



STRATEGIC PLAN – FY 2012

IDAHO BOARD OF NURSING – July 2011 to June 2015

Idaho Board of Nursing

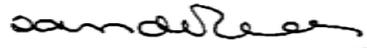
STRATEGIC PLAN

FY 2012

For the period July 1, 2011 to June 30, 2015

Submitted:

July 1, 2011

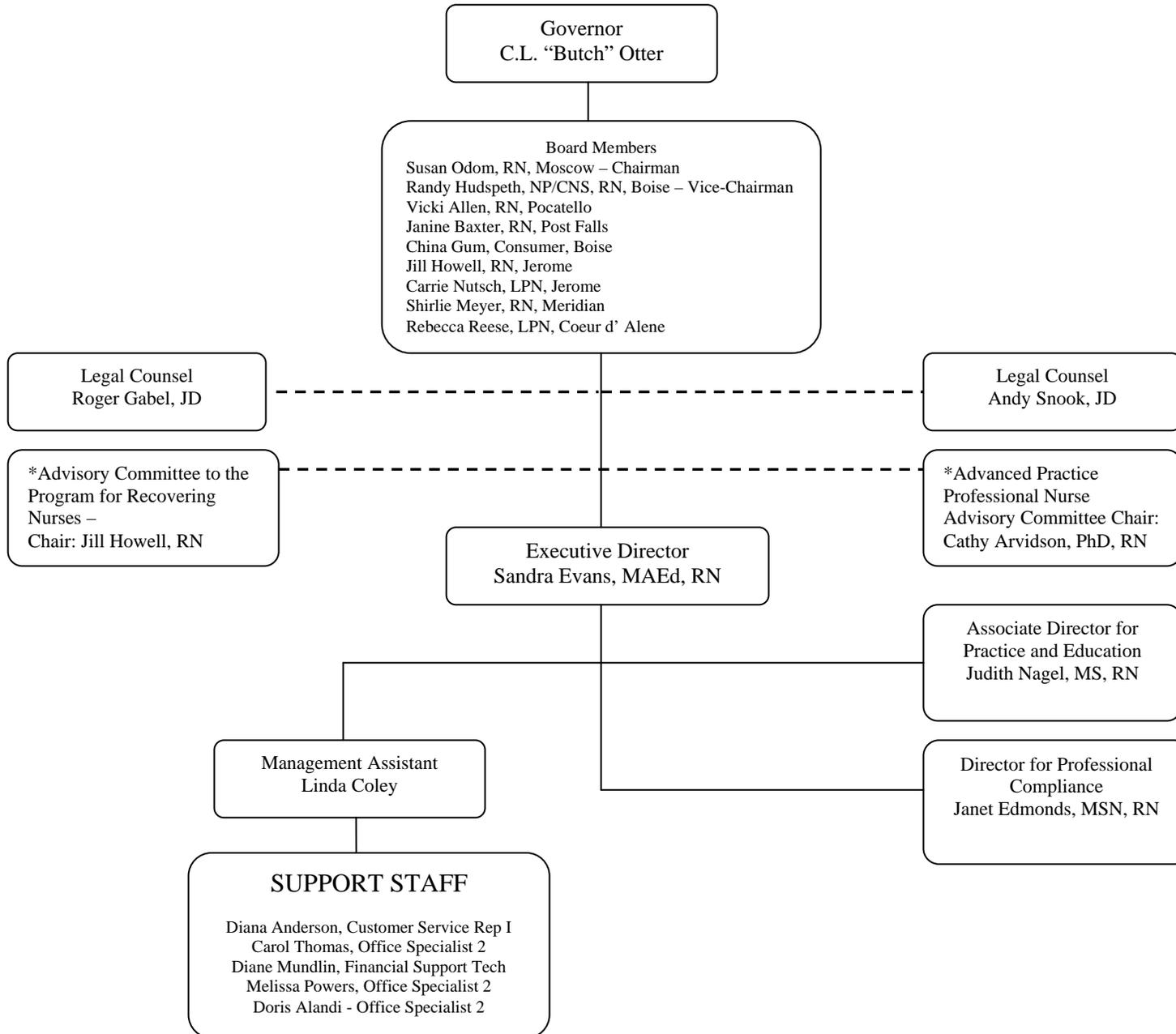
Signed: 
Sandra Evans, MAEd, RN, Executive Director

Approved: 
Susan Odom, PhD, RN, Chairman

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ORGANIZATIONAL CHART BOARD OF NURSING



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.

VISION

Advancing trust in Idaho's nursing workforce through regulatory excellence.

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 insure 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.

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 Support 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

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.

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 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 equipment. 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. In addition, emergency preparedness and planned disaster recovery strategies will 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. 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.

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.

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

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"> ▪ Belief statement is reviewed every 4 years and revised as needed ▪ Annual BON self-assessment determines congruence with beliefs 	<ul style="list-style-type: none"> ▪ Board ▪ Board 	<ul style="list-style-type: none"> ▪ FY2012 ▪ Annual
<i>L.2. Licensed Nurses Provide Evidence of Continued Competence</i>	- Criteria for demonstrated continued competence are developed, adopted and implemented as a requirement for licensure by endorsement, reinstatement and renewal	<ul style="list-style-type: none"> ▪ Preferred model identified ▪ Implementation plan developed ▪ Statute/rule changes identified/initiated ▪ Statute/rule changes implemented 	<ul style="list-style-type: none"> ▪ Board ▪ Staff ▪ Board ▪ Board/Staff 	<ul style="list-style-type: none"> ▪ FY 2011 ▪ FY 2012 ▪ FY2012 ▪ FY2013
<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"> ▪ Revisions to NPA necessary to implement APRN Consensus Model initiated ▪ Revisions to APRN rules necessary to implement Consensus Model initiated ▪ Approve APRN certifying organizations based on revised criteria ▪ Appoint revised APRNAC membership 	<ul style="list-style-type: none"> ▪ Board/Staff ▪ Board/Staff ▪ Board ▪ Board 	<ul style="list-style-type: none"> ▪ FY2012 ▪ Pending above benchmark ▪ FY2015 ▪ FY2013
<i>L.4. Mutual Recognition of Licensure is Idaho's Regulatory Model</i>	<ul style="list-style-type: none"> - Participation in the LPN/RN Nurse Licensure Compact (NLC) - Application of provisions of the NLC, including statute, rules and policies - Progress toward adoption/implementation of APRN Licensure Compact (APRNLC) 	<ul style="list-style-type: none"> ▪ Participate in NLCA ▪ Collaborate with other NLC/APRNLC states ▪ Assist states adopting NLC ▪ Explore APRNLC adoption ▪ Identify necessary revisions to NPA & rules for APRNLC adoption 	<ul style="list-style-type: none"> ▪ Board ▪ Staff/Board ▪ Staff ▪ APPNAC, Staff & Board ▪ APPNAC/Board/Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ FY2015

<p><i>L.5. Certified Medication Assistants are Regulated</i></p>	<p>- Implementation of medication assistant credentialing processes</p>	<ul style="list-style-type: none"> ▪ Adopt MA-C exam ▪ Process MA-C applications 	<ul style="list-style-type: none"> ▪ Board ▪ Staff 	<ul style="list-style-type: none"> ▪ FY2015 ▪ Ongoing
<p><i>L.6. Constituents Indicate Satisfaction with Licensure/Certification Processes</i></p>	<p>- Constituent satisfaction with licensure/certification processes is assessed -Meet or exceed satisfaction rating for licensure/certification-related processes as defined through NCSBN CORE® research</p>	<ul style="list-style-type: none"> ▪ Current processes are analyzed for efficiency ▪ Electronic applications are available for all licensure ▪ Digital fingerprinting is implemented ▪ Licenses/certificates are paperless ▪ Constituent licensure application process satisfaction survey is initiated 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY2015 ▪ FY2015 ▪ FY2013 ▪ FY2015
<p><i>L.7. Qualified Applicants are Licensed/Certified by:</i></p> <ul style="list-style-type: none"> ▪ Examination ▪ Endorsement ▪ Reinstatement ▪ Renewal 	<p>- Adoption of NCSBN Uniform Licensure Requirements(ULR) - Issuance of licensure/certification to applicants who meet established criteria - Licenses/certificates subject to special restrictions, terms, conditions allow for continued practice under defined parameters</p>	<ul style="list-style-type: none"> ▪ Gap analysis initiated to determine steps for ULR implementation ▪ Statute/rule revisions identified/initiated ▪ Refine credentialing processes for efficiency/effectiveness ▪ Monitor for compliance with conditions/restrictions 	<ul style="list-style-type: none"> ▪ Staff ▪ Board & Staff ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ FY2012 ▪ FY 2013-15 ▪ Ongoing ▪ Ongoing
<p><i>L.8. Licensure/Certification Standards are Responsive to Changes in the Healthcare and Regulatory Environments</i></p>	<p>- Issues and trends in the healthcare environment impacting licensure/certification are identified and addressed by the Board - Licensure/certification standards are reviewed/revised to protect against unnecessary barriers to credentialing and practice</p>	<ul style="list-style-type: none"> ▪ Licensure issues/trends are considered by BON ▪ Statute and rules related to nurse licensure are regularly reviewed and revised as necessary for compatibility with changes in the healthcare and regulatory environments ▪ Environmental scan informs BON of emerging trends 	<ul style="list-style-type: none"> ▪ Board ▪ Staff & Board ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY2012 ▪ Ongoing

<p><i>L.9. Statute, Rules, Policies Provide Direction on Licensure to Licensees/MA-Cs, Employers and Others</i></p>	<p>-NCSBN CORE[®] research data demonstrates constituent use of Board resources to guide licensure</p>	<ul style="list-style-type: none"> ▪ Resources are made available/updated ▪ Criteria & processes communicated to constituents using a variety of media/mechanisms ▪ Adopted/approved documents are made available 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ 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"> ▪ Board affirms decisions related to practice issues are consistent with Board beliefs
P.2. Statute, Rules and Policies Provide Direction on Practice and Conduct to Licensees, MA-Cs, Employers, Educators and Others	<ul style="list-style-type: none"> ▪ NCSBN CORE® research data demonstrates constituent use of Board resources to guide practice ▪ Scope of practice is defined and clarified through application of IDAPA 23.01.01.400
P.3. Conduct and Practice Standards are Responsive to Changes in the Healthcare and Regulatory Environments	<ul style="list-style-type: none"> ▪ Issues and trends in the healthcare environment impacting practice and conduct are addressed by the Board

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"> ▪ Belief statement is reviewed every 4 years and revised as needed ▪ Annual Board self-assessment determines congruence with beliefs 	<ul style="list-style-type: none"> ▪ Board ▪ Board 	<ul style="list-style-type: none"> ▪ FY 2015 ▪ Ongoing
<i>P.2. Statute, Rules, Policies Provide Direction on Practice and Conduct to Licensees, MA-Cs, Employers, Educators and Others</i>	<ul style="list-style-type: none"> - NCSBN CORE® research data demonstrates constituent use of Board resources to guide practice - Scope of practice is defined and clarified through application of IDAPA 23.01.01.400 	<ul style="list-style-type: none"> ▪ Resources are available/updated ▪ Standards are communicated to constituents through a variety of media/mechanisms ▪ Adopted/approved documents, statements are disseminated 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff/Board ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing
<i>P.3. Conduct and Practice Standards are Responsive to Changes in the Healthcare and Regulatory Environments</i>	- Issues and trends in the healthcare environment impacting practice and conduct are addressed by the Board	<ul style="list-style-type: none"> ▪ Adopt BON statement on pain management ▪ Practice issues/trends are considered by the BON <ul style="list-style-type: none"> - Consumer-directed care - Delegation ▪ 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 ▪ Environmental scan informs BON of emerging trends 	<ul style="list-style-type: none"> ▪ Board ▪ Board ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ FY 2012 ▪ Ongoing ▪ FY 2013 ▪ Ongoing

DISCIPLINE GOAL:

**Receive and Investigate
Alleged Violations of the Act/Rule
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"> ▪ Board affirms discipline and alternative to discipline processes and decisions are consistent with Board beliefs
D.2. Complaints Alleging Violations are Managed Promptly, Fairly and Consistently to Assure Public Protection	<ul style="list-style-type: none"> ▪ Meet or exceed the satisfaction rating for discipline-related processes as defined through CORE® research data ▪ Timeframes for complaint resolution are consistent with CORE® aggregate data ▪ BON discipline actions are upheld on appeal ▪ Disciplinary action is appropriately reported to key entities and to the public
D.3. Root Cause of Practice Breakdown is Identified and Analyzed	<ul style="list-style-type: none"> ▪ TERCAP® model is the framework for investigations ▪ Trends in root cause of practice errors direct Board actions
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"> ▪ Suspension and revocation are imposed when there is evidence of real or potential risk to public safety ▪ Remedial measures are considered when appropriate and where public protection is not compromised ▪ The PRN is maintained as an alternative to discipline for nurses diagnosed with substance use and mental health disorders ▪ An alternative to discipline for practice breakdown is implemented
D.5. Complaint and Discipline-Related Processes are Responsive to Changes in the Healthcare and Regulatory Environments	<ul style="list-style-type: none"> ▪ Issues and trends in the healthcare environment impacting how reports of violations are managed are addressed by the Board

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"> ▪ Belief statement is reviewed every 4 years and revised as needed ▪ Annual Board self-assessment determines congruence with beliefs ▪ Analysis of cases re: application of Board beliefs 	<ul style="list-style-type: none"> ▪ Board ▪ Board ▪ Board/Staff 	<ul style="list-style-type: none"> ▪ FY 2012 ▪ Ongoing ▪ Ongoing
<i>D.2. Complaints Alleging Violations are Managed Promptly, Fairly and Consistently to Assure Public Protection</i>	<ul style="list-style-type: none"> - Meet or exceed the satisfaction rating for discipline-related processes as defined through CORE® research data - Timeframes for complaint resolution are consistent with CORE® aggregate data - BON discipline actions are upheld on appeal - Disciplinary action is appropriately reported to key entities and to the public 	<ul style="list-style-type: none"> ▪ Resolve disciplinary cases within 180 days of receipt of complaint ▪ Identify & analyze cases that exceed 180 days to resolution ▪ Identify, analyze and report case cost and time to resolution ▪ Implement strategies to inform public about complaint processes & duty to report ▪ Analyze current disciplinary P&P for relevance, efficiency ▪ Report formal discipline to NURSYS® and databanks as required ▪ Implement statute/rule change to allow information sharing with other entities 	<ul style="list-style-type: none"> ▪ Board & Staff ▪ Staff ▪ Board & Staff ▪ Staff ▪ Staff ▪ Staff ▪ Board 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Annual ▪ Ongoing ▪ Ongoing ▪ FY2014
<i>D.3. Root Cause of Practice Breakdown is Identified and Analyzed</i>	<ul style="list-style-type: none"> - TERCAP® model is the framework for investigations -Trends in root case of practice errors direct Board action 	<ul style="list-style-type: none"> ▪ Active participation in TERCAP® ▪ Identify clinical partners to implement TERCAP® ▪ Use TERCAP® findings to assess and modify regulatory processes 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff/Board 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY2013 ▪ Ongoing

<p><i>D.4. Substantiated Practice Violations are Addressed Within the Continuum of Formal Discipline to Informal Remediation and Alternatives to Discipline</i></p>	<ul style="list-style-type: none"> - Suspension and revocation are imposed when there is evidence of real or potential risk to public safety - Remedial measures are considered when appropriate and where public protection is not compromised - The PRN is maintained as an alternative to discipline for nurses diagnosed with substance use and mental health disorders -An alternative to discipline for practice breakdown is implemented 	<ul style="list-style-type: none"> ▪ Complaints are prioritized upon receipt and managed consistent with priority ranking ▪ Case management is consistent with Board policies from receipt to resolution ▪ Decisions regarding resolution of cases are reported to BON ▪ Statutory/rule revisions allowing for alternative programs are implemented ▪ Internal/external audits of alternative programs assist the Board in determination of program effectiveness (PRN 2012 operations audit) ▪ Board addresses recommendations resulting from program audits ▪ “PPERP” is initiated as an alternative to discipline to enable the nurse to improve his/her practice through enhanced knowledge/training when public protection is not an issue 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff ▪ Board/Staff ▪ Board/Staff ▪ Board ▪ Board/Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Quarterly ▪ FY2012 ▪ Ongoing ▪ (FY2012 CAC audit of operations) ▪ Ongoing ▪ (FY2012 Recommendations from CAC 2011 PRN Audit) ▪ FY2013
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<p><i>D.5. Complaint and Discipline-Related Activities are Responsive to Changes in the Regulatory Environments</i></p>	<p>- Issues and trends in the regulatory environment impacting how reports of violations are managed are addressed by the Board</p>	<ul style="list-style-type: none"> ▪ Alternative to discipline for substandard practice is implemented ▪ NCSBN Uniform Guidelines for substance use/mental disorders programs are implemented ▪ Decisions regarding criminal background are refined ▪ Comparison of Idaho Act/rules to NCSBN Model Act/Rules ▪ Concepts of ‘Just Culture’ and implications of root cause analysis are incorporated into case outcome decisions ▪ Environmental scan informs BON of emerging trends ▪ BON development on discipline-related activities 	<ul style="list-style-type: none"> ▪ Board ▪ PRNAC/ Board/Staff ▪ Staff/Board ▪ Staff/Board ▪ Staff/Board ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ FY 2013 ▪ 2012 ▪ Ongoing ▪ FY2012 ▪ Ongoing ▪ Ongoing ▪ Ongoing
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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"> ▪ Board affirms education processes and decisions are consistent with Board beliefs
E.2. Education Programs Prepare Graduates for Competent Practice at the Entry Level	<ul style="list-style-type: none"> ▪ Approved nursing programs demonstrate >80% annual pass rate for first-time candidates on the licensure/certification examination ▪ CORE® research indicates constituent satisfaction with educational preparation of nurses ▪ Graduates of approved MA-C programs demonstrate entry-level competence
E.3. Education Programs Conform to Board-Defined Standards and Criteria	<ul style="list-style-type: none"> ▪ Board decisions related to approval of education programs are based on criteria defined in BON rules ▪ Board sanctions are invoked in cases of program non-compliance with established criteria
E.4. Education Standards are Responsive to Changes in the Healthcare, Academic and Regulatory Environments	<ul style="list-style-type: none"> ▪ Issues and trends in the healthcare and academic environments that may impact nursing and MA-C education are identified and addressed by the Board ▪ Board decisions and activities support development of a statewide long-range plan for nursing education in Idaho

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"> ▪ Belief statement is reviewed every 4 years and revised as needed ▪ Annual Board self-assessment determines congruence with beliefs 	<ul style="list-style-type: none"> ▪ Board ▪ Board 	<ul style="list-style-type: none"> ▪ FY 2013 ▪ Ongoing
<i>E.2. Education Programs Prepare Graduates for Competent Practice at the Entry Level</i>	<p>- Approved nursing programs have a >80% annual pass rate for first-time candidates on the licensure/certification examination</p> <p>-CORE® research indicates constituent satisfaction with educational preparation of nurses</p> <p>-Graduates of approved MA-C programs demonstrate entry-level competence</p>	<ul style="list-style-type: none"> ▪ Review and approve programs as defined ▪ Continued program approval is based in part on acceptable pass rates for first-time candidates ▪ Substantiated complaints against nurses/MA-Cs within 1 year of initial credentialing are analyzed relative to educational preparation ▪ First “write” MA-C candidates from approved programs demonstrated >80% success rate at initial competence determination 	<ul style="list-style-type: none"> ▪ Board & Staff ▪ Board & Staff ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing
<i>E.3. Education Programs Conform to Board-Defined Standards and Criteria</i>	<p>- Board decisions related to approval of education programs are based on criteria defined in BON rules</p> <p>- Board sanctions are invoked in cases of program non-compliance with established criteria</p>	<ul style="list-style-type: none"> ▪ Apply defined criteria in approving educational programs ▪ Review annual program reports for ongoing compliance with criteria ▪ Implement MA-C program review and approval processes ▪ Conduct gap analysis to determine alignment of NCSBN and Board criteria for education 	<ul style="list-style-type: none"> ▪ Board & Staff ▪ Board & Staff ▪ Board & Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Annual ▪ Ongoing ▪ FY2014

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>E.4. Education Standards are Responsive to Changes in the Healthcare, Academic and Regulatory Environments</i>	<ul style="list-style-type: none"> - Issues and trends in the healthcare and academic environments that may impact nursing and MA-C education are addressed by the Board - Board decisions and activities support development of a statewide long-range plan for nursing education in Idaho 	<ul style="list-style-type: none"> ▪ Educational issues and trends are considered by the BON ▪ Statute and rules related to education are regularly reviewed and revised as necessary for compatibility with changes in the healthcare, academic and regulatory environments ▪ Regional, state and national reports and recommendations are analyzed for relevance to nursing and MA-C education in ID ▪ Strategies for transition to practice are explored ▪ Environmental scan informs BON of emerging trends 	<ul style="list-style-type: none"> ▪ Board ▪ Staff & Board ▪ Staff and Board ▪ Board ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY 2015 ▪ Ongoing ▪ FY2013 ▪ Ongoing

GOVERNANCE GOAL:

**Cultivate Governance Framework
and Culture that Support
Accomplishment of
Vision, Mission
and Goals**

Governance Goal: Cultivate Governance Framework and Culture that Support Accomplishment of Vision, Mission and Goals

To accomplish the Governance Goal:

<i>Objectives</i>	<i>Performance Measure</i>
G.1. Board Governance is Grounded by Application of the Board's Core Beliefs	<ul style="list-style-type: none"> ▪ Board affirms governance processes are consistent with Board beliefs ▪ Board self-assessment indicates that the Board incorporates principles of policy governance in accomplishment of Mission and goals
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"> ▪ Board assessment indicates accomplishment of Mission, progress toward Vision, adherence to values and use of strategic thinking ▪ Meet or exceed the satisfaction rating for board effectiveness related measures are reported in CORE® ▪ Board assessment indicates satisfaction with relationships, governance practices and decision-making processes ▪ Committee self-assessment indicates accomplishment of purpose and responsibilities
G.3. Board Engages in Continuing Development Activities	<ul style="list-style-type: none"> ▪ Board member development is evidenced in meeting minutes, agendas and through annual self-assessment ▪ Board development is focused on identified key issues
G.4. Healthcare Policy and Emerging Trends Influence Board Planning and Decision-Making	<ul style="list-style-type: none"> ▪ Healthcare policy and trends are considered in planning and decisions of the Board as evidenced in meeting minutes, reports and initiatives
G.5. Board Participates in Healthcare Policy Decision-Making	<ul style="list-style-type: none"> ▪ Evidence of Board member and staff participation in a variety of healthcare policy arenas ▪ Board members and staff serve in key roles in healthcare policy arenas ▪ Board serves as a key partner in implementing the IOM "Future of Nursing" recommendations

GOAL: GOVERNANCE FRAMEWORK AND CULTURE SUPPORT THE ACCOMPLISHMENT OF VISION, MISSION AND GOALS

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<p><i>G.1. Board Governance is Grounded by Application of the Board's Core Beliefs</i></p>	<ul style="list-style-type: none"> - Board affirms governance processes are consistent with Board beliefs - Board self-assessment indicates the Board incorporates principles of policy governance in accomplishment of Mission and goals 	<ul style="list-style-type: none"> ▪ Belief statement is reviewed every 4 years and revised as needed ▪ Annual BON self-assessment determines congruence with core beliefs ▪ Educate Board members on principles of policy governance ▪ Board Mission, Vision, Values are reviewed and revised ▪ Board structure and diversity are analyzed for appropriateness to support strategic priorities 	<ul style="list-style-type: none"> ▪ Board ▪ Board ▪ Staff/Board ▪ Board ▪ Board 	<ul style="list-style-type: none"> ▪ FY 2015 ▪ Ongoing ▪ Ongoing ▪ FY 2015 ▪ FY2011-15
<p><i>G.2. Decisions Remain Focused on Accomplishment of Mission, Progress Toward Vision, Adherence to Values and Application of Strategic Thinking</i></p>	<ul style="list-style-type: none"> - Board assessment indicates accomplishment of Mission, progress toward Vision, adherence to values and use of strategic thinking - Meet or exceed satisfaction rating for board effectiveness measures as reported in CORE® - Board assessment indicates satisfaction with relationships, governance practices and decision-making processes - Committee self-assessment indicates accomplishment of purpose and responsibilities 	<ul style="list-style-type: none"> ▪ Review Board processes, policies and decisions for internal congruence with Vision, Mission, values, and strategic goals ▪ Board self-assessment measures accomplishment of Mission, progress toward Vision, adherence to Values ▪ Board self-assessment measures Board satisfaction with governance policies and processes ▪ Annual self-assessments by APPNAC, PRNAC and the Board indicate accomplishment of committee charges/missions 	<ul style="list-style-type: none"> ▪ Board, Governance Committee & Staff ▪ Board ▪ Board ▪ APPNAC, PRNAC, Board 	<ul style="list-style-type: none"> ▪ Annual ▪ Annual ▪ Annual ▪ Annual

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>G.3. Board Engages in Continuing Development Activities</i>	<ul style="list-style-type: none"> - Board member development is evidenced in meeting minutes, agendas and through annual self-assessment -Board development is focused on identified key issues 	<ul style="list-style-type: none"> ▪ Orient new Board & committee members ▪ Provide ongoing Board education relative to: <ul style="list-style-type: none"> ○ Specific issues <ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> ▪ Staff ▪ Board and Staff ▪ Board & Staff 	<ul style="list-style-type: none"> ▪ At time of appointment ▪ Ongoing ▪ Annual
<i>G.4. Healthcare Policy and Emerging Trends Influence Board Planning and Decision-Making</i>	<ul style="list-style-type: none"> - Healthcare policy and trends are considered in planning and decisions of the Board as evidenced in meeting minutes, reports and initiatives 	<ul style="list-style-type: none"> ▪ Environmental scan informs the Board of emerging trends ▪ Initiate legislation to allow BON support of workforce initiatives ▪ Support key workforce initiatives 	<ul style="list-style-type: none"> ▪ Staff ▪ Board/Staff ▪ Board 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY 2012 ▪ Ongoing
<i>G.5. Board Participates in Healthcare Policy Decision-Making</i>	<ul style="list-style-type: none"> - Evidence of Board member and staff participation in a variety of healthcare policy arenas -Board members and staff serve in key roles in healthcare policy arenas -Board serves as a key partner in implementing the IOM “Future of Nursing” recommendations 	<ul style="list-style-type: none"> ▪ Participate in meetings and forums regarding health care planning and decision-making ▪ Maintain positive relationships with key policy makers ▪ Inform and advise key policy makers on the role of the Board 	<ul style="list-style-type: none"> ▪ Board & Staff ▪ Board & Staff ▪ Staff & Board 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing

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"> ▪ Board affirms communication is consistent with Board beliefs
C.2. Public Awareness of the Mission and Role of the Board	<ul style="list-style-type: none"> ▪ 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®
C.3. Open, Transparent Communication Between the Board and the Public	<ul style="list-style-type: none"> ▪ Positive feedback related to communication with the Board is received ▪ Meet or exceed the satisfactory rating for public satisfaction related to communication criteria as defined through CORE® ▪ Information necessary for licensure/certification verification and reporting, nursing workforce research and policy-decisions is maintained and available through the Board's database ▪ Required information is accurately and timely reported to NURSYS®, the NPDB and the HIPDB
C.4. Collaboration with Internal and External Stakeholders	<ul style="list-style-type: none"> ▪ Collaboration with stakeholders is evidenced in meeting minutes, reports and Board self-assessment ▪ Meet or exceed the satisfactory rating for collaboration/communication-related processes as defined through CORE®

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

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
C.1. Board Communications are Grounded by Application of the Board's Core Beliefs	- Board affirms communication is consistent with Board beliefs	<ul style="list-style-type: none"> ▪ Belief statement is developed ▪ Belief statement is reviewed every 4 years and revised as needed ▪ Annual BON self-assessment determines congruence with beliefs 	<ul style="list-style-type: none"> ▪ Board ▪ Board ▪ Board 	<ul style="list-style-type: none"> ▪ FY 2012 ▪ FY 2015 ▪ Annual
C.2 Public Awareness of the Mission and Role of the Board	<ul style="list-style-type: none"> - 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"> ▪ Maintain/enhance website ▪ Publish 5 newsletters/yr ▪ Publish Annual Report ▪ Develop/update flyers and brochures ▪ Participate in forums, present information, etc. 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff ▪ Board & Staff ▪ Board & Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing
<i>C.3. Open, Transparent Communication Between the Board and the Public</i>	<ul style="list-style-type: none"> -Positive feedback related to communication with the Board is received -Meet or exceed the satisfactory rating for public satisfaction related to communication criteria as defined through CORE® - Information necessary for licensure/certification verification and reporting, nursing research and policy decisions is maintained and available through the Board's database 	<ul style="list-style-type: none"> ▪ Analyze and address specific communication concerns ▪ Review authorities/documents for clarity, accuracy ▪ Respond to inquiries, requests ▪ Include public forum with each Board meeting ▪ Maintain and upgrade technology for enhanced access to data ▪ Incorporate technological tools necessary to maintain confidentiality of protected data 	<ul style="list-style-type: none"> ▪ Staff ▪ Board & Staff ▪ Board & Staff ▪ Board ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing

	<ul style="list-style-type: none"> - Required information is accurately and timely reported to NURSYS®, NPDB and HIPDB - Initiate strategies for data sharing 	<ul style="list-style-type: none"> ▪ Identify processes/strategies to increase communication between BON and constituents ▪ Amend Act to allow for sharing of investigative information with BONs and law enforcement agencies 	<ul style="list-style-type: none"> ▪ Board/Staff ▪ Board/Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY2013
<i>C.4. Collaboration with Internal and External Stakeholders</i>	<ul style="list-style-type: none"> - Collaboration with stakeholders is evidenced in meeting minutes, reports and BON self-assessment - Meet or exceed satisfactory rating for collaboration/communication-related processes as defined through CORE® 	<ul style="list-style-type: none"> ▪ Include public members on BON committees and panels ▪ Use negotiated rulemaking processes ▪ Identify stakeholders for each major initiative and engage partners as appropriate ▪ Support Mission of ICON 	<ul style="list-style-type: none"> ▪ Board ▪ Staff/Board ▪ Staff/Board ▪ Board 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing

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"> ▪ 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 ▪ Plans for emergency response and disaster recovery address office and space needs of the Board ▪ Environmental conservation strategies are initiated
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"> ▪ Number of staff and contractors is sufficient to accomplish the essential functions of the Board ▪ Staff meet annual performance expectations for key job responsibilities, customer service and interpersonal relationships ▪ Annual Board self-assessment related to support by staff is positive ▪ Strategic planning directs organizational growth
O.3. Current and Projected Needs of the Board are Supported Through Sound Fiscal Resources Management	<ul style="list-style-type: none"> ▪ Annual budget and FTP appropriation support accomplishment of Mission and strategic goals ▪ Fiscal audit indicates agency adherence to accepted internal controls and fiscal management ▪ Strategic planning considers long-range projections that may impact fiscal resources ▪ Fund balance supports ongoing operations in the event of unexpected revenue reduction
O.4. Operational Systems and Resources Facilitate Agency Processes and Transactions	<ul style="list-style-type: none"> ▪ Strategic planning considers long-range projections that may impact operational systems and resources ▪ Annual budget requests include equipment and software necessary to support short and long-term Board operations ▪ Maintenance contracts and technical personnel support operational systems

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"> - 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 - Plans for emergency response and disaster recovery address office and space needs of the Board - Environmental conservation strategies are initiated 	<ul style="list-style-type: none"> ▪ BON office is publicly convenient, accessible, cost-effective appropriate for the BON image ▪ Agency lease is negotiated and maintained <ul style="list-style-type: none"> - Renegotiation for additional office space ▪ Meeting rooms are appropriate for the business conducted, including: public access, convenience, equipment use, etc. ▪ Emergency Response/Disaster Recovery Plan is reviewed/revised ▪ Paperless licensure processes implemented ▪ Paperless BON meetings initiated ▪ Recycling processes maintained 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff ▪ Staff ▪ Staff ▪ Board/Staff ▪ Board/Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ FY 2016 ▪ FY2012 ▪ Ongoing ▪ Annual ▪ FY 2012 ▪ TBD ▪ Ongoing
<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"> - Number of staff and contractor is sufficient to accomplish the essential functions of the Board - Staff meet annual performance expectations for key job responsibilities, customer service and interpersonal relationships - Annual Board self-assessment related to support by staff is positive -Strategic planning directs organizational growth 	<ul style="list-style-type: none"> ▪ Staff adequate in # and qualified for assigned responsibilities ▪ Professional staff compensation plan reinstated ▪ Staff compensation determined consistent with policy and appropriation ▪ Staff perform at or above expectations ▪ Outside contracts maintained for legal counsel, PRN monitoring, select operations ▪ Ongoing staff development enhances knowledge and performance 	<ul style="list-style-type: none"> ▪ ED ▪ Board, ED ▪ ED ▪ ED ▪ ED ▪ ED 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Delayed pending economic recovery ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
<i>O.3. Current and Projected Needs of the Board are Supported Through Sound Fiscal Resources Management</i>	<ul style="list-style-type: none"> - Annual budget and FTP appropriation support accomplishment of Mission and strategic goals - Fiscal audit indicates agency adherence to accepted internal controls and fiscal management - Strategic planning considers long-range projections that may impact fiscal resources -Fund balance supports ongoing operations in the event of unexpected revenue reduction 	<ul style="list-style-type: none"> ▪ Apply accepted internal and external fiscal controls ▪ Develop, implement, adhere to annual budget ▪ BON fund balance >12 mos. operating costs ▪ 10-year agency growth plan implemented/adjusted ▪ Zero-based budgeting implemented 	<ul style="list-style-type: none"> ▪ Board & Staff ▪ Board & Staff ▪ Board & Staff ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Annual ▪ FY2012 ▪ Ongoing ▪ FY 2014
<i>O.4. Operational Systems and Resources Facilitate Agency Processes and Transactions</i>	<ul style="list-style-type: none"> - Strategic planning considers long-range projections that may impact operational systems and resources - Annual budget requests include equipment and software necessary to support short and long-term Board operations - Maintenance contracts and technical personnel support operational systems 	<ul style="list-style-type: none"> ▪ Outsourced systems, contracts support payroll, IT, electronic fee transactions ▪ IT plan adopted/implemented ▪ Resource conservation strategies implemented ▪ Systems/processes streamlined for efficiency, cost-effectiveness 	<ul style="list-style-type: none"> ▪ Staff ▪ Staff ▪ Staff ▪ Staff 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

APNLC	Advanced Practice Nurse Licensure Compact
APRN	Advanced Practice Registered Nurse
APPN	Advanced Practice Professional Nurse
CORE®	Commitment to On-going Regulatory Excellence: A Research Project of the National Council of State Boards of Nursing
HIPDB	Health Integrity and Protection Data Bank: a databank created by Congress in 1990
ICON	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)
LPN	Licensed Practical Nurse
MA-C	Certified Medication Assistant
NCLEX®	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.
NCSBN	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.
NLC	Nurse Licensure Compact: a contract adopted by individual states that provides mutual recognition of nurse licensure between the member states
NLCA	Nurse Licensure Compact Administrators: the entity composed of NLC administrators from each state charged to administer the Compact
NPDB	National Practitioner Data Bank: a databank created by Congress in 1986
NURSYS®	Nurse Licensure Information System: centralized nurse licensure database developed and maintained by NCSBN

PPERP	Practitioner/Practice Error 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
PRN	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
RN	Licensed Professional/Registered Nurse
TERCAP®	Taxonomy of Error, Root Cause Analysis and Practice-responsibility: An adverse event reporting system of the National Council of State Boards of Nursing
UAP	Unlicensed Assistive Personnel
ULR	Uniform Licensure Requirements: standard requirements adopted by the NCSBN Delegate Assembly

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