>▪ Issues and trends in the healthcare environment impacting how reports of violations are managed are addressed by the Board</li> </ul>

<i>Objectives</i>	<i>Performance Measure</i>
D.6. Discipline and Alternatives to Discipline are Appropriate for Public Protection	<ul style="list-style-type: none"> <li>▪ Discipline decisions are consistent with established guidelines, policies and evidence-based standards</li> <li>▪ Alternative program for practice remediation enables licensees to address practice-related issues when public protection is not an issue</li> <li>▪ Discipline processes and alternative to discipline programs are measured for quality and effectiveness for congruence with Mission and accepted standards using internal and external standards</li> </ul>

**GOAL: RECEIVE AND INVESTIGATE ALLEGED VIOLATIONS OF THE ACT/RULE AND INITIATE DISCIPLINARY ACTIONS AND ALTERNATIVES TO DISCIPLINE**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>D.1. Management of Complaints is Grounded by Application of the Board's Core Beliefs</i>	- Board affirms discipline and alternative to discipline processes and decisions are consistent with Board beliefs	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ Annual Board self-assessment determines congruence with beliefs</li> <li>▪ Analysis of cases re: application of Board beliefs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> <li>▪ Board &amp; Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2016</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>
<i>D.2. Complaints Alleging Violations are Managed Promptly, Fairly and Consistently to Assure Public Protection</i>	<ul style="list-style-type: none"> <li>- Meet or exceed the satisfaction rating for discipline-related processes as defined through CORE® research data</li> <li>- Timeframes for complaint resolution are consistent with CORE® aggregate data</li> <li>- BON discipline actions are upheld on appeal</li> <li>- Significant investigative information is reported to regulatory boards and law enforcement</li> <li>- Disciplinary action is reported to key entities and is accessible to the public as required and permitted by law</li> <li>- Primary source documents are publicly accessible through Nursys® and the BON website</li> <li>- Nursys® ENotify® informs employers of disciplinary action</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resolve disciplinary cases within 180 days of receipt of complaint</li> <li>▪ Identify &amp; analyze cases that exceed 180 days to resolution</li> <li>▪ Identify, analyze and report cost and time to case resolution</li> <li>▪ Implement strategies to inform public about complaint processes &amp; duty to report</li> <li>▪ Analyze current disciplinary P&amp;P for relevance, efficiency</li> <li>▪ Report formal discipline to NURSYS® and databanks within 10 days</li> <li>▪ Launch ENotify® marketing campaign to Idaho employers</li> <li>▪ Apply NCSBN discipline algorithm to inform decisions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Board &amp; Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Annual</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2014</li> <li>▪ FY2014</li> </ul>

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>D.3. Root Cause of Practice Breakdown is Identified and Analyzed</i>	<ul style="list-style-type: none"> <li>- TERCAP® model is the framework for investigations</li> <li>-Trends in root cause of practice errors direct Board decisions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Active participation in TERCAP®</li> <li>▪ Identify clinical partners to implement TERCAP®</li> <li>▪ Use TERCAP® findings to assess and modify regulatory processes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff/Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>
<i>D.4. Substantiated Practice Violations are Addressed Within the Continuum of Formal Discipline to Informal Remediation and Alternatives to Discipline</i>	<ul style="list-style-type: none"> <li>- Suspension and revocation are imposed when there is evidence of real or potential risk to public safety</li> <li>- Remedial measures are considered when appropriate and where public protection is not compromised</li> <li>- The PRN is maintained as an alternative to discipline for nurses diagnosed with substance use and mental health disorders</li> <li>-PRP is implemented as an alternative to discipline for practice breakdown</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complaints are prioritized upon receipt and managed consistent with priority ranking</li> <li>▪ Case management is consistent with Board policies from receipt to resolution</li> <li>▪ Decisions regarding resolution of cases are reported to BON</li> <li>▪ PRP is initiated as an alternative to discipline</li> <li>▪ Processes for program assessment and oversight are established for alternative programs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Board &amp;Staff</li> <li>▪ Board &amp;Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Quarterly</li> <li>▪ FY2013-15</li> <li>▪ FY2014</li> </ul>

Orientation Objective Item 7	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>D.5. Complaint and Discipline-Related Activities are Responsive to Changes in the Regulatory Environments</i>	- Issues and trends in the regulatory environment impacting how reports of violations are managed are addressed by the Board	<ul style="list-style-type: none"> <li>▪ Alternative to discipline for substandard practice implemented</li> <li>▪ NCSBN Uniform Guidelines for substance use/mental disorders programs are implemented</li> <li>▪ Decisions regarding criminal background are based on established guidelines &amp; accepted standards</li> <li>▪ Comparison of Idaho Act/rules to NCSBN Model Act/Rules</li> <li>▪ ‘Just Culture’ concepts, root cause analysis implications incorporated into case outcome decisions</li> <li>▪ Environmental scan informs BON of emerging trends</li> <li>▪ BON development on discipline-related activities</li> <li>▪ Processes for discipline are developed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ PRNAC/ Board/Staff</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff/Board</li> <li>▪ Staff/Board</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY2014</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2014</li> <li>▪ Ongoing</li> <li>▪ FY2013-14</li> <li>▪ Ongoing</li> <li>▪ FY2013-14</li> </ul>
<i>D.6. Discipline and Alternatives to Discipline are Appropriate for Public Protection</i>	<p>-Discipline decisions are consistent with established guidelines, policies and evidence-based standards</p> <p>-Alternative program for practice remediation enables licensees to address practice-related issues when public protection is not at issue</p> <p>-Discipline processes and alternative to discipline programs are measured for quality and effectiveness for congruence with Mission and accepted standards using internal and external standards</p>	<ul style="list-style-type: none"> <li>▪ PRN and PRP internal audits completed</li> <li>▪ Board addresses findings and recommendations resulting from program audits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff &amp; PRNAC</li> <li>▪ Board &amp; PRNAC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual</li> <li>▪ FY2014</li> </ul>

# EDUCATION GOAL:

Determine,  
Communicate and Enforce Standards  
for  
Educational Programs Preparing  
Individuals for Practice  
at all Levels

**Education Goal: Determine, Communicate and Enforce Standards for Educational Programs Preparing Individuals for Practice at All Levels**

**To accomplish the Education Goal:**

<i>Objectives</i>	<i>Performance Measure</i>
E.1. Education Regulation is Grounded by Application of the Board’s Core Beliefs	<ul style="list-style-type: none"> <li>▪ Board affirms education processes and decisions are consistent with Board beliefs</li> </ul>
E.2. Education Programs Prepare Graduates to Competently Practice: <ul style="list-style-type: none"> <li>– At the Entry Level on Completion of Basic Education</li> <li>– On Re-Entry Following Absence from Practice</li> <li>– At the Time of Transition to New Practice Arenas/Specialties</li> </ul>	<ul style="list-style-type: none"> <li>▪ Approved nursing programs demonstrate &gt;80% annual pass rate for first-time candidates on the licensure examination</li> <li>▪ CORE® research indicates constituent satisfaction with educational preparation of nurses</li> <li>▪ Transition issues for new graduates, nurses returning to practice and nurses entering new practice are addressed</li> <li>▪ Approved APRN programs meet national licensure and certification requirements</li> <li>▪ Graduates of approved MA-C programs demonstrate entry-level competence</li> </ul>
E.3. Education Programs Conform to Board-Defined Standards and Criteria	<ul style="list-style-type: none"> <li>▪ Board decisions related to approval of education programs are based on criteria defined in BON rules</li> <li>▪ Board sanctions are invoked in cases of program non-compliance with established criteria</li> </ul>
E.4. Education Standards are Responsive to Changes in the Healthcare, Academic, and Regulatory Environments	<ul style="list-style-type: none"> <li>▪ Issues and trends in the healthcare and academic environments that may impact nursing and MA-C education are identified and addressed by the Board</li> <li>▪ Board decisions and activities support development of a statewide long-range plan for nursing education in Idaho</li> <li>▪ Ratio of BS:AD-prepared licensed nurses is 80%:20% by 2020</li> </ul>

**GOAL: DETERMINE, COMMUNICATE, AND ENFORCE STANDARDS FOR EDUCATION PROGRAMS PREPARING INDIVIDUALS FOR PRACTICE AT ALL LEVELS**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>E.1 Education Regulation is Grounded by Application of the Board's Core Beliefs</i>	- Board affirms education processes and decisions are consistent with Board beliefs	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ Annual Board self-assessment determines congruence with beliefs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2014</li> <li>▪ Ongoing</li> </ul>
<p><i>E.2. Education Programs Prepare Graduates to Competently Practice:</i></p> <ul style="list-style-type: none"> <li>- <i>At the Entry Level on Completion of Basic Education</i></li> <li>- <i>On Re-entry Following Absence from Practice</i></li> <li>- <i>At the time of Transition to New Practice Arenas/Specialties</i></li> </ul>	<ul style="list-style-type: none"> <li>- Approved nursing programs have a &gt;80% annual pass rate for first-time candidates on the licensure/certification examination</li> <li>- CORE® research indicates constituent satisfaction with educational preparation of nurses</li> <li>- Transition issues for new graduates, nurses returning to practice and nurses entering new practice areas are addressed</li> <li>- Approved APRN programs meet national licensure and certification requirements</li> <li>- Graduates of approved MA-C programs demonstrate entry-level competence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review and approve programs as defined</li> <li>▪ Continued program approval is based in part on acceptable pass rates for first-time candidates</li> <li>▪ Substantiated complaints against nurses/MA-Cs within 1 year of initial credentialing are analyzed relative to educational preparation</li> <li>▪ First "write" MA-C candidates from approved programs demonstrate initial competence at or above the national average</li> <li>▪ Transition to nursing practice strategies/guidelines are established</li> <li>▪ APRN programs are approved consistent with nationally defined standards</li> <li>▪ Out-of-Practice policies are reviewed/revised for effectiveness in returning licensees to competent practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Board</li> <li>▪ Board</li> <li>▪ Board &amp; Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2015</li> <li>▪ FY2016</li> <li>▪ FY2016</li> </ul>

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>E.3. Education Programs Conform to Board-Defined Standards and Criteria</i>	<ul style="list-style-type: none"> <li>- Board decisions related to approval of education programs are based on criteria defined in BON rules</li> <li>- Board sanctions are invoked in cases of program non-compliance with established criteria</li> </ul>	<ul style="list-style-type: none"> <li>▪ Apply defined criteria in approving educational programs</li> <li>▪ Review annual program reports for ongoing compliance with criteria</li> <li>▪ Implement MA-C program review and approval processes</li> <li>▪ Conduct gap analysis to determine alignment of NCSBN Models and Board criteria for education</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Annual</li> <li>▪ Ongoing</li> <li>▪ FY2014</li> </ul>
<i>E.4. Education Standards are Responsive to Changes in the Healthcare, Academic and Regulatory Environments</i>	<ul style="list-style-type: none"> <li>- Issues and trends in the healthcare and academic environments that may impact nursing and MA-C education are addressed by the Board</li> <li>- Board decisions and activities support development of a statewide long-range plan for nursing education in Idaho</li> <li>- Ratio of BS:AD-prepared licensed nurses is 80%:20% by 2020</li> </ul>	<ul style="list-style-type: none"> <li>▪ Educational issues and trends are considered by the BON</li> <li>▪ Statute and rules related to education are regularly reviewed and revised as necessary for compatibility with changes in the healthcare, academic and regulatory environments</li> <li>▪ Regional, state and national reports and recommendations are analyzed for relevance to nursing and MA-C education in ID</li> <li>▪ Environmental scan informs BON of emerging trends</li> <li>▪ Review/revise if necessary CNA program criteria/processes in collaboration with key stakeholders</li> <li>▪ Collaborate with INAC in developing strategies to change BS:AD ratio</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Staff</li> <li>▪ Board and Staff</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ FY 2015</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2014</li> <li>▪ FY2014</li> </ul>

**GOVERNANCE GOAL:**  
**Cultivate Governance Framework  
and Culture that Sustains Board  
Relevance and Supports  
Accomplishment of  
Vision, Mission  
and Goals**

**Governance Goal: Cultivate Governance Framework and Culture that Sustains Board Relevance and Supports Accomplishment of Vision, Mission and Goals**

**To accomplish the Governance Goal:**

<i>Objectives</i>	<i>Performance Measure</i>
G.1. Board Functions Within a Policy Governance Structure Grounded by Application of the Board’s Core Beliefs	<ul style="list-style-type: none"> <li>▪ Board affirms governance processes are consistent with Board beliefs</li> <li>▪ Board self-assessment indicates that the Board incorporates principles of policy governance in accomplishment of Mission and goals</li> <li>▪ Board leadership development supports principles of succession planning</li> </ul>
G.2. Decisions Remain Focused on Accomplishment of Mission, Progress Toward Vision, Adherence to Values and Application of Strategic Thinking	<ul style="list-style-type: none"> <li>▪ Board assessment indicates accomplishment of Mission, progress toward Vision, adherence to values and use of strategic thinking</li> <li>▪ Meet or exceed the satisfaction rating for board effectiveness related measures are reported in CORE®</li> <li>▪ Board assessment indicates satisfaction with relationships, governance practices and decision-making processes</li> <li>▪ Committee self-assessment indicates accomplishment of purpose and responsibilities</li> <li>▪ Policies are reviewed for congruence with Mission and Goals</li> </ul>
G.3. Board Engages in Continuing Development Activities	<ul style="list-style-type: none"> <li>▪ Board member development is evidenced in meeting minutes, agendas and through annual self-assessment</li> <li>▪ Board development is focused on identified key issues</li> </ul>
G.4. Board is Responsive to Emerging Trends and Changes in Healthcare Policy	<ul style="list-style-type: none"> <li>▪ Healthcare policy and trends are considered in planning and decisions of the Board as evidenced in meeting minutes, reports and initiatives</li> <li>▪ Research agenda directs workforce initiatives</li> </ul>
G.5. Board Influences Healthcare Policy Decisions	<ul style="list-style-type: none"> <li>▪ Evidence of Board member and staff participation in a variety of healthcare policy arenas</li> <li>▪ Board members and staff serve in key roles in healthcare policy decision-making</li> <li>▪ Board serves as a key partner in implementing the IOM “Future of</li> </ul>

	Nursing” recommendations
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**GOAL: GOVERNANCE FRAMEWORK AND CULTURE THAT SUSTAINS BOARD RELEVANCE AND SUPPORTS THE ACCOMPLISHMENT OF VISION, MISSION AND GOALS**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>G.1. Board Functions Within a Policy Governance Structure Grounded by Application of the Board’s Core Beliefs</i>	<ul style="list-style-type: none"> <li>- Board affirms governance processes are consistent with Board beliefs</li> <li>- Board self-assessment indicates the Board incorporates principles of policy governance in accomplishment of Mission and goals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ Annual BON self-assessment determines congruence with core beliefs</li> <li>▪ Provide Board development activities that strengthen Board leadership ability and support succession strategies</li> <li>▪ Board Mission, Vision, Values are reviewed and revised</li> <li>▪ Board structure and diversity are analyzed for appropriateness to support governance framework and philosophy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> <li>▪ Staff &amp; Board</li> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2015</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY 2015</li> <li>▪ FY2015</li> </ul>
<i>G.2. Decisions Remain Focused on Accomplishment of Mission, Progress Toward Vision, Adherence to Values and Application of Strategic Thinking</i>	<ul style="list-style-type: none"> <li>- Board assessment indicates accomplishment of Mission, progress toward Vision, adherence to values and use of strategic thinking</li> <li>-Meet or exceed satisfaction rating for board effectiveness measures as reported in CORE®</li> <li>- Board assessment indicates satisfaction with relationships,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review Board processes, policies and decisions for internal congruence with Vision, Mission, values, and strategic goals</li> <li>▪ Board self-assessment measures accomplishment of Mission, progress toward Vision, adherence to Values</li> <li>▪ Board self-assessment measures</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board, Governance Committee &amp; Staff</li> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual</li> <li>▪ Annual</li> <li>▪ Annual</li> </ul>

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
	governance practices and decision-making processes - Committee self-assessment indicates accomplishment of purpose and responsibilities	Board satisfaction with governance policies and processes ▪ Annual self-assessments by APRNAC, PRNAC and the Board indicate accomplishment of committee charges and missions ▪ Policy review plan developed and implemented	▪ APRNAC, PRNAC, Board  ▪ Staff	▪ Annual  ▪ FY2014 then ongoing
<i>G.3. Board Engages in Continuing Development Activities</i>	- Board member development is evidenced in meeting minutes, agendas and through annual self-assessment -Board development is focused on identified key issues	▪ Orient new Board & committee members ▪ Provide ongoing Board education relative to: ○ Specific issues - Just Culture - Continued Competence - IOM Recommendations - Consumer-directed care - Discipline processes ○ Ongoing Board projects ▪ Plan and conduct a retreat for Board members with a focus on Board development	▪ Staff  ▪ Board & Staff         ▪ Board & Staff	▪ At time of appointment ▪ Ongoing         ▪ Annual
<i>G.4. Board is Responsive to Emerging Trends and Changes in Healthcare Policy</i>	- Healthcare policy and trends are considered in planning and decisions of the Board as evidenced in meeting minutes, reports and initiatives	▪ Environmental scan informs the Board of emerging trends ▪ Implement legislation to allow BON support of workforce initiatives ▪ Support key workforce initiatives ▪ Develop processes/policies to select workforce initiatives and disseminate appropriated funds	▪ Staff  ▪ Board/Staff      ▪ Board  ▪ Staff	▪ Ongoing  ▪ FY 2014      ▪ Ongoing  ▪ FY2014
<i>G.5. Board Influences Healthcare Policy Decisions</i>	- Evidence of Board member and staff participation in a variety of healthcare policy arenas	▪ Participate in meetings and forums regarding health care planning and decision-making	▪ Board & Staff	▪ Ongoing

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Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
	<p>-Board members and staff serve in key roles in healthcare policy decision-making</p> <p>-Board serves as a key partner in implementing the IOM “Future of Nursing” recommendations</p>	<ul style="list-style-type: none"> <li>▪ Maintain positive relationships with key policy makers</li> <li>▪ Inform and advise key policy makers on the role of the Board</li> <li>▪ Develop strategies to impact public policy through legislation and rule making</li> <li>▪ Assess political environment to inform planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Staff &amp; Board</li> <li>▪ Board &amp;Staff</li> <li>▪ Board &amp; Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>

# **COMMUNICATION GOAL:**

**Foster Communication between  
the Board and its Colleagues, Internal  
and External Stakeholders,  
and the Public**

## Communication Goal: Foster Communication between the Board and its Colleagues, Internal and External Stakeholders and the Public

### To accomplish the Communication Goal:

<i>Objectives</i>	<i>Performance Measure</i>
C.1. Board Communications are Grounded by Application of the Board’s Core Beliefs	<ul style="list-style-type: none"> <li>▪ Board core beliefs guide all aspects of Board communication</li> </ul>
C.2. Public Awareness of the Benefits of the Regulation of Nursing and MA-C Practice and Education to the Public Safety, Health and Welfare	<ul style="list-style-type: none"> <li>▪ Mission and role of the Board are presented to a diverse audience through varied media</li> <li>▪ Meet or exceed the satisfactory rating for public awareness criteria as defined through CORE®</li> </ul>
C.3. Open, Transparent Communication Between the Board and the Public	<ul style="list-style-type: none"> <li>▪ Positive feedback related to communication with the Board is received</li> <li>▪ Meet or exceed the satisfactory rating for public satisfaction related to communication criteria as defined through CORE®</li> <li>▪ Information necessary for licensure/certification verification and reporting, nursing workforce research and policy-decisions is maintained and available through the Board’s database</li> <li>▪ Required information is accurately and timely reported to NURSYS®, the NPDB and the HIPDB</li> <li>▪ Nursys® ENotify® informs employers of disciplinary action and changes in licensure status</li> </ul>
C.4. Enhance Internal and External Relationships	<ul style="list-style-type: none"> <li>▪ Collaboration with stakeholders is evidenced in meeting minutes, reports and Board self-assessment</li> <li>▪ Meet or exceed the satisfactory rating for collaboration/communication-related processes as defined through CORE®</li> <li>▪ Support Mission of ICON</li> </ul>

**GOAL: FOSTER COMMUNICATION BETWEEN THE BOARD AND ITS COLLEAGUES, INTERNAL AND EXTERNAL STAKEHOLDERS AND THE PUBLIC**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>C.1. Board Communications are Grounded by Application of the Board's Core Beliefs</i>	- Board core beliefs guide all aspects of Board communication	<ul style="list-style-type: none"> <li>▪ Belief statement is reviewed every 4 years and revised as needed</li> <li>▪ Annual BON self-assessment determines congruence with beliefs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Board</li> </ul>	<ul style="list-style-type: none"> <li>▪ FY 2017</li> <li>▪ Annual</li> </ul>
<i>C.2 Public Awareness of the Benefits of Regulation of Nursing and MA-C Practice and Education to the Public Safety, Health and Welfare</i>	- Mission and role of the Board are presented to a diverse audience through varied media - Meet or exceed the satisfactory rating for public awareness criteria as defined through CORE®	<ul style="list-style-type: none"> <li>▪ Maintain/enhance website</li> <li>▪ Publish newsletters, reports, documents</li> <li>▪ Publish Annual Report</li> <li>▪ Develop/update flyers and brochures</li> <li>▪ Participate in forums, present information, etc.</li> <li>▪ Develop strategies to enhance public outreach</li> <li>▪ Inform APRNs and employers of Consensus Model implementation impact</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff &amp; Board</li> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2014</li> <li>▪ FY2014</li> </ul>



# ORGANIZATIONAL GOAL:

Support  
Organizational Infrastructure  
Necessary to Accomplish  
Vision, Mission  
and Goals

**Organization Goal: Support Organizational Infrastructure Necessary to Accomplish Vision, Mission and Goals**

**To accomplish the Organization Goal:**

<i>Objectives</i>	<i>Performance Measure</i>
O.1. Physical Environments, Including the Board Office, Support Day-to-Day Operations and Functions	<ul style="list-style-type: none"> <li>▪ The office of the Board of Nursing, including physical location, space, and furnishings, equipment and staff, support the day-to-day operation of the Board</li> <li>▪ Plans for emergency response and disaster recovery address office and space needs of the Board</li> <li>▪ Environmental conservation strategies are initiated</li> </ul>
O.2. Staff and Other Human Resources, Competent and Sufficient in Number, Individually and Collectively Contribute to Accomplishment of Mission and Strategic Goals	<ul style="list-style-type: none"> <li>▪ Number of staff and contractors is sufficient to accomplish the essential functions of the Board</li> <li>▪ Staff meet annual performance expectations for key job responsibilities, customer service and interpersonal relationships</li> <li>▪ Annual Board self-assessment related to support by staff is positive</li> <li>▪ Strategic planning directs organizational growth</li> </ul>
O.3. Current and Projected Needs of the Board are Supported through Sound Fiscal Resources Management	<ul style="list-style-type: none"> <li>▪ Annual budget and FTP appropriation support accomplishment of Mission and strategic goals</li> <li>▪ Fiscal audit indicates agency adherence to accepted internal controls and fiscal management</li> <li>▪ Strategic planning considers long-range projections that may impact fiscal resources</li> <li>▪ Fund balance supports ongoing operations in the event of unexpected revenue reduction</li> </ul>
O.4. Operational Systems and Resources Facilitate Agency Processes and Transactions	<ul style="list-style-type: none"> <li>▪ Strategic planning considers long-range projections that may impact operational systems and resources</li> <li>▪ Annual budget requests include equipment and software necessary to support short and long-term Board operations</li> <li>▪ Maintenance contracts and technical personnel support operational systems</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Data related to primary Board functions and processes are managed and integrated through a comprehensive electronic data licensure management system located and maintained in the Board office</li> </ul>
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**GOAL: SUPPORT ORGANIZATIONAL INFRASTRUCTURE NECESSARY TO ACCOMPLISH VISION, MISSION AND GOALS**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<p><i>O.1. Physical Environments, Including the Board Office, Support Day-to-Day Operations and Functions</i></p>	<ul style="list-style-type: none"> <li>- The office of the Board of Nursing, including physical location, space and furnishings, equipment and staff, support the day-to-day operation of the Board</li> <li>- Plans for emergency response and disaster recovery address office and space needs of the Board</li> <li>- Environmental conservation strategies are initiated</li> </ul>	<ul style="list-style-type: none"> <li>▪ BON office is publicly convenient, accessible, cost-effective, appropriate for the BON image</li> <li>▪ Agency lease is negotiated and maintained</li> <li>▪ Meeting rooms are appropriate for the business conducted, including: public access, convenience, equipment use, etc.</li> <li>▪ Emergency Response/Disaster Recovery Plan is reviewed/revised</li> <li>▪ Paperless licensure processes implemented and maintained for all applicants</li> <li>▪ Paperless BON meetings initiated</li> <li>▪ Recycling processes maintained</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ FY 2016</li> <li>▪ Ongoing</li> <li>▪ Annual</li> <li>▪ FY2016</li> <li>▪ TBD</li> <li>▪ Ongoing</li> </ul>

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<p><i>O.2. Staff and Other Human Resources, Competent and Sufficient in Number, Individually and Collectively Contribute to Accomplishment of Mission and Strategic Goals</i></p>	<ul style="list-style-type: none"> <li>- Number of staff and contractor is sufficient to accomplish the essential functions of the Board</li> <li>- Staff meet annual performance expectations for key job responsibilities, customer service and interpersonal relationships</li> <li>- Annual Board self-assessment related to support by staff is positive</li> <li>-Strategic planning directs organizational growth</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff adequate in # and qualified for assigned responsibilities</li> <li>▪ Professional staff compensation plan reinstated</li> <li>▪ Staff compensation determined consistent with policy and appropriation</li> <li>▪ Staff perform at or above expectations</li> <li>▪ Outside contracts maintained for legal counsel, PRN monitoring, select operations</li> <li>▪ Ongoing staff development enhances knowledge and performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ED</li> <li>▪Board, ED</li> <li>▪ED</li> <li>▪ED</li> <li>▪ED</li> <li>▪ED</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ FY2015</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>

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Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<p><i>O.3. Current and Projected Needs of the Board are Supported Through Sound Fiscal Resources Management</i></p>	<ul style="list-style-type: none"> <li>- Annual budget and FTP appropriation support accomplishment of Mission and strategic goals</li> <li>- Fiscal audit indicates agency adherence to accepted internal controls and fiscal management</li> <li>- Strategic planning considers long-range projections that may impact fiscal resources</li> <li>-Fund balance supports ongoing operations in the event of unexpected revenue reduction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Apply accepted internal and external fiscal controls</li> <li>▪ Develop, implement, adhere to annual budget</li> <li>▪ BON fund balance &gt;12 mos. operating costs</li> <li>▪ 10-year agency growth plan implemented/adjusted</li> <li>▪ Develop 5-10 year financial forecast to inform budget planning and development</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Board &amp; Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Annual</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY 2014</li> </ul>

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<p><i>O.4. Operational Systems and Resources Facilitate Agency Processes and Transactions</i></p>	<ul style="list-style-type: none"> <li>- Strategic planning considers long-range projections that may impact operational systems and resources</li> <li>- Annual budget requests include equipment and software necessary to support short and long-term Board operations</li> <li>- Maintenance contracts and technical personnel support operational systems</li> <li>- Data related to primary BON functions and processes are managed and integrated through a comprehensive electronic data management system located and maintained in the Board office</li> <li>-Written operational policies/procedures direct day-to-day operations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Outsourced systems, contracts support payroll, IT, electronic fee transactions</li> <li>▪ IT plan adopted/implemented</li> <li>▪ Resource conservation strategies implemented</li> <li>▪ Systems/processes streamlined for efficiency, cost-effectiveness</li> <li>▪ Implement NCSBN-ROMS® data management system to support BON operations, applications, and key processes</li> <li>▪ Schedule for policy review/revision developed/implemented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> <li>▪ Staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ FY2015</li> <li>▪ FY2014</li> </ul>
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## GLOSSARY OF ACRONYMS AND ABBREVIATIONS

<b>APNLC</b>	Advanced Practice Nurse Licensure Compact
<b>APRN</b>	Advanced Practice Registered Nurse
<b>APRN CONSENSUS MODEL</b>	A plan for the future regulation of advanced practice registered nursing establishing standard regulatory requirements for licensure, accreditation, certification and education for APRNs
<b>APPN</b>	Advanced Practice Professional Nurse
<b>CNA</b>	Certified Nursing Assistant
<b>CORE®</b>	Commitment to On-going Regulatory Excellence: A Research Project of the National Council of State Boards of Nursing
<b>HIPDB</b>	Health Integrity and Protection Data Bank: a databank created by Congress in 1990
<b>ICON</b>	Idaho Coalition on Nursing: a forum for communication, coordination and cooperation between the Board, the Idaho Nurses Association (INA), the Idaho Alliance of Leaders in Nursing (IALN) and the Council of Nurse Education Leaders (CNEL)
<b>INAC</b>	Idaho Nursing Action Coalition: Idaho's RWJ/AARP regional action coalition committed to implementation of the IOM recommendations
<b>IOM</b>	Institutes of Medicine: Independent, non-profit organization that works outside of government to provide unbiased, authoritative advice to policy-makers and the public
<b>LPN</b>	Licensed Practical Nurse
<b>MA-C</b>	Certified Medication Assistant
<b>NCLEX®</b>	National Council Licensure Examination for RNs/LPNs: the examination developed and owned by NCSBN, used to measure initial competence for LPN and RN licensure in the U.S.

<b>NCSBN</b>	National Council of State Boards of Nursing: the organization whose membership includes the nurse licensing entities in the U.S. and its territories as well as associate members with similar responsibilities outside the U.S.
<b>NLC</b>	Nurse Licensure Compact: a contract adopted by individual states that provides mutual recognition of nurse licensure between the member states
<b>NLCA</b>	Nurse Licensure Compact Administrators: the entity composed of NLC administrators from each state charged to administer the Compact
<b>NPDB</b>	National Practitioner Data Bank: a databank created by Congress in 1986
<b>NURSYS®</b>	Nurse Licensure Information System: centralized nurse licensure database developed and maintained by NCSBN
<b>PRP</b>	Practice Remediation Program: an alternative to discipline program administered by the Board of Nursing for nurses whose practice errors have been reported to the Board and who can benefit from enhanced knowledge/training/monitoring
<b>PRN</b>	Program for Recovering Nurses: an alternative to discipline program administered by the Board of Nursing for nurses when practice is/may be impaired as a result of substance use and/or mental health disorders
<b>RN</b>	Licensed Professional/Registered Nurse
<b>TERCAP®</b>	Taxonomy of Error, Root Cause Analysis and Practice-responsibility: An adverse event reporting system of the National Council of State Boards of Nursing
<b>UAP</b>	Unlicensed Assistive Personnel
<b>ULR</b>	Uniform Licensure Requirements: standard requirements adopted by the NCSBN Delegate Assembly and endorsed by the Board 2013

