

Oklahoma Senate Committee on Appropriations

2013-14 Performance Report

Oklahoma Board of Nursing

AGENCY MISSION STATEMENT

The mission of the Oklahoma Board of Nursing is to safeguard the public's health, safety, and welfare through the regulation of nursing practice and nursing education.

Adopted by the Oklahoma Board of Nursing, September 2012.

LEAD ADMINISTRATOR

Kim Glazier, RN, M.Ed.  
Executive Director  
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GOVERNANCE

The Oklahoma Board of Nursing regulates 73,000+ active licensed nurses. The Board is composed of eleven members appointed by the Governor - six are registered nurses, three are licensed practical nurses, and two are citizens of the State who represent the public. All members serve for a period of five years, with the Public Members serving co-terminously with the Governor. The officers of the Board are the President, Vice-President, and Secretary-Treasurer who are elected annually.

Board Members	Term Expires
Liz Michael, MS, RN, President	5/31/2013
Joni Jeter, MS, RN, Vice-President	5/31/2014
Lauri Jones, BSN, RN, Secretary-Treasurer	5/31/2015
April Merrill, DNP, APRN-CNS	5/31/2016
Madonna Newcomer, MS, RN	5/31/2016
Lynda Korvick, PhD, RN	5/31/2017
Jean Winter, LPN	5/31/2013
Marilyn Turvey, BS, LPN	5/31/2016
E. Sandi Hinds, LPN	5/31/2017
Cori Loomis, JD, Public Member	Co-term with Governor
K. Renee Collingwood, CFP, Public Member	Co-term with Governor

The Board employs an Executive Director and defines the duties. The Executive Director is responsible for the administration of the agency in accordance with Oklahoma Statutes, Rules, and directives of the Board.

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Committees	Area of Focus	Type of Committee
Certified Registered Nurse Anesthetist (CRNA) Formulary Advisory Council	Maintain Inclusionary Formulary that lists drugs or categories of drugs that may be ordered, selected, obtained or administered by CRNA's.	Statutory – 59 O.S. § 567.4b  Membership defined in statutes – 2 CRNAs, 2 Anesthesiologists, 1 Pharmacist
Formulary Advisory Council	Maintain Exclusionary Formulary that lists drugs or categories of drugs that shall not be prescribed by Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS) and/or Certified Nurse Midwives (CNM)	Statutory - 59 O.S. § 567.4a. (9)  Membership defined in statutes – 4 Physicians, 4 Pharmacists, 1 CNP, 1 CNS, 1 CNM, 1 Board Member
Nursing Education and Nursing Practice Committee	Provide input to the Board on nursing practice and nursing education issues	Advisory
Advanced Practice Advisory Committee	Provide input to the Board on Advanced Practice nursing issues	Advisory

GOVERNANCE ACCOUNTABILITY

Attendance for board members is addressed in the Nursing Practice Act stating that one of the grounds for removal of a board member by the Governor *is absent from more than half of the regularly scheduled Board meetings that the member is eligible to attend during a calendar year, unless the absence is excused by a majority vote of the Board* [59 O.S. § 567.4. (D)(1)(c)].

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MODERNIZATION EFFORTS

<b>Government Modernization Efforts</b>			
	<b>Government Modernization Effort</b>	<b>Statute</b>	<b>Fiscal Impact</b>
1	Voluntarily consolidated all Information Technology services to OMES/ISD.	62 O.S. §§ 35.1 et seq. (various sections do not apply to non-appropriated state agency)	Cost Burden
2	Voluntarily utilize OMES Agency Business Services for shared financial and purchasing services with exclusive utilization of the following programs, services, software and processes provided through the Integrated Central Financial System ("CORE"): accounts receivable, accounts payable, purchasing system, budgeting system and budget request system. (Shared services utilized since 01/2006)		Cost Savings
3	Voluntarily utilize OMES Human Capital Management for shared payroll and human resources services with exclusive utilization of the following programs, services, software and processes provided through the Integrated Central Financial System ("CORE"): payroll, employee leave system, human resources and enterprise learning management. (Shared services utilized since 07/2008 for payroll and human resources; employee leave system and enterprise learning management implemented in 2011.)	62 O.S. § 34.11.6 (payroll shared services)	Cost Savings
4	Twenty-seven licensure applications are electronically available for submission and payment through ok.gov with 90% of applications/fees submitted electronically during FY 2013 first quarter. (Renewal applications have been electronically available for submission and payment through ok.gov since 02/2003 with a current 99% adoption rate.)	62 O.S. § 34.24.1	Renewal – cost savings; Other licensure applications – cost neutral to date.
5	The agency's quarterly performance indicators are posted on the Agency's website ( <a href="http://www.ok.gov/nursing/agencystats.pdf">http://www.ok.gov/nursing/agencystats.pdf</a> ).		Cost neutral
6	Licensure Verification data available on secured website free to the public, 24/7 access, updated daily with site search functionality (since 2003 through ok.gov). a. In July 2011, the agency began posting licensure disciplinary Board Orders on the agency's licensure verification website. Licensure disciplinary Board Orders back to January 1, 2009 were also uploaded to the licensure verification website.		Cost neutral
7	In 2012, implemented the GovDelivery platform for communication with licensees (73,000+) and subscribers.		Cost Savings

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	<b>Government Modernization Effort</b>	<b>Statute</b>	<b>Fiscal Impact</b>
8	Submit agency publications to the "documents.ok.gov" web portal.	62 O.S. § 34.11.3 (C)	Cost Neutral
9	Created an "Agency Data" page on the agency's website for the public to easily obtain information about the following: <ul style="list-style-type: none"> <li>a. Audits conducted on the Agency</li> <li>b. Nursing Education Program information including national licensure exam pass rates</li> <li>c. Monthly financial revenue and expenditure reports</li> <li>d. Practice News and Alerts (at the request of employers of licensees) specific to new statutes, rules, policies, guidelines and/or current practice issues</li> <li>e. Licensure statistics</li> </ul>		Cost Neutral
10	In queue with OMES/ISD to move the agency's current licensure database platform to the state's AMANDA licensure database platform.		Implementation Cost Burden; Long term cost analysis not completed
11	In queue with OMES to submit identified agency convenience information sets to the "data.ok.gov" web portal.	62 O.S. § 34.11.2 (D)	Cost Estimate not completed
12	In queue with OMES Agency Business Services to implement PS Electronic Procurement (Epro) workflow system (pilot agency).		Cost Analysis not completed
13	Participate in National Council State Boards of Nursing (NCSBN) Commitment to Ongoing Regulatory Excellence System (CORE) with submission of FY2012 performance data and stakeholder surveys conducted by NCSBN on three Oklahoma stakeholder groups - licensed nurses, employers of nurses, and healthcare associations. CORE results provide a comparison of performance among participating State Boards of Nursing, data trending, identification of best practices and the use of benchmarking strategies. (Oklahoma Board of Nursing has submitted data to CORE since 2002.) November 2012 - selected as a high performing Board of Nursing to participate in NCSBN CORE focus group on identification of best practices for discipline processes.		

In addition to the cost savings identified under the modernization efforts, the agency has taken the steps listed below to cut costs and/or eliminate wastes.

1. Transition of newsletter services to GovDelivery.
2. Obtaining electronic mail addresses of applicants and licensees to prepare for electronic notification of application status and renewal reminders to cease postal mail notification and decrease work hours required in processing telephone calls.
3. Contracted with external vendor to provide fingerprint imaging services for federal criminal history search. The contract provides standardization in the process and cost charged to applicant at no additional cost to the agency.
4. Contracted with external vendor for drug testing services for those licensees in the Peer Assistance Program or under a Board Order requiring drug testing. This has decreased staff workload related to tracking/managing the drug screen notification and receipt of results. The contract provides standardization in the drug screen notification, collection and reporting process with costs incorporated into the drug screen cost charged to licensees by the vendor.
5. Cross trained staff to cover independent role functions.
6. In 2011, eliminated a statutory committee through requested statute changes. The committee functions were transferred to an existing Advisory committee.

Steps 1-5 listed above have been successful to serve as a role model for other state agencies seeking to keep costs minimal.

#### CORE MISSION

What services are you required to provide which are outside of your core mission? None

Are any services you provide duplicated or replicated by another agency? No

Are there services which are core to your mission which you are unable to perform because of requirements to perform non-core services elsewhere? No

#### PRIVATE ALTERNATIVES

Are any of the services which are performed by the agency also performed in the private sector in Oklahoma? No

In other states? Yes. Nursing graduates must show evidence of graduating from a Board of Nursing approved nursing education program for eligibility to take the national licensure examination. Through Oklahoma statutes and rules, the Board of Nursing approves prelicensure nursing programs and evaluates continued approval through time specified survey visits. Many Oklahoma nursing education programs are also accredited by a national nursing accrediting body that evaluates their continued accreditation through time specified survey visits. The Board of Nursing is convening a task force to crosswalk the minimal standards for approved nursing education programs with the accrediting body standards to move forward with rule revisions to decrease duplications of services for those nursing education programs that are also accredited.

Has the agency been approached by any foundation, for-profit or not-for-profit corporation with efforts to privatize some of the functions of the agency? No