

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

**Commitment to Ongoing Regulatory Excellence
(CORE)**

Results of FY09 Data

Nevada Report

April 2011

Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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INTRODUCTION

The purpose of the Commitment to Ongoing Regulatory Excellence (CORE) project is to provide an ongoing performance measurement and benchmarking system for nursing regulators. CORE provides and compares data that can be used for performance measurement and organizational enhancements by boards of nursing (BONs). By providing evidenced-based data nursing regulators are better able to meet their legislative mandate to protect the public.

Through CORE, BONs receive data collected and analyzed by NCSBN. The data may help BONs promote excellence in the provision of regulatory services with the overall goal of public protection.

This is the fourth CORE report on measurement outcomes related to five BON functions: (1) discipline; (2) practice; (3) education program approval; (4) licensure; and (5) administrative. Previous reports were issued for FY02, FY05 and FY07. To compare and identify trends, findings from previous years are reported with results from the FY09 surveys.

NCSBN surveyed BONs and random samples of groups of stakeholders that are directly affected by BON actions. These groups included: (1) employers; (2) education programs; and (3) nurses.

For comparison purposes, each survey question is represented by a table that easily displays aggregate results, jurisdiction-specific results, and results from independent and umbrella BONs. Data from previous years is included in a separate table, when applicable, for trending purposes. A quick assessment of the BON's results when compared to the aggregate data is included in the title of each table with one of the following designations: Below Average, Average or Above Average.

Questions from all four surveys were classified into one of the aforementioned five BON functions. Selected scatter plots are included to aid in the comparison of data reflected in the tables. A description of how to interpret these scatter plots can be found in the Appendix A.

Appendix B lists all of the jurisdictions that have participated in the CORE survey by year. Responses to open-ended questions from the FY09 CORE surveys are listed in Appendix C. All four surveys are included in Appendices D through G as a reference.

The CORE Committee is pleased to present the data for the 2009 CORE Project to Member Boards and hopes the data will prove helpful as one method of performance measurement. NCSBN staff is available to assist individual states in further analysis and interpretation of their state's data.

EXECUTIVE SUMMARY

The fiscal year 2009 (FY09) CORE data include confirmation of findings from previous years, updates to items in transition, and discoveries from newly asked questions. In the area of discipline, BONs typically complete about two-thirds of their total investigative caseload in a given year (BON Questions 6, 7, and 8) with only 20 percent of the cases remaining open for longer than a year (BON Question 4). On average, it takes BONs about six months to resolve an advanced practice registered nursing (APRN) case and seven months to resolve a registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) case (BON Question 5). In FY09, BONs averaged opening investigations against nearly 1,400 individual nurses – a noticeable increase over the FY07 figure (BON Question 9). This is reflected in the increased percentage of nurses who indicated that they had been involved in their BON's discipline process in the past two years (Nurses Question 21).

Despite the increased workload, public expectations of service are high. Employers indicated that they thought four weeks to be a reasonable time to resolve a complaint (Employers Question 28). Not surprisingly, just barely over half of the employers involved with discipline cases thought that their BONs resolved complaints in a timely manner (Employers Question 29). In order to address these concerns, BONs have delegated some activities to staff. Staffs in almost all BONs have the ability to triage complaints and many have the ability to close complaints without any BON action. In half of the BONs, staff has the ability to resolve cases without any BON action (BON Question 14). Overall, employers still rated their BON's disciplinary process as "effective" in protecting the public (Employers Question 32).

In the area of practice, most nurses surveyed indicated that they somewhat understand the differences between the roles of the BON and professional associations (Nurses Question 8) and that they understand the scope of a nurse's practice defined by the nurse practice act (Nurses Question 9). Six percent of the nurses surveyed contacted their BON about a practice issue and typically found the response to be helpful and timely (Nurses Questions 10, 10a, 11). A little over two-thirds of the nurses surveyed in FY09 indicated that they knew how to report a suspected violation of the nursing laws, which represents a slight increase over prior years (Nurses Question 24). Overall, nurses thought the BON did a good job in protecting the health and safety of the public (Nurses Question 25). Of the educational programs surveyed, 84 percent indicated that they had made an inquiry to the BON on an educational issue and found the response to be very helpful (Education Programs Questions 11 and 11a).

In the area of education, over half of the RNs and LPN/VNs surveyed indicated that their basic education had prepared them "very well" to provide safe and effective nursing care (Nurses Questions 6a and 6b). Employers also found new graduates well prepared to provide safe and effective nursing care (Employers Question 6). Education programs found their BON's review process to be effective (Education Programs Question 3) and approval process to be adequate (Education Programs Question 4). Education programs thought the BON's involvement in approving distance education programs to be increasingly essential (Education Programs Question 5). Nearly 14 percent of the education programs surveyed received sanctions (Education Programs Question 13) and most found the BON's involvement in the process to be appropriate and timely (Education Programs Questions 15 and 16).

In the area of licensure, 70 percent of BONs surveyed require federal criminal background checks (BON Question 18) while 67 percent indicated that they perform audits of the process (BON Question 20). While many BONs conduct no part of the initial licensure process online, those that do tend to do almost all of the processing online (BON Question 21). It typically takes BONs 11 days to process licenses by initial examination and four days to process renewals. In general, nurses indicated that they were satisfied with the licensure process (Nurses Question 14).

In the administrative area, on average, 11.5 fulltime employees (FTEs) are directly involved with investigations (BON Question 15); two fulltime attorneys are hired for legal services (BON Question 16); 2.2 FTEs are directly involved with education program approval (BON Question 23); eight FTEs are directly involved with licensure (BON Question 24); and 2.1 FTEs are directly involved with practice (BON Question 25). Average BON expenditures total a little less than four million dollars (BON Question 17). A little over 10 percent of the nurses surveyed indicated that they had contacted the BON about a nonpractice issue (Nurses Question 13) and were satisfied with their communication with the BON (Nurses Question 13a). Overall, nurses surveyed thought the BON did a good job in protecting the health and safety of the public (Nurses Question 25).

Employers also thought the BON did well in protecting the health and safety of the public (Employers Question 33). Employers thought the BON provided adequate involvement in the areas of evolving scopes of practice and legislative issues. In the areas of nursing supply and demand and workplace issues, 30 percent of the employers thought the BON provided too little regulation (Employers Question 24). Education programs surveyed thought that the BON was “effective” in promoting public protection, promoting quality in education and responding to health care changes. Education programs thought BONs were “somewhat effective” in responding to innovation in education (Education Programs Question 1).

Please note that data for BON Question 12 (*Of the total complaints resolved in FY2009 what percent of the complaints were resolved through ...*) are not included in this report. The basis on which percentages were calculated by respondents was not consistent across the returned surveys. Some respondents based their percentages on the “Disciplinary Action” and “Non-Disciplinary Action” subgroups of response categories while others based their percentages on all of the possible subcategories. For some responses, it was not clear which method was used. As a result, the data for this question could not be reconciled in a meaningful way and analysis of the question was omitted.

Be sure to check the question sample size (n) when drawing any conclusions about the data. The sample sizes for some of the questions are quite small across all jurisdictions. In addition, the number of respondents to the nursing programs survey is low for some jurisdictions, making the sample size for all of the questions in that survey small. Finally, relevant tables and graphs may have been left blank due to an overall lack of data or if responses were not obtained for a particular question on a survey.

SUMMARY OF HOW NEVADA COMPARES TO AGGREGATE DATA

Above Average in Comparison to Aggregate Data

Discipline

BONs Question 4: Percentage of Cases Still Open at End of FY09

BONs Question 5: Estimated Time (in Days) to Resolve a Case by Type of Licensees – FY09

BONs Questions 6, 7, and 8: Percent of Investigations Completed – FY09

BONs Question 13: Time from Receipt to Resolution of Complaint – FY09 (Settlement, Hearing, and Dismissal)

Nurses Question 21: Involvement in Disciplinary Process

Employers Question 27: Involvement in Disciplinary Process

Employers Question 29: Employers' Perceptions of Timeliness of the Complaint Resolution

Employers Question 32: Effectiveness of the Disciplinary Process in Protecting the Public

Practice

Nurses Question 8: Differences Between Roles of BONs and Professional Associations

Nurses Question 9: Understand the Scope of Practice as Defined by the Nurse Practice Act

Nurses Question 10: Contacted BON about Practice Issues

Nurses Question 23: Nurses' Understanding of State Laws About Reporting Misconduct

Nurses Question 24: Nurses' Knowledge of How to Report a Suspected Violation of Nursing Laws or Rules

Employers Question 15: Understand the Scope of Practice as Defined by the Nurse Practice Act

Education Programs Question 11: Inquiry to BON on Educational Issues

Education

Nurses Question 6b: LPN/VN Preparation for Practice

Licensure

BONs Question 26: Time to Process Licensure Applications – Initial Licensure

BONs Question 26: Time to Process Licensure Applications – Renewals

Nurses Question 4: Average Number of Years Licensed to Practice as a Nurse

Administrative

BONs Question 25: FTEs Involved with Practice

Nurses Question 7: Attend BON Meeting

Employers Question 7: Responsiveness of BON to Changes in Practice

Employers Question 9: Contacted BON About Nonpractice Issues

Employers Question 10: Employers' Perceptions Regarding Telephone System

Employers Question 12: Employers' Perceptions Regarding BON Website

Employers Question 33: Employers' Perceptions Regarding Effectiveness in Protecting the Public

Education Programs Question 1: Education Programs' Perceptions Regarding Effectiveness of Regulation

Education Programs Question 2: Education Programs Reviewed by BON

Education Programs Question 7: Education Programs' Perceptions of BON Timeliness in Addressing Emerging Issues

Education Programs Question 8: Education Programs' Perceptions Regarding Telephone System

Education Programs Question 9: Education Programs' Perceptions Regarding BON Newsletter

Average in Comparison to Aggregate Data

Discipline

BONs Question 13: Time from Receipt to Resolution of Complaint – FY09 (Referral)
Nurses Question 22: Effectiveness of the Disciplinary Process in Protecting the Public
Employers Question 18: Nondisciplinary Remediation Activities for Nurses with Practice Issues
Employers Questions 30 and 31: Aspects of the Disciplinary Process

Practice

Nurses Question 10a: Helpfulness of the BON on Questions About Practice Issues
Nurses Question 11: Timeliness of BON on Questions about Practice Issues
Nurses Question 12: Responsiveness of BON to Changes in Practice
Nurses Question 15: Who to Contact First with a Practice Question
Nurses Question 25: Nurses' Perceptions Regarding Effectiveness in Protecting the Public
Employers Question 16: Who to Contact First with a Practice Question
Employers Question 17: Understanding of Obligation to Report a Suspected Violation of Nursing Statutes and Rules
Employers Question 25: Contacted BON about Practice Issues
Education Programs Question 11a: Education Programs' Perceptions on BON Helpfulness in Addressing Inquiries Regarding Educational Issues

Education

Nurses Question 6a: RN Preparation for Practice
Employers Question 6: Preparedness of New Graduates by Function – FY09
Education Programs Question 3: Education Programs' Perceptions Regarding Effectiveness of Review Process
Education Programs Question 4: Education Programs' Perceptions of Approval Process
Education Programs Question 13: Percent of Education Programs that Received Sanctions or Faced Closure in the Past Two Years

Licensure

BONs Question 22: Percent of Licensure Renewals Processed Online
Nurses Question 2: Percent Employed as a Nurse
Nurses Question 2a: Number of Years Since Employed as a Nurse if not Currently Employed in Nursing
Nurses Question 14: Nurses' Perceptions Regarding the Licensure Process
Employers Question 5: Number of New Graduates Hired by License Type

Administrative

Nurses Question 13: Contacted BON About Nonpractice Issues
Nurses Question 13a: Satisfaction with BON on Questions Regarding Nonpractice Issues
Nurses Question 17: Ratings of Existing Statutes and Administrative Rules/Regulations
Nurses Question 18: Nurses' Perceptions Regarding BON Newsletter
Nurses Question 19: Nurses' Perceptions Regarding BON Website
Nurses Question 20: Nurses' Perceptions Regarding Telephone System
Nurses Question 25: Nurses' Perceptions Regarding Effectiveness in Protecting the Public
Employers Question 8: Employers' Perceptions Regarding BON Presentations
Employers Question 11: Employers' Perceptions Regarding BON Newsletter
Employers Question 13: Employers' Knowledge of How to Report a Suspected Violation of Nursing Statutes and Rules
Employers Question 21: Ratings of Existing Statutes and Administrative Rules/Regulations
Employers Questions 22: Accessibility of BON Statutes/Rules

Employer Questions 23: Clarity of BON Statutes/Rules

Employers Question 24: Employers' Perceptions of BON's Involvement in Areas of Interest

Employers Question 26: Reasonable Number of Business Days to Answer a Practice Question

Education Programs Question 12: Education Programs' Perceptions Regarding Familiarizing Program Directors with Rules, Regulations and Policies

Education Programs Question 18: Education Programs' Perceptions on Assistance Provided by BON Staff

Education Programs Question 19: Ratings of Existing Statutes and Administrative Rules/Regulations

Below Average in Comparison to Aggregate Data

Discipline

BONs Question 2: Number of Complaints against Nurses – FY09

BONs Question 3: Number of Potential Violations – FY09

BONs Question 9: Number of Nurses with Investigations Opened Against Them – FY09

BONs Question 10: Nurses Initially Placed on Active Probation/Restriction/Monitoring – FY09

BONs Question 11: Number of Nurses Who Violated BON Orders – FY09

Employers Question 28: Reasonable Number of Business Days to Resolve a Complaint

Practice

None

Education

BONs Question 27: Number of Education Programs

Education Programs Question 5: Education Programs' Perceptions of Distance Education Approval Process

Licensure

BONs Question 21: Percent of Initial Licenses Processed Online

Nurses Question 2b: Currently a Nursing Student

Employers Question 1a: Length of Employment (Number of Years in Current Position)

Employers Question 3: Number of FTE Nursing Personnel Employed

Administrative

BONs Question 15: FTEs Involved with Investigations

BONs Question 16: Attorney FTEs

BONs Question 17: Expenditures by Functional Area – FY09

BONs Question 23: FTEs involved with Education Program Approval

BONs Question 24: FTEs Involved with Licensure

Education Programs Question 6: Education Programs' Perceptions of BON in Addressing Emerging Issues

Education Programs Question 10: Education Programs' Perceptions Regarding BON Website

METHOD

Response Rates

A total of 59 BONs were mailed a CORE survey. Nonresponders were mailed a second follow-up survey. The overall response rate from BONs was 56 percent, which represents a slight decrease from FY07. There were slight decreases in the nurses, employers and education programs response rates, but increases in the overall participation among nurses, employers and education programs due to the increased number of surveys mailed (Table 1).

Table 1: Response Rates

	Number Mailed				Number Returned				Response Rate			
	2002	2005	2007	2009	2002	2005	2007	2009	2002	2005	2007	2009
Boards of Nursing	60	59	59	59	39	34	34	33	65%	58%	58%	56%
Nurses	13,996	28,000	57,521	96,023	2,681	5,061	16,521	24,904	19%	18%	29%	26%
Employers	1,378	2,464	3,056	6,677	443	571	893	1,264	32%	23%	36%	19%
Education Programs	1,060	1,412	2,928	3,563	619	612	1,583	1,757	58%	43%	54%	49%

Table 2: Response Rates of Nevada Stakeholder Survey Tools

	Number Mailed				Number Returned				Response Rate			
	2002	2005	2007	2009	2002	2005	2007	2009	2002	2005	2007	2009
Nurses	-	1,000	1,200	2,500	-	225	363	465	-	23%	30%	19%
Employers	-	100	100	100	-	19	39	29	-	19%	39%	29%
Education Programs	-	10	9	14	-	2	3	10	-	20%	33%	71%

A total of 58 BONs (98 percent) participated in the FY09 study. Participation of a jurisdiction was defined as having a survey completed and returned by the BON or one of the three stakeholder groups in that jurisdiction. Appendix A lists all BONs participating in the FY02, FY05, FY07 and FY09 data collection efforts, and the surveys completed by each BON and stakeholder group.

DISCIPLINE – BONs

The median number of complaints against nurses received by BONs in FY09 was 1,169 (BON Question 2). Of those complaints, a median number of 978 (84 percent) were initially determined to be potential violations within the BON's jurisdiction (BON Question 3).

Table 3: BONs Question 2: Number of Complaints against Nurses – FY09

(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>How many complaints against nurses did the board receive in FY2009?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	28	1	21	7
Average (mean)	1,855	975	1,987	1,460
Standard Deviation	2,759	–	3,124	1,214
Median	1,169	975	1,086	1,370
Range	79 to 13,511	975	79 to 13,511	215 to 3,921

Table 4: BONs Question 3: Number of Potential Violations – FY09

(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Of all captured complaints counted in question 2, how many were initially determined to be potential violations within the jurisdiction of the board?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	29	1	22	7
Average (mean)	1,680	975	1,911	957
Standard Deviation	2,685	–	3,085	770
Median	978	975	1,032	581
Range	79 to 13,365	975	79 to 13,365	215 to 2,282

Over half of the cases open at the end of FY09 were open for six months or less; 80 percent of the cases were open for a year or less (BON Question 4).

Table 5: BONs Question 4: Percentage of Cases Still Open at End of FY09

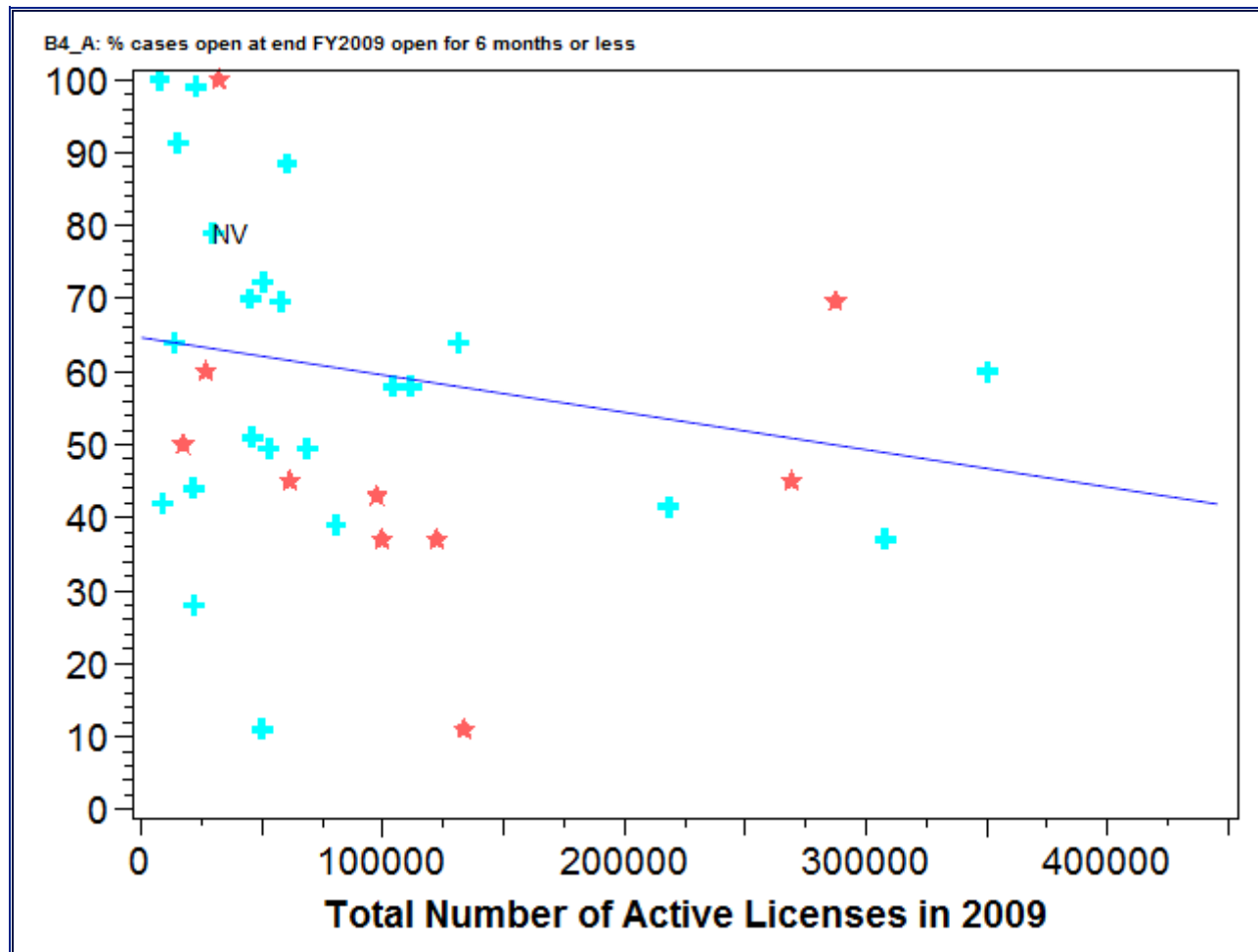
(Nevada Compared to Aggregate: **ABOVE AVERAGE**)

<i>What percentage of the cases still open at the end of FY2009 had been open for ...</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
6 months or less	24	60% (24%)	79%	19	59% (25%)	5	62% (24%)
7 to 12 months	25	24% (19%)	14%	19	21% (13%)	6	33% (31%)
13 to 24 months	24	14% (12%)	4%	19	14% (12%)	5	12% (10%)
25 months or more	26	6% (9%)	0%	20	6% (9%)	6	6% (6%)

FY09 CORE Data – Survey of BONs

Nevada Data

Figure 1: Question 4: Percentage of Year-end Cases Open for Six Months or Less



*Umbrella BONs
+Independent BONs

On average, it takes BONs about six months to resolve an APRN case and seven months to resolve an RN or LPN/VN case (BON Question 5).

Table 6: BONs Question 5: Estimated Time (in Days) to Resolve a Case by Type of Licensees – FY07

<i>On average, in FY2007, how many days (please estimate if data not readily available) does it take for a case to be resolved from the date the complaint was received to the date of final resolution?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean	mean	n	mean	n	mean
Number of days for RN/LPNs	18	222	120	14	224	4	217
Number of days for APRNs	13	178	120	9	157	4	223

Table 7: BONs Question 5: Estimated Time (in Days) to Resolve a Case by Type of Licensees – FY09

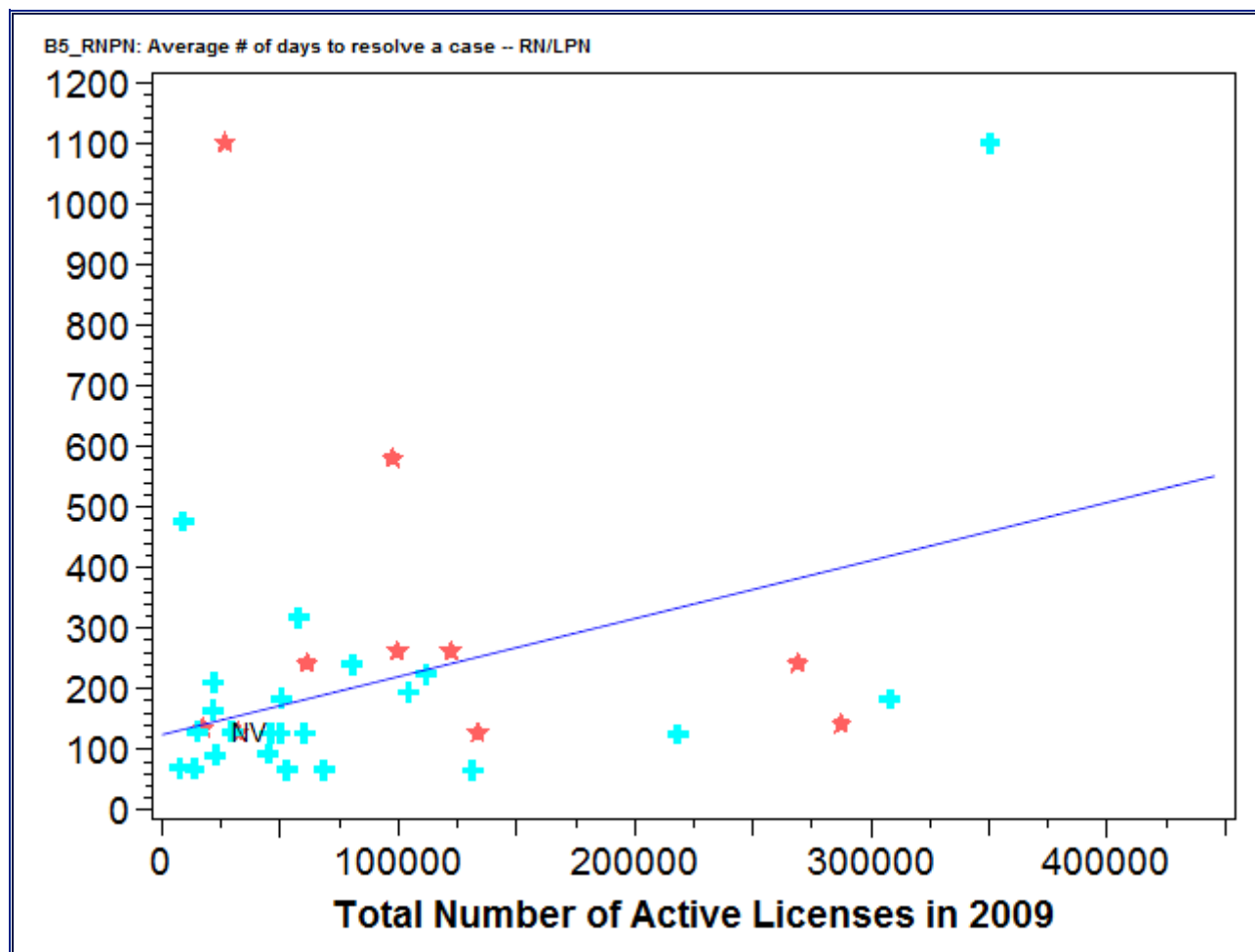
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Of all cases resolved in FY2009, what was the average length of time (in days) between the receipt of the complaint to the resolution of the complaint?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Number of days for RN/LPNs	28	214 (210)	129	22	205 (221)	6	248 (173)
Number of days for APRNs	19	180 (118)	127	14	155 (62)	5	248 (206)

FY09 CORE Data – Survey of BONs

Nevada Data

Figure 2: Question 5: Average Number of Days to Resolve a Case for RNs and LPNs by Total Number of Licenses



*Umbrella BONs
+Independent BONs

On average, BONs complete about two-thirds of their investigative caseload in a given year (BON Questions 6, 7, and 8).

Table 8: BONs Questions 6, 7, and 8: Percent of Investigations Completed – FY07

<i>What was the total number of cases open for <u>investigation</u> on the last day of FY2006?</i> <i>What was the total number of new cases assigned to investigators during FY2007?</i> <i>What was the total number of <u>investigations</u> open on the last day of FY2007?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	31	1	22	9
Average (mean)	66%	71%	65%	68%
Range	23% to 92%	71% to 71%	26% to 87%	35% to 92%

Table 9: BONs Questions 6, 7, and 8: Percent of Investigations Completed – FY09

(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>What was the total number of cases open on the last day of FY2008?</i>				
<i>What was the total number of new cases assigned to investigators during FY2009?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
<i>What was the total number of cases open on the last day of FY2009?</i>				
n	30	1	22	8
Average (mean)	62%	81%	64%	56%
Standard Deviation	24%	–	21%	31%
Range	6% to 98%	81% to 81%	14% to 92%	6% to 98%

On average, BONs opened nearly 1,400 investigations against individual nurses in FY09 – a rate of 15 per thousand licenses. Both the total number and the rate represent noticeable increases over the similar figures for FY07 (BON Question 9).

Table 10: BONs Question 9: Number of Nurses with Investigations Opened Against Them – FY07

<i>How many individual nurses had investigations opened against them during fiscal year FY2007?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean	mean	n	mean	n	mean
Number of nurses with open investigations	33	744	911	21	786	11	725
Number of nurses with open investigations per 1,000 licensees	27	11	35	17	14	10	5
Number of RN/LPNs	28	626	901	17	608	10	712
Number of APRNs	26	33	10	15	18	10	59

Table 11: BONs Question 9: Number of Nurses with Investigations Opened Against Them – FY09
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>How many individual nurses had investigations opened against them during fiscal year FY2009?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Number of nurses with open investigations	29	1,392 (3,085)	944	20	1,730 (3,666)	9	639 (685)
Number of nurses with open investigations per 1,000 licensees	19	15 (14)	32	15	17 (14)	4	8 (10)
Number of RN/LPNs	19	1,446 (3,752)	936	15	1,715 (4,204)	4	434 (500)
Number of APRNs	15	32 (36)	8	12	30 (36)	3	37 (40)

On average, BONs placed 12 individuals per month on active probation/restriction/monitoring in FY09 (BON Question 10).

Table 12: BONs Question 10: Nurses Initially Placed on Active Probation/Restriction/Monitoring – FY07

<i>How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2007 (excluding alternative programs)?</i>	Aggregate (All BONs)			Nevada (Independent)		Independent BONs			Umbrella BONs		
	n	mean	monthly average	mean	monthly average	n	mean	monthly average	n	mean	monthly average
Number of nurses on active Probation/Restriction/Monitoring	34	143	12	27	2	23	97	8	11	241	20
Number of RN/LPNs	26	130	11	25	2	16	70	6	9	256	21
Number of APRNs	24	4	0.3	2	0.2	14	1	0.1	9	8	0.7

Table 13: BONs Question 10: Nurses Initially Placed on Active Probation/Restriction/Monitoring – FY09

(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2009 (excluding alternative programs)?</i>	Aggregate (All BONs)			Nevada (Independent)		Independent BONs			Umbrella BONs		
	n	mean (std)	monthly average	mean	monthly average	n	mean (std)	monthly average	n	mean (std)	monthly average
Number of nurses on active Probation/Restriction/Monitoring	29	143 (244)	12	40	3	22	155 (274)	13	7	108 (114)	9
Number of RN/LPNs	18	122 (266)	11	39	3	15	142 (288)	6	3	23 (23)	2
Number of APRNs	13	4 (9)	0.3	1	0.1	11	4 (10)	0.3	2	4 (6)	0.3

On average, 45 nurses violated BON orders in FY09 – (BON Question 11).

Table 14: BONs Question 11: Number of Nurses Who Violated BON Orders – FY07

<i>How many nurses violated Board orders in FY2007? (excluding alternative programs)</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean	mean	n	mean	n	mean
Number of nurses who violated Board orders	31	38	54	20	31	10	54
Violation rate per 1,000 licenses	25	0.5	2	17	0.6	8	0.4
Number for RN/LPNs	26	32	52	17	28	8	44
Number for APRNs	24	0.7	2	15	0.5	8	1.0

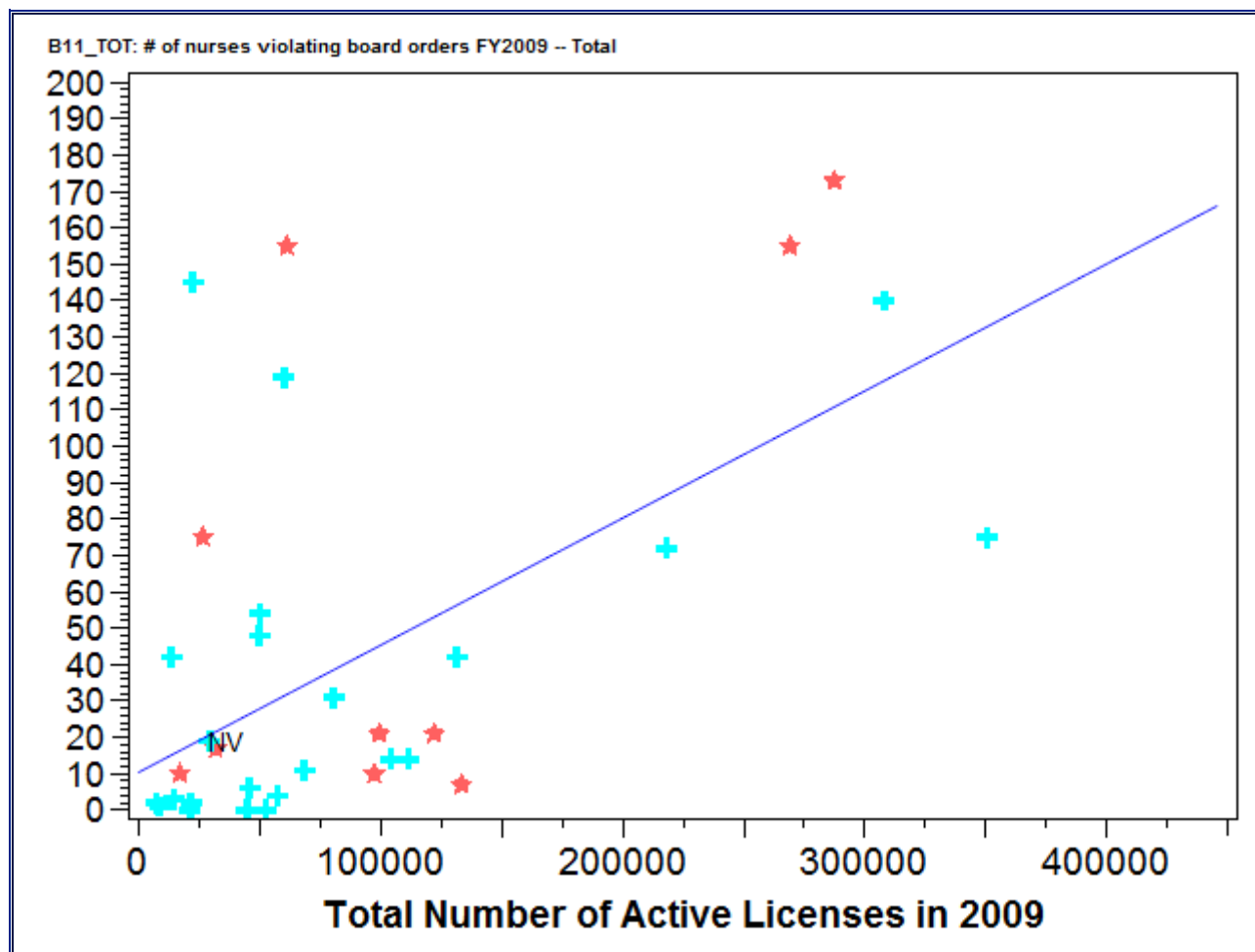
Table 15: BONs Question 11: Number of Nurses Who Violated BON Orders – FY09
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Of the cases with a disciplinary action taken in FY2009, how many were the result of a violation of a board order or consent agreement?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Number of nurses who violated Board orders	26	45 (55)	19	19	41 (48)	7	56 (74)
Violation rate per 1,000 licenses	15	0.7 (0.3)	0.6	12	0.8 (0.3)	3	0.2 (0.3)
Number for RN/LPNs	15	31 (47)	18	12	37 (51)	3	10 (10)
Number for APRNs	11	0.8 (1.8)	1	9	0.8 (0.0)	2	1.0 (1.4)

FY09 CORE Data – Survey of BONs

Nevada Data

Figure 3: Question 11: Total Number of Nurses Violating BON Orders in FY09



*Umbrella BONs
+Independent BONs

The amount of time it takes from the receipt to the resolution of a complaint varies by the type of resolution. Referrals to alternative-to-discipline programs in cases involving substance use are resolved in three months, while cases reaching a hearing take almost a year to resolve (BON Question 13).

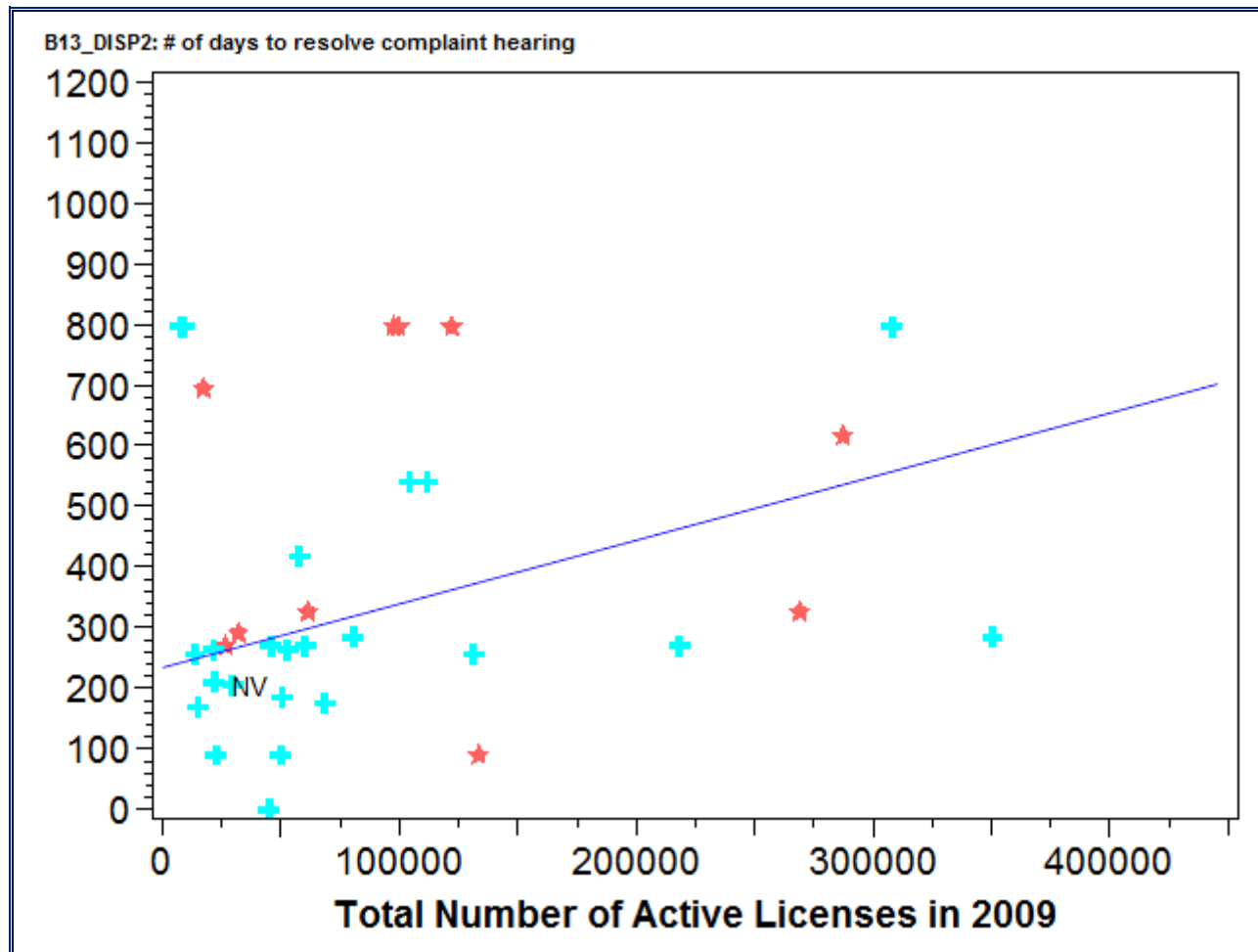
Table 16: BONs Question 13: Time from Receipt to Resolution of Complaint – FY09
(Nevada Compared to Aggregate: Settlement, Hearing, & Dismissal – ABOVE AVERAGE; Referral – AVERAGE)

<i>Of the cases with disciplinary actions, what is the average amount of time (in days) it takes from the receipt of the complaint to the resolution of the complaint?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Disciplinary Action							
Settlement	18	220 (97)	168	13	205 (92)	5	260 (106)
Hearing	18	337 (197)	206	13	297 (189)	5	439 (200)
Other	11	291 (299)	176	7	294 (380)	4	286 (100)
Non-Disciplinary Action							
Referral to alternative-to-discipline (substance use)	15	101 (77)	106	11	96 (74)	4	117 (95)
Referral to alternative-to-discipline (non-substance use)	6	210 (193)	–	3	304 (245)	3	117 (84)
Dismissal	17	177 (243)	32	13	201 (274)	4	103 (78)
Other	13	257 (261)	132	11	260 (286)	2	240 (37)

FY09 CORE Data – Survey of BONs

Nevada Data

Figure 4: Question 13: Number of Days to Resolve a Complaint Through Hearing



*Umbrella BONs
+Independent BONs

Staffs in almost all BONs have the authority to issue licenses and triage complaints without BON action. Most staffs also have the authority to close complaints without BON action. In half of the BONs, staff has authority to resolve discipline cases without BON action (BON Question 14).

Table 17: BONs Question 14: Staff Authority

<i>Does staff have delegated authority by board policy to:</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	# “Yes” (% “Yes”)	# “Yes”	n	# “Yes” (% “Yes”)	n	# “Yes” (% “Yes”)
Triage/prioritize complaints without any board action	33	30 (91%)	1	23	23 (100%)	10	8 (80%)
Close complaints without any board action	33	23 (70%)	1	23	17 (74%)	10	6 (60%)
Issue licenses without any board action	33	32 (97%)	1	23	22 (96%)	10	10 (100%)
Resolve discipline cases without any board action	32	17 (53%)	0	23	12 (52%)	9	5 (56%)

DISCIPLINE – Nurses

About four percent of the nurses surveyed were involved with their BON’s discipline process during the past two years (Nurses Question 21).

Table 18: Nurses Question 21: Involvement in Disciplinary Process

(Nevada Compared to Aggregate: **ABOVE AVERAGE**)

<i>During the past 24 months, have you been involved in any aspect of the Board of Nursing's discipline process?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY02	2,638	3.9%	–	–	2,186	4.0%	452	3.3%
FY05	5,021	2.1%	223	4.0%	3,911	2.5%	1110	1.6%
FY07	16,345	3.2%	361	7.4%	8,711	3.4%	7634	3.2%
FY09	24,836	3.8%	464	7.7%	13,788	4.2%	11,058	3.4%

Nurses involved with their BON’s discipline process during the past two years rated their BON’s disciplinary process as “effective” in protecting the public. Nurses from independent BON states rated their BON’s disciplinary process slightly higher than those from umbrella BON states (Nurses Question 22).

Table 19: Nurses Question 22: Effectiveness of the Disciplinary Process in Protecting the Public

(Nevada Compared to Aggregate: **AVERAGE**)

<i>Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public? (Scale: 4 = very effective; 3= effective; 2= ineffective; 1= very ineffective)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY07	7756	3.09	221	3.11 (0.54)	4333	3.09 (0.44)	3423	3.07 (0.45)
FY09	793	2.95 (0.83)	34	2.91 (0.79)	493	2.98 (0.82)	300	2.91 (0.83)

DISCIPLINE – Employers

Most employers surveyed indicated that their state’s BON has nondisciplinary remediation activities (Employers Question 18).

Table 20: Employers Question 18: Nondisciplinary Remediation Activities for Nurses with Practice Issues
(Nevada Compared to Aggregate: AVERAGE)

<i>Does your state Board have non-disciplinary remediation activities for nurses who have practice issues? (Exclude programs that address alcohol, drug or mental health problems)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY07	467	91.0%	20	100%	326	91.7%	126	86.5 %
FY09	602	92.5%	17	88.2%	349	93.7%	253	90.9%

About 40 percent of the employers surveyed indicated that they had been involved in their state BON’s discipline process during the last two years (Employers Question 18).

Table 21: Employers Question 27: Involvement in Disciplinary Process
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Have you been involved in any aspect of this state’s Board of Nursing complaint handling/discipline process over the past 24 months?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY02	476	36.1%	—	—	408	36.5%	68	33.8%
FY05	567	39.9%	19	26.3%	455	40.2%	112	38.4%
FY07	892	47.6%	39	41.0%	628	47.6%	264	47.3%
FY09	1,255	38.1%	29	51.7%	740	38.7%	515	37.3%

Employers indicated that they thought 19 business days (about four weeks) was reasonable time to resolve a complaint (Employers Question 28).

Table 22: Employers Question 28: Reasonable Number of Business Days to Resolve a Complaint – FY09

(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>What do you think is a reasonable number of business days to take to resolve (take action, dismiss) any complaint?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Number of Business Days	440	19 (19)	14	32 (22)	260	19 (19)	180	20 (18)

Overall, a little over half of the employers indicated that they thought their BON resolved complaints in a timely manner. However, while two-thirds of the employers from independent BON states thought their BON was timely, only one-third of the employers from umbrella BON states thought so of their BON (Employers Question 29).

Table 23: Employers Question 29: Employers' Perceptions of Timeliness of the Complaint Resolution

(Nevada Compared to Aggregate: **ABOVE AVERAGE**)

<i>Overall, did the Board process resolve the complaint(s) in a timely manner?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% "Yes"	n	% "Yes"	n	% "Yes"	n	% "Yes"
FY09	344	54.9%	14	85.7%	203	68.5%	141	35.5%

Overall, employers thought their BON's disciplinary process was "well" communicated and BON staff did "well" in providing assistance during the process. On both aspects of the disciplinary process, employers from independent BON states rated their BON higher than those from umbrella BON states (Employers Question 30 and 31).

Table 24: Employers Questions 30 and 31: Aspects of the Disciplinary Process
(Nevada Compared to Aggregate: ABOVE AVERAGE)

Overall, how well or poorly was the Board of Nursing's disciplinary process communicated to you? How well or poorly did the Board staff provide you with assistance you needed during the disciplinary process? (Scale: 4 = very well; 3 = well; 2 = poorly; 1 = very poorly)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02								
Communication of disciplinary process	156	2.93 (0.83)	—	—	137	2.95 (0.83)	19	2.79 (0.79)
Provided needed assistance during the process	145	3.33 (0.64)	—	—	127	3.36 (0.64)	18	3.11 (0.58)
FY05								
Communication of disciplinary process	211	2.90 (0.82)	5	3.00 (0.71)	168	2.95 (0.84)	43	2.72 (0.70)
Provided needed assistance during the process	202	3.14 (0.66)	5	3.20 (0.45)	161	3.20 (0.64)	41	2.93 (0.69)
FY07								
Communication of disciplinary process	413	2.70 (0.88)	16	2.94 (0.77)	292	2.75 (0.88)	121	2.60 (0.86)
Provided needed assistance during the process	387	2.87 (0.78)	15	3.07 (0.70)	280	2.89 (0.77)	107	2.81 (0.78)
FY09								
Communication of disciplinary process	462	2.65 (0.90)	15	3.13 (0.64)	275	2.79 (0.85)	187	2.45 (0.93)
Provided needed assistance during the process	456	2.78 (0.82)	15	3.27 (0.80)	273	2.93 (0.78)	183	2.55 (0.82)

Employers involved with their BON's discipline process during the past two years rated their BON's disciplinary process as "effective" in protecting the public. Employers from independent BON states rated their BON's disciplinary process higher than those from umbrella BON states (Employers Question 32).

Table 25: Employers Question 32: Effectiveness of the Disciplinary Process in Protecting the Public
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Overall, how effective or ineffective is the Board's disciplinary (complaint/investigation/resolution) process in protecting the public? (Scale: 4 = very effective; 3= effective; 2= ineffective; 1= very ineffective)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	138	3.04 (0.72)	–	–	121	3.07 (0.73)	17	2.82 (0.64)
FY05	207	2.97 (0.74)	5	3.00 (0.00)	165	3.06 (0.70)	42	2.62 (0.76)
FY07	412	2.74 (0.77)	17	2.88 (0.60)	294	2.80 (0.78)	118	2.58 (0.72)
FY09	459	2.76 (0.80)	15	3.00 (0.85)	274	2.91 (0.79)	185	2.53 (0.77)

PRACTICE – Nurses

Of the nurses surveyed 85 percent indicated that they “understand” or “somewhat understand” the differences between the roles of the BON and professional associations (Nurses Question 8).

Table 26: Nurses Question 8: Differences Between Roles of BONs and Professional Associations – FY07

<i>To what extent do you believe that you understand the differences between the roles of the Board of Nursing and professional associations?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	14,021	330	7,671	6,350
Understand	25.7%	46.7%	26.1%	25.2%
Somewhat Understand	60.5%	46.1%	61.0%	60.1%
Somewhat Misunderstand	10.6%	6.7%	10.5%	10.9%
Misunderstand	3.0%	0.6%	2.5%	3.8%

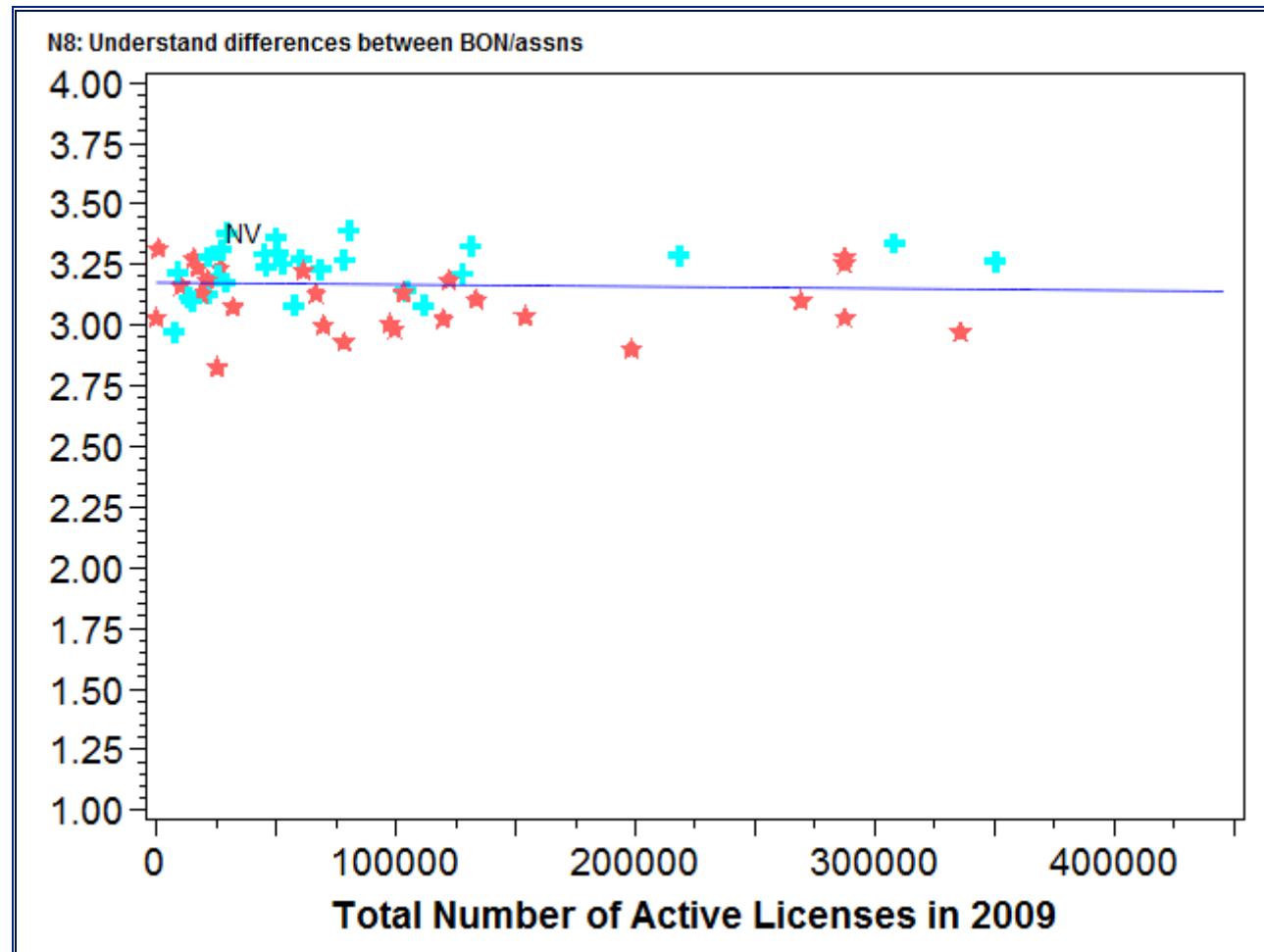
Table 27: Nurses Question 8: Differences Between Roles of BONs and Professional Associations – FY09

(Nevada Compared to Aggregate: **ABOVE AVERAGE**)

<i>To what extent do you understand or misunderstand the differences between the roles of the Board of Nursing and professional associations?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	24,733	463	13,700	11,033
Understand	36.3%	48.8%	38.8%	33.2%
Somewhat Understand	49.3%	43.4%	48.9%	49.7%
Somewhat Misunderstand	9.3%	4.8%	8.1%	10.8%
Misunderstand	5.1%	3.0%	4.1%	6.3%

FY09 CORE Data – Survey of Nurses
Nevada Data

Figure 5: Question 8: Understand Differences Between BON and Professional Associations



*Umbrella BONs

- +Independent BONs

Scale: 4=Understand; 3=Somewhat Understand; 2=Somewhat Misunderstand; 1=Misunderstand

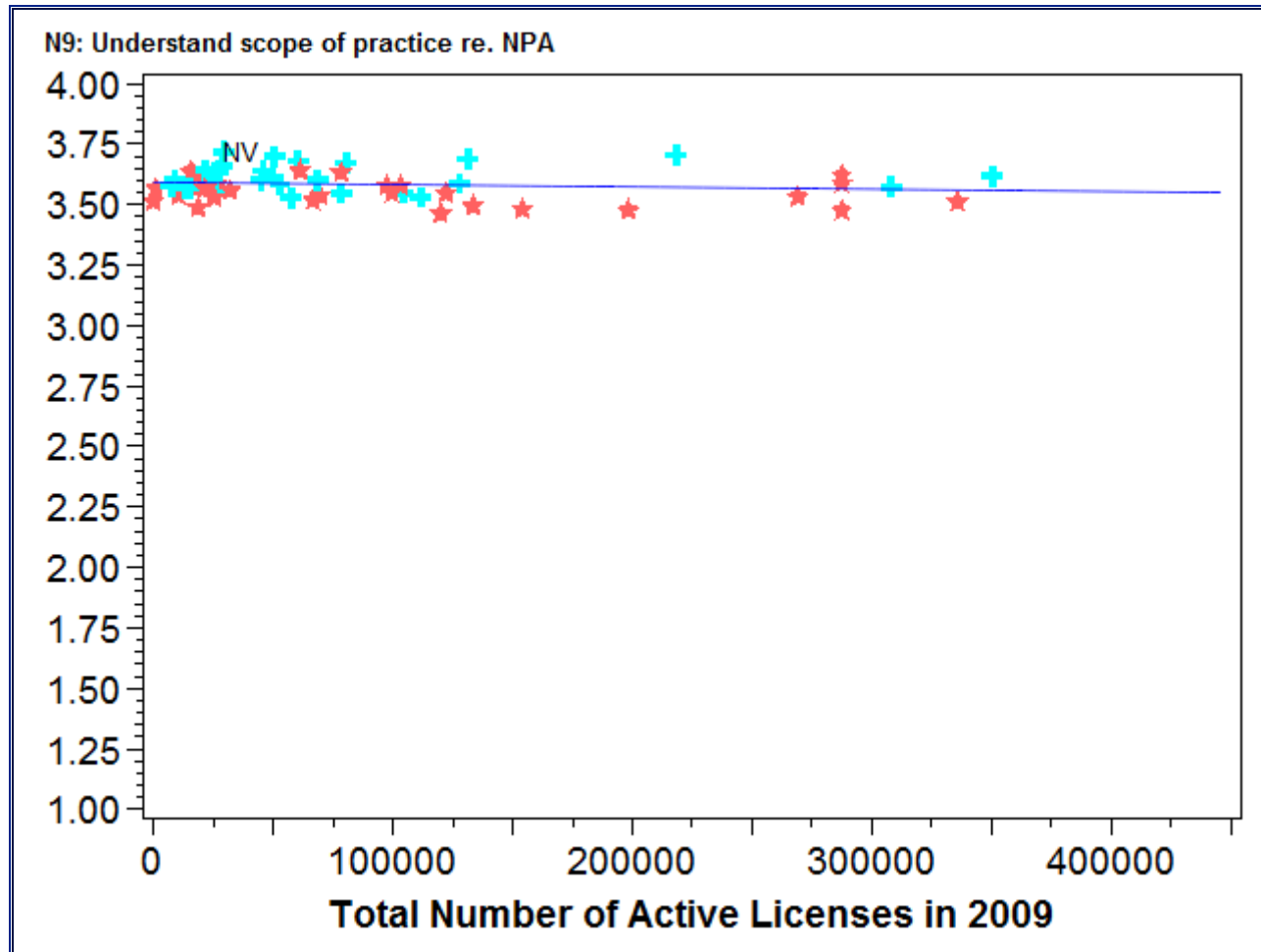
Nurses surveyed indicated that they “understand” the scope of a nurse’s practice as defined by the nurse practice act (Nurses Question 9).

Table 28: Nurses Question 9: Understand the Scope of Practice as Defined by the Nurse Practice Act
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How well do you understand the scope/legal limits of a nurse’s practice, as defined by the Nurse Practice Act and related state statutes and rules? (Scale: 4 = understand; 3 = somewhat understand; 2 = misunderstand; 1 = misunderstand)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	2,622	3.42 (0.58)	–	–	2,174	3.43 (0.58)	448	3.38 (0.59)
FY05	4,909	3.32 (0.58)	217	3.47 (0.54)	3,832	3.33 (0.57)	1,077	3.28 (0.62)
FY07	16,370	3.50 (0.64)	361	3.63 (0.53)	8,724	3.53 (0.65)	7,643	3.47 (0.64)
FY09	24,834	3.58 (0.59)	463	3.72 (0.53)	13,770	3.61 (0.57)	11,064	3.55 (0.61)

FY09 CORE Data – Survey of Nurses
Nevada Data

Figure 6: Question 9: Understand Scope of Practice



*Umbrella BONs

+Independent BONs

Scale: 4=Understand; 3=Somewhat Understand; 2=Somewhat Misunderstand; 1=Misunderstand

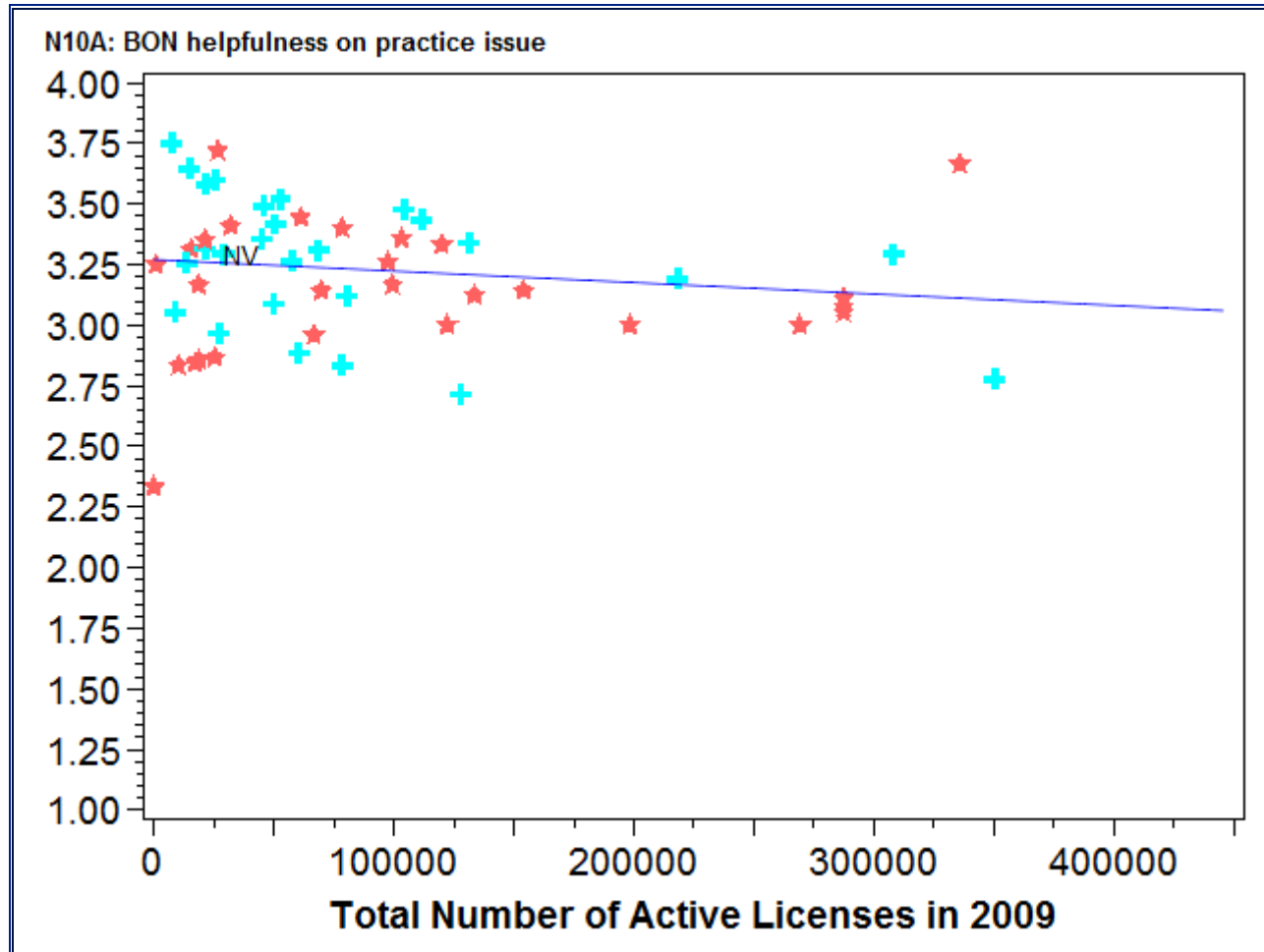
Overall, about six percent of the nurses surveyed indicated that they contacted the BON about practice issues (Nurses Question 10).

Table 29: Nurses Question 10: Contacted the BON About Practice Issues
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>During the past 12 months, did you ask the Board of Nursing in this state about practice issues?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY07	16,388	4.9%	362	11.0%	8,724	5.3%	7,664	4.4%
FY09	24,872	6.1%	464	9.70%	13,788	7.1%	11,084	4.8%

FY09 CORE Data – Survey of Nurses
Nevada Data

Figure 7: Question 10: Helpfulness of BON on Practice Issues



*Umbrella BONs

+Independent BONs

Scale: 4=Very Helpful; 3=Somewhat Helpful; 2=Somewhat Unhelpful; 1=Very Unhelpful

Overall, nurses surveyed indicated that they found their BON “somewhat helpful” on questions about practice issues. Nurses from independent BON states found their BON slightly more helpful than those from umbrella BON states (Nurses Question 10a).

Table 30: Nurses Question 10a: Helpfulness of the BON on Questions About Practice Issues

(Nevada Compared to Aggregate: AVERAGE)

Overall, how helpful or unhelpful was the response you received from the Board of Nursing in this state? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	279	3.37 (0.89)	–	–	240	3.35 (0.90)	39	3.51 (0.79)
FY05	298	3.32 (0.91)	20	3.35 (0.81)	250	3.41 (0.83)	48	2.88 (1.14)
FY07	757	3.26 (0.92)	36	3.33 (0.89)	438	3.29 (0.93)	319	3.23 (0.91)
FY09	1366	3.25 (0.95)	41	3.29 (1.05)	886	3.29 (0.92)	480	3.19 (0.98)

About 84 percent of the nurses surveyed thought that their BON was timely on questions about practice issues (Nurses Question 11).

Table 31: Nurses Question 11: Timeliness of BON on Questions About Practice Issues

(Nevada Compared to Aggregate: AVERAGE)

Overall, did the Board respond to practice questions in a timely manner?	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY05	290	85.2%	22	86.4%	245	87.8%	45	71.1%
FY07	643	83.7%	33	90.9%	372	84.7%	271	82.3%
FY09	1324	83.8%	42	85.7%	861	84.1%	466	83.0%

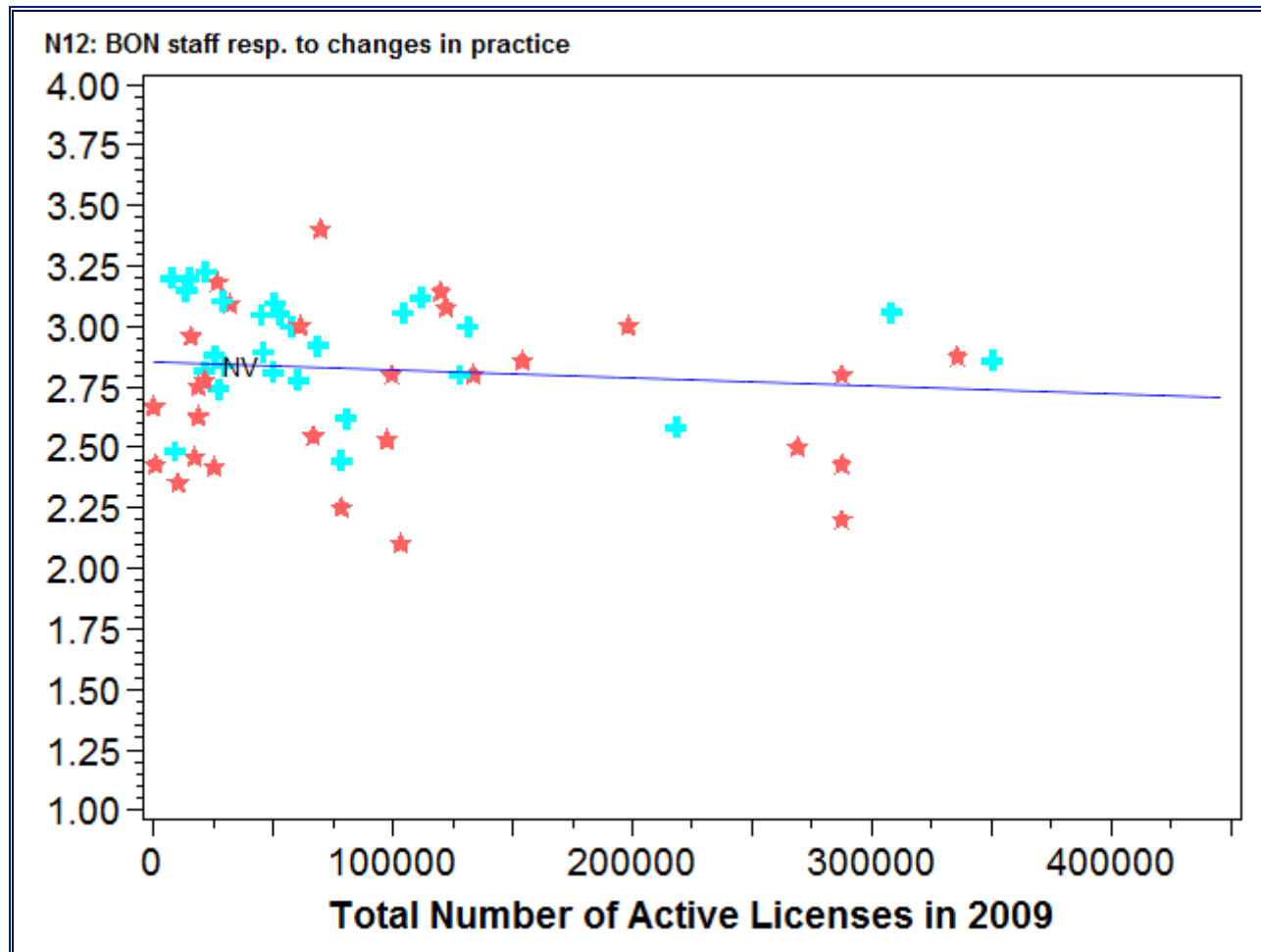
Overall, nurses surveyed indicated that they found their BON “responsive” to changes in practice. Nurses from independent BON states found their BON slightly more responsive than those from umbrella BON states (Nurses Question 12).

Table 32: Nurses Question 12: Responsiveness of BON to Changes in Practice
(Nevada Compared to Aggregate: AVERAGE)

<i>How responsive is the Board of Nursing to changes in practice? (Scale: 4 = very responsive; 3 = responsive; 2 = somewhat responsive; 1 = not responsive at all)</i>	Aggregate (All BON)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY05	206	2.94 (0.83)	19	2.68 (0.82)	176	2.97 (0.82)	30	2.73 (0.91)
FY07	441	2.85 (0.87)	25	2.92 (0.91)	256	2.95 (0.84)	185	2.72 (0.89)
FY09	1084	2.83 (0.89)	37	2.84 (0.96)	699	2.89 (0.86)	385	2.73 (0.93)

FY09 CORE Data – Survey of Nurses
Nevada Data

Figure 8: Question 12: Responsiveness of BON to Changes in Practice



*Umbrella BONs

+Independent BONs

Scale: 4=Very Responsive; 3=Responsive; 2=Somewhat Responsive; 1=Not Responsive at All

Overall, 52 percent of the nurses surveyed indicated that they would first contact their BON with assistance on a statute, rule and other legal requirements question. Of nurses from independent BON states, 58 percent would first contact their BON while 44 percent of nurses from umbrella BON states would do so (Nurses Question 15).

Table 33: Nurses Question 15: Who to Contact First with a Practice Question – FY02

<i>If you had a statute, rule, and other legal requirements question, which one of the following would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)
Board of Nursing	55%	—
Board of Health	0%	—
Professional Nursing Association	5%	—
Facility Attorney	2%	—
Risk Management Department	15%	—
School of Nursing	2%	—
Nursing practice law and rules	16%	—
Other	6%	—

Table 34: Nurses Question 15: Who to Contact First with a Practice Question – FY05

<i>If you had a statute, rule, and other legal requirements question, which one of the following would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)
n	4971	219
Board of Nursing	49%	56%
Board of Health	1%	1%
Professional Nursing Association	3%	–
Facility Attorney	4%	2%
Risk Management Department	19%	20%
School of Nursing	2%	–
Nursing practice law and rules	18%	17%
Other	6%	4%

Table 35: Nurses Question 15: Who to Contact First with a Practice Question – FY07

<i>If you had a statute, rule, and other legal requirements question, which one of the following resources would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	16161	360	8619	7542
Board of Nursing	43%	46%	46%	39%
Board of Health	1%	1%	0%	1%
Professional Nursing Association	4%	2%	3%	5%
Facility Attorney	4%	2%	3%	5%
Risk Management Department	11%	9%	10%	13%
School of Nursing	2%	1%	2%	2%
Nursing practice law and rules	32%	36%	33%	31%
Other	4%	4%	4%	4%

Table 36: Nurses Question 15: Who to Contact First with a Practice Question – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>If you had a practice question, which one of the following would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	24,366	455	13,490	10,876
Board of Nursing	52%	60%	58%	44%
Board of Health	1%	–	1%	2%
Professional Nursing Association	8%	4%	6%	11%
Facility Attorney	2%	0%	2%	3%
Risk Management Department	14%	13%	12%	16%
School of Nursing	2%	0%	2%	2%
Nursing practice law and rules	15%	15%	14%	16%
Other	6%	5%	6%	7%

Overall, nurses surveyed indicated that they “somewhat understand” the laws in their state about reporting misconduct by a nurse. Nurses from independent BON states rated their understanding of the laws slightly higher than those from umbrella BON states (Nurses Question 23).

Table 37: Nurses Question 23: Nurses’ Understanding of State Laws about Reporting Misconduct

(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How well do you understand the laws in your state about reporting misconduct by a nurse? (Scale: 4=Understand; 3=somewhat understand; 2=somewhat misunderstand; 1 = Misunderstand)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	2,632	3.47 (0.62)	–	–	2,182	3.48 (0.61)	450	3.40 (0.63)
FY05	5,013	3.49 (0.62)	224	3.57 (0.55)	3,910	3.51 (0.61)	1,103	3.45 (0.66)
FY07	16,197	3.28 (0.70)	362	3.47 (0.65)	8,657	3.30 (0.68)	7,540	3.25 (0.72)
FY09	24,513	3.33 (0.71)	462	3.48 (0.63)	13,615	3.37 (0.69)	10,898	3.28 (0.73)

A little over two-thirds of the nurses surveyed indicated that they knew how to report a suspected violation of nursing laws (Nurses Question 24).

Table 38: Nurses Question 24: Nurses’ Knowledge of How to Report a Suspected Violation of Nursing Laws or Rules
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Do you know how to report a suspected violation of the nursing laws or rules?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY02	2,616	66.5%	–	–	2,168	67.0%	448	64.1%
FY05	5,012	62.9%	223	76.2%	3,909	64.7%	1,103	56.6%
FY07	16,302	64.5%	359	73.3%	8,699	66.3%	7,603	62.5%
FY09	24,468	68.6%	457	77.9%	13,567	71.1%	10,901	65.5%

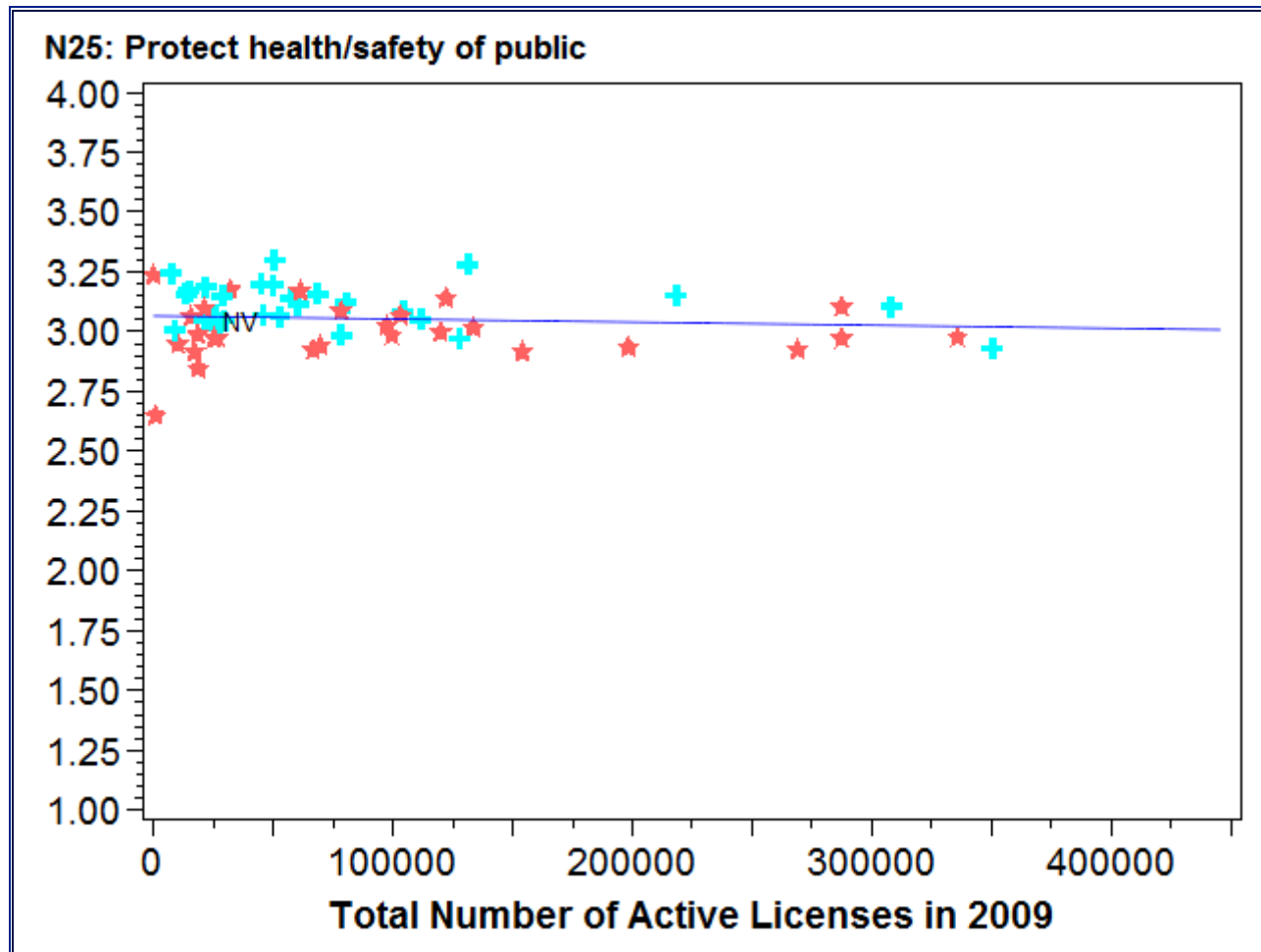
Overall, nurses surveyed indicated that they thought their BON was “good” in protecting the health and safety of the public. Nurses from independent BON states found their BONs to be slightly more effective than those from umbrella BON states (Nurses Question 25).

Table 39: Nurses Question 25: Nurses’ Perceptions Regarding Effectiveness in Protecting the Public
(Nevada Compared to Aggregate: AVERAGE)

<i>Overall, how effective is the state’s Board of Nursing in protecting the health and safety of the public? (Scale: 4 = excellent; 3= good; 2= fair; 1= poor)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	2,450	3.10 (0.63)	–	–	2,040	3.11 (0.62)	410	3.01 (0.65)
FY05	4,855	3.21 (0.61)	221	3.15 (0.68)	3,794	3.24 (0.61)	1,061	3.10 (0.62)
FY07	15,694	3.11 (0.59)	353	3.04 (0.62)	8,490	3.14 (0.57)	7,204	3.07 (0.60)
FY09	23,798	3.06 (0.61)	453	3.04 (0.63)	13,371	3.11 (0.61)	10,427	3.01 (0.61)

FY09 CORE Data – Survey of Nurses
Nevada Data

Figure 9: Question 25: Protecting Health and Safety of Public



*Umbrella BONs
+Independent BONs
Scale: 4=Excellent; 3=Good; 2=Fair; 1=Poor

PRACTICE – Employers

Employers surveyed indicated that they “understand” the scope of a nurse’s practice as defined by the nurse practice act (Employers Question 15).

Table 40: Employers Question 15: Understand the Scope of Practice as Defined by the Nurse Practice Act
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How well do you understand the scope/legal limits of a nurse’s practice, as defined by the Nurse Practice Act and related state statutes and rules?</i> <i>(Scale: 4 = understand; 3 = somewhat understand; 2 = somewhat do not understand; 1 = do not understand)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	472	3.64 (0.51)	–	–	406	3.64 (0.52)	66	3.67 (0.48)
FY05	564	3.39 (0.56)	19	3.42 (0.61)	452	3.39 (0.57)	112	3.40 (0.53)
FY07	887	3.71 (0.49)	39	3.74 (0.44)	624	3.73 (0.48)	263	3.68 (0.51)
FY09	1,260	3.66 (0.52)	29	3.86 (0.35)	742	3.68 (0.51)	518	3.63 (0.54)

Overall, 65 percent of the employers surveyed indicated that they would first contact their BON with assistance on a statute, rule and other legal requirements question. Of the employers surveyed from independent BON states, 72 percent would first contact their BON while 53 percent of employers from umbrella BON states would do so (Employers Question 16).

Table 41: Employers Question 16: Who to Contact First with a Practice Question – FY02

<i>If you had a statute, rule, and other legal requirements question, which one of the following would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)
Board of Nursing	73%	—
Board of Health	1%	—
Professional Nursing Association	4%	—
Facility Attorney	2%	—
Risk Management Department	5%	—
School of Nursing	1%	—
Nursing practice law and rules	11%	—
Other	2%	—

Table 42: Employers Question 16: Who to Contact First a Practice Question – FY05

<i>If you had a statute, rule, and other legal requirements question, which one of the following would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)
n	556	19
Board of Nursing	60%	58%
Board of Health	1%	—
Professional Nursing Association	3%	—
Facility Attorney	2%	53
Risk Management Department	8%	—
School of Nursing	0%	—
Nursing practice law and rules	22%	26%
Other	4%	11%

Table 43: Employers Question 16: Who to Contact First with a Practice Question – FY07

<i>If you had a statute, rule, and other legal requirements question, which one of the following resources would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	885	39	623	262
Board of Nursing	63%	69%	67%	54%
Board of Health	2%	3%	1%	1%
Professional Nursing Association	5%	—	4%	8%
Facility Attorney	3%	—	2%	4%
Risk Management Department	6%	3%	6%	6%
School of Nursing	3%	—	1%	2%
Nursing practice law and rules	19%	23%	18%	20%
Other	3%	3%	2%	5%

Table 44: Employers Question 16: Who to Contact First with a Practice Question – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>If you had a practice question, which one of the following would you be most likely to contact first for assistance?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	1172	28	697	475
Board of Nursing	65%	71%	72%	53%
Board of Health	2%	–	1%	4%
Professional Nursing Association	5%	4%	2%	8%
Facility Attorney	3%	–	2%	4%
Risk Management Department	6%	–	5%	8%
School of Nursing	1%	–	1%	1%
Nursing practice law and rules	17%	25%	15%	20%
Other	4%	–	3%	6%

Employers surveyed indicated that they “understand” their obligation to report violations of nursing statutes and rules (Employers Question 17).

Table 45: Employers Question 17: Understanding of Obligation to Report a Suspected Violation of Nursing Statutes and Rules

(Nevada Compared to Aggregate: AVERAGE)

<i>How well do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing? (Scale: 4 = understand; 3 = somewhat understand; 2 = somewhat do not understand; 1 = do not understand)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	470	3.83 (0.40)	–	–	405	3.84 (0.39)	65	3.75 (0.43)
FY05	565	3.72 (0.50)	19	3.89 (0.32)	454	3.72 (0.51)	111	3.72 (0.47)
FY07	891	3.83 (0.43)	39	3.82 (0.39)	627	3.83 (0.43)	264	3.82 (0.45)
FY09	1,255	3.82 (0.43)	29	3.90 (0.31)	738	3.81 (0.43)	517	3.83 (0.42)

Overall, 31 percent of employers surveyed indicated that they contacted the BON about practice issues in the past year. Of the employers surveyed from independent BON states, 37 percent had contacted their BON while 22 percent of employers from umbrella BON states had done so (Employers Question 25).

Table 46: Employers Question 25: Contacted BON about Practice Issues
(Nevada Compared to Aggregate: AVERAGE)

<i>During the past 12 months, did you make any inquiries of the Board staff in this state about practice issues?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY07	892	43.6%	39	46.2%	628	47.1%	264	35.2%
FY09	1254	31.0%	29	34.5%	738	37.1%	516	22.3%

PRACTICE – Education Programs

Overall, 84 percent of the education programs surveyed indicated that they made an inquiry to the BON about educational issues during the past two years (Education Programs Question 11).

Table 47: Education Programs Question 11: Inquiry to BON on Educational Issues – FY09
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing regarding educational issues?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
Inquiry to BON on Educational Issue	1750	84.1%	10	100%	926	86.9%	824	80.9%

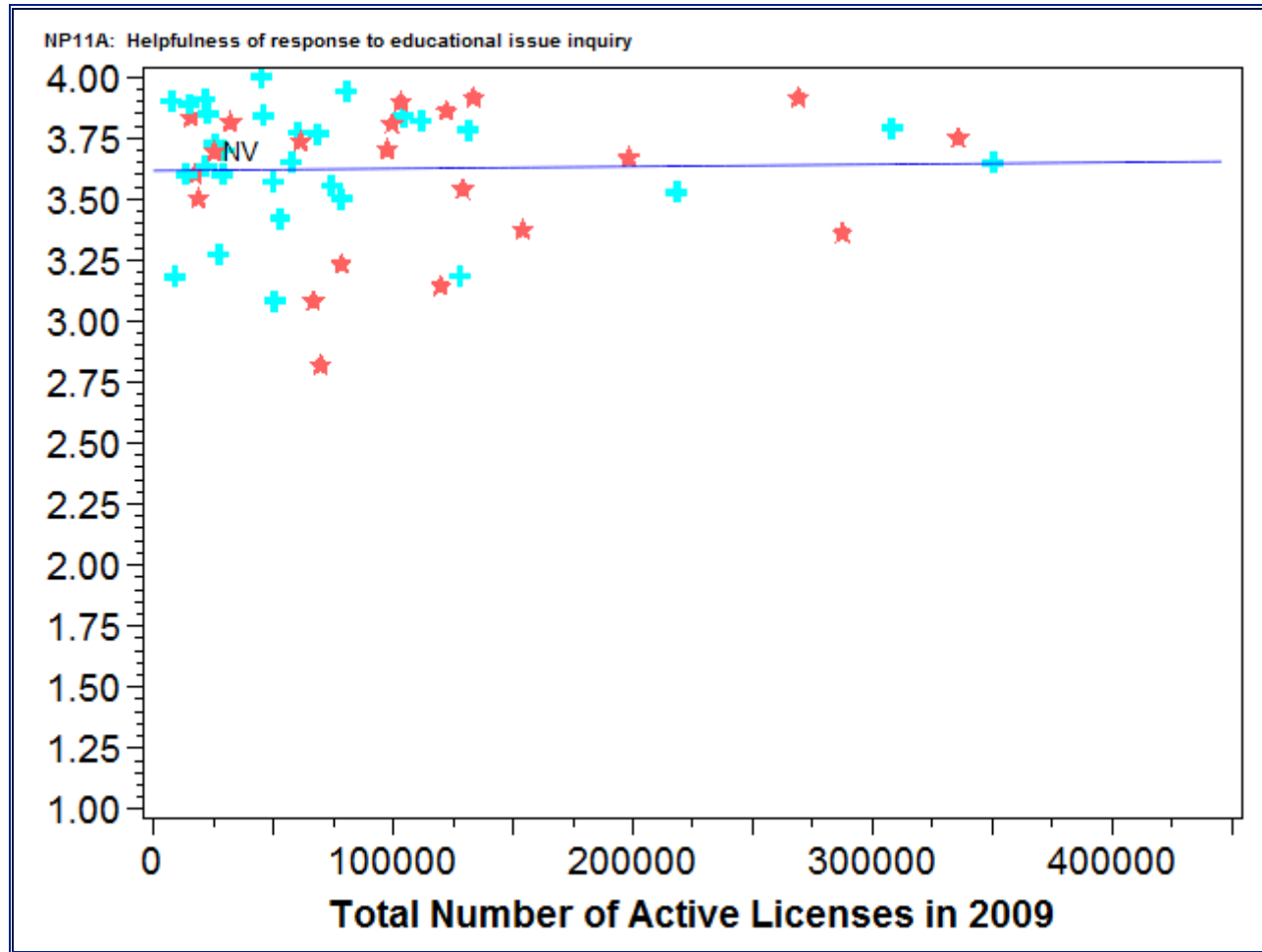
Education programs making inquiries to the BON about educational issues during the past two years found the responses to be “very helpful” (Education Programs Question 11a).

Table 48: Education Programs Question 11a: Education Programs’ Perceptions on BON Helpfulness in Addressing Inquiries Regarding Educational Issues
(Nevada Compared to Aggregate: AVERAGE)

<i>During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing in this state regarding educational issues? If you responded “yes”, then how helpful was the response you received? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	153	3.78 (0.55)	–	–	97	3.88 (0.33)	56	3.61 (0.78)
FY05	472	3.72 (0.57)	2	4.00 (0.00)	302	3.73 (0.56)	170	3.69 (0.59)
FY07	1,385	3.68 (0.59)	3	4.00 (0.00)	832	3.70 (0.57)	553	3.66 (0.62)
FY09	1,465	3.65 (0.63)	10	3.70 (0.48)	802	3.68 (0.61)	663	3.62 (0.66)

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 10: Question 11A: Helpfulness of BON with Inquiries Regarding Educational Issues



*Umbrella BONs

+Independent BONs

Scale: 4=Very Helpful; 3=Somewhat Helpful; 2=Somewhat Unhelpful; 1=Very Unhelpful

EDUCATION – BONs

On average, states have 68 education programs; the majority of which have full approval (BON Question 27).

Table 49: BONs Question 27: Number of Education Programs – FY07

<i>Please indicate the number of education programs in your state and how many at the end of FY2007 had received initial approval, full approval, conditional approval, denied initial approval, or had lost approval.</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean	mean	n	mean	n	mean (std)
Number of Education Programs	34	61	12	23	50	11	85
Number of Programs with Initial Approval	31	6	5	21	56	10	8
Number of Programs with Full Approval	31	55	6	21	44	10	78
Number of Programs with Conditional Approval	31	3	0	21	2	10	4
Number of Programs Denied Initial Approval	31	0	1	21	0	10	1
Number of Programs That Lost Approval	31	0	0	21	0	10	0

Table 50: BONs Question 27: Number of Education Programs – FY09
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

Please indicate the number of education programs in your state and how many at the end of FY2009 had received initial approval, full approval, conditional approval, denied initial approval, or had lost approval.	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Number of Education Programs	33	68 (56)	13	23	63 (50)	10	79 (67)
Number of Programs with Initial Approval	33	5 (8)	4	23	5 (8)	10	4 (9)
Number of Programs with Full Approval	33	61 (51)	9	23	57 (46)	10	72 (64)
Number of Programs with Conditional Approval	33	2 (3)	0	23	2 (3)	10	3 (4)
Number of Programs Denied Initial Approval	33	0.4 (1.2)	0	23	0.2 (0.7)	10	0.9 (1.9)
Number of Programs That Lost Approval	33	0.2 (0.5)	0	23	0.2 (0.4)	10	0.2 (0.6)

EDUCATION – Nurses

Of the nurses surveyed, 63 percent received their basic nursing education in the state where they currently practice (Nurses Question 5).

Table 51: Nurses Question 5: Where Basic Nursing Education was Received – FY09

<i>Where did you receive your basic nursing education for your LPN/VN or RN license?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	24854	465	13767	11087
This State	63.0%	24.5%	65.0%	60.6%
Another State	34.1%	63.2%	32.4%	36.4%
Outside the United States	2.8%	12.3%	2.6%	3.1%

Overall, 97 percent of RNs surveyed indicated that their basic nursing education prepared them “very well” or “well” to provide safe and effective nursing care (Nurses Question 6a).

Table 52: Nurses Question 6a: RN Preparation for Practice – FY02

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)
n	1,915	–
Very well	50.3%	–
Well	46.2%	–
Poorly	3.4%	–
Very poorly	0.1%	–

Table 53: Nurses Question 6a: RN Preparation for Practice – FY05

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)
n	3,473	170
Very well	46.9%	51.8%
Well	49.0%	44.7%
Poorly	4.0%	3.5%
Very poorly	0.1%	–

Table 54: Nurses Question 6a: RN Preparation for Practice – FY07

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	12,634	316	6,957	5,677
Very well	41.8%	50.3%	39.3%	44.8%
Well	54.0%	47.5%	56.5%	51.0%
Poorly	4.0%	2.2%	4.0%	4.0%
Very poorly	0.2%	–	0.2%	0.2%

Table 55: Nurses Question 6a: RN Preparation for Practice – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>How well or poorly did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	20509	417	11158	9351
Very well	51.3%	54.0%	50.6%	52.2%
Well	45.4%	42.9%	46.2%	44.4%
Poorly	3.1%	2.2%	3.0%	3.2%
Very poorly	0.1%	1.0%	0.2%	0.1%

Of the LPN/VNs surveyed, 98 percent indicated that their basic nursing education prepared them “very well” or “well” to provide safe and effective nursing care (Nurses Question 6b).

Table 56: Nurses Question 6b: LPN/VN Preparation for Practice – FY02

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)
n	583	—
Very well	58.8%	—
Well	40.8%	—
Poorly	1.3%	—
Very poorly	—	—

Table 57: Nurses Question 6b: LPN/VN Preparation for Practice – FY05

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)
n	1,359	42
Very well	45.0%	50.0%
Well	52.4%	47.6%
Poorly	2.5%	2.4%
Very poorly	0.1%	—

Table 58: Nurses Question 6b: LPN/VN Preparation for Practice – FY07

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	3,567	44	1,686	1881
Very well	48.0%	56.8%	46.4%	49.5%
Well	48.7%	43.2%	50.1%	47.5%
Poorly	3.1%	—	3.3%	2.9%
Very poorly	0.2%	—	0.2%	0.1%

Table 59: Nurses Question 6b: LPN/VN Preparation for Practice – FY09

(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How well or poorly did your basic education prepare you to provide safe and effective nursing care?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	4142	42	2501	1,641
Very well	50.7%	61.9%	49.9%	51.9%
Well	47.2%	35.7%	48.1%	45.8%
Poorly	1.9%	2.4%	1.8%	2.1%
Very poorly	0.2%	—	0.2%	0.2%

EDUCATION – Employers

Overall, the employers surveyed indicated that new graduates were best prepared to administer medication by common routes and least prepared to supervise care provided by others. In every functional area, employers from independent BON states rated new graduates higher than those from umbrella BON states (Employers Question 6).

Table 60: Employers Question 6: Preparedness of New Graduates by Function – FY05

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Administer medication by common routes	495	3.04	14	3.07
Work with machinery used for patient care	481	2.64	13	2.69
Work effectively within a health care team	484	2.80	14	3.00
Perform psychomotor skills	485	2.49	14	2.50
Communicate relevant information	–	–	–	–
Document a legally defensible account of care	490	2.53	14	2.86
Recognize abnormal physical findings	487	2.64	14	2.64
Teach patients	487	2.70	14	2.43
Assess the effectiveness of treatments	489	2.63	14	2.57
Recognize abnormal diagnostic lab findings	483	2.55	14	2.71
Do math necessary for medication administration	483	2.76	14	3.07
Respond to emergency situations	489	2.40	14	2.50
Create a plan of care for patients	484	2.80	14	2.79
Supervise care provided by others	480	2.24	14	2.43
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	–	–	–	–

Table 61: Employers Question 6: Preparedness of New Graduates by Function – FY07

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean	n	mean	n	mean	n	mean
Administer medication by common routes	786	2.97	22	3.09	548	3.00	238	2.89
Work with machinery used for patient care	780	2.56	22	2.68	545	2.59	235	2.50
Work effectively within a health care team	783	2.69	22	2.68	546	2.73	237	2.62
Perform psychomotor skills	778	2.43	23	2.52	542	2.47	236	2.33
Communicate relevant information	783	2.58	22	2.73	548	2.61	235	2.53
Document a legally defensible account of care	779	2.39	22	2.64	541	2.42	238	2.33
Recognize abnormal physical findings	781	2.56	23	2.57	543	2.58	238	2.51
Teach patients	781	2.61	23	2.61	545	2.62	236	2.58
Assess the effectiveness of treatments	779	2.54	22	2.64	542	2.57	237	2.48
Recognize abnormal diagnostic lab findings	775	2.47	23	2.43	537	2.49	238	2.44
Do math necessary for medication administration	770	2.65	22	2.55	535	2.64	235	2.67
Respond to emergency situations	774	2.32	22	2.50	539	2.35	235	2.24
Create a plan of care for patients	780	2.64	21	2.52	544	2.66	236	2.59
Supervise care provided by others	766	2.15	21	2.24	530	2.17	236	2.11
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	762	2.97	22	2.86	534	2.97	228	2.99

Table 62: Employers Question 6: Preparedness of New Graduates by Function – FY09
(Nevada Compared to Aggregate: AVERAGE)

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Administer medication by common routes	1,121	3.12 (0.54)	22	3.18 (0.39)	649	3.15 (0.54)	472	3.08 (0.54)
Work with machinery used for patient care	1,095	2.68 (0.62)	22	2.73 (0.70)	633	2.75 (0.60)	462	2.58 (0.62)
Work effectively within a health care team	1,117	2.91 (0.52)	22	2.86 (0.89)	646	2.95 (0.54)	471	2.84 (0.47)
Perform psychomotor skills	1,100	2.90 (0.50)	21	2.95 (0.50)	636	2.96 (0.50)	464	2.81 (0.49)
Communicate relevant information	1,121	2.73 (0.62)	22	2.77 (0.81)	648	2.77 (0.63)	473	2.68 (0.60)
Document a legally defensible account of care	1,117	2.50 (0.66)	22	2.64 (0.85)	646	2.54 (0.68)	471	2.43 (0.63)
Recognize abnormal physical findings	1,120	2.70 (0.61)	22	2.77 (0.69)	649	2.74 (0.61)	471	2.64 (0.62)
Teach patients	1,120	2.68 (0.61)	22	2.82 (0.66)	647	2.73 (0.61)	473	2.62 (0.60)
Assess the effectiveness of treatments	1,119	2.64 (0.57)	22	2.68 (0.57)	646	2.69 (0.57)	473	2.58 (0.57)
Recognize abnormal diagnostic lab findings	1,119	2.59 (0.63)	22	2.68 (0.65)	647	2.64 (0.62)	472	2.51 (0.63)
Do math necessary for medication administration	1,092	2.75 (0.60)	21	2.81(0.75)	637	2.81 (0.59)	455	2.65 (0.58)
Respond to emergency situations	1,115	2.60 (0.63)	22	2.59 (0.67)	647	2.65 (0.63)	468	2.54 (0.64)
Create a plan of care for patients	1,114	2.59 (0.63)	22	2.73 (0.77)	646	2.64 (0.64)	468	2.53 (0.61)
Supervise care provided by others	1,110	2.38 (0.66)	22	2.55 (0.74)	642	2.43 (0.64)	468	2.31 (0.67)
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	1,122	3.08 (0.59)	22	3.09 (0.53)	655	3.09 (0.61)	462	3.05 (0.56)

EDUCATION – Education Programs

Overall, education programs surveyed rated their BON's review process as effective. Employers from independent BON states rated their BON's review process higher than those from umbrella BON states (Education Programs Question 3).

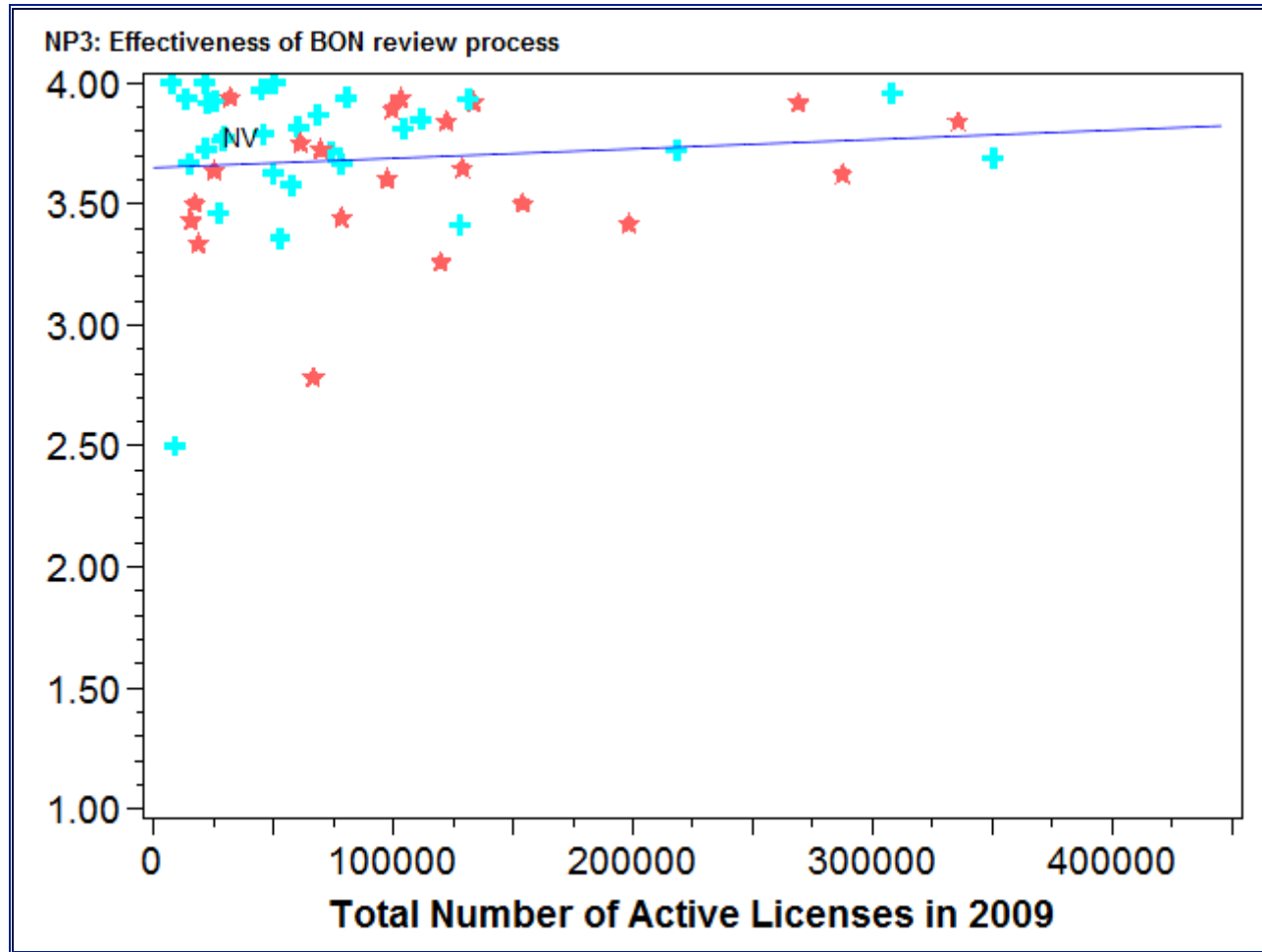
Table 63: Education Programs Question 3: Education Programs' Perceptions Regarding Effectiveness of Review Process – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>Please rate how effective or ineffective your Board of Nursing is in the review process. (Scale: 4 = effective; 3 = somewhat effective; 2 = somewhat ineffective; 1 = not effective at all)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Effectiveness of Review Process	1,481	3.71 (0.58)	9	3.78 (0.44)	841	3.76 (0.54)	640	3.66 (0.62)

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 11: Question 3: Rate Effectiveness of BON Review Process



*Umbrella BONs
+Independent BONs

Scale: 4=Effective; 3=Somewhat Effective; 2=Ineffective; 1=Not Effective at All

Overall, education programs surveyed rated each area of the approval process as “adequate.” In every area, employers from independent BON states rated new graduates higher than those from umbrella BON states (Education Programs Question 4).

Table 64: Education Programs Question 4: Education Programs’ Perceptions of Approval Process – FY02

<i>Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Interval between Board visits	183	3.62	–	–
Preparation time for Board visits	182	3.68	–	–
Communication with Board staff	187	3.66	–	–
Time spent on site during visit	181	3.75	–	–
Feedback/evaluation provided by Board	184	3.66	–	–
Timeliness of providing feedback	184	3.68	–	–
Comprehensiveness of feedback provided	183	3.64	–	–
Fairness/objectivity of Board findings	184	3.64	–	–
Time given to correct deficiencies	156	3.69	–	–
Fairness in monitoring compliance	166	3.70	–	–
Overall benefit of approval process	180	3.66	–	–
Due process for disagreements re. findings	123	3.63	–	–

Table 65: Education Programs Question 4: Education Programs' Perceptions of Approval Process – FY05

<i>Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Interval between Board visits	495	3.84	2	4.00
Preparation time for Board visits	480	3.81	1	4.00
Communication with Board staff	530	3.77	2	4.00
Time spent on site during visit	446	3.88	1	4.00
Feedback/evaluation provided by Board	518	3.76	2	3.50
Timeliness of providing feedback	514	3.74	2	3.50
Comprehensiveness of feedback provided	510	3.73	2	3.50
Fairness/objectivity of Board findings	516	3.76	2	4.00
Time given to correct deficiencies	433	3.82	2	4.00
Fairness in monitoring compliance	479	3.79	2	4.00
Overall benefit of approval process	515	3.70	2	3.50
Due process for disagreements re. findings	354	3.76	1	4.00

Table 66: Education Programs Question 4: Education Programs' Perceptions of Approval Process – FY07

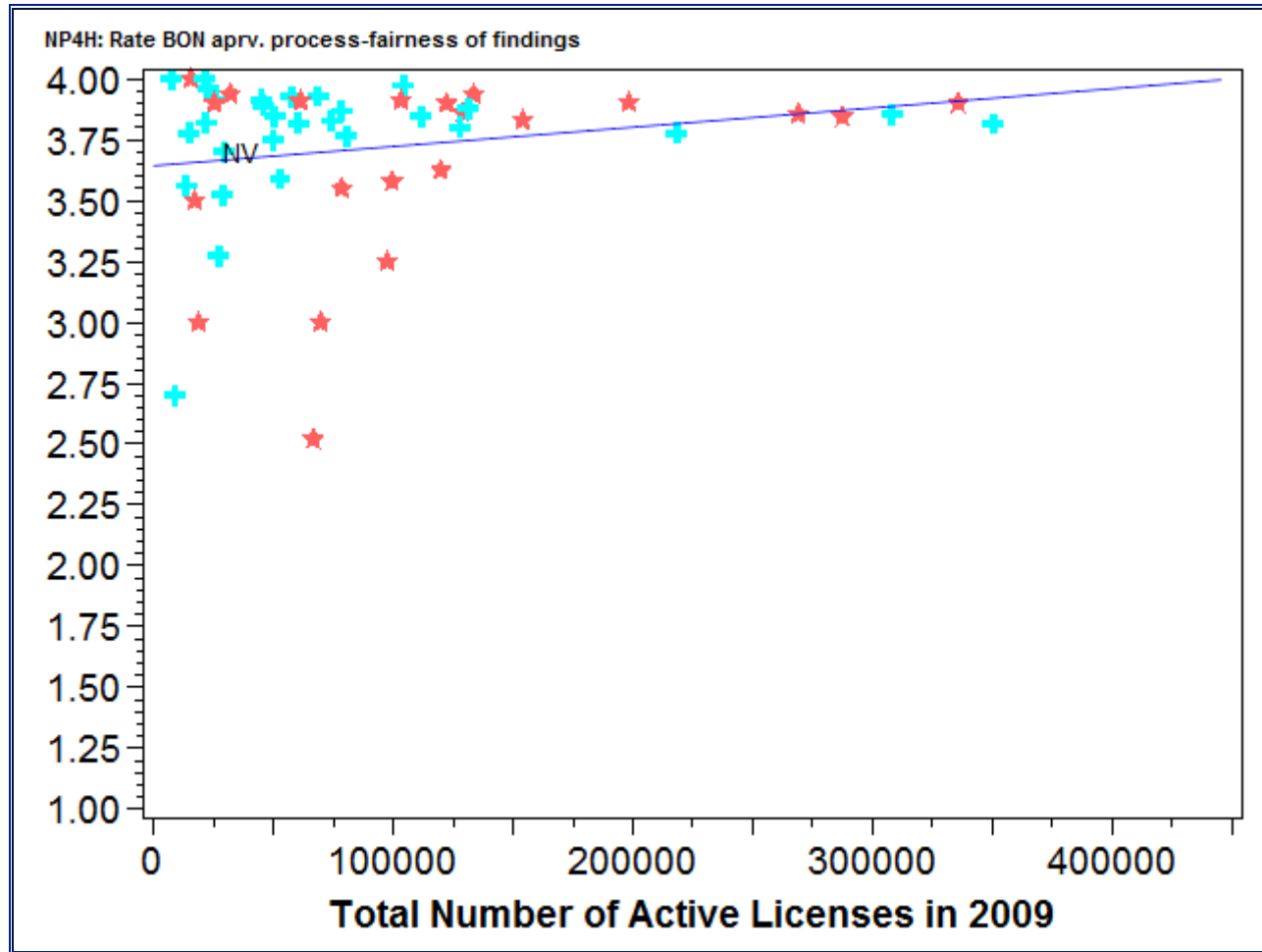
<i>Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean	n	mean	n	mean	n	mean
Interval between Board visits	1146	3.82	3	3.33	762	3.86	384	3.74
Preparation time for Board visits	1132	3.87	3	3.00	761	3.89	371	3.81
Communication with Board staff	1204	3.78	3	4.00	777	3.79	427	3.75
Time spent on site during visit	1080	3.90	3	3.33	740	3.91	340	3.89
Feedback/evaluation provided by Board	1178	3.78	3	3.67	763	3.83	415	3.69
Timeliness of providing feedback	1177	3.77	3	3.67	763	3.80	414	3.71
Comprehensiveness of feedback provided	1174	3.77	3	4.00	759	3.81	415	3.70
Fairness/objectivity of Board findings	1172	3.78	3	4.00	759	3.79	413	3.77
Time given to correct deficiencies	1040	3.86	2	4.00	684	3.88	356	3.84
Fairness in monitoring compliance	1117	3.84	2	4.00	733	3.86	384	3.80
Overall benefit of approval process	1168	3.79	3	3.67	759	3.81	409	3.75
Due process for disagreements re. findings	898	3.84	1	4.00	596	3.84	302	3.83

Table 67: Education Programs Question 4: Education Programs' Perceptions of Approval Process – FY09
(Nevada Compared to Aggregate: AVERAGE)

<i>Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Interval between Board visits	1,393	3.81 (0.61)	10	3.80 (0.63)	824	3.91 (0.37)	569	3.67 (0.83)
Preparation time for Board visits	1,369	3.85 (0.51)	10	4.00 (0.00)	823	3.88 (0.43)	546	3.80 (0.61)
Communication with Board staff	1,472	3.69 (0.74)	10	4.00 (0.00)	844	3.75 (0.64)	628	3.60 (0.84)
Time spent on site during visit	1,313	3.89 (0.41)	10	4.00 (0.00)	802	3.91 (0.38)	511	3.87 (0.45)
Feedback/evaluation provided by Board	1,438	3.77 (0.63)	10	4.00 (0.00)	838	3.84 (0.53)	600	3.68 (0.75)
Timeliness of providing feedback	1,450	3.71 (0.73)	10	3.90 (0.32)	841	3.79 (0.60)	609	3.58 (0.88)
Comprehensiveness of feedback provided	1,439	3.75 (0.66)	9	4.00 (0.00)	835	3.81 (0.56)	604	3.66 (0.76)
Fairness/objectivity of Board findings	1,435	3.77 (0.62)	10	3.70 (0.95)	833	3.80 (0.56)	602	3.73 (0.69)
Time given to correct deficiencies	1,248	3.87 (0.47)	8	4.00 (0.00)	742	3.89 (0.40)	506	3.82 (0.56)
Fairness in monitoring compliance	1,370	3.83 (0.55)	10	4.00 (0.00)	792	3.86 (0.48)	578	3.79 (0.63)
Overall benefit of approval process	1,445	3.77 (0.64)	10	4.00 (0.00)	842	3.81 (0.57)	603	3.71 (0.73)
Due process for disagreements re. findings	1,068	3.79 (0.59)	5	4.00 (0.00)	628	3.82 (0.52)	440	3.75 (0.68)

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 12: Question 4h: Rate the Fairness/Objectivity of BON Findings from the Approval Process



*Umbrella BONs

+Independent BONs

Scale: 4=Adequate; 3=Somewhat Adequate; 2=Somewhat Inadequate; 1=Inadequate

Overall, education programs surveyed assessed the BON's involvement in approving distance education programs as "somewhat essential" (Education Programs Question 5).

Table 68: Education Programs Question 5: Education Programs' Perceptions of Distance Education Approval Process
(Nevada Compared to Aggregate: BELOW AVERAGE)

<i>How essential or inessential is the Board of Nursing's involvement in approving distance education programs? (Scale: 4 = very essential; 3 = somewhat essential; 2 = somewhat inessential; 1 = not essential)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	153	3.01 (0.98)	—	—	99	3.06 (0.90)	54	2.93 (1.11)
FY05	398	3.02 (0.98)	2	1.50 (0.71)	273	3.06 (0.96)	125	2.93 (1.03)
FY07	983	2.91 (1.01)	3	3.00 (0.00)	625	2.92 (1.01)	358	2.91 (1.03)
FY09	1,068	3.27 (0.98)	6	2.67 (1.37)	619	3.28 (0.97)	449	3.25 (1.00)

Nearly 14 percent of the education programs surveyed received sanctions or faced closure in the past two years (Education Programs Question 13).

Table 69: Education Programs Question 13: Percent of Education Programs that Received Sanctions or Faced Closure in the Past Two Years
(Nevada Compared to Aggregate: AVERAGE)

<i>During the past 2 years, has your nursing program received sanctions, faced closure, or been the subject of additional monitoring by the Board of Nursing?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% "Yes"	n	% "Yes"	n	% "Yes"	n	% "Yes"
FY02	188	5.85%	—	—	119	7.56%	69	2.90%
FY05	601	4.83%	2	50.0%	378	6.61%	223	1.79%
FY07	1541	11.2%	3	0.00%	914	11.5%	627	10.8%
FY09	1748	13.5%	10	10.0%	925	14.8%	823	12.0%

Education programs receiving sanctions in the past two years rated the BON's approval process as "fair" (Education Programs Question 14).

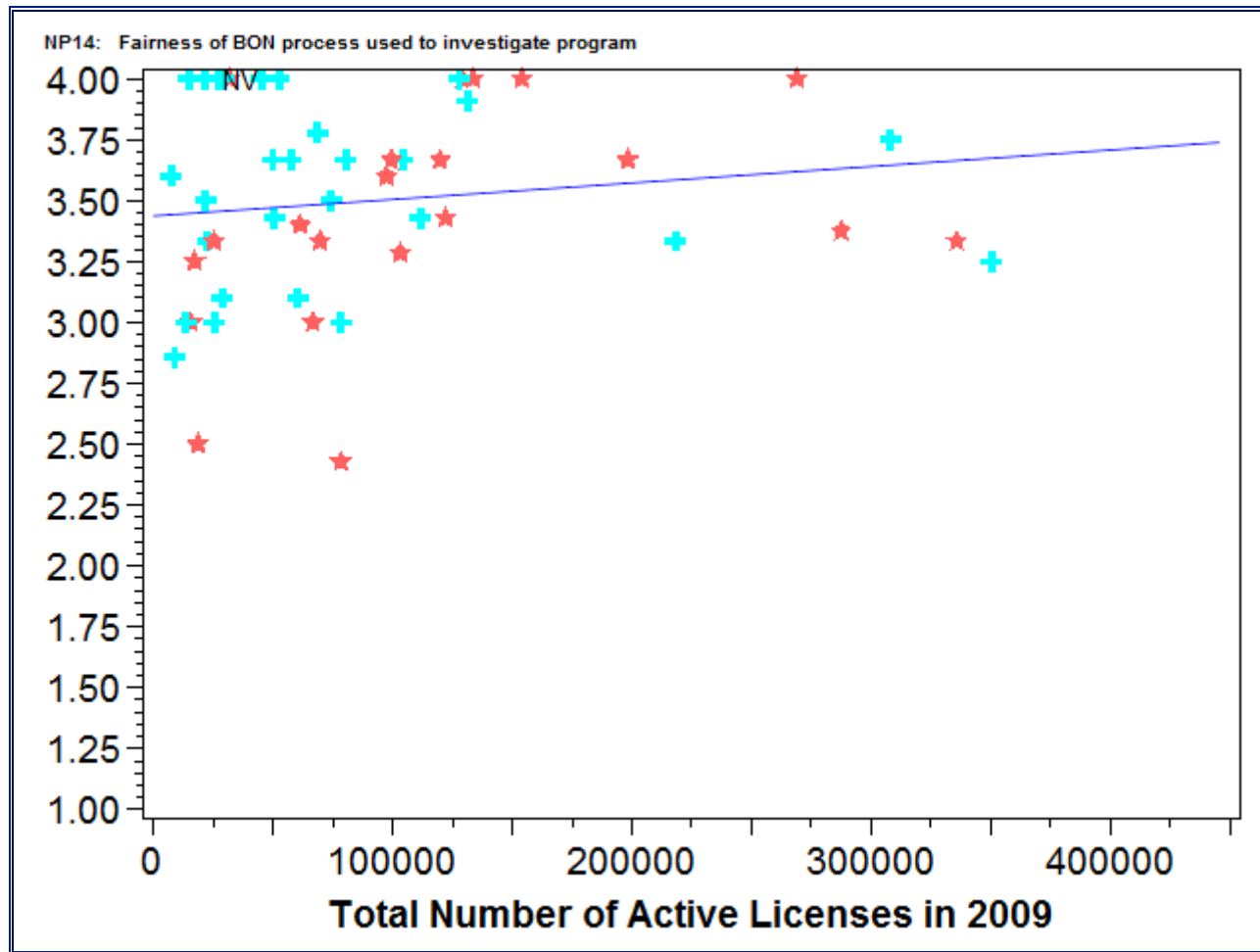
Table 70: Education Programs Question 14: Programs Receiving Sanctions' Perceptions Regarding the Process Used by BON to Investigate Problems

(Nevada Compared to Aggregate: Not Enough Data)

Overall, how fair or unfair to all parties was the process used by the Board to investigate and resolve problems? (Scale: 4 = very fair; 3 = fair; 2 = unfair; 1 = very unfair)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	11	3.36 (0.81)	–	–	9	3.33 (0.87)	2	3.50 (0.71)
FY05	74	3.54 (0.55)	1	4.00 (–)	56	3.57 (0.57)	18	3.44 (0.51)
FY07	151	3.62 (0.62)	0	–	89	3.65 (0.60)	62	3.58 (0.64)
FY09	223	3.43 (0.70)	1	4.00 (–)	130	3.47 (0.71)	93	3.39 (0.69)

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 13: Question 14: Fairness of BON Investigation Process



*Umbrella BONs
+Independent BONs
Scale: 4=Very Fair; 3=Fair; 2=Unfair; 1=Very Unfair

Overall, 95 percent of the education programs receiving sanctions in the past two years rated the BON's involvement as "appropriate" and 92 percent rated the BON's actions as "timely" (Education Programs Question 15 and 16).

Table 71: Education Programs Questions 15 and 16: Programs Receiving Sanctions' Perceptions Regarding Outcome Appropriateness and BON Timeliness – FY02

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate or inappropriate?</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	% "Yes"	n	% "Yes"
Appropriateness of involvement of Board of Nursing	7	100%	–	–
Timeliness of Board of Nursing	9	100%	–	–

Table 72: Education Programs Questions 15 and 16: Programs Receiving Sanctions' Perceptions Regarding Outcome Appropriateness and BON Timeliness – FY05

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate or inappropriate?</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	% "Yes"	n	% "Yes"
Appropriateness of involvement of Board of Nursing	65	95.4%	1	100%
Timeliness of Board of Nursing	64	93.8%	1	0.0%

Table 73: Education Programs Questions 15 and 16: Programs Receiving Sanctions' Perceptions Regarding Outcome Appropriateness and BON Timeliness- FY07

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate or inappropriate?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% "Yes"	n	% "Yes"	n	% "Yes"	n	% "Yes"
Appropriateness of involvement of Board of Nursing	130	94.6%	0	–	81	93.8%	49	95.9%
Timeliness of Board of Nursing	142	92.3%	0	–	86	94.2%	56	89.3%

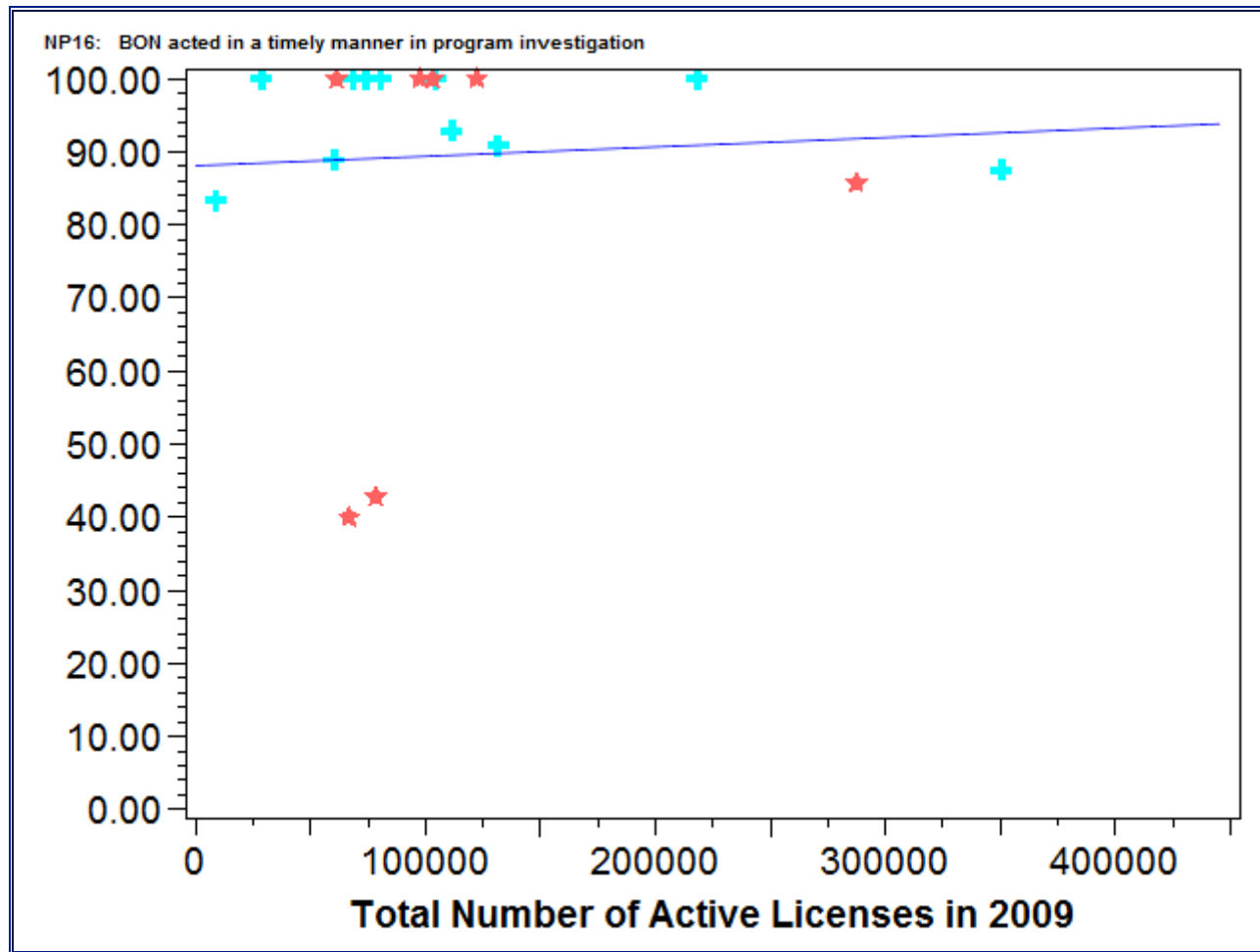
Table 74: Education Programs Question 15 and 16: Programs Receiving Sanctions' Perceptions Regarding Outcome Appropriateness and BON Timeliness – FY09

(Nevada Compared to Aggregate: No Data)

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate or inappropriate?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% "Yes"	n	% "Yes"	n	% "Yes"	n	% "Yes"
Appropriateness of involvement of Board of Nursing	201	95.0%	1	100%	112	97.3%	89	92.1%
Timeliness of Board of Nursing	207	92.3%	0	–	119	95.0%	88	88.6%

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 14: Question 16: Percent of Programs Saying BON was Timely in the Investigation Process



*Umbrella BONs
+Independent BONs

Overall, those education programs receiving sanctions thought the BON kept them “well informed” during the investigate process. Education programs from independent BON states rated their BON’s involvement higher than those from umbrella BON states (Education Programs Question 17).

Table 75: Education Programs Question 17: Programs Receiving Sanctions’ Perceptions Regarding How Well the BON Kept Them Informed
(Nevada Compared to Aggregate: Not Enough Data)

<i>Overall, how informed or uniformed did the Board of Nursing keep you? (Scale: 4 = very well informed; 3 = well informed; 2 = minimally informed; 1 = not informed at all)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	13	3.77 (0.60)	–	–	9	3.67 (0.71)	4	4.00 (0.00)
FY05	83	3.41 (0.75)	1	3.00 (–)	60	3.50 (0.62)	23	3.17 (0.98)
FY07	154	3.47 (0.71)	0	–	90	3.57 (0.62)	64	3.34 (0.80)
FY09	224	3.30 (0.77)	1	4.00 (–)	129	3.45 (0.72)	95	3.11 (0.81)

LICENSURE – BONs

Of the BONs surveyed, 70 percent require federal criminal background checks; 87 percent of the responding independent BONs indicated that federal checks are required while only 30 percent of the umbrella BONs indicated that to be the case (BON Question 18).

Table 76: BONs Question 18: Federal Criminal Background Checks

<i>Does your board require <u>federal</u> criminal background checks?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	# “Yes” (% “Yes”)	# “Yes”	n	# “Yes” (% “Yes”)	n	# “Yes” (% “Yes”)
Requires criminal background checks	33	23 (70%)	1	23	20 (87%)	10	3 (30%)

All of BONs surveyed use Nursys® when licensing a nurse. A majority also use the Falsified Identity Tracking System (FITS) and other state BON websites (BON Question 19).

Table 77: BONs Question 19: Database Usage

<i>Which of the following databases does your board use when licensing a nurse?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	# “Yes” (% “Yes”)	# “Yes”	n	# “Yes” (% “Yes”)	n	# “Yes” (% “Yes”)
Sex Offender	33	8 (24%)	0	23	7 (30%)	10	1 (10%)
Parole database	33	1 (3%)	0	23	0 (0%)	10	1 (10%)
Nursys	33	33 (100%)	1	23	100%	10	10 (100%)
FITS	33	20 (61%)	0	23	15 (65%)	10	5 (50%)
Accreditation database	33	6 (18%)	1	23	4 (17%)	10	2 (20%)
Other state boards of nursing websites	33	22 (67%)	1	23	16 (70%)	10	6 (60%)
State only criminal background checks	33	11 (33%)	1	23	8 (35%)	10	3 (30%)
Other licensing boards	33	15 (46%)	1	23	11 (48%)	10	4 (40%)
Other	33	12 (36%)	1	23	10 (44%)	10	2 (20%)

A majority of the BONs surveyed perform audits of the license process (BON Question 20).

Table 78: BONs Question 20: License Process Audits

<i>Does your board perform audits of the license process?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	# “Yes” (% “Yes”)	# “Yes”	n	# “Yes” (% “Yes”)	n	# “Yes” (% “Yes”)
Performs audits of license process	33	22 (67%)	1	23	15 (65%)	10	7 (70%)

BONs process either most or none of their initial licensures online (BON Question 21).

Table 79: BONs Question 21: Percent of Initial Licenses Processed Online

(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>What percentage of initial licenses are processed online?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Percentage of initial licenses processed online	32	24% (38%)	0%	23	24% (39%)	9	22% (35%)

BONs process most renewals online (BON Question 22).

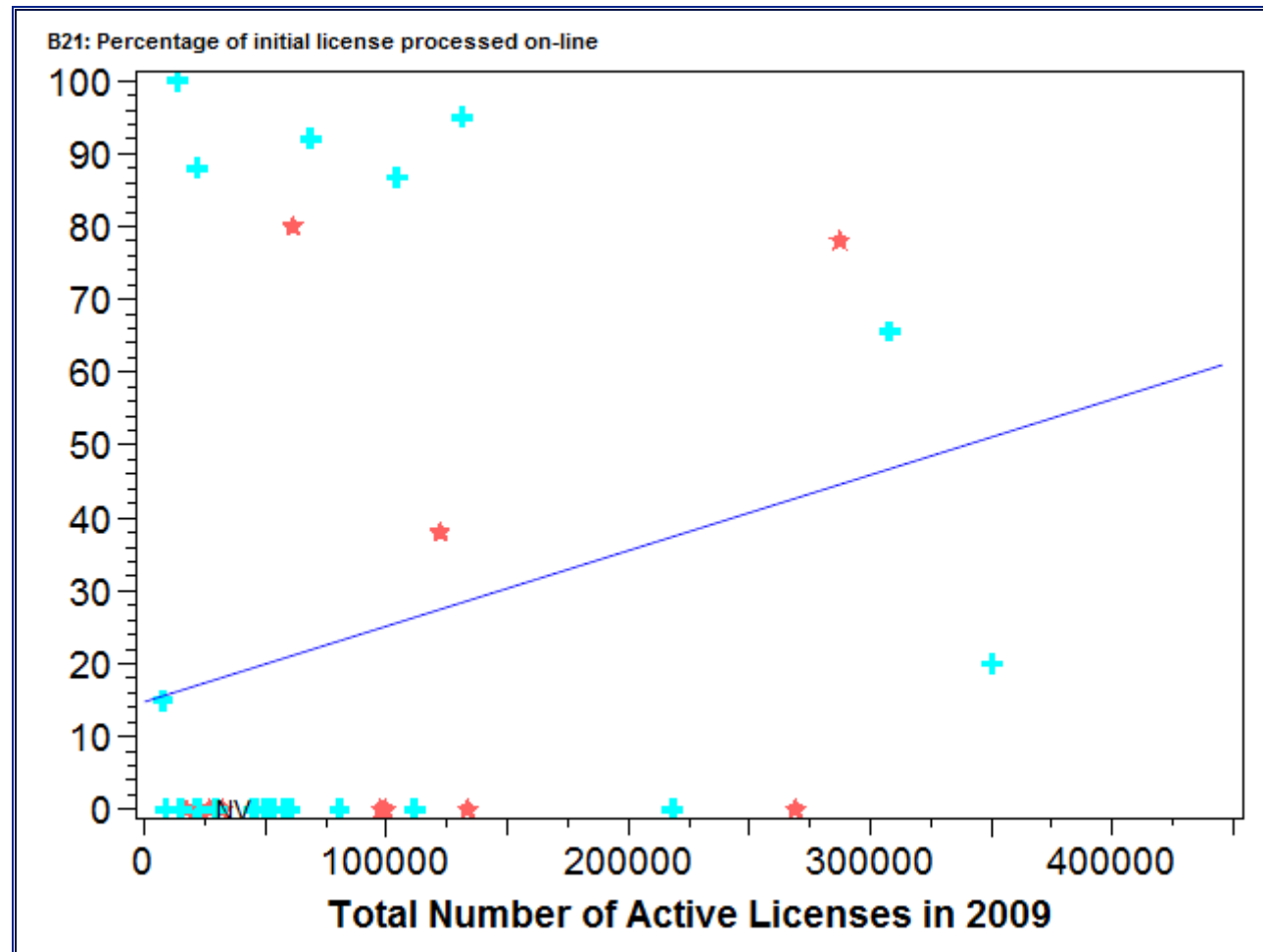
Table 80: BONs Question 22: Percent of Licensure Renewals Processed Online

(Nevada Compared to Aggregate: **AVERAGE**)

<i>What percentage of licensure renewals are processed online?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Percentage of renewals processed online	33	75% (28%)	83%	23	77% (24%)	10	72% (38%)

FY09 CORE Data – Survey of BON
Nevada Data

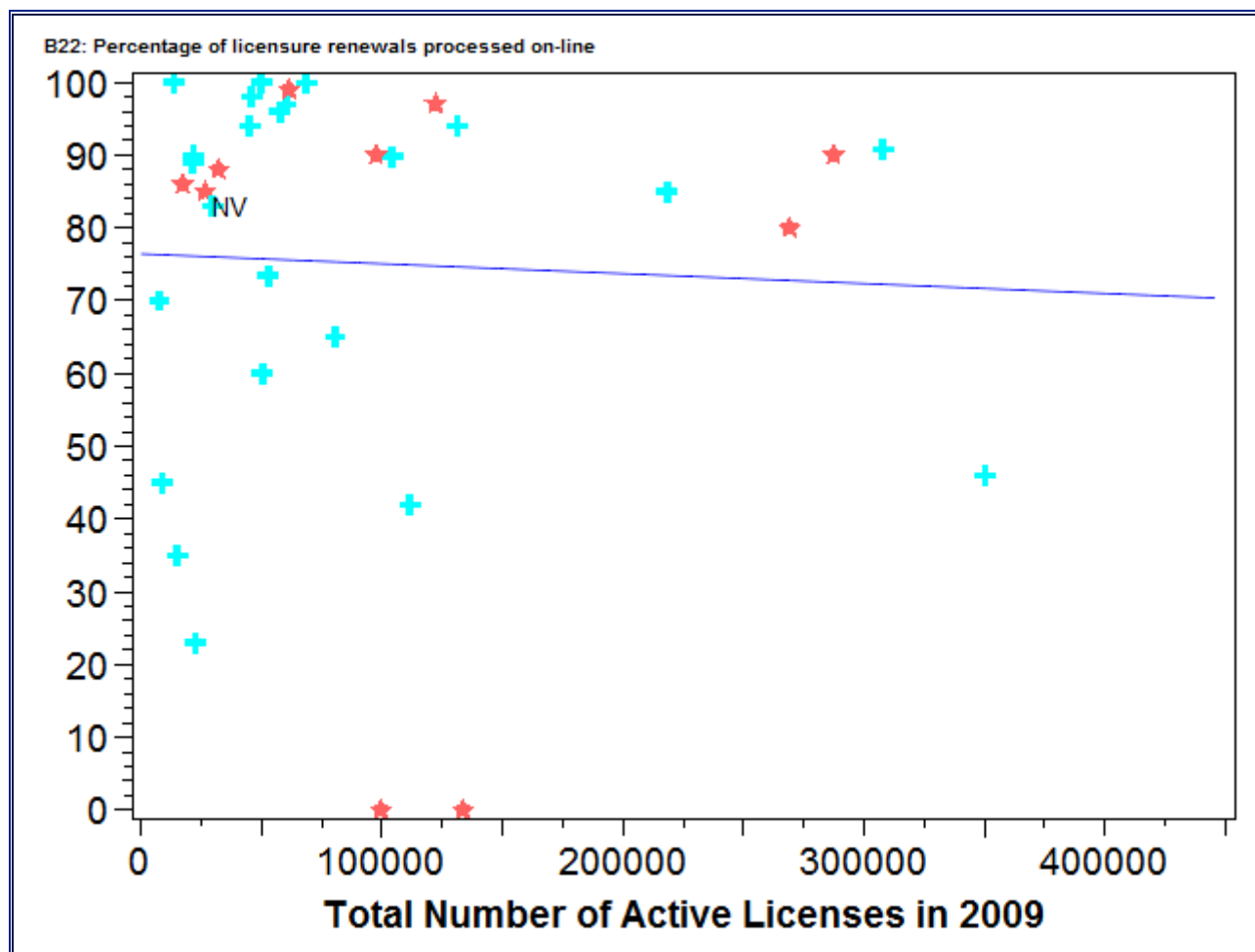
Figure 15: Question 21: Percentage of Initial Licenses Processed Online



*Umbrella BONs
+Independent BONs

Nevada Data

Figure 16: Question 22: Percentage of Licensure Renewals Processed Online



*Umbrella BONs
+Independent BONs

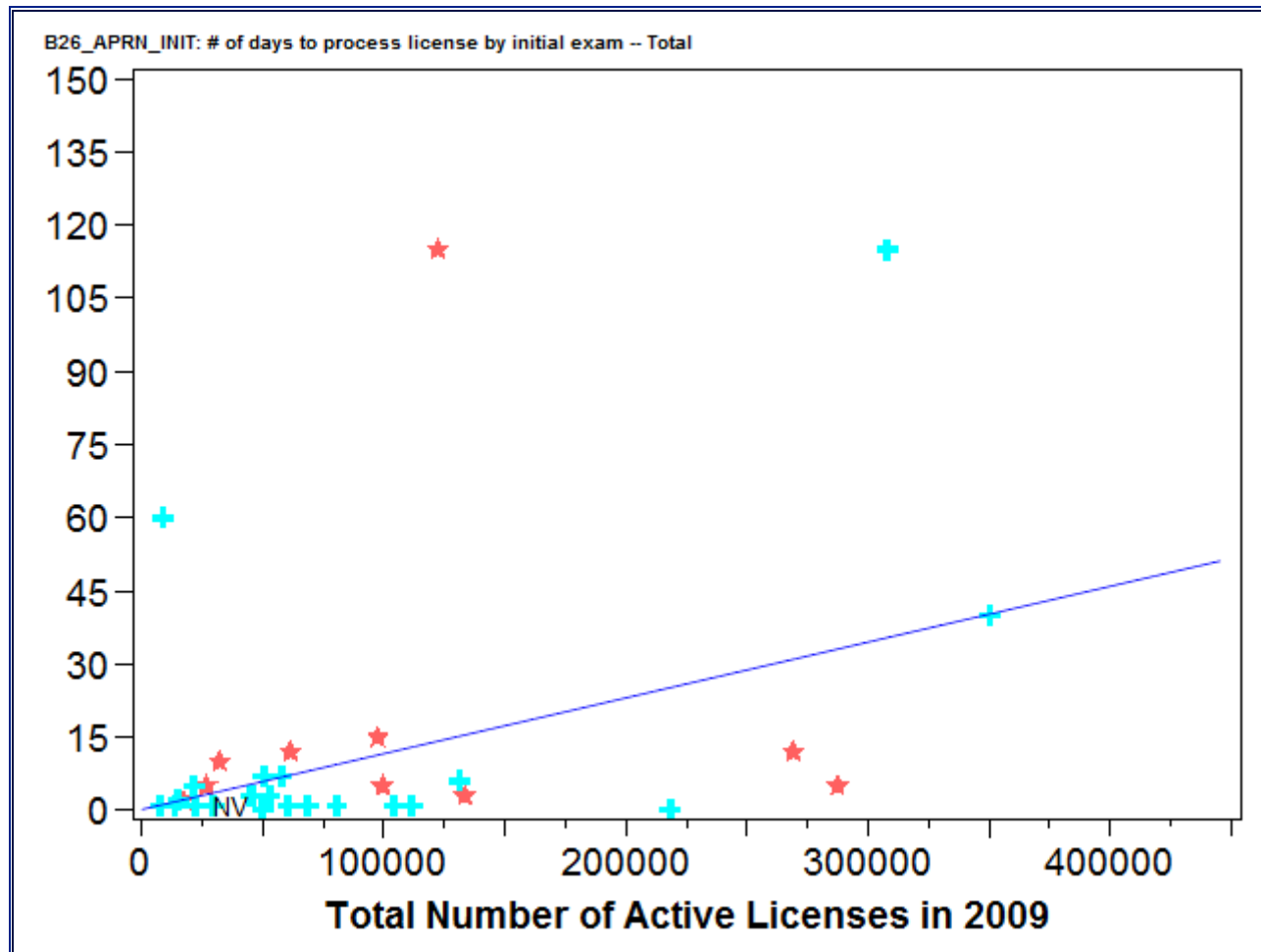
On average, it takes BONs 11 days to process licenses by initial examination and four days to process renewals. It typically takes independent BONs 12 days to process licenses by initial examination while it takes umbrella BONs seven days (BON Question 26).

Table 81: BONs Question 26: Time to Process Licensure Applications
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>During FY2009, for each type of nurse, what was the length of time in days it took to process applications for licensure from receipt of all required information to authorization to practice?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean (std)	mean	n	mean (std)	n	mean (std)
Licensure by initial examination							
LPN/VN	18	13 (31)	1	15	14 (33)	3	4 (2)
RN	17	12 (28)	1	14	14 (31)	3	3 (2)
APRN	16	6 (12)	1	14	6 (13)	4	4 (2)
Total	30	11 (23)	1	22	12 (27)	8	7 (5)
Renewals							
LPN/VN	16	2 (1)	1	13	2 (1)	3	1 (1)
RN	15	2 (1)	1	12	2 (1)	3	1 (1)
APRN	15	3 (5)	1	12	3 (5)	3	1 (1)
Total	28	4 (4)	1	21	3 (4)	7	4 (3)

FY09 CORE Data – Survey of BONs
Nevada Data

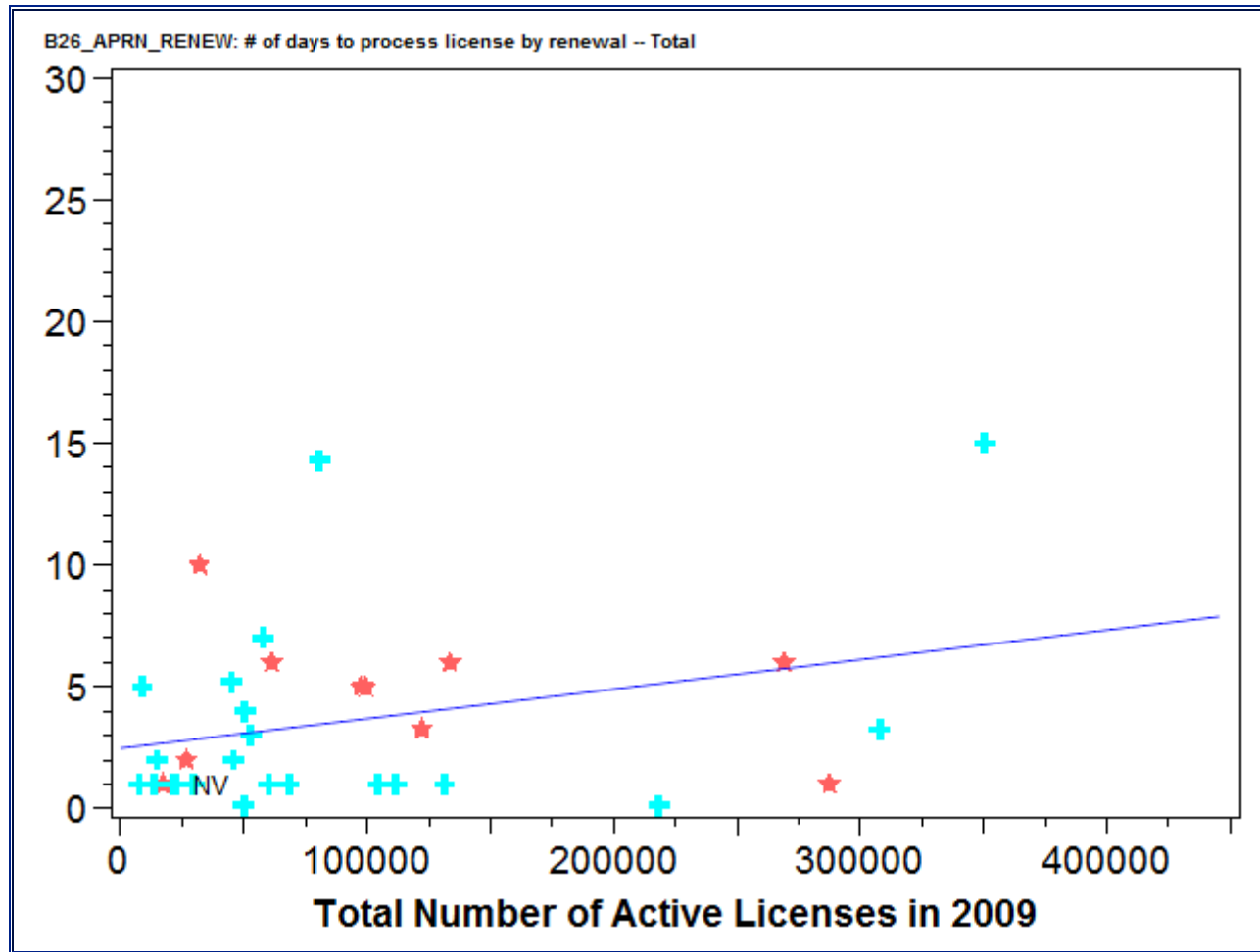
Figure 17: Question 26: Average Number of Days to Process Licensure by Initial Examination – Total



*Umbrella BONs
+Independent BONs

FY09 CORE Data – Survey of BONs
Nevada Data

Figure 18: Question 26: Average Number of Days to Process Licensure by Renewals – Total



*Umbrella BONs
+Independent BONs

LICENSURE – Nurses

Almost 80 percent of the nurses surveyed held an RN license (Nurses Question 1).

Table 82: Nurses Question 1: Types of Licenses/Certifications Held – FY02

<i>What type(s) of nursing license/certification do you hold?</i>	Aggregate (All BONs)	Nevada (Independent)
n	2669	–
LPN/VN	24.2%	–
RN	73.1%	–
APRN with prescriptive privileges	4.8%	–
APRN without prescriptive privileges	2.4%	–
Other	2.1%	–

Table 83: Nurses Question 1: Types of Licenses/Certifications Held – FY05

<i>What type(s) of nursing license/certification do you hold?</i>	Aggregate (All BONs)	Nevada (Independent)
n	4,912	219
LPN/VN	28.2%	20.1%
RN	72.6%	80.8%
APRN with prescriptive privileges	1.2%	2.3%
APRN without prescriptive privileges	0.7%	0.5%
Other	1.6%	1.4%

Table 84: Nurses Question 1: Types of Licenses/Certifications Held – FY07

<i>What type(s) of nursing license/certification do you hold?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	16455	362	8,759	7696
LPN/VN	22.7%	13.5%	20.2%	25.7%
RN	76.2%	85.6%	79.2%	72.8%
APRN with prescriptive privileges	2.1%	3.9%	1.8%	2.4%
APRN without prescriptive privileges	0.9%	0.3%	0.8%	1.1%
Other	2.8%	1.9%	2.1%	3.5%

Table 85: Nurses Question 1: Types of Licenses/Certifications Held – FY09

<i>What type(s) of nursing license/certification do you hold?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	24,874	465	13,780	11,094
LPN/VN	17.9%	9.0%	19.3%	16.1%
RN	78.8%	87.7%	77.5%	80.5%
APRN with prescriptive privileges	5.1%	4.1%	4.6%	5.7%
APRN without prescriptive privileges	2.3%	1.1%	1.9%	2.7%
Other	4.6%	5.6%	4.6%	4.6%

Of the nurses surveyed, 85 percent were employed as a nurse (Nurses Question 2).

Table 86: Nurses Question 2: Percent Employed as a Nurse
(Nevada Compared to Aggregate: AVERAGE)

<i>Are you currently employed as a nurse?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	Percent	n	Percent	n	Percent	n	Percent
FY02	2656	88.4%	–	–	2199	88.3%	457	88.8%
FY05	5029	89.6%	222	94.6%	3918	89.7%	1111	89.3%
FY07	16374	90.5%	362	89.5%	8,724	92.1%	7,650	88.6%
FY09	24793	85.1%	465	81.9%	13,733	85.7%	11,060	84.4%

For those nurses surveyed who were not employed as a nurse, it had been five years since they were last employed as a nurse (Nurses Question 2a).

Table 87: Nurses Question 2a: Number of Years Since Employed as a Nurse if not Currently Employed in Nursing
(Nevada Compared to Aggregate: AVERAGE)

<i>If you checked no to question 2, how long has it been since you were employed in nursing?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	309	6.3 (7.44)	–	–	257	6.38 (7.57)	52	5.97 (6.81)
FY05	462	5.4 (9.12)	10	3.86 (6.11)	352	4.50 (8.77)	110	8.11 (9.71)
FY07	1,009	4.7 (6.60)	31	3.18 (4.41)	397	3.4 (6.13)	612	5.44 (6.76)0
FY09	1,296	5.0 (5.58)	40	3.86 (3.58)	707	5.0 (5.7)	589	5.05 (5.5)

A half percent of the nurses surveyed were nursing students at the time of the survey (Nurses Question 2b).

Table 88: Nurses Question 2b: Currently a Nursing Student
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Are you currently a nursing student?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	Percent	n	Percent	n	Percent	n	Percent
FY07	16383	1.2%	362	0.6%	8729	1.4%	7654	1.0%
FY09	24797	0.5%	465	0.0%	13736	0.5%	11061	0.5%

Half of the nurses surveyed were employed in a hospital (Nurses Question 3).

Table 89: Nurses Question 3: Place of Employment – FY02

<i>Which one of the following best describes the type of organization that is your current primary place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)
n	2,415	—
Hospital	50.7%	—
Long-term care facility	10.7%	—
Community-based/Ambulatory care	24.6%	—
Temporary service agency	1.7%	—
Other setting	12.4%	—

Table 90: Nurses Question 3: Place of Employment – FY05

<i>Which one of the following best describes the type of organization that is your current primary place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)
n	4,607	211
Hospital	57.9%	52.1%
Long-term care facility	13.8%	7.1%
Community-based/Ambulatory care	18.9%	26.5%
Temporary service agency	0.7%	0.9%
Other setting	8.7%	13.3%

Table 91: Nurses Question 3: Place of Employment – FY07

<i>Which one of the following best describes the type of organization that is your current primary place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	15,143	333	8,181	6,962
Hospital	64.3%	56.5%	68.5%	59.3%
Academia/Nursing Education Programs	1.1%	1.5%	1.0%	1.2%
Long-term care facility	12.5%	7.8%	12.1%	13.0%
Community-based/Ambulatory care	14.6%	20.4%	12.0%	17.6%
Managed Care Organization	0.6%	2.7%	0.5%	0.8%
Temporary service agency	0.6%	0.3%	0.5%	0.7%
Other setting	6.3%	10.8%	5.4%	7.3%

Table 92: Nurses Question 3: Place of Employment – FY09

<i>Which one of the following best describes the type of organization that is your current primary place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	22288	403	12441	9847
Hospital	49.6%	56.1%	49.4%	49.9%
Academia/Nursing Education Programs	2.6%	2.7%	2.6%	2.6%
Long-term care facility	10.4%	4.5%	10.6%	10.3%
Community-based/Ambulatory care	23.5%	21.1%	23.6%	23.3%
Managed Care Organization	1.4%	2.2%	1.4%	1.5%
Temporary service agency	0.7%	1.7%	0.6%	0.8%
Other setting	11.7%	11.7%	11.8%	11.6%

Respondents had been employed as a nurse for 22 years at the time of the survey (Nurses Question 4).

Table 93: Nurses Question 4: Average Number of Years Licensed to Practice as a Nurse
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How long have you been licensed to practice as a nurse (total time at all levels of licensure)?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	2,618	20 (11)	–	–	2165	20 (11)	453	20 (12)
FY05	4,918	13 (14)	217	21 (13)	3840	12 (14)	1078	13 (15)
FY07	16,323	9 (13)	356	22 (13)	8,695	6 (11)	7,628	12 (14)
FY09	24,707	22 (14)	463	25 (14)	13688	22 (14)	11,019	23 (14)

Overall, nurses surveyed indicated they were “satisfied” with the licensure process (Nurses Question 14).

Table 94: Nurses Question 14: Nurses’ Perceptions Regarding the Licensure Process
(Nevada Compared to Aggregate: AVERAGE)

<i>How satisfied or dissatisfied are you with the licensure process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY07	16,118	3.35 (0.613)	362	3.53 (0.61)	8,561	3.34 (0.61)	7557	3.36 (0.62)
FY09	23968	3.23 (0.60)	445	3.29 (0.62)	13325	3.25 (0.61)	10,643	3.20 (0.60)

LICENSURE – Employers

Almost all of the employers surveyed held the title of “Director of Nursing/Chief Nursing Officer” (Employers Question 1).

Table 95: Employers Question 1: Position of Respondent – FY02

<i>Which of the following describes your position?</i>	Aggregate (All BONs)	Nevada (Independent)
n	480	–
Director of Nursing/Chief Nursing Officer	83.8%	–
Other supervising nurse	5.8%	–
Non-nurse employer/supervisor	4.8%	–
Other	5.6%	–

Table 96: Employers Question 1: Position of Respondent – FY05

<i>Which of the following describes your position?</i>	Aggregate (All BONs)	Nevada (Independent)
n	561	18
Director of Nursing/Chief Nursing Officer	89.9%	50.0%
Other supervising nurse	4.4%	11.1%
Non-nurse employer/supervisor	1.6%	–
Other	5.0%	38.9%

Table 97: Employers Question 1: Position of Respondent – FY07

<i>Which of the following describes your position?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	890	39	626	264
Director of Nursing/Chief Nursing Officer	94.6%	82.1%	94.4%	95.1%
Other supervising nurse	1.5%	5.1%	1.4%	1.5%
Non-nurse employer/supervisor	0.6%	—	0.5%	0.8%
Other	3.4%	12.8	3.7%	2.6%

Table 98: Employers Question 1: Position of Respondent – FY09

<i>Which of the following describes your position?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	1,224	28	717	507
Director of Nursing/Chief Nursing Officer	96.2%	96.4%	95.7%	96.8%
Other supervising nurse	3.0%	3.6%	3.5%	2.4%
Non-nurse employer/supervisor	0.8%	—	0.8%	0.8%
Other	—	—	—	—

Employers surveyed had been in their position for an average of six years (Employers Question 1a).

Table 99: Employers Question 1a: Length of Employment (Number of Years in Current Position)
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>How long have you been in this position?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	406	7 (7)	–	–	342	7 (7)	64	6 (7)
FY05	563	7 (7)	19	4 (6)	452	7 (7)	111	7 (7)
FY07	697	7 (7)	36	3 (3)	497	6 (7)	200	7 (7)
FY09	1,158	6 (7)	25	4 (5)	681	6 (7)	477	6 (7)

Almost 60 percent of the employers surveyed for FY09 worked in a long-term care facility. This represents a shift from previous surveys where most of the employers surveyed worked in hospitals (Employers Question 2).

Table 100: Employers Question 2: Place of Employment – FY02

<i>Which of the following best describes your place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)
n	483	–
Hospital	49.3%	–
Long-term care facility	30.9%	–
Community-based/Ambulatory care	12.2%	–
Temporary service agency	0.6%	–
Other setting	7.0%	–

Table 101: Employers Question 2: Place of Employment – FY05

<i>Which of the following best describes your place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)
n	562	19
Hospital	49.3%	5.3%
Long-term care facility	32.4%	21.1%
Community-based/Ambulatory care	10.9%	26.3%
Temporary service agency	1.2%	10.5%
Other setting	6.2%	36.8%

Table 102: Employers Question 2: Place of Employment – FY07

<i>Which of the following best describes your place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	888	39	624	264
Hospital	56.6%	25.6%	55.0%	60.6%
Long-term care facility	34.2%	12.8%	34.8%	33.0%
Community-based/Ambulatory care	3.9%	33.3%	4.8%	1.9%
Temporary service agency	0.3%	5.1%	0.5%	—
Other setting	4.8%	23.1%	5.0%	4.5%

Table 103: Employers Question 2: Place of Employment – FY09

<i>Which one of the following best describes the type of organization that is your current primary place of employment?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	1,263	29	744	519
Hospital	20.7%	13.8%	21.8%	19.3%
Long-term care facility	58.8%	41.4%	57.0%	61.5%
Community-based/Ambulatory care	16.7%	41.4%	17.9%	15.0%
Temporary service agency	0.0%	–	–	–
Other setting	3.7%	3.4%	3.4%	4.2%

The average number of FTE RN nurses employed at the facilities of the responding employers in FY09 was 45. This represents a drop from previous years due to the increased proportion of employers working in long-term care facilities (Employers Question 3).

Table 104: Employers Question 3: Number of FTE Nursing Personnel Employed – FY02

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency?</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Registered nurses	465	118	–	–
Nursing assistive personnel	441	54	–	–
Licensed practical/vocational nurses	444	25	–	–
Advanced Practice registered nurses	371	5	–	–
Total	475	202	–	–

Table 105: Employers Question 3: Number of FTE Nursing Personnel Employed – FY05

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency?</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Registered nurses	486	88	18	27
Nursing assistive personnel	471	56	17	23
Licensed practical/vocational nurses	478	17	18	12
Advanced Practice registered nurses	425	5	16	5
Total	497	160	19	62

Table 106: Employers Question 3: Number of FTE Nursing Personnel Employed – FY07

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean	n	mean	n	mean	n	mean
Registered nurses	815	146	35	58	587	132	246	170
Nursing assistive personnel	721	63	26	32	498	58	233	74
Licensed practical/vocational nurses	751	21	21	14	518	21	233	21
Advanced Practice registered nurses	411	21	14	270	279	25	132	23
Total	836	226	38	182	589	210	247	263

Table 107: Employers Question 3: Number of FTE Nursing Personnel Employed – FY09
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Registered nurses	1191	49 (181)	27	24 (59)	705	45 (165)	486	56 (204)
Nursing assistive personnel	1106	45 (67)	23	31 (37)	654	40 (49)	452	52 (86)
Licensed practical/vocational nurses	1140	14 (28)	25	11 (12)	674	13 (16)	452	16 (40)
Advanced Practice registered nurses	707	3 (13)	16	0.1 (0.3)	425	3 (11)	282	4 (15)
Total	1210	105	27	61 (84)	716	94	494	120

Of the employers surveyed, 87 percent most frequently used a web-based verification system to verify licenses (Employers Question 4).

Table 108: Employers Question 4: Percent of Employers Using Method to Verify Licenses – FY05

<i>Which method do you use most frequently to verify licenses? Check all that apply.</i>	Aggregate (All BONs)	Nevada (Independent)
n	508	17
Web-based verification system	71.9%	88.2%
Phone – automated system	18.7%	17.6%
Call-in	20.9%	17.6%
E-mail	9.1%	0.0%
Nursys	15.6%	11.8%
Letter	6.1%	0.0%
Fax	2.8%	0.0%

Table 109: Employers Question 4: Percent of Employers Using Method to Verify Licenses – FY07

<i>Which method do you use most frequently to verify licenses? Check all that apply.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	866	38	606	260
Web-based verification system	79.1%	84.2%	78.1%	81.5%
Phone – automated system	14.9%	2.6%	17.0%	10.0%
Call-in	13.3%	18.4%	14.5%	10.4%
E-mail	12.2%	5.3%	11.9%	13.1%
Nursys	11.2%	2.6%	11.1%	11.5%
Letter	5.2%	2.6%	5.3%	5.0%
Fax	3.3%	2.6%	3.3%	3.5%

Table 110: Employers Question 4: Percent of Employers Using Method to Verify Licenses – FY09

<i>Which method do you use most frequently to verify licenses? Check only one.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	1,229	29	728	501
Web-based verification system	86.7%	89.7%	83.5%	91.4%
Phone – automated system	4.1%	0.0%	4.9%	3.0%
Call-in	2.8%	0.0%	3.2%	2.4%
E-mail	3.4%	3.4%	4.7%	1.6%
Nursys	6.0%	6.9%	7.0%	4.6%
Letter	0.8%	0.0%	1.1%	0.4%
Fax	0.9%	0.0%	1.1%	0.6%

The average number of new graduates hired at the facilities of the responding employers in FY09 was two RNs and five LPN/VNs. The RN count represents a drop from previous years and the LPN/VN count represents an increase from previous years. Both changes are due to the increased proportion of employers working in long-term care facilities (Employers Question 5).

Table 111: Employers Question 5: Number of New Graduates Hired by License Type – FY02

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Number of RNs hired in last 12 mos.	369	8	–	–
Number of LPN/VNs hired in last 12 mos.	442	2	–	–
Number of APRNs hired in last 12 mos.	321	0.5	–	–

Table 112: Employers Question 5: Number of New Graduates Hired by License Type – FY05

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Number of RNs hired in last 12 mos.	510	8	18	1
Number of LPN/VNs hired in last 12 mos.	496	2	17	1
Number of APRNs hired in last 12 mos.	431	0.4	16	0.1

Table 113: Employers Question 5: Number of New Graduates Hired by License Type – FY07

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean	n	mean	n	mean	n	mean
Number of RNs hired in last 12 mos.	540	18	16	4	367	18	173	18
Number of LPN/VNs hired in last 12 mos.	440	18	4	1	300	3	140	4
Number of APRNs hired in last 12 mos.	164	2	3	1	103	1	61	3

Table 114: Employers Question 5: Number of New Graduates Hired by License Type – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Number of RNs hired in last 12 mos.	1115	4 (23)	25	3 (6)	649	5 (25)	466	5 (19)
Number of LPN/VNs hired in last 12 mos.	1049	2 (4)	21	1 (2)	609	2 (5)	440	2 (2)
Number of APRNs hired in last 12 mos.	670	0.2 (1)	14	0 (0)	397	0.2 (1)	273	0.3 (2)

ADMINISTRATIVE – BONs

On average, 11.5 FTEs are directly involved in investigations and 4.5 FTEs are indirectly involved. The average number of FTEs in independent BON states directly involved in investigations is 8.7, while the number of FTEs in umbrella BON states directly involved is 18.7 (BON Question 15).

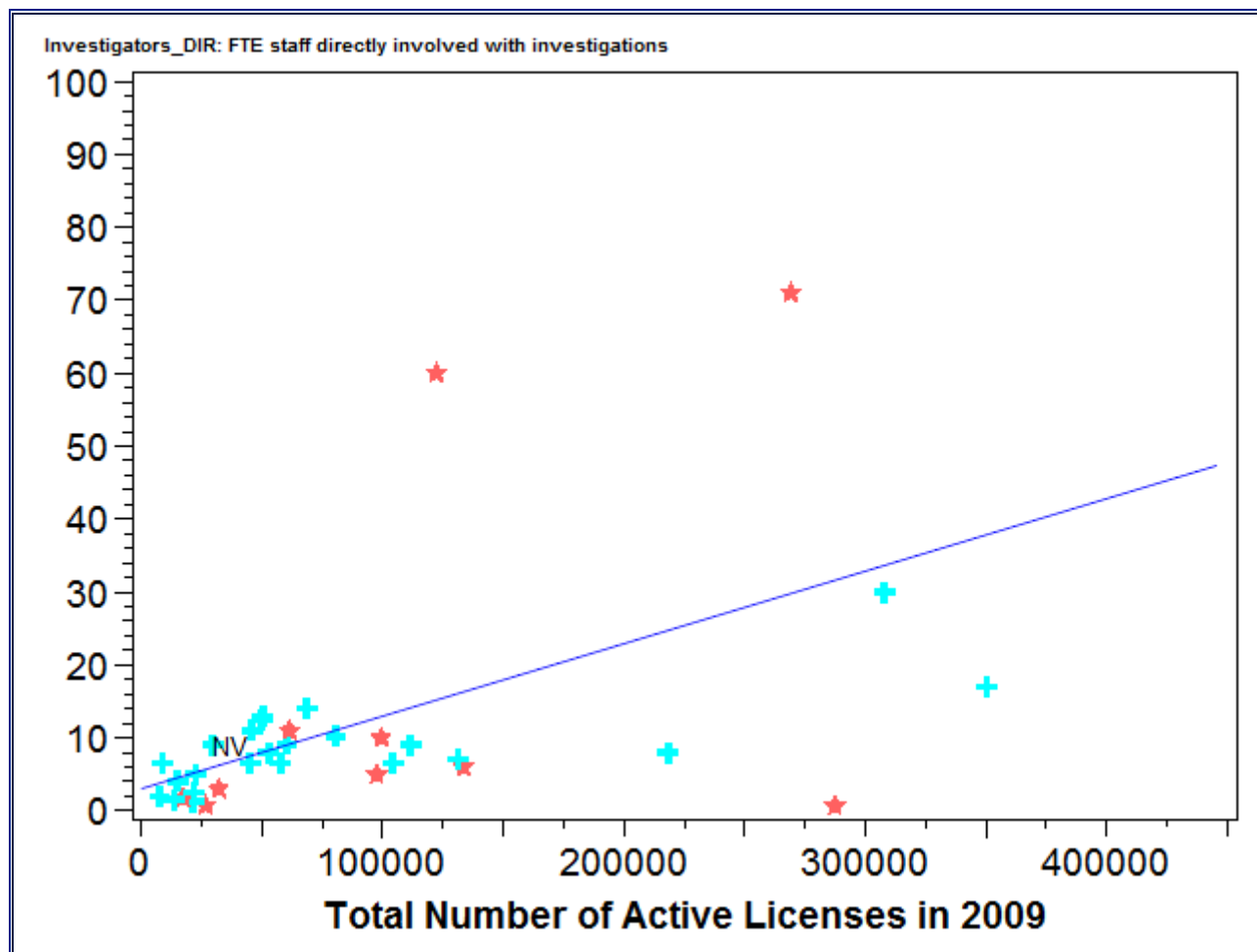
Table 115: BONs Question 15: FTEs Involved with Investigations
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Enter the number of full-time equivalent (FTE) staff who were directly and indirectly involved in the investigative process during FY2009.</i>	Aggregate (All BONs)			Nevada (Independent)		Independent BONs			Umbrella BONs		
	n	Direct	Indirect	Direct	Indirect	n	Direct	Indirect	n	Direct	Indirect
Board of Nursing											
Investigators who are nurses	32	3.6	0.1	5.0	0.0	23	3.3	0.1	9	4.3	0.0
Investigators who are not nurses	32	2.8	0.1	0.0	0.0	23	1.9	0.1	9	5.1	0.0
Coordinator/Manager	32	0.6	0.4	1.0	0.0	23	0.6	0.5	9	0.6	0.2
Administrative Support Staff	32	1.1	1.4	2.0	0.0	23	1.3	1.8	9	0.5	0.4
Attorney	32	0.5	0.3	1.0	0.0	23	0.5	0.4	9	0.3	0.0
Non-Board Employees from Other State Agencies											
Investigators who are nurses	32	0.1	0.2	0.0	0.0	23	0.1	0.0	9	0.0	0.7
Investigators who are not nurses	32	2.6	0.2	0.0	0.0	23	0.5	0.0	9	7.9	0.7
Attorney	32	0.1	0.1	0.0	0.0	23	0.1	0.1	9	0.0	0.1
Other	32	0.0	1.7	0.0	0.0	23	0.0	0.0	9	0.0	6.1
Contracted Personnel not Employed by the State	32	0.1	0.0	0.0	0.0	23	0.1	0.0	9	0.0	0.0
Other	32	0.2	0.1	0.0	0.0	23	0.3	0.1	9	0.0	0.0
GRAND TOTAL (Standard Deviation)	32	11.5 (15.3)	4.5 (10.0)	9.0	0.0	23	8.7 (6.2)	3.0 (3.7)	9	18.7 (26.9)	8.2 (18.0)

FY09 CORE Data – Survey of BONs

Nevada Data

Figure 19: Question 15: Total FTEs Directly Involved with Investigations



*Umbrella BONs
+Independent BONs

On average, 2.0 attorney FTEs are hired for legal services. The average number of attorney FTEs in independent BON states is 2.3 while the average number of attorney FTEs in umbrella BON states is 1.0 (BON Question 16).

Table 116: BONs Question 16: Attorney FTEs
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>How many attorney FTEs are assigned for legal services?</i>	Aggregate (All BONs)		Nevada (Independent)	Independent BONs		Umbrella BONs	
	n	mean	mean	n	mean	n	mean
Attorney employed by the Board of Nursing	32	0.7	1.0	23	0.9	9	0.2
Attorney General's Office	32	0.9	0.0	23	1.0	9	0.5
Other	32	0.3	0.0	23	0.4	9	0.3
GRAND TOTAL (Standard Deviation)	32	2.0 (2.4)	1.0	23	2.3 (2.7)	9	1.0 (0.7)

Spending on discipline and alternative to discipline programs takes up one third of expenditures (BON Question 17).

Table 117: BONs Question 17: Expenditures by Functional Area – FY07

<i>Excluding capital expenditures please indicate the Board's total FY2007 expenditures.</i>	Aggregate (All BONs)			Nevada (Independent)	Independent BONs			Umbrella BONs		
	n	Average Expenditures	Range	Average Expenditures	n	Average Expenditures	Range	n	Average Expenditures	Range
Total Expenditures	28	\$3,998,837	\$367,000 to \$23,078,334	\$2,060,593	21	\$3,347,537	\$367,000 to \$23,078,334	6	\$6,808,220	\$1,906,626 to \$14,589,222
Discipline	25	33%	9% to 59%	17%	18	34%	17% to 59%	6	31%	9% to 54%
Licensure	23	19 %	5% to 81%	12%	18	17%	5% to 32%	4	32%	6% to 81%
Education Program Approval	23	7%	0% to 25%	2%	18	8%	2% to 25%	4	2%	0% to 3%
Practice	23	5%	0% to 29%	3%	18	6%	0% to 29%	4	1%	0% to 2%
Other	24	36%	0% to 64%	63%	18	36%	0% to 29%	5	36%	0% to 52%

Table 118: BONs Question 17: Expenditures by Functional Area – FY09
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Excluding capital expenditures please indicate the Board's total FY2009 expenditures.</i>	Aggregate (All BONs)			Nevada (Independent)	Independent BONs			Umbrella BONs		
	n	Average Expenditures (Std. Dev.)	Range	Average Expenditures	n	Average Expenditures (Std. Dev.)	Range	n	Average Expenditures (Std. Dev.)	Range
Total Expenditures	26	\$3,884,572 (\$4,457,252)	\$305,000 to \$22,052,208	\$1,316,087	22	\$3,548,402 (\$4,599,948)	\$305,000 to \$22,052,208	4	\$5,733,507 (\$3,472,132)	\$909,146 to \$8,504,630
Discipline	22	28% (12%)	7% to 53%	25%	19	28% (12%)	7% to 53%	3	29% (15%)	14% to 43%
Alt/Monitoring programs	23	6% (5%)	0% to 16%	5%	20	5% (5%)	0% to 16%	3	11% (2%)	10% to 14%
Licensure	20	19% (12%)	8% to 60%	13%	19	19% (12%)	8% to 60%	1	18%	18%
Educ. Program Approval	21	5% (3%)	0% to 13%	5%	19	5% (3%)	0% to 13%	2	6% (6%)	2% to 11%
Practice	21	4% (3%)	0% to 9%	5%	19	4% (3%)	0% to 9%	2	1% (1%)	1% to 2%
Other	19	37% (14%)	0% to 56%	47%	18	36% (14%)	0% to 56%	1	41%	41%

On average, 2.2 FTEs are directly involved with Education Program Approval and 0.5 FTE staff are indirectly involved (BON Question 23).

Table 119: BONs Question 23: FTEs Involved with Education Program Approval
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Enter the number of full-time equivalent (FTE) staff who were involved directly and indirectly in the education program approval and monitoring process.</i>	Aggregate (All BONs)			Nevada (Independent)		Independent BONs			Umbrella BONs		
	n	Direct	Indirect	Direct	Indirect	n	Direct	Indirect	n	Direct	Indirect
Education Consultant/Manager	33	1.7	0.1	1.0	0.0	23	1.7	0.2	10	1.6	0.0
Administrative Support Staff	33	0.4	0.3	0.0	0.3	23	0.5	0.3	10	0.1	0.2
Attorney	33	0.0	0.1	0.0	0.0	23	0.0	0.1	10	0.0	0.0
Contract personnel	33	0.1	0.0	0.0	0.0	23	0.1	0.0	10	0.0	0.0
Other	33	0.0	0.0	0.0	0.0	23	0.0	0.0	10	0.0	0.0
GRAND TOTAL (Standard Deviation)	33	2.2 (2.3)	0.5 (0.8)	1.0	0.3	23	2.4 (2.5)	0.6 (0.9)	10	1.7 (1.7)	0.2 (0.4)

On average, 8.0 FTEs are directly involved with licensure and 2.9 FTEs are indirectly involved. The average number of FTEs in independent BON states directly involved in licensure is 9.1 while the number of FTEs in umbrella BON states directly involved is 5.4 (BON Question 24).

Table 120: BONs Question 24: FTEs Involved with Licensure
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

<i>Enter the number of full-time equivalent (FTE) staff who were directly and indirectly involved in the licensure process.</i>	Aggregate (All BONs)			Nevada (Independent)		Independent BONs			Umbrella BONs		
	n	Direct	Indirect	Direct	Indirect	n	Direct	Indirect	n	Direct	Indirect
Manager	33	1.1	0.4	1.0	0.0	23	1.2	0.3	10	0.8	0.5
Licensing Support Staff	33	6.5	2.3	3.0	2.0	23	7.4	1.0	10	4.5	5.6
Attorney	33	0.1	0.1	0.0	0.0	23	0.1	0.1	10	0.0	0.2
Contract personnel	33	0.0	0.0	0.0	0.0	23	0.1	0.0	10	0.0	0.1
Other	33	0.3	0.0	0.0	0.0	23	0.3	0.0	10	0.1	0.0
GRAND TOTAL (Standard Deviation)	33	8.0 (10.3)	2.9 (8.1)	4.0	2.0	23	9.1 (11.6)	1.4 (1.7)	10	5.4 (6.0)	6.3 (14.4)

On average, 2.1 FTEs are directly involved with practice and 0.5 FTE staff are indirectly involved (BON Question 25).

Table 121: BONs Question 25: FTEs involved with Practice
(Nevada Compared to Aggregate: **ABOVE AVERAGE**)

<i>Enter the number of full-time equivalent (FTE) staff who were directly and indirectly involved in nursing practice issues.</i>	Aggregate (All BONs)			Nevada (Independent)		Independent BONs			Umbrella BONs		
	n	Direct	Indirect	Direct	Indirect	n	Direct	Indirect	n	Direct	Indirect
Nurse	33	1.5	0.2	6.0	0.0	23	1.6	0.2	10	1.4	0.1
Practice Administrative Support Staff	33	0.5	0.3	2.0	0.0	23	0.5	0.4	10	0.3	0.0
Attorney	33	0.0	0.1	0.0	0.0	23	0.0	0.1	10	0.1	0.1
Contract personnel	33	0.0	0.0	0.0	0.0	23	0.0	0.0	10	0.0	0.0
Other	33	0.0	0.0	0.0	0.0	23	0.0	0.0	10	0.0	0.0
GRAND TOTAL (Standard Deviation)	33	2.1 (1.9)	0.5 (1.1)	8.0	0.0	23	2.2 (2.0)	0.7 (1.2)	10	1.8 (1.8)	0.2 (0.3)

ADMINISTRATIVE – Nurses

About 10 percent of nurses surveyed indicated that they had attended a BON meeting (Nurses Question 7).

Table 122: Nurses Question 7: Attend BON Meeting
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Have you ever attended a board meeting in the state you hold your primary license?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
Attended a board meeting	24,846	9.8%	465	17.8%	13,762	10.9%	11,084	8.5%

About 10 percent of nurses surveyed indicated that they had contacted their BON about a nonpractice issue (Nurses Question 13).

Table 123: Nurses Question 13: Contacted BON About Nonpractice Issues
(Nevada Compared to Aggregate: AVERAGE)

<i>During the last 12 months, did you have any other communication with this state Board of Nursing? (e.g., attended a formal presentation by the Board of Nursing, asked a non-practice issue question, etc.)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY07	16,390	11.4%	361	9.7%	8,729	13.8%	7,661	8.7%
FY09	24,795	10.4%	465	15.9%	13,732	12.2%	11,063	8.2%

Overall, nurses who had contacted their BON about a nonpractice issue were “satisfied” with the BON’s communication. Nurses from independent BON states rated their BON’s communication higher than those from umbrella BON states (Nurses Question 13a).

Table 124: Nurses Question 13a: Satisfaction with BON on Questions Regarding Nonpractice Issues
(Nevada Compared to Aggregate: AVERAGE)

<i>If yes, how “satisfied” or “dissatisfied” were you with the other communication you had with this state Board of Nursing? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY07	1823	3.12 (0.80)	36	3.39 (0.80)	1,177	3.12 (0.82)	646	3.12 (0.78)
FY09	2751	3.19 (0.77)	73	3.23 (0.81)	1,773	3.22 (0.76)	978	3.12 (0.80)

Nurses primarily used the nursing practice law and rules and BON website to find out about scope of practice decisions (Nurses Question 16).

Table 125: Nurses Question 16: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY02

<i>Which of the following do you use to find out scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)
Nursing practice law and rules	73%	—
Board Web site	21%	—
Board newsletter	63%	—
Personal communication with Board staff or member	25%	—
Public meetings/educational workshops	23%	—
Other association Web site	3%	—
Other association newsletter	12%	—
Public notice	6%	—
Public hearings	2%	—
Other	10%	—

Table 126: Nurses Question 16: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY05

<i>Which of the following do you use to find out scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)
n	4279	203
Nursing practice law and rules	75%	83%
Board Web site	37%	37%
Board newsletter	41%	56%
Personal communication with Board staff or member	16%	24%
Public meetings/educational workshops	14%	15%
Other association Web site	6%	4%
Other association newsletter	11%	12%
Public notice	5%	6%
Public hearings	1%	2%
Other	7%	8%

Table 127: Nurses Question 16: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY07

<i>Which of the following do you use to find out scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	15763	361	8,480	7283
Nursing practice law and rules	58%	68%	59%	58%
Board Web site	43%	37%	48%	38%
Board newsletter	17%	34%	20%	14%
Personal communication with Board staff or member	9%	13%	9%	10%
Public meetings/educational workshops	23%	7%	23%	25%
Other association Web site	3%	4%	3%	3%
Other association newsletter	12%	6%	11%	14%
Public notice	6%	2%	5%	1%
Public hearings	2%	1%	2%	3%
Other	9%	5%	9%	11%

Table 128: Nurses Question 16: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY09

<i>Which of the following do you use to find out scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	23274	440	12992	10282
Nursing practice law and rules	56%	70%	56%	56%
Board Web site	41%	46%	44%	36%
Board newsletter	30%	43%	37%	22%
Personal communication with Board staff or member	12%	16%	13%	11%
Public meetings/educational workshops	11%	7%	10%	12%
Other association Web site	7%	6%	6%	9%
Other association newsletter	13%	10%	10%	15%
Public notice	3%	2%	3%	4%
Public hearings	1%	1%	1%	1%
Other	9%	5%	7%	10%

Overall, nurses thought the BON provided adequate regulation in the areas of scope of practice, discipline, education program approval and licensure. In the areas of discipline and education program approval, more nurses thought the BON provided too little regulation than too much regulation (Nurses Question 17).

Table 129: Nurses Question 17: Ratings of Existing Statutes and Administrative Rules/Regulations – FY02

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)
a. Practice standards/scope of practice		
Too much regulation	4.5%	—
Adequate regulation	92.3%	—
Too little regulation	3.2%	—
b. Complaint resolution/discipline process		
Too much regulation	3.8%	—
Adequate regulation	91.4%	—
Too little regulation	4.8%	—
c. Education program approval/accreditation		
Too much regulation	5.4%	—
Adequate regulation	87.0%	—
Too little regulation	7.6%	—
d. Requirements for licensure		
Too much regulation	4.1%	—
Adequate regulation	89.7%	—
Too little regulation	6.2%	—

Table 130: Nurses Question 17: Ratings of Existing Statutes and Administrative Rules/Regulations – FY05

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)
a. Practice standards/scope of practice		
Too much regulation	3.5%	6.4%
Adequate regulation	93.1%	91.2%
Too little regulation	3.4%	2.5%
b. Complaint resolution/discipline process		
Too much regulation	2.4%	3.5%
Adequate regulation	92.0%	91.2%
Too little regulation	5.6%	5.3%
c. Education program approval/accreditation		
Too much regulation	4.2%	5.4%
Adequate regulation	88.9%	88.1%
Too little regulation	6.9%	6.4%
d. Requirements for licensure		
Too much regulation	4.9%	6.8%
Adequate regulation	90.6%	91.2%
Too little regulation	4.5%	2.0%

Table 131: Nurses Question 17: Ratings of Existing Statutes and Administrative Rules/Regulations – FY07

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Practice standards/scope of practice				
Too much regulation	4.6%	7.9%	4.3%	4.9%
Adequate regulation	92.9%	87.1%	93.3%	91.7%
Too little regulation	2.9%	5.0%	2.4%	3.5%
b. Complaint resolution/discipline process				
Too much regulation	3.0%	4.8%	3.1%	2.9%
Adequate regulation	90.5%	88.1%	91.3%	89.5%
Too little regulation	6.5%	7.0%	5.6%	7.6%
c. Education program approval/accreditation				
Too much regulation	4.2%	4.1%	4.0%	4.4%
Adequate regulation	88.3%	90.7%	89.0%	87.4%
Too little regulation	7.5%	5.2%	7.0%	8.2%
d. Requirements for licensure				
Too much regulation	4.3%	6.2%	4.7%	3.8%
Adequate regulation	91.8%	91.0%	92.0%	91.6%
Too little regulation	3.9%	2.8%	3.3%	4.6%

Table 132: Nurses Question 17: Ratings of Existing Statutes and Administrative Rules/Regulations – FY09
(Nevada Compared to Aggregate: AVERAGE)

<i>For each of the following, please indicate whether you think the Board of Nursing's existing statutes and administrative rules/regulations provide too much, too little, or an adequate amount of regulation.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Practice standards/scope of practice	20,663	405	11852	8779
Too much regulation	3.7%	4.9%	3.6%	3.9%
Adequate regulation	92.1%	91.6%	92.7%	91.3%
Too little regulation	4.2%	3.5%	3.7%	4.8%
b. Complaint resolution/discipline process	17124	336	10039	7085
Too much regulation	3.4%	9.5%	3.6%	3.1%
Adequate regulation	88.4%	81.5%	89.0%	87.6%
Too little regulation	8.2%	8.9%	7.4%	9.3%
c. Education program approval/accreditation	20041	392	11490	8551
Too much regulation	4.0%	2.8%	3.9%	4.0%
Adequate regulation	88.6%	88.5%	89.6%	87.3%
Too little regulation	7.4%	8.7%	6.4%	8.7%
d. Requirements for licensure	21788	427	12408	9380
Too much regulation	3.7%	5.2%	3.6%	4.0%
Adequate regulation	91.6%	90.9%	92.3%	90.6%
Too little regulation	4.7%	4.0%	4.2%	5.4%

Overall, nurses surveyed thought that the BON's newsletter/magazine was "good" (Nurses Question 18).

Table 133: Nurses Question 18: Nurses' Perceptions Regarding BON Newsletter
(Nevada Compared to Aggregate: AVERAGE)

Please rate the Board of Nursing's newsletter/magazine. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	2270	3.06 (0.61)	–	–	1943	3.08 (0.62)	327	2.98 (0.55)
FY05	3724	3.07 (0.6)	209	3.11 (0.60)	3103	3.09 (0.62)	621	3.0 (0.57)
FY07	10176	3.00 (0.57)	328	3.11 (0.60)	6045	3.02 (0.59)	621	2.99 (0.57)
FY09	17,649	2.96 (0.61)	409	3.02 (0.64)	11,267	2.99 (0.61)	6,382	2.92 (0.59)

Overall, nurses surveyed thought that the BON's website was "good" Nurses from independent BON states rated their BON's website slightly higher than those from umbrella BON states (Nurses Question 19).

Table 134: Nurses Question 19: Nurses' Perceptions Regarding BON Website
(Nevada Compared to Aggregate: AVERAGE)

Please rate the Board of Nursing's Web site. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	757	3.03 (0.60)	–	–	647	3.05 (0.60)	110	2.91 (0.60)
FY05	3429	3.04 (0.64)	173	3.06 (0.67)	2766	3.07 (0.64)	663	2.95 (0.63)
FY07	12076	2.96 (0.65)	282	3.10 (0.61)	7332	2.98 (0.65)	4744	2.93 (0.65)
FY09	15678	2.92 (0.64)	345	3.00 (0.61)	9818	2.96 (0.63)	5,860	2.84 (0.65)

Overall, nurses surveyed thought that the BON's telephone system was "fair" (Nurses Question 20).

Table 135: Nurses Question 20: Nurses' Perceptions Regarding Telephone System
(Nevada Compared to Aggregate: AVERAGE)

<i>Please rate the Board of Nursing's telephone system. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	753	2.75 (0.74)	–	–	644	2.77 (0.73)	109	2.61 (0.80)
FY05	2120	2.60 (0.82)	108	2.58 (0.79)	1714	2.62 (0.83)	406	2.52 (0.83)
FY07	6634	2.56 (0.83)	168	2.73 (0.67)	3874	2.55 (0.83)	2760	2.57 (0.83)
FY09	8783	2.49 (0.80)	209	2.56 (0.81)	5567	2.52 (0.80)	3216	2.44 (0.80)

Overall, nurses surveyed thought that the BON did a "good" job in protecting the health and safety of the public. Nurses from independent BON states rated their BON's public protection slightly higher than those from umbrella BON states (Nurses Question 25).

Table 136: Nurses Question 25: Nurses' Perceptions Regarding Effectiveness in Protecting the Public
(Nevada Compared to Aggregate: AVERAGE)

<i>Overall, how effective is the state's Board of Nursing in protecting the health and safety of the public? (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	2450	3.10 (0.62)	–	–	2040	3.11 (0.62)	410	3.01 (0.65)
FY05	4855	3.21 (0.61)	221	3.15 (0.68)	3794	3.24 (0.60)	1061	3.10 (0.62)
FY07	15694	3.11(0.59)	353	3.04 (0.62)	8490	3.14 (0.58)	7204	3.07 (0.60)
FY09	23764	3.06 (0.61)	453	3.04(0.63)	13337	3.11 (0.61)	10427	3.01 (0.60)

ADMINISTRATIVE – Employers

Overall, employers surveyed thought that the BON was “somewhat responsive” to changes in practice. Employers from independent BON states rated their BON’s responsiveness to changes in practice distinctly higher than those from umbrella BON states (Employers Question 7).

Table 137: Employers Question 7: Responsiveness of BON to Changes in Practice
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How responsive or unresponsive is the Board of Nursing to changes in practice? (Scale: 4 = responsive; 3 = somewhat responsive; 2 = somewhat unresponsive; 1 = unresponsive)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY05	523	3.44 (0.67)	18	3.78 (0.43)	423	3.48 (0.64)	100	3.28 (0.75)
FY07	841	3.35 (0.69)	39	3.54 (0.56)	592	3.41 (0.68)	249	3.19 (0.68)
FY09	1,204	3.28 (0.69)	28	3.57 (0.63)	717	3.40 (0.64)	487	3.10 (0.71)

Overall, employers surveyed were “satisfied” with information provided by the BON at presentations they attended. Employers from independent BON states rated their satisfaction with BON presentations higher than employers from umbrella BON states (Employers Question 8).

Table 138: Employers Question 8: Employers’ Perceptions Regarding BON Presentations
(Nevada Compared to Aggregate: AVERAGE)

<i>How satisfied or dissatisfied were you with information provided by the Board of Nursing over the past 12 months during presentations you attended? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	207	3.29 (0.56)	–	–	182	3.30 (0.54)	25	3.16 (0.69)
FY05	266	3.28 (0.57)	12	3.33 (0.65)	218	3.30 (0.59)	48	3.19 (0.45)
FY07	422	3.27 (0.57)	19	3.42 (0.51)	315	3.30 (0.58)	107	3.18 (0.53)
FY09	1,093	3.08 (0.56)	27	3.11 (0.64)	661	3.16 (0.54)	432	2.96 (0.57)

Overall, employers surveyed were “satisfied” with assistance provided by the BON about nonpractice issues. Employers from independent BON states rated their satisfaction with BON assistance higher than employers from umbrella BON states (Employers Question 9).

Table 139: Employers Question 9: Contacted BON About Nonpractice Issues
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How satisfied or dissatisfied were you with assistance provided by the Board of Nursing over the past 12 months in response to an inquiry you made (other than questions about practice issues)? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	336	3.35 (0.54)	–	–	296	3.36 (0.59)	40	3.25 (0.63)
FY05	443	3.24 (0.70)	18	3.33 (0.77)	372	3.28 (0.67)	71	3.04 (0.84)
FY07	688	3.14 (0.68)	33	3.39 (0.61)	501	3.19 (0.68)	186	2.99 (0.64)
FY09	1,109	3.08 (0.64)	28	3.32 (0.55)	690	3.15 (0.66)	419	2.96 (0.60)

Overall, employers surveyed found the BON’s telephone system to be “good.” Employers from independent BON states rated their BON’s phone system higher than employers from umbrella BON states (Employers Question 10).

Table 140: Employers Question 10: Employers’ Perceptions Regarding Telephone System
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Please rate the Board of Nursing's telephone system. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	308	2.90 (0.68)	–	–	272	2.95 (0.66)	36	2.52 (0.73)
FY05	391	2.72 (0.75)	15	2.93 (0.70)	372	2.75 (0.74)	64	2.53 (0.75)
FY07	599	2.52 (0.77)	27	2.74 (0.59)	451	2.57 (0.77)	148	2.36 (0.74)
FY09	907	2.57 (0.78)	25	2.96 (0.68)	574	2.63 (0.80)	333	2.45 (0.75)

Overall, employers surveyed found the BON's newsletter/magazine to be "good." Employers from independent BON states rated their BON's newsletter/magazine higher than employers from umbrella BON states (Employers Question 11).

Table 141: Employers Question 11: Employers' Perceptions Regarding BON Newsletter
(Nevada Compared to Aggregate: AVERAGE)

Please rate the Board of Nursing's newsletter/magazine. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	413	3.21 (0.60)	–	–	363	3.23 (0.59)	50	3.02 (0.68)
FY05	488	3.13 (0.63)	19	3.37 (0.60)	409	3.14 (0.61)	79	3.05 (0.67)
FY07	684	3.04 (0.69)	32	3.25 (0.57)	545	3.09 (0.70)	139	2.86 (0.63)
FY09	1,008	2.97 (0.66)	28	3.04 (0.69)	670	3.03 (0.61)	338	2.84 (0.61)

Overall, employers surveyed found the BON's website to be "good." Employers from independent BON states rated their BON's website higher than employers from umbrella BON states (Employers Question 12).

Table 142: Employers Question 12: Employers' Perceptions Regarding BON Website
(Nevada Compared to Aggregate: ABOVE AVERAGE)

Please rate the Board of Nursing's Web site. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	308	3.19 (0.58)	–	–	269	3.23 (0.56)	39	2.92 (0.66)
FY05	506	3.14 (0.61)	18	3.17 (0.62)	413	3.17 (0.60)	93	2.97 (0.60)
FY07	799	2.96 (0.70)	39	3.21 (0.62)	590	3.02 (0.98)	209	2.78 (0.68)
FY09	1,129	3.00 (0.69)	29	3.17 (0.47)	704	3.08 (0.63)	425	2.87 (0.65)

Almost all employers surveyed indicated that they knew how to report a suspected violation of the nursing statute or rules (Employers Question 13).

Table 143: Employer Question 13: Employers’ Knowledge of How to Report a Suspected Violation of Nursing Statutes and Rules
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Do you know how to report a suspected violation of the nursing statute or rule?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY02	422	97.2%	–	–	366	97.3%	56	96.4%
FY05	564	97.0%	19	100%	453	97.1%	111	96.4%
FY07	878	95.2%	39	94.9%	619	95.2%	259	95.4%
FY09	1,257	95.1%	29	100%	742	95.4%	515	94.6%

Employers primarily used the nursing practice law and rules and the BON website to find out about scope of practice decisions (Employers Question 14).

Table 144: Employers Question 14: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY02

<i>Which of the following do you use to find out about scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)
Nursing practice law and rules	84%	–
Board Web site	43%	–
Board newsletter	59%	–
Personal communication with Board staff or member	58%	–
Public meetings/educational workshops	27%	–
Other association Web site	9%	–
Other association newsletter	19%	–
Public notice	7%	–
Public hearings	3%	–

Table 145: Employers Question 14: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY05

<i>Which of the following do you use to find out about scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)
n	567	19
Nursing practice law and rules	75%	95%
Board Web site	54%	63%
Board newsletter	50%	53%
Personal communication with Board staff or member	50%	47%
Public meetings/educational workshops	21%	11%
Other association Web site	8%	0%
Other association newsletter	12%	11%
Public notice	6%	11%
Public hearings	3%	0%

Table 146: Employers Question 14: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY07

<i>Which of the following do you use to find out about scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	888	39	624	264
Nursing practice law and rules	80%	85%	81%	77%
Board Web site	52%	51%	57%	42%
Board newsletter	38%	39%	46%	19%
Personal communication with Board staff or member	32%	28%	35%	25%
Public meetings/educational workshops	19%	8%	18%	23%
Other association Web site	19%	10%	18%	21%
Other association newsletter	15%	13%	14%	16%
Public notice	7%	3%	6%	10%
Public hearings	3%	3%	4%	2%

Table 147: Employers Question 14: Sources Used to Find Out About Scope of Practice/Practice Decisions – FY09

<i>Which of the following do you use to find out about scope of practice/practice decisions?</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
n	1,255	29	741	514
Nursing practice law and rules	72%	76%	73%	69%
Board Web site	58%	59%	61%	55%
Board newsletter	31%	35%	36%	23%
Personal communication with Board staff or member	28%	24%	33%	20%
Public meetings/educational workshops	16%	7%	16%	16%
Other association Web site	15%	3%	14%	17%
Other association newsletter	15%	3%	13%	17%
Public notice	6%	7%	5%	8%
Public hearings	2%	0%	1%	2%
Other	5%	3%	3%	7%

Overall, most employers think that the BON's focus should be split equally between regulatory policy development and enforcement. Currently employers think the BONs focus is slanted towards policy development (Employers Questions 19 and 20).

Table 148: Employers Questions 19 and 20: Employers' Perceptions of BON's Role Regarding Regulatory Policy and Enforcement – FY05

<i>What best reflects the Board's current role regarding regulatory policy?</i>	Aggregate (All BONs)		Nevada (Independent)	
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>	Current Role	Ideal Role	Current Role	Ideal Role
n	524	529	17	15
All focus on regulatory policy development	4.8%	2.5%	5.9%	–
More focus on policy development	23.3%	9.1%	5.9%	6.7%
Equal focus on development & enforcement	56.5%	83.9%	52.9%	93.3%
More focus on policy enforcement	12.4%	4.2%	35.3%	–
All focus on regulatory policy enforcement	3.1%	0.4%	–	–

Table 149: Employers Questions 19 and 20: Employers' Perceptions of BON's Role Regarding Regulatory Policy and Enforcement – FY07

<i>What best reflects the Board's current role regarding regulatory policy?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>	Current Role	Ideal Role	Current Role	Ideal Role	Current Role	Ideal Role	Current Role	Ideal Role
n	780	783	38	37	557	555	223	228
All focus on regulatory policy development	7.4%	5.0%	5.3%	5.4%	5.9%	5.2%	11.2%	4.4%
More focus on policy development	17.8%	11.7%	18.4%	18.9%	16.9%	10.8%	20.2%	14.0%
Equal focus on development & enforcement	57.9%	76.5%	55.3%	64.9%	60.0%	77.3%	52.9%	74.6%
More focus on policy enforcement	12.6%	5.6%	13.2%	2.7%	12.6%	5.9%	12.6%	4.8%
All focus on regulatory policy enforcement	4.2%	1.1%	7.9%	8.1%	4.7%	0.7%	3.1%	2.2%

Table 150: Employer Questions 19 and 20: Employers' Perceptions of BONs Role Regarding Regulatory Policy and Enforcement – FY09

<i>What best reflects the Board's current role regarding regulatory policy?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>	Current Role	Ideal Role	Current Role	Ideal Role	Current Role	Ideal Role	Current Role	Ideal Role
n	1,115	1,162	27	27	669	691	446	471
All focus on regulatory policy development	7.0%	3.3%	3.7%	–	6.1%	3.8%	8.3%	2.5%
More focus on policy development	20.2%	10.8%	22.2%	11.1%	17.2%	10.9%	24.7%	10.8%
Equal focus on development & enforcement	59.1%	80.9%	55.6%	81.5%	64.9%	80.8%	50.4%	81.1%
More focus on policy enforcement	9.1%	3.4%	14.8%	–	8.2%	3.0%	10.5%	3.8%
All focus on regulatory policy enforcement	4.6%	1.6%	3.7%	7.4%	3.6%	1.6%	6.1%	1.7%

Overall, employers thought the BON provided adequate regulation in the areas of scope of practice, discipline, education program approval and licensure. In the areas of discipline and education program approval, more employers thought the BON provided too little regulation than too much regulation (Employers Question 21).

Table 151: Employers Question 21: Ratings of Existing Statutes and Administrative Rules/Regulations – FY02

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)
a. Practice standards/scope of practice		
Too much regulation	4.9%	—
Adequate regulation	91.7%	—
Too little regulation	3.4%	—
b. Complaint resolution/discipline process		
Too much regulation	4.8%	—
Adequate regulation	89.2%	—
Too little regulation	6.0%	—
c. Education program approval/accreditation		
Too much regulation	6.1%	—
Adequate regulation	85.4%	—
Too little regulation	8.5%	—
d. Requirements for licensure/certification		
Too much regulation	4.2%	—
Adequate regulation	88.4%	—
Too little regulation	7.3%	—

Table 152: Employers Question 21: Ratings of Existing Statutes and Administrative Rules/Regulations – FY05

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)
a. Practice standards/scope of practice		
Too much regulation	4.8%	—
Adequate regulation	88.2%	100%
Too little regulation	7.0%	—
b. Complaint resolution/discipline process		
Too much regulation	5.5%	10.5%
Adequate regulation	79.2%	84.2%
Too little regulation	15.3%	5.3%
c. Education program approval/accreditation		
Too much regulation	6.3%	15.8%
Adequate regulation	84.7%	78.9%
Too little regulation	9.0%	5.3%
d. Requirements for licensure/certification		
Too much regulation	5.9%	21.1%
Adequate regulation	88.8%	78.9%
Too little regulation	5.4%	—

Table 153: Employers Question 21: Ratings of Existing Statutes and Administrative Rules/Regulations – FY07

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Practice standards/scope of practice				
Too much regulation	2.9%	–	3.1%	2.5%
Adequate regulation	90.4%	97.4%	91.1%	88.8%
Too little regulation	6.7%	2.6%	5.8%	8.8%
b. Complaint resolution/discipline process				
Too much regulation	3.6%	8.1%	4.4%	1.7%
Adequate regulation	79.0%	81.8%	79.7%	77.3%
Too little regulation	17.3%	10.8%	15.9%	21.0%
c. Education program approval/accreditation				
Too much regulation	5.3%	–	4.0%	8.4%
Adequate regulation	79.6%	91.7%	82.7%	72.1%
Too little regulation	15.1%	8.3%	13.4%	19.5%
d. Requirements for licensure/certification				
Too much regulation	3.3%	2.6%	3.1%	3.8%
Adequate regulation	87.7%	97.4%	89.8%	82.5%
Too little regulation	9.1%	–	7.1%	13.8%

Table 154: Employers Question 21: Ratings of Existing Statutes and Administrative Rules/Regulations – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>For each of the following, please indicate whether you think the Board of Nursing's existing statutes and administrative rules/regulations provide too much, too little, or an adequate amount of regulation.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Practice standards/scope of practice	1184	28	707	477
Too much regulation	5.6%	3.6%	5.1%	6.3%
Adequate regulation	86.5%	92.9%	88.1%	84.1%
Too little regulation	7.9%	3.6%	6.8%	9.6%
b. Complaint resolution/discipline process	1153	28	692	461
Too much regulation	3.9%	10.7%	2.5%	6.1%
Adequate regulation	79.4%	78.6%	84.0%	72.7%
Too little regulation	16.7%	10.7%	13.6%	21.3%
c. Education program approval/accreditation	1141	28	676	465
Too much regulation	3.7%	–	2.8%	4.9%
Adequate regulation	79.8%	89.3%	84.3%	73.3%
Too little regulation	16.5%	10.7%	12.9%	21.7%
d. Requirements for licensure/certification	1196	28	711	485
Too much regulation	3.8%	7.1%	4.4%	2.9%
Adequate regulation	89.0%	92.9%	91.3%	85.6%
Too little regulation	7.3%	–	4.4%	11.5%

Most employers surveyed (93 percent) thought the BON's statutes and rules were accessible; 73 percent of the employers surveyed thought the statutes and rules were clear (Employers Questions 22 and 23).

Table 155: Employers Questions 22 and 23: Accessibility and Clarity of BON Statutes/Rules
(Nevada Compared to Aggregate: AVERAGE)

<i>Are Boards of Nursing statutes/rules accessible?</i> <i>Are Boards of Nursing statutes/rules clear?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	Percent	n	Percent	n	Percent	n	Percent
FY05								
Rules are accessible	559	95.7%	19	100%	449	96.4%	110	92.7%
Rules are clear	554	75.1%	19	73.7%	444	75.5%	110	73.6%
FY07								
Rules are accessible	883	95.5%	39	100%	623	96.4%	110	92.7%
Rules are clear	567	73.2%	37	83.8%	605	74.0%	254	68.1%
FY09								
Rules are accessible	1,239	93.3%	28	96.4%	733	95.8%	506	89.7%
Rules are clear	1,195	73.1%	27	77.8%	707	75.8%	488	69.1%

Overall, employers thought the BON provided adequate involvement in the areas of evolving scopes of practice and legislative issues. In the areas of nursing supply and demand issues, and workplace issues, 30 percent of the employers thought the BON provided too little regulation (Employers Question 24).

Table 156: Employers Question 24: Employers' Perceptions of the BON's Involvement in Areas of Interest – FY07

<i>In your opinion, what is the Board of Nursing's level of involvement in the following issues? (Scale: 3 = too much involvement, 2 = adequate involvement, or 1 = too little involvement)</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Nursing supply and demand issues				
Too much involvement	0.8%	–	0.7%	0.9%
Adequate involvement	41.1%	51.4%	45.7%	29.9%
Too little involvement	58.1%	48.6%	53.6%	69.2%
b. Evolving scopes of practice				
Too much involvement	1.0%	–	0.7%	1.7%
Adequate involvement	73.9%	84.2%	76.6%	67.4%
Too little involvement	25.1%	15.8%	22.7%	30.9%
c. Legislative issues				
Too much involvement	2.6%	-	1.9%	4.4%
Adequate involvement	76.3%	79.5%	77.6%	72.9%
Too little involvement	21.1%	20.5%	20.5%	22.7%
d. Workplace issues				
Too much involvement	1.9%	2.8%	2.2%	1.3%
Adequate involvement	53.8%	61.1%	57.3%	45.4%
Too little involvement	44.2%	36.1%	40.5%	53.3%

Table 157: Employers Question 24: Employers' Perceptions of the BON's Involvement in Areas of Interest – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>In your opinion, what is the Board of Nursing's level of involvement in the following issues? (Scale: 3 = too much involvement, 2 = adequate involvement, or 1 = too little involvement)</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Nursing supply and demand issues	1028	21	610	418
Too much involvement	4.9%	–	4.3%	5.7%
Adequate involvement	64.8%	81.0%	69.8%	57.4%
Too little involvement	30.4%	19.0%	25.9%	36.8%
b. Evolving scopes of practice	1133	25	677	456
Too much involvement	4.1%	12.0%	4.0%	4.4%
Adequate involvement	77.9%	84.0%	83.2%	70.2%
Too little involvement	17.9%	4.0%	12.9%	25.4%
c. Legislative issues	1100	25	657	443
Too much involvement	7.4%	8.0%	7.2%	7.7%
Adequate involvement	76.6%	88.0%	81.4%	69.3%
Too little involvement	16.1%	4.0%	11.4%	23.0%
d. Workplace issues	1027	22	636	443
Too much involvement	4.1%	9.1%	3.5%	5.0%
Adequate involvement	67.4%	59.1%	73.1%	59.1%
Too little involvement	28.5%	31.8%	23.4%	35.9%

Employers thought four business days was a reasonable amount of time to answer a practice question (Employers Question 26).

Table 158: Employers Question 26: Reasonable Number of Business Days to Answer a Practice Question – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>What do you think is a reasonable number of business days for the Board staff to take to respond to a practice question?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Number of Business Days	371	4 (7)	10	4 (4)	264	3 (4)	107	6 (12)

Overall, employers surveyed thought that the BON did “well” in protecting the health and safety of the public. Employers from independent BON states rated their BON’s public protection higher than those from umbrella BON states (Employers Question 33).

Table 159: Employers Question 33: Employers’ Perceptions Regarding Effectiveness in Protecting the Public
(Nevada Compared to Aggregate: **ABOVE AVERAGE**)

Overall, how well or poorly does the Board of Nursing fulfill its role process in protecting the health and safety of the public? (Scale: 4 = very well; 3= well; 2= poorly; 1= very poorly)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	452	3.34 (0.57)	—	—	389	3.36 (0.57)	63	3.21 (0.54)
FY05	559	3.27 (0.57)	19	3.37 (0.60)	448	3.30 (0.55)	111	3.12 (0.61)
FY07	819	3.04 (0.68)	33	3.24 (0.50)	310	3.10 (0.68)	236	2.91 (0.66)
FY09	1,214	3.09 (0.65)	27	3.30 (0.72)	722	3.19 (0.61)	492	2.95 (0.68)

ADMINISTRATIVE – Education Programs

Overall, education programs surveyed thought that the BON was “effective” in promoting public protection, promoting quality in education and responding to health care changes. Education programs thought BONs were “somewhat effective” in responding to innovation in education. Across all four areas, education programs from independent BON states rated their BON’s effectiveness slightly higher than those from umbrella BON states (Education Programs Question 1).

Table 160: Education Programs Question 1: Education Programs’ Perceptions Regarding Effectiveness of Regulation – FY02

Please rate your Board of Nursing’s effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Public protection/accountability	194	3.85	–	–
Promotion of quality in education	194	3.69	–	–
Responsiveness to health care changes	194	3.57	–	–
Responsiveness to innovation in education	193	3.52	–	–

Table 161: Education Programs Question 1: Education Programs’ Perceptions Regarding Effectiveness of Regulation – FY05

Please rate your Board of Nursing’s effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)	Aggregate (All BONs)		Nevada (Independent)	
	n	mean	n	mean
Public protection/accountability	610	3.77	2	4.00
Promotion of quality in education	610	3.64	2	3.50
Responsiveness to health care changes	607	3.48	2	3.00
Responsiveness to innovation in education	606	3.41	2	3.50

Table 162: Education Programs Question 1: Education Programs' Perceptions Regarding Effectiveness of Regulation – FY07

<i>Please rate your Board of Nursing's effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean	n	mean	n	mean	n	mean
Public protection/accountability	1,559	3.84	3	4.00	919	3.87	640	3.81
Promotion of quality in education	1544	3.71	3	4.00	908	3.73	636	3.68
Responsiveness to health care changes	1544	3.56	3	3.67	909	3.62	635	3.49
Responsiveness to innovation in education	1540	3.46	3	3.67	906	3.52	634	3.38

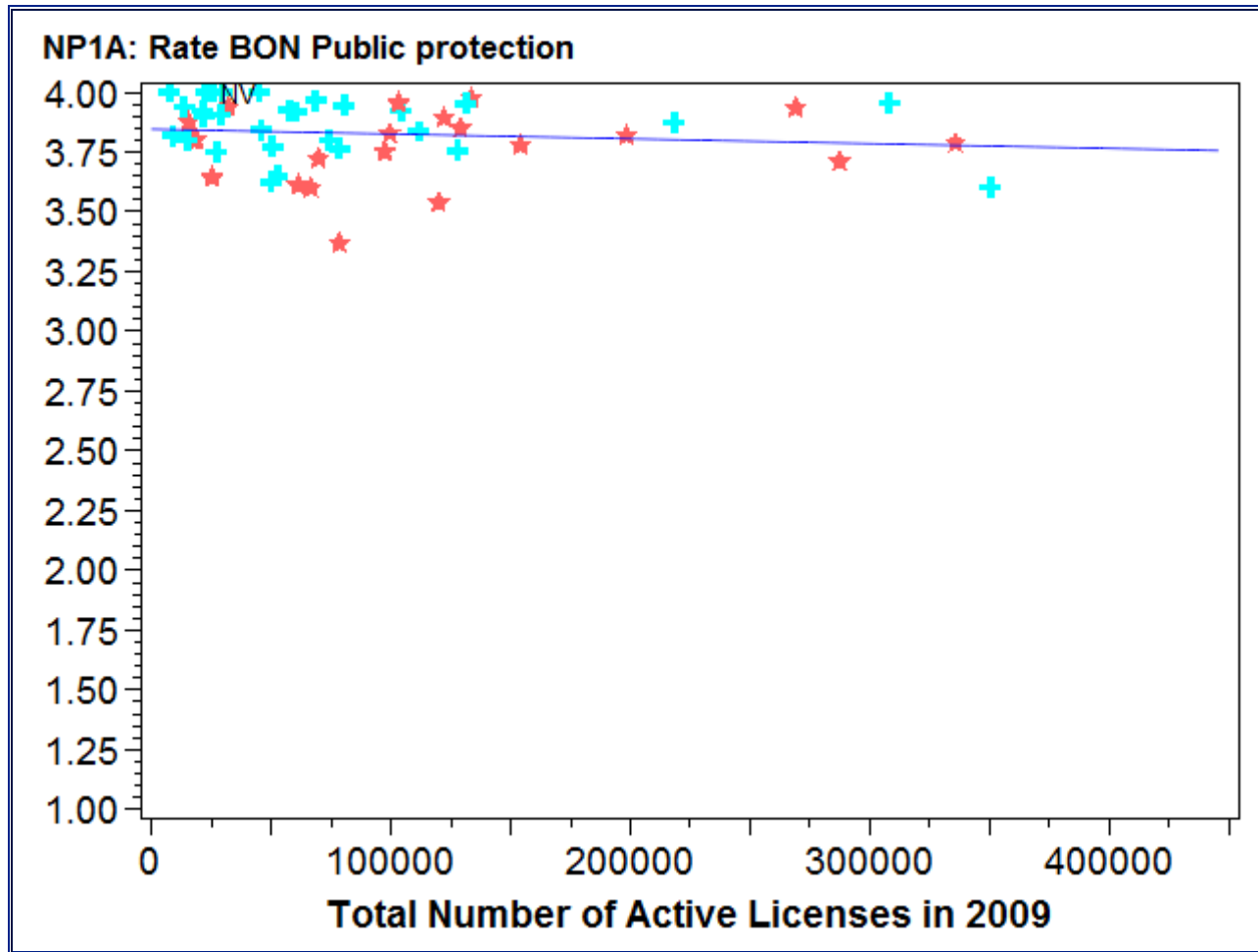
Table 163: Education Programs Question 1: Education Programs' Perceptions Regarding Effectiveness of Regulation – FY09

(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Please rate how effective or ineffective your Board of Nursing is in each of the following areas. (Scale: 4 = effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
Public protection/accountability	1,733	3.82 (0)	9	4.00 (0)	919	3.86 (0)	814	3.77 (0)
Promotion of quality in education	1,731	3.66 (1)	9	4.00 (0)	916	3.70 (1)	815	3.61 (1)
Responsiveness to health care changes	1,719	3.56 (1)	9	3.78 (0)	907	3.60 (1)	812	3.52 (1)
Responsiveness to innovation in education	1,727	3.45 (1)	9	3.56 (1)	913	3.51 (1)	814	3.39 (1)

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 20: Question 1: Rate BON Effectiveness in Public Protection



*Umbrella BONs

+Independent BONs

Scale: 4=Effective; 3=Somewhat Effective; 2=Ineffective; 1=Not Effective at All

Overall, 87 percent of the education programs surveyed indicated that the BON reviews their program (Education Programs Question 2).

Table 164: Education Programs Question 2: Education Programs Reviewed by the BON
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Does the Board of Nursing review your Nursing Program?</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	% “Yes”	n	% “Yes”	n	% “Yes”	n	% “Yes”
FY09	1,727	86.6%	10	100%	915	92.9%	812	79.6%

Overall, education programs surveyed found BON staff to be “somewhat helpful” in addressing emerging issues (Education Programs Question 6).

Table 165: Education Programs Question 6: Education Programs’ Perceptions of BON Addressing Emerging Issues
(Nevada Compared to Aggregate: BELOW AVERAGE)

<i>How helpful or unhelpful are Board staff in addressing emerging issues? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	183	3.46 (0.65)	–	–	116	3.53 (0.61)	67	3.34 (0.71)
FY05	594	3.17 (0.80)	2	2.50 (0.71)	374	3.31 (0.76)	220	2.94 (0.81)
FY07	1538	3.28 (0.76)	3	4.00 (0.00)	913	3.31 (0.74)	625	3.22 (0.78)
FY09	1,739	3.39 (0.76)	10	3.20 (0.92)	921	3.42 (0.76)	818	3.35 (0.75)

Overall, education programs surveyed found BON staff to be “somewhat timely” in addressing emerging issues (Education Programs Question 7).

Table 166: Education Programs Question 7: Education Programs’ Perceptions of BON Timeliness in Addressing Emerging Issues
(Nevada Compared to Aggregate: ABOVE AVERAGE)

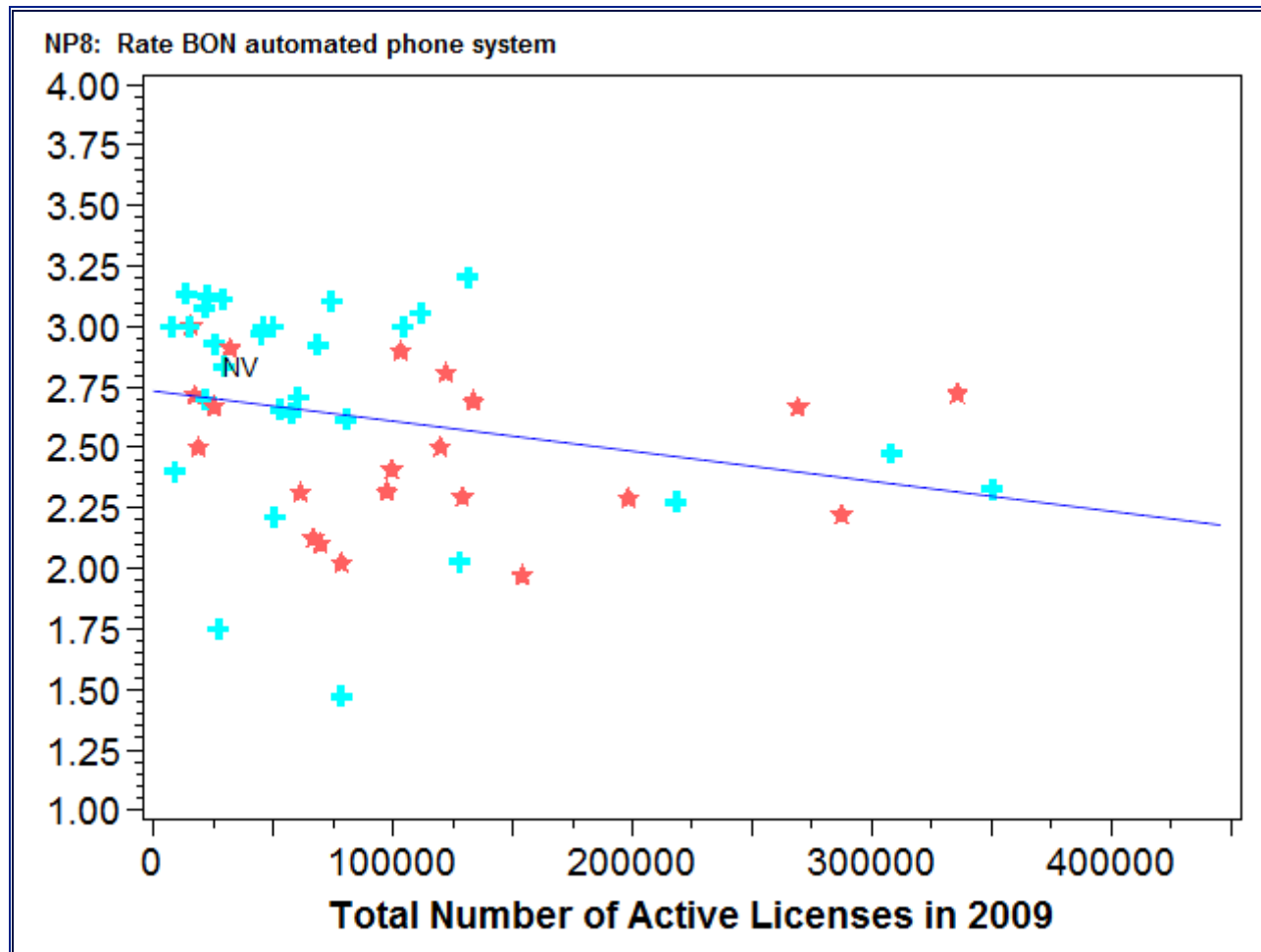
<i>How timely or untimely are Board staff in addressing emerging issues? (Scale: 4 = very timely; 3 = somewhat timely; 2 = somewhat untimely; 1 = very untimely)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY05	585	3.15 (0.79)	2	2.50 (0.71)	370	3.32 (0.71)	215	2.86 (0.85)
FY07	1522	3.23 (0.76)	3	3.67 (0.58)	902	3.26 (0.76)	620	3.18 (0.76)
FY09	1,740	3.31 (0.76)	10	3.60 (0.70)	923	3.36 (0.74)	817	3.26 (0.78)

Overall, education programs surveyed found the BON’s telephone system to be “good.” Education programs from independent BON states rated their BON’s phone system higher than programs from umbrella BON states (Education Programs Question 8).

Table 167: Education Programs Question 8: Education Programs’ Perceptions Regarding Telephone System
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Please rate the Board of Nursing's telephone system. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	126	2.80 (0.80)	–	–	72	2.92 (0.82)	54	2.65 (0.76)
FY05	445	2.51 (0.93)	1	1.00 (–)	274	2.73 (0.87)	171	2.16 (0.92)
FY07	1183	2.60 (0.86)	3	2.33 (1.15)	713	2.64 (0.86)	470	2.54 (0.85)
FY09	1,336	2.57 (0.86)	6	2.83 (0.41)	741	2.65 (0.84)	595	2.48 (0.88)

FY09 CORE Data – Survey of Education Programs
Nevada Data
Figure 21: Question 8: Rate the BON Phone System



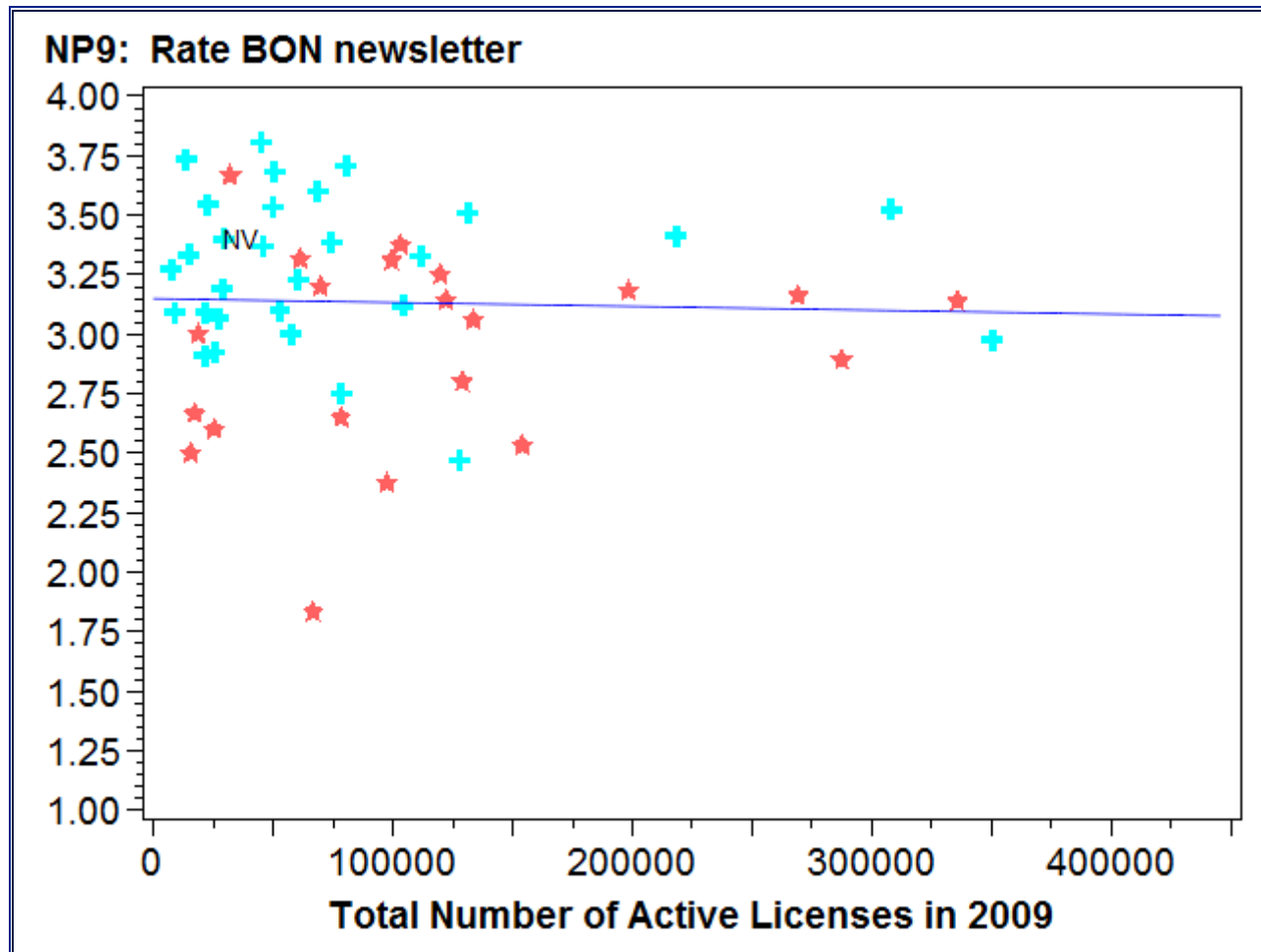
*Umbrella BONs
+Independent BONs
Scale: 4=Excellent; 3=Good; 2=Fair; 1=Poor

Overall, education programs surveyed found the BON's newsletter/magazine to be "good." Education programs from independent BON states rated their BON's newsletter/magazine higher than programs from umbrella BON states (Education Programs Question 9).

Table 168: Education Programs Question 9: Education Programs' Perceptions Regarding BON Newsletter
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>Please rate the Board of Nursing's newsletter/magazine. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	157	3.31 (0.59)	–	–	114	3.44 (0.56)	43	2.98 (0.51)
FY05	530	3.29 (0.66)	2	3.50 (0.71)	364	3.40 (0.62)	166	3.07 (0.67)
FY07	1200	3.29 (0.67)	3	3.67 (0.58)	777	3.35 (0.66)	423	3.17 (0.66)
FY09	1,303	3.23 (0.70)	10	3.40 (0.70)	817	3.33 (0.66)	486	3.07 (0.73)

FY09 CORE Data – Survey of Education Programs
Nevada Data
Figure 22: Question 9: Rate the BON Newsletter



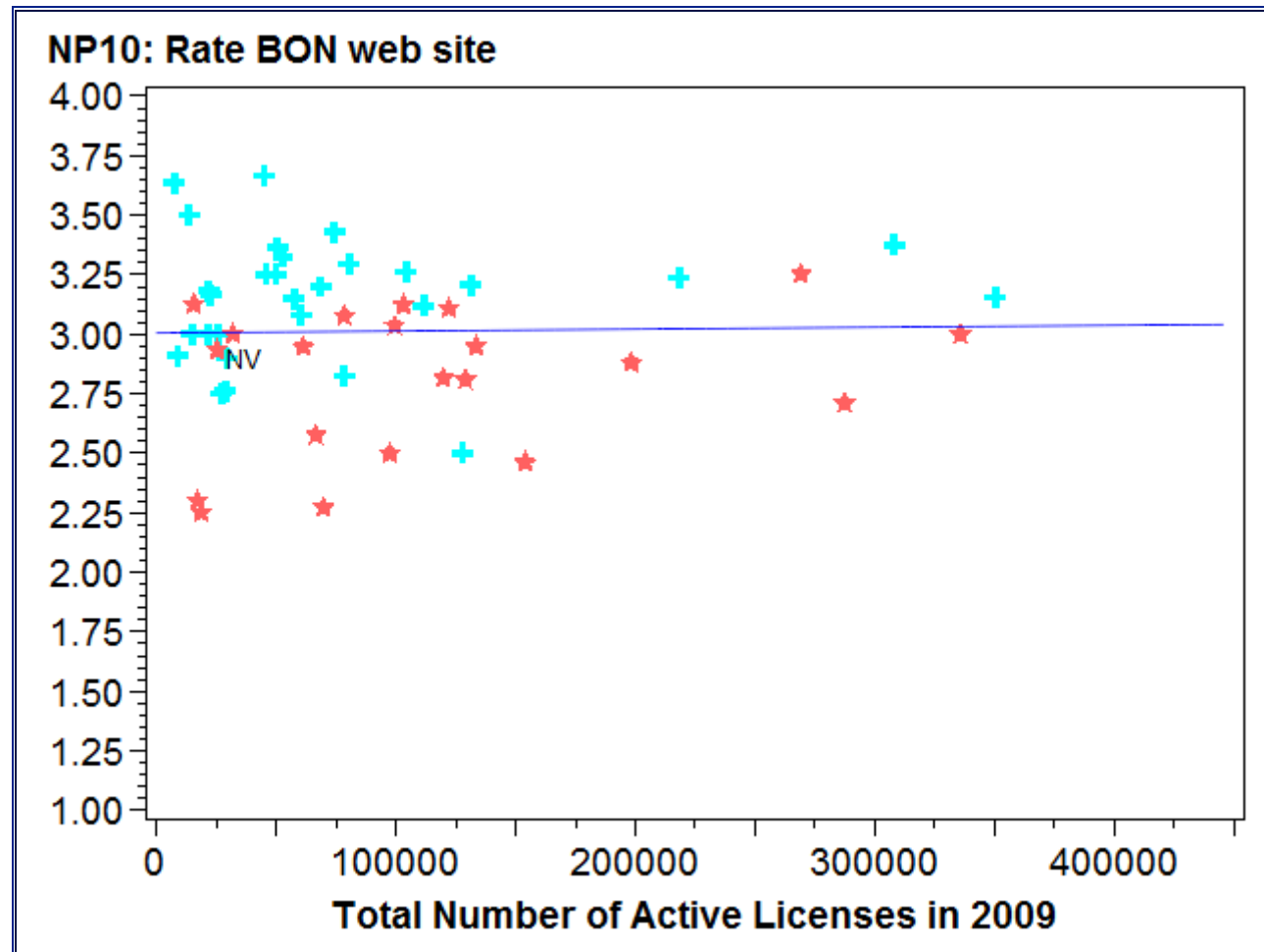
*Umbrella BONs
+Independent BONs
Scale: 4=Excellent; 3=Good; 2=Fair; 1=Poor

Overall, education programs surveyed found the BON's website to be "good." Education programs from independent BON states rated their BON's website higher than programs from umbrella BON states (Education Programs Question 10).

Table 169: Education Programs Question 10: Education Programs' Perceptions Regarding BON Website
(Nevada Compared to Aggregate: **BELOW AVERAGE**)

Please rate the Board of Nursing's Web site. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	185	3.32 (0.66)	–	–	120	3.04 (0.65)	65	3.08 (0.62)
FY05	575	3.13 (0.78)	2	2.50 (0.71)	369	3.31 (0.69)	206	2.80 (0.81)
FY07	1528	3.12 (0.75)	3	2.33 (1.15)	916	3.21 (0.74)	612	2.99 (0.76)
FY09	1,702	3.06 (0.76)	10	2.90 (0.74)	920	3.19 (0.70)	782	2.91 (0.79)

FY09 CORE Data – Survey of Education Programs
Nevada Data
Figure 23: Question 10: Rate the BON Website



*Umbrella BONs
+Independent BONs
Scale: 4=Excellent; 3=Good; 2=Fair; 1=Poor

Overall, education programs surveyed found the BON's activities to be "very helpful" in familiarizing program directors with pertinent rules, regulations and policies. Education programs from independent BON states rated their BON's activities higher than programs from umbrella BON states (Education Programs Question 12).

Table 170: Education Programs Question 12: Education Programs' Perceptions Regarding Familiarizing Program Directors with Rules, Regulations and Policies
(Nevada Compared to Aggregate: AVERAGE)

<i>Overall, were the Board of Nursing's activities and resources helpful or unhelpful in familiarizing program directors with pertinent rules, regulations and policies? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY07	1,550	3.62 (0.61)	3	3.67 (0.58)	918	3.68 (0.57)	632	3.54 (0.65)
FY09	1,739	3.53 (0.67)	10	3.50 (0.53)	920	3.61 (0.62)	819	3.45 (0.72)

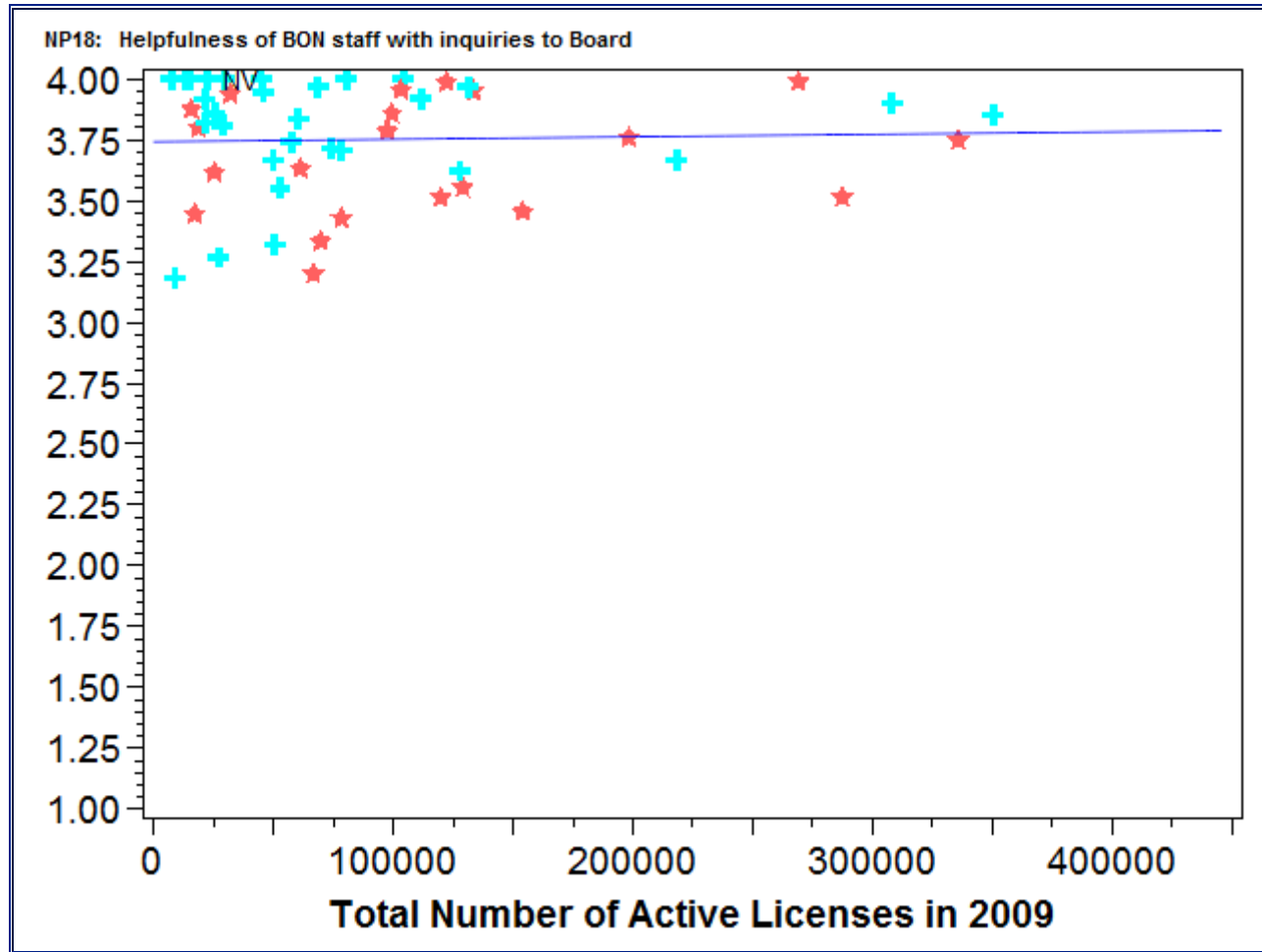
Overall, education programs surveyed found BON staff to be "consistently helpful" with the assistance they provided. Education programs from independent BON states rated their BON's assistance slightly higher than programs from umbrella BON states (Education Programs Question 18).

Table 171: Education Programs Question 18: Education Programs' Perceptions of Assistance Provided by BON Staff
(Nevada Compared to Aggregate: ABOVE AVERAGE)

<i>How helpful or unhelpful has the Board of Nursing staff been with any assistance you have needed? (Scale: 4 = consistently helpful; 3 = occasionally helpful; 2 = rarely; 1 = not helpful at all)</i>	Aggregate (All BONs)		Nevada (Independent)		Independent BONs		Umbrella BONs	
	n	mean (std)	n	mean (std)	n	mean (std)	n	mean (std)
FY02	191	3.91 (0.29)	–	–	120	3.95 (0.22)	71	3.83 (0.38)
FY05	596	3.85 (0.42)	2	4.00 (0.00)	379	3.90 (0.34)	217	2.76 (0.51)
FY07	1542	3.82 (0.43)	3	4.00 (0.00)	910	3.85 (0.39)	632	3.78 (0.49)
FY09	1,718	3.77 (0.55)	10	4.00 (0.00)	914	3.82 (0.47)	804	3.71 (0.62)

FY09 CORE Data – Survey of Education Programs
Nevada Data

Figure 24: Question 18: Helpfulness of BON Staff



*Umbrella BONs

+Independent BONs

Scale: 4=Consistently Helpful; 3=Occasionally Helpful; 2=Occasionally Unhelpful; 1=Not Helpful at All

Overall, education programs thought the BON provided adequate regulation in the areas of scope of practice, discipline, education program approval and licensure (Education Programs Question 19).

Table 172: Education Programs Question 19: Ratings of Existing Statutes and Administrative Rules/Regulations – FY05

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)
a. Practice standards/scope of practice		
Too much regulation	4.1%	–
Adequate regulation	91.7%	100%
Too little regulation	4.1%	–
b. Complaint resolution/discipline process		
Too much regulation	3.5%	–
Adequate regulation	92.7%	100%
Too little regulation	3.8%	–
c. Education program approval/accreditation		
Too much regulation	14.3%	50.0%
Adequate regulation	81.8%	50.0%
Too little regulation	3.8%	–
d. Requirements for licensure/certification		
Too much regulation	3.5%	50.0%
Adequate regulation	94.0%	50.0%
Too little regulation	2.5%	–

Table 173: Education Programs Question 19: Ratings of Existing Statutes and Administrative Rules/Regulations – FY07

<i>Please rate the degree or extent of regulation in this state in each of the following areas.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Practice standards/scope of practice				
Too much regulation	2.5%	–	2.2%	3.0%
Adequate regulation	93.8%	100%	95.7%	91.0%
Too little regulation	3.7%	–	2.1%	5.9%
b. Complaint resolution/discipline process				
Too much regulation	2.1%	33.3%	2.3%	1.7%
Adequate regulation	94.8%	66.7%	94.2%	95.5%
Too little regulation	3.1%	–	3.4%	2.8%
c. Education program approval/accreditation				
Too much regulation	10.7%	–	11.8%	9.1%
Adequate regulation	86.0%	100%	85.3%	87.1%
Too little regulation	3.2%	–	2.9%	3.8%
d. Requirements for licensure/certification				
Too much regulation	3.3%	–	3.5%	3.0%
Adequate regulation	94.9%	100%	95.6%	93.9%
Too little regulation	1.8%	–	0.9%	3.0%

Table 174: Education Programs Question 19: Ratings of Existing Statutes and Administrative Rules/Regulations – FY09

(Nevada Compared to Aggregate: AVERAGE)

<i>For each of the following, please indicate whether you think the Board of Nursing's existing statutes and administrative rules/regulations provide too much, too little, or an adequate amount of regulation.</i>	Aggregate (All BONs)	Nevada (Independent)	Independent BONs	Umbrella BONs
a. Practice standards/scope of practice	1717	10	916	801
Too much regulation	3.3%	–	2.9%	3.6%
Adequate regulation	92.2%	100%	95.0%	89.0%
Too little regulation	4.5%	–	2.1%	7.4%
b. Complaint resolution/discipline process	1611	10	859	752
Too much regulation	1.9%	10.0%	2.1%	1.6%
Adequate regulation	93.4%	90.0%	92.8%	94.0%
Too little regulation	4.8%	–	5.1%	4.4%
c. Education program approval/accreditation	1685	10	901	784
Too much regulation	8.8%	–	9.9%	7.7%
Adequate regulation	84.3%	90.0%	86.0%	82.3%
Too little regulation	6.9%	10.0%	4.1%	10.1%
d. Requirements for licensure/certification	1712	10	910	802
Too much regulation	2.0%	10.0%	2.2%	1.7%
Adequate regulation	95.2%	90.0%	96.7%	93.4%
Too little regulation	2.9%	–	1.1%	4.9%

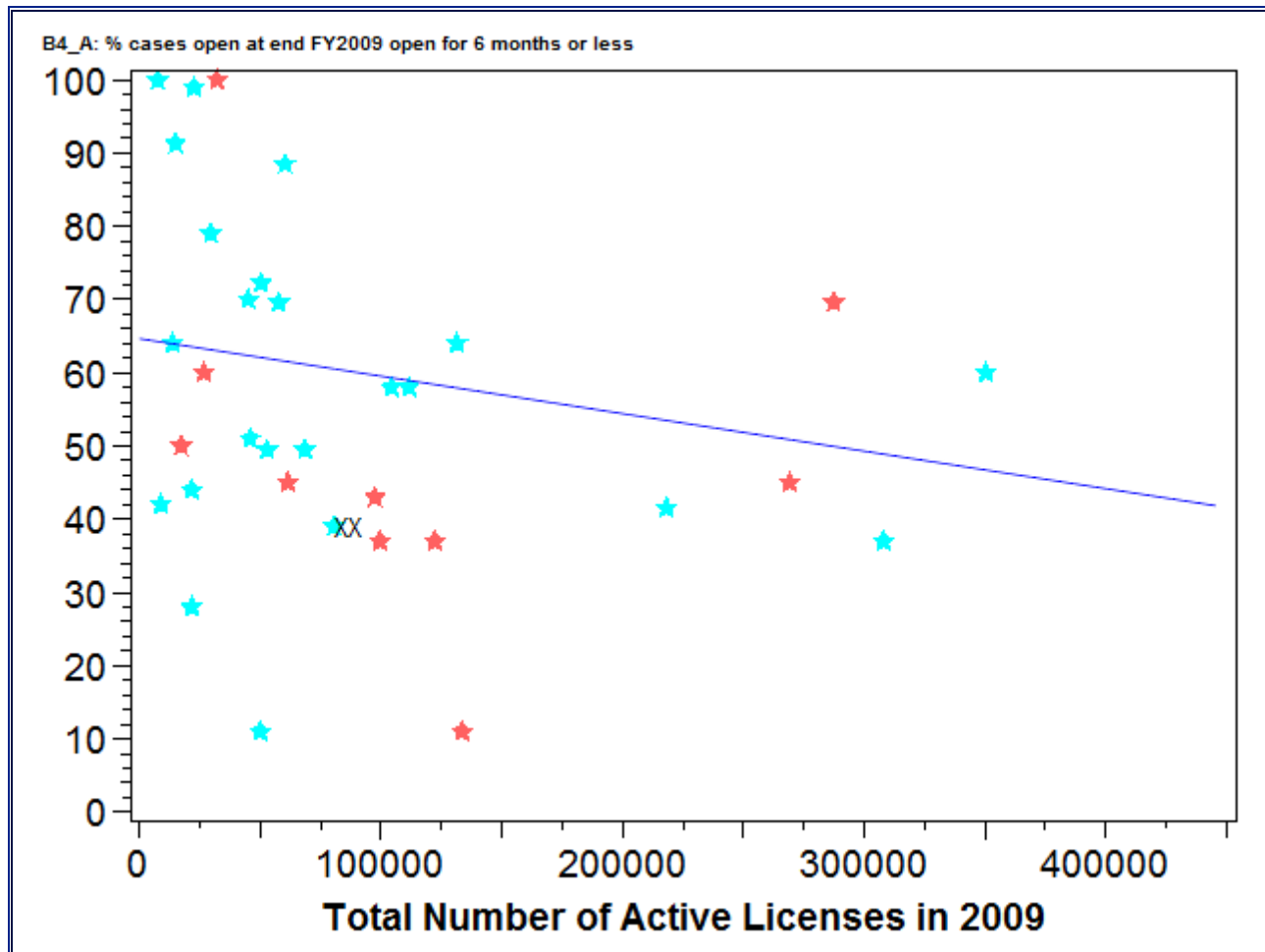
Appendix A

Interpreting Scatter Plot Diagrams

SAMPLE

FY09 CORE Data – Survey of BONs

Question 4: Percentage of Year-end Cases Open for Six Months or Less



What the Graph Shows

The graph displays the data for each board of nursing (BON) that responded to question four on the CORE Board of Nursing Survey. The height of the data point along the vertical axis represents the percentage of cases open at the end of fiscal year 2009 (FY09) for six months or less. Data on the total number of active licenses determine the data point's position across the horizontal axis. The graph uses cyan plus signs to represent independent BONs and red stars to represent umbrella BONs. The thin blue line cutting across the graph formed the regression equation created by regressing the Percentage of Cases Open at the End of FY09 for Six Months or Less data on the Total Number of Active Licenses in FY09 data. It serves as a “middle point” for the Percentage of Cases Open data after accounting for the number of licensees in the state. Finally, the graph displays the data for a demonstration state. The point which represents the demonstration state's data is marked on the graph by the “XX” which appears to the immediate right of it.

How to Interpret the Data

In graph on the previous page, a higher caseload in the open six months or less category is a more favorable outcome, so higher numbers are better. Thus, the graph shows that the demonstration state had a smaller percentage of newer cases than states with similar numbers of licensees and is therefore performing poorer than comparable states. The downward slope of the regression line suggests that states with fewer licensees typically have a newer caseload than those with more licensees. While the cyan plus signs representing the independent BONs are distributed fairly evenly above and below the regression line, most of the red stars representing the umbrella BONs fall below the line. This suggests that there is some evidence between umbrella and independent BONs on this topic, with the independent BONs doing a little better than the umbrella BONs.

Appendix B
Participation in CORE Surveys by State and Year

	BON	BON Survey	Nurses Survey	Employers Survey	Programs Survey	BON Structure
1	AK	— — — —	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
2	AL	— — — —	— — — —	— — — 2009	— — — 2009	Independent
3	AR	2002 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	Independent
4	AS	— —	— —	— —	2007 2009	Independent
5	AZ	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
6	CARN	2002 2005 2007 2009	— — — 2009	— — 2007 2009	— — 2007 2009	Independent
7	CAVN	— —	2007 2009	2007 2009	2007 2009	Umbrella
8	CO	— —	2007 2009	2007 2009	2007 2009	Umbrella
9	CT	2002 2005 2007 —	— — — 2009	— — — 2009	— — — 2009	Umbrella
10	DC	— 2009	2007 2009	2007 2009	2007 2009	Umbrella
11	DE	— — — —	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
12	FL	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Umbrella
13	GAPN	— — — —	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella

	BON	BON Survey	Nurses Survey	Employers Survey	Programs Survey	BON Structure
14	GARN	2002 — — —	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
15	GU	— — — —	— — — —	— — — —	— — — 2009	Umbrella
16	HI	2002 2005 2007 —	— — — 2009	— — — 2009	— — — 2009	Umbrella
17	IA	2002 — 2007 2009	— 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	Independent
18	ID	2002 — 2007 2009	— 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	Independent
19	IL	— — — —	— 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	Umbrella
20	IN	2002 2005 — —	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
21	KS	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
22	KY	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
23	LAPN	2002 — 2007 2009	— — — —	— — 2007 2009	— — 2007 2009	Independent
24	LARN	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent

	BON	BON Survey	Nurses Survey	Employers Survey	Programs Survey	BON Structure
25	MA	– – – 2009	– 2005 2007 2009	– 2005 2007 2009	– 2005 2007 2009	Umbrella
26	MD	2002 2005 2007 –	– 2005 2007 2009	– – 2007 2009	– – 2007 2009	Independent
27	ME	– – – –	– 2005 2007 2009	– – 2007 2009	– – 2007 2009	Independent
28	MI	– – – –	– – 2007 2009	– – – 2009	– – 2007 2009	Umbrella
29	MN	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
30	MO	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
31	MP	– – –	– – –	– – –	– – –	Umbrella
32	MS	2002 – – 2009	2005 – 2007 2009	– – 2007 2009	– – 2007 2009	Independent
33	MT	2002 – – 2009	– – 2007 2009	– – 2007 2009	– – 2007 2009	Umbrella
34	NC	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
35	ND	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 – 2009	2002 2005 2007 2009	Independent

	BON	BON Survey	Nurses Survey	Employers Survey	Programs Survey	BON Structure
36	NE	2002 – – 2009	2002 2005 2007 2009	2002 2005 – 2009	2002 2005 2007 2009	Umbrella
37	NH	2002 2005 2007 2009	– – 2007 2009	– – 2007 2009	– – 2007 2009	Independent
38	NJ	2002 – – –	– – 2007 2009	– – 2007 2009	– – 2007 2009	Independent
39	NM	2002 – – –	– 2005 2007 2009	– 2005 2007 2009	– 2005 2007 2009	Independent
40	NV	2002 2005 2007 2009	– 2005 2007 2009	– 2005 2007 2009	– 2005 2007 2009	Independent
41	NY	2002 2005 2007 –	– – 2007 2009	– – 2007 2009	– – 2007 2009	Umbrella
42	OH	2002 2005 2007 2009	– – 2007 2009	– – 2007 2009	– – 2007 2009	Independent
43	OK	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
44	OR	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
45	PA	2002 2005 2007 2009	– – 2007 2009	– – – 2009	– – 2007 2009	Umbrella
46	RI	– – 2007 –	– – 2007 2009	– – 2007 2009	– – 2007 2009	Umbrella

	BON	BON Survey	Nurses Survey	Employers Survey	Programs Survey	BON Structure
47	SC	— 2002 2005 2007 2009	— — — 2007 2009	— — — 2007 2009	— — — 2007 2009	Umbrella
48	SD	— 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	— 2005 2007 2009	Independent
49	TN	— — 2007 —	— 2005 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
50	TX	— 2005 — 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
51	UT	— — — —	— 2005 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
52	VA	— — 2007 2009	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
53	VI	— — — —	— — 2007 2009	— — — —	— — 2007 2009	Umbrella
54	VT	— — — —	— — 2007 2009	— — — 2009	— — 2007 2009	Umbrella
55	WA	2002 2005 2007 2009	2002 — — 2009	2002 — — 2009	2002 — 2007 2009	Umbrella
56	WI	2002 2005 2007 2009	— — 2007 2009	— — 2007 2009	— — 2007 2009	Umbrella
57	WVPN	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent

	BON	BON Survey	Nurses Survey	Employers Survey	Programs Survey	BON Structure
58	WVRN	2002 2005 2007 —	— — 2007 2009	2002 2005 2007 2009	2002 2005 2007 2009	Independent
59	WY	— — — 2009	— — — 2009	— — — 2009	— — — 2009	Independent
	Total	33	53	55	58	

Appendix C

FY09 CORE Data

Nevada Open-ended Comments

What other suggestions do you have for improving the Board of Nursing's activities for the protection of the public?

Comments from Nurses

- It seems to me that the Board of Nursing does a excellent job protecting the public. I hope, in the future, the State of Nevada will have staffing ratio's similar to California. I really feel this will prevent nurses from leaving hospitals or getting tired
- Email weekly/monthly "did you know" topics related to nurse practice act or protection of the public. These could give a very brief (less than 5 paragraphs) explanation to topic and any references if RN would like to review more about it.
- Possible "spot" checks on facilities. With the surprise aspect. Talk to the nurses, ask how they feel about the safety of pts. (poor nurse: pt ratio, inexperienced nurses). Thank you for your time.
- I think the Board of Nursing is doing a great job.
- No suggestions. In the past, it has been the poor choice of the nursing staff not to report misconduct of either the employer, or a colleague. I do believe if a problem with the employer, or colleague was reported, swift action would have been taken.
- The board needs to go out to the hospitals & work for a couple of months to see how things have changed. They need to see how much pressure the nurses are under to do paper work & skip pt care. Which used to be the most important aspect of nursing.
- I would like to see LPN's recognized more in publications.
- I feel ALL States should have CE expectations. CNA's should be expected to recert annually w/repeat background checks. Increase their knowledge base as to why they do what they do & hold them accountable. Would like to see more/faster discipline decisions
- I feel that Nursing Boards, on the whole, do a great job of protecting & serving the welfare of the nurses & the public. However, the medical boards which regulate our doctors are still too much of a good old boy system that serves the needs of the doctors
- Eliminate collaborative practice/protocol language from regs. governing NP recognition/licensure.
- Please provide additional resources or programs for the continuous improvement of every nurse (e.g. seminars, education programs, etc.) for them to be able to render effective & holistic care to every patient.
- I wish the board of nursing could regulate the ratio of nurses/patients in nursing homes. If the load was lighter I would be able to work in that environment, there is so much that is needed in that area. Believe me I know. It is so sad!

- 1) Monthly free newsletter. 2) Website for public info re: nursing activities. 3) News update (TV/radio/newspaper). 4) Hospital visit to keep nurses & public awareness re: current trends related to nursing activities/public protection
- Please consider nurse/patient ratio laws to be implemented in the State of Nevada. Thank you.
- Please intervene on hospital's nurse-patient ratios. Nevada's work load for nurses (RN) 1:6 ratio. "Not a safe ratio". Also please review competitive RN staff salary. T.Y.
- Perhaps have increased visibility to the public or community through community newsletters, interview on their role TV., radio, etc. I think the community is ware of the board, but not how they really serve the public.
- Clearer/more communication regarding nursing practice laws & licensure-less complicated information regarding scope of practice etc.
- Suggest Nevada participate in program in which you may practice in other state with NV. License.
- Make flu exam HARDER.
- Unplanned visits to hospitals are/or free standing facilities.
- Keep the RN's INFORMED if something comes up, (new rules, licensing, regulations, scope of practice).
- Regulate the amt of pt to nurse ratio, (with and without a CNA). 7 or 8 pts a day on med surg without a CNA does not put the pt's care first.
- Minimum competency needs to be addressed.
- I like newsletters and other "digested" bits of information to add to my knowledge. I don't honestly have the time to read the whole nurse practice act or the memory to retain all of that information, so, it is helpful to be reminded of important points.
- Limit the number of foreign nurses allowed in the states to practice. Focus on improving quality of nursing education for students. Require all nurse to use English in patient care areas.
- So many of my friends in nursing believe that self reporting or reporting a fellow nurse, will automatically result in that nurse losing her license for all time. How to educate presently practicing nurses of the methods & support the Board uses/practices?
- I believe the Board needs to be more supportive to the NURSES. All too often, we are made aware of disciplinary actions toward fellow nurses & we know that there is another side to the story, most likely too many patients, too much regulations = mistakes.
- More emphases on ETHICAL practices & what can be done by nurses faced with these issues when they go against individual nurses beliefs.
- My job is to protect the public! Your job is to protect me!!

- As looking at this survey not only as a RN, but also a family member of a critically ill patient, I think more needs to be done. On a med. floor at night, 15 patients is too many for 1 RN. My dad experienced complications related to short staffing.
- Promotes Health Information Technology Education.
- The only interaction I had with the board is when I applied for my license almost 2 yrs ago. I am currently reapplying for license and getting 30 CEU's. I found the board to be rude and unhelpful.
- So, the Board is there for the public and not Nurses?
- Since I've been retired for almost 12 years, I haven't kept completely up on the activities.
- Should be more helpful, than being punitive.
- I appreciate their licensing procedures and taking responsibility for an area of practice that protects/provides for me.
- Please remember that you're supposed to be helping, representing, and working with the health professionals. Not trying to make it harder for us!
- Send newsletters/magazines regarding Board's activities for protection of the public & licensed nurses.
- RE 23 & 24: Unfortunately, I currently work with staff who daily & out the punitive duties of the Board and frequently threaten reporting inappropriately. This creates confusion, misinformation.
- There needs to be better screening of foreign nurses practicing in the U.S. regarding their English speaking competency.
- Maybe more unannounced onsite inspections in different settings.
- Increase communication between states-perhaps national licensure.
- 1. Develop regulations for new graduate practice requiring residency of 6 months. We need this for safe practice in our complex systems. 2. Support BSN as entry to practice. Start by supporting BSN in 10 years regulation.
- Be more active in establishing nurse/patient ratios
- As we have moved towards an idea of perceived care, often times complaints are unfounded. Quality care and patient satisfaction are often not as closely related as we would like.
- As with the nurses at Sunrise, re: catheter disruption. More follow up on catheters being defective & nurses reinstatement. Nurses pay with their career.
- Sometimes seems to strong & other times, not strong enough.
- It does not seem to me that if a nurse is directed to do something wrong by a doctor (or management), there is little or no protection for that nurse within the industry.
- Anonymous reporting of violations.

- I think the Board has limited understanding of the unique aspects of school nursing.
- I believe the state inspections are not always accurate evaluations of what really goes on in the hospital settings. The staff is usually prepared ahead of time for these inspections and temporarily make changes during inspections to comply.
- Allow APNs to have independent practice-there by being only under the Board of Nursing. The NSBON is by far a more reliable and vigilant protector of the public in this state.
- Moving the Board from Reno to Las Vegas, NV, where the majority of hospitals & nurses are located. They seem so distant from the action. Perhaps, they may become more involved by doing so. I can't speak for other states.
- Incorporate and return mentorship programs for new graduate RNs. New graduated are astute in electronic skills but are not sufficiently educated in hands on nursing. They need more support to begin their careers.
- Investigations of wrong doing take too long. Work closer with DOH. Employ & advertise a hotline for the public. TV is the best medium.
- Send us more issues about new technology of disease process, treatment and management.
- Consultation/conference with the medical board (doctors) on how narcotics are liberally prescribed to patients. Unlike in some other states, there seem to be no restrictions in the state of Nevada.
- To look more closely to nurses & the situation before being so judgmental & ruining RN's lives. Incrimination that are found to be false, need to be removed from records.
- I never could understand why a nurse's license has no photo or description of the person holding the license.
- Continue the good work!!
- Licensure care needs to come back. It is the card "we carry & bring in our wallet". It distinguished us as being a RN, etc. After all, it cost a lot for renewal. I, myself, work hard for it! Please consider it & bring it back!! Mary Chevez, RN, Las Vegas,
- More available to nurses. Bring nsg ID cards back. Quicker response to problem & questions. Nursing programs lack a lot of clinical experience.
- Nevada should issue a license certificate etc to indicate to public that an individual is indeed licensed.
- Complaints - many are unfounded & based on misinformation & management poisoning themselves in a position of least amount of liability when nurses are brought before Board repeatedly by the same organization, the organization needs INVESTIGATING! This seems
- The board's scope is too rigid and narrow. They fail too see the big picture.
- That anyone has gone to an accredited school, not just using knowledge from the military. Military nursing can be totally different than college knowledge. Also, permacote nurses who have gone beyond their duties with helping people.

- Employers need to be more thorough with license backgrounds.
- In 41 years as an LPN (NV), LVN (CA), have not had complaints with the Board of Nursing. Jane N. Bissett.
- Because I work in a federal facility, I am told that Nevada's practice act does not apply here. Since we do have federal facilities delivering healthcare within this state. It would help if there was a resource addressing this kind of employment.
- When there is a required CEU to further knowledge it should be done. Some other way than by newsletter. Example biohazard required education.
- Don't assume everyone is computer literate.
- Every time I have contacted the State Board, I've been pleased with their efficiency & professionalism. Newsletters are timely and relevant.
- Become more involved with nurses/patient ratios. Obtain staffing data, morbidity P mentality notes, correlate, etc.
- Change laws for licensure. Western States hold one license even if it cost a little more. College, I have witnessed that has Nsg. Program instructors (not qualified). There is a large turnover of instructors. Success rate of 1st time passing boards has gone way down. Mohave Jr. College, Arizona.
- It seems as though, although nurses are better educated actual nursing care has gone downhill. Whether through budget cuts, bringing in nursing assistants. When you actually get an RN things are good. Sharing suspended license information across the country. Greater acknowledgement for people who actually like doing bedside nursing, do they really need to be DNP? Encourage/recognize partner nursing programs with medical schools so they shared classes. Ban use of work "journey".
- Somehow stop allowing hospitals to eliminate LPN's from working there. All the hospitals want RN's only which I feel is wrong. LPN's are trained, state licensed and somehow made to feel inadequate. We have all worked hard to achieve a license and are not allowed to practice here in the Valley hospitals.
- Keep making it easier & safer for a peer to report wrong doing. Prevent repercussions to the reporter. Speed the process so that DON's & ADON's acknowledge a reported problem immediately & investigate so that helpless victims are protected from years long process of convicting reported.
- Have a Federal RN License after passing (Federal) State boards. Dues would (could) be determined by the state as well as CE Guidelines. Having a Nat'l RN License would facilitate nurses to move to areas of need. If a nurse is competent/meets standards in one state, wouldn't she/he be just as capable in any state? Make it easier for us & trust nursing judgment.
- A proliferation of nursing programs, especially those that are on-line based, are inundating our acute care hospitals with students seeking clinical experience. This creates an undue burden on staff and significantly dilutes the experience. As an educator (hospital based) I see new nurses much less prepared to begin practice*this has a big impact on safety, risk, and competency issues. Can a "student" "nurse" ratio be established to create a safer environment for our patients? (The public). Nevada is now producing more nurses than there are positions to fill.
- Be pro nurse rely less on company administration for reported violations. Nevada is a "right to work" state which makes it more of a "do as you are told or lose your job" state. It is the hardest state I have

ever worked. The Board of Nursing does not protect us from our employers. It should see nurses as the public that needs protection.

- Stricter regulations regarding foreign nurses. Most cannot communicate adequately. How do they pass the nursing boards of this country? Are you aware that Philippino Nurses buy their nursing degrees - then come to this country? The LVN/LPN license is not worth the paper it is written on these days. Why is the LPN/LVN schools being promoted? The LPN/LVN profession used to be a noble/respected profession. Now we are constantly being disrespected & insulted. I could work circles around an RN. They have NO skills when they graduate & most have no compassion for the people, especially, foreign nurses.
- Advertise/make aware the Board of Nursing at hospitals, MD offices, & other places of work for nurses. Emphasize the “friendliness” of the Board, usefulness to every day nurses, not just for reporting or grievances. List resources available & maybe suggest all nurses should be familiar with all of the resources, the board has - NOT just disciplinary. Suggest that it is useful for info-mark it a popular site.
- Some months ago there were many violations committed in a colonoscopy clinic here. I was shocked that the nurses involved were not sanctioned immediately and have their licenses revoked. Their only remark was that they were following “Dr's orders.” This is shameful & a cop out. Perhaps nurses should be tested on the “grasp” of the nurse practice act every 2 yrs when we must do con't ed. Thanks.
- I strongly believe Boards of Nsg. need a visible participatory role (on-site) in all areas of practice. If no one from our regulatory agency ever leaves the “ivory tower” to witness the practice they regulate are you effectively protecting the public? As one who was ultimately responsible for nsg. practice in 25+ years. Never once did a representative from state BRN visit my facility. Food for thought?
- In long-term care, the administrator and the DON have too much power over decisions regarding nurse's rights. They are not impartial in dealing with employees. They accept gifts from nurses. They need to be investigated more often and made accountable for employing on an on-going basis, nurses who are not a credit to the profession.
- Investigate matters fully. Listen to nurses opinions and have respect for nurses duties & responsibilities. Review letters of recommendations and character references more thoroughly before dismissing cases. Amount of TIME should not be the sole factor in discipline cases. If a nurse has shown that they are well (physically & mentally) - Discipline cases should be dismissed.
- 1. Stop accepting anonymous complaints. 2. Communicate in a timely manner. 3. Stop allowing conflict of interest between practice decisions and board members who are also the CNO of the facility/management team that RN's want investigated or questions re: scope of practice resolved. Our CNO is also a board member and is allowed to vote/decide decisions regarding her hospital. Our state board is generally seen as punitive and anti-nurse, in glaring contrast to the Calif. State Board."
- This survey was a good start. Education in a quick concise card if possible. Unfortunately, we are all so busy at work and in our daily lives. It has to be short, sweet and informative. Also, we seem to get so much negative information. A positive outlook on this information would be very helpful and taken more readily by our nursing community. Thank you.
- I would like to see more public education regarding RN vs. MA. Ma's are referred to as “nurses” constantly in the primary care setting. This is a public safety issue since MA's have no where near the education level of an RN, yet sometimes people assume their MA has this education since they are referred to as “nurse”.

- I would think the Board of Nursing would do something about the many Medical Assistants who refer to themselves as “nurses” as well as the facility staff, who refer to them as “nurses”. In Nevada, they are under the MD's license. I also see RN's working with MD's as a trainer/supervisor.
- Nurses have increasingly been placed in compromising and unsafe situations. Most occurrences do not get reported and to fear of reprisal. I would like to see Nevada and for that matter all states base their State Boards on SUPPORT rather than punitive actions. Nothing will improve safety and patient service more than this. Every fellow RN, I have talked to understands this. The State Board is in a position to be proactive."
- The board of nursing needs to revisit the SANE issues in Nevada. They have had multiple presentations on the problems found in recruiting in NV and the extremely small number of nurses practicing in this particular specialty area. The boards resistance to change their initial ruling has resulted in victims of rape having to travel as many as 6 hrs for an forensic exam. How is this protecting the public. They are essentially allowing rapists to walk our streets because of that very fact.
- A regional Board for licensing & background checks more appropriate. Each state then can utilize personnel for disciplinary action & rules & regulations. I would also like to see more “State Board” in nursing education, ie: Significance of appropriate & professional charting along with importance of completion of required facilities paperwork. I find an enormous lack of this with nurses, less than 7 years of experience. Also, many do not know Scope of Practice for themselves or other ancillary personnel under them.
- While I understand the rationale and goal of some revelations to protect the public, sometimes I feel that they are not practical to practice & and lead to “over the top” hospital policies to meet standards, i.e.: Newer isolation protocols which lead to forms for families to complete & if questions misunderstand, unnecessary isolation protocol enforced.
- Maintain a personal relationship to its nurses. Finger on the pulse, so to speak and not outsourcing to indifferent, cold businesses, disinterested in both the profession & its individuals in a both professional & caring group responsible for the safety and welfare of the individual patient and public of this country.
- Peer perception of the Boards of Nursing is that they exist to take money out of the nurses pockets to line their own pockets of self-interest. Nursing Licensure should be national - a license validated in one state should be honored in all 50 states. Secondly, protecting the health & safety of the public should not be adversarial to nurses working in the profession. More could be accomplished using a team approach. That you have to mandate by law, Nurse “Participation” in State Boards through licensure speaks volumes. Provide a good service to nurses and they gladly join the State Boards.
- In the state of NV it seems the SBON is very quick to sanction/suspend licenses of nurses before evidence is presented that proves a criminal or negligent has transpired. Although they do need to protect the public, they should be more conscious of protecting nurses from false accusations made by patients/MD's/etc.
- While NV state Board of Nursing is there to protect the public, it should not operate to destroy the careers of excellent professionals. It should follow it's own policies. It should not investigate complaints that are anonymous and it should not accept anonymous complaints from a healthcare institution and turn them into formal complaints. In fact, the institution (UMC) that continues to do this should be brought out into the public as an institution that strives to destroy the careers of nursing. The state board as a supporter of both the public sand nursing should take a look at Univ Med Center.

- My original license was from Florida in 1959, by exam. I have misplaced it. I am licensed by reciprocity in PA. I attempted that in NV to find they want a copy of my original license. Fla. wasn't computerized in 1959-cost for all the above is more than I choose to pay as both state want fees. So, I maintain my PA license. Most of my career was in LTC and I have done some consulting up until 2009.
- The economy is on the ground, w/that said, the NV Board does not give any job approvals. They give back privileges on a case by case & if she likes you. The average recovering addict in the profession of nursing has the highest marks & are the most competent in nursing, yet my board, NV Board, denies all hopes to return to nursing. My opinion is they are trying to get rid of us & this treatment should make addict nurses remain CLEAN & SOBER?? RIGHT!!
- Educate nurses on the easy way to report misconduct, though I have not experienced a encounter reportable nurse misconduct. My concern is-when we want to get reciprocity from other state, why is it so hard! Once we have the licensure for our credentials rather than us getting our transcripts, CCTNS etc. and if we did not graduate here in USA, it's hard for us to get our transcript from another country. Is there an easy or another way to get reciprocity from another state as we need it for our "managed care" type of work. Please advise.
- Add more education in nursing programs on chemical dependency (both in nurses & patients they will care for). Add more education in nursing programs on injuries to nurses & about Occupational Nursing & work comp. Nurses are NOT prepared to handle their own injuries & they deny their own prescription drug abuse.
- I was licensed in both Nevada & California. When I became inactive, the NV Board of Nursing had no designation for an inactive nurse. The California Board of Nursing has an inactive status but charges \$85.00, the same fee as an active status. Just no CEUs required.
- I have answered the questions that I feel that I have enough knowledge on the subject to answer. I have had an active CA RN license from 1972 until my last renewal, at which time I went inactive. I retired from nursing in 2004 and moved to Reno, NV where I applied for and got an active NV license but I have not worked or sought a job in this state. I am, only, moderately aware of some of the practice acts, existing statutes and administrative rules etc your state since I haven't had the need for their use. The process that I went through to get my NV RN license was time consuming but I was impressed with the thoroughness of the education verification, background check, etc.

Comments from Employers

- Has been very supportive with regards to speak etc, such as with the Nevada Home care Association.
- Great! Committees are useful & effective. No new suggestions.
- Too long to process initial licensures. Practice limits exceeding after training ability to work before licensure obtained. Ex: CNA can work 4 months after training as NAT but licensure is taking 6 months or more for approval!
- I think Board of Nsg does a good job-I would like to see CNA's get licensing quicker or at least offer temporaries if certified in another state.
- Better regulation of CNA education. Should increase the no. of hours. NATS are not prepared in 120 hrs. Not enough clinical in nsg. schools for RN's, especially BSN & above.

Comments from Education Programs

- Our Board does an excellent job protecting the public. We are very pleased with our relationship with the Board.
- Publish rules on website. Make disciplinary action reports searchable on website.
- In Nevada if a student or students submit anonymous complaints an investigation is launched against the license of the program head for his/her practice as a nurse when the complaints have nothing to do with patient safety and may have arisen when classmates had failed out of the program or from disgruntled terminated faculty. Instead of a phone call to seek information a subpoena is set.

Appendix D

FY09 Board of Nursing Survey



BOARD OF NURSING SURVEY

This questionnaire is part of the Commitment to Ongoing Regulatory Excellence (CORE) project: a performance measurement system for nursing regulators. These data will help improve organizational performance practices, capabilities, and evidenced-based results in the provision of regulatory services.

1. Please indicate your Board of Nursing

2. How many complaints against nurses did the board receive in FY2009? (Count all complaints captured before triage and include complaints received by phone, fax, mail, or email. If you do not know or you do not count what is not reportable or within your jurisdiction GO TO QUESTION 3)

3. Of all captured complaints counted in question 2, how many were initially determined to be potential violations within the jurisdiction of the board?

4. What percentage of the cases still open at the end of FY2009 had been open for

	Percentage
6 months or less	<input style="width: 100px;" type="text"/> %
7-12 months	<input style="width: 100px;" type="text"/> %
13-24 months	<input style="width: 100px;" type="text"/> %
Over 24 months	<input style="width: 100px;" type="text"/> %

For the following questions, please provide information of RN/LPNs and APRNs. If you do not know how many RN/LPNs and APRNs just enter the TOTAL number.

	RN/LPN	APRN	OR	Total
5. Of all cases resolved in FY2009, what was the average length of time (in days) between the receipt of the complaint to the resolution of the complaint?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>		
6. What was the total number of cases open on the last day of FY2008?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	OR	<input style="width: 60px;" type="text"/>
7. What was the total number of new cases assigned to investigators during FY2009?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	OR	<input style="width: 60px;" type="text"/>
8. What was the total number of cases open on the last day of FY2009?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	OR	<input style="width: 60px;" type="text"/>
9. How many individual nurses had investigations opened against them during FY2009?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	OR	<input style="width: 60px;" type="text"/>
10. How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2009 (excluding alternative programs)?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	OR	<input style="width: 60px;" type="text"/>
11. Of the cases with a disciplinary action taken in FY2009, how many were the result of a violation of a board order or consent agreement?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	OR	<input style="width: 60px;" type="text"/>

12. Of the total complaints resolved in FY2009 what percent of the complaints were resolved through:

DISCIPLINARY ACTION	RN/LPN %	APRN %		Total %
Settlement.....	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
Hearing	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
NON-DISCIPLINARY ACTION				
Referral to alternative-to-discipline (substance use disorder)	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
Referral to alternative-to-discipline (non-substance use disorder)	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
Dismissal	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>

13. Of the cases with disciplinary actions, what is the average amount of time (in days) it takes from the receipt of the complaint to the resolution of the complaint?

	Average Amount of Time (In days)
DISCIPLINARY ACTION	
Settlement.....	<input type="text"/>
Hearing	<input type="text"/>
Other	<input type="text"/>
NON-DISCIPLINARY ACTION	
Referral to alternative-to-discipline (substance use disorder)	<input type="text"/>
Referral to alternative-to-discipline (non-substance use disorder)	<input type="text"/>
Dismissal	<input type="text"/>
Other	<input type="text"/>

14. Does staff have delegated authority by board policy to:

Triage/prioritize complaints without any Board action.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Close complaints without any Board action.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issue Licenses without any Board action.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resolve discipline cases without any Board action.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Go to Next Page

15. Please enter the number of full-time equivalent (FTE) staff who were directly (i.e., carry a caseload) and indirectly (e.g., consulting, decision-making, provide support) involved in the investigative process during FY2009 (To convert part-time employees to FTEs, divide the number of paid hours by 2,080 (52 weeks multiplied by 40 hours per week).

	# FTEs Involved in Investigative Process	
	Direct	Indirect
BOARD OF NURSING		
Investigators who are nurses.....	<input type="text"/>	<input type="text"/>
Investigators who are not nurses.....	<input type="text"/>	<input type="text"/>
Coordinator/Manager (Include Executive Director, if applicable).....	<input type="text"/>	<input type="text"/>
Administrative Support Staff.....	<input type="text"/>	<input type="text"/>
Attorney (i.e., who are not investigators).....	<input type="text"/>	<input type="text"/>

	# FTEs Involved in Investigative Process	
	Direct	Indirect
NON-BOARD EMPLOYEES FROM OTHER STATE AGENCIES		
Investigators who are nurses.....	<input type="text"/>	<input type="text"/>
Investigators who are not nurses.....	<input type="text"/>	<input type="text"/>
Attorney (i.e., who are not investigators).....	<input type="text"/>	<input type="text"/>
Other.....	<input type="text"/>	<input type="text"/>
CONTRACTED PERSONNEL NOT EMPLOYED BY THE STATE.....	<input type="text"/>	<input type="text"/>
OTHER (Specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

16. How many attorney FTEs are assigned for legal services?

Attorney employed by the Board of Nursing	<input type="text"/>
Attorney General's Office.....	<input type="text"/>
Other (Specify) <input type="text"/>	<input type="text"/>

Go to Next Page

17. Excluding capital expenditures please indicate the Board's total FY2009 expenditures. Please use the worksheet provided to calculate your costs. Fill out what you are able to.

	Actual dollars	Percent of Total Expenditure
Total Expenditures.....	<input type="text"/>	<input type="text" value="100%"/>
Discipline/Monitoring/Complaint Handling.....	<input type="text"/>	<input type="text"/>
Alternative/Monitoring programs for chemical dependency/mental health/physical health.....	<input type="text"/>	<input type="text"/>
Licensure.....	<input type="text"/>	<input type="text"/>
Education Program Approval/ Monitoring.....	<input type="text"/>	<input type="text"/>
Practice.....	<input type="text"/>	<input type="text"/>
Other.....	<input type="text"/>	<input type="text"/>

18. Does your board require federal criminal background checks? ☐ Yes ☐ No

19. Which of the following databases does your board use when licensing a nurse: (Check All That Apply)

☐ Sex Offender

☐ Parole database

☐ Nursys

☐ FITS

☐ Accreditation database

☐ Other state boards of nursing websites

☐ State only criminal background checks

☐ Other licensing boards

☐ Other (Please Specify)

20. Does your board perform audits of the license process? ☐ Yes ☐ No

21. What percentage of initial licenses are processed on-line?

22. What percentage of licensure renewals are processed on-line?

Go to Next Page

23. Please enter the number of full-time equivalent (FTEs) staff who were involved directly and indirectly in the education program approval and monitoring process? An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.

	# FTEs Involved in the Education Program Approval and Monitoring Process	
	Direct	Indirect
Education Consultant/Manager (Include Executive Director, if applicable)	<input type="text"/>	<input type="text"/>
Administrative Support Staff.....	<input type="text"/>	<input type="text"/>
Attorney.....	<input type="text"/>	<input type="text"/>
Contract personnel	<input type="text"/>	<input type="text"/>
Other (Specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

24. Please enter the number of full-time equivalent (FTEs) staff who were directly (i.e., carry a caseload) and indirectly (e.g., consulting, decision-making, provide support) involved in the licensure process? An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.

	# FTEs Involved in the Licensure Process	
	Direct	Indirect
Manager (Include Executive Director, if applicable)	<input type="text"/>	<input type="text"/>
Licensing Support Staff.....	<input type="text"/>	<input type="text"/>
Attorney.....	<input type="text"/>	<input type="text"/>
Contract personnel	<input type="text"/>	<input type="text"/>
Other (Specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

25. Please enter the number of full-time equivalent (FTEs) staff who were directly i.e., carry a caseload) and indirectly (e.g., consulting, decision-making, provide support) involved in nursing practice issues. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.

	# FTEs Involved in Nursing Practice Issues?	
	Direct	Indirect
Nurse (Include Executive Director, if applicable).....	<input type="text"/>	<input type="text"/>
Practice Administrative Support Staff.....	<input type="text"/>	<input type="text"/>
Attorney.....	<input type="text"/>	<input type="text"/>
Contract personnel	<input type="text"/>	<input type="text"/>
Other (Specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

Go to Next Page

26. During FY2009, for each type of nurse, what was the length of time in days it took to process applications for licensure from receipt of all required information to authorization to practice? Exclude disciplinary and/or unusual situations.

Length of time (in days) for...	LPN/VN	RN	APRN		Total
Licensure by initial examination.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
Renewals.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>

27. Please indicate the number of education programs (include each program and campus that is assigned an NCLEX program code) in your state and how many at the end of FY2009 had received initial approval, full approval, conditional approval, denied initial approval or had lost approval.

Number of Education Programs	Number of Programs with Initial Approval	Number of Programs with Full Approval	Number of Programs with Conditional Approval	Number of Programs Denied Initial Approval	Number of Programs That Lost Approval
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="button" value="Submit by Email"/>	<input type="button" value="Print Form"/>
--	---

Thank you.

Please return the survey by email to kkenward@ncsbn.org

Or mail it to: Kevin Kenward, PhD NCSBN, 111 E. Wacker Dr.,
Suite 2900, Chicago, IL 60601

FY2009 Budget Clarification Worksheet

This worksheet is provided so that costs will be uniformly reported. In the past, not all boards included indirect costs or salaries in their calculations. Because we want to be able to calculate variables such as “cost per complaint handled” and compare the costs of the work of the board by staffing patterns, we are requesting you use this worksheet to calculate your costs.

Please indicate expenses for the following budget items. If you do not have exact figures, please estimate. Adding the total expenses for all items should match your total FY2009 expenditures. **When a member of the Board staff contributes to more than one category, please allocate a proportion of their salary among the appropriate times.**

(Note: Please do not include one-time capital expenditures or expenses related to the regulation of Certified Nursing Assistants (CNAs) or other Assistive Personnel in any of the following categories.)

1. **The Board's total fiscal year 2009 expenditures** (excluding capital expenditures) _____

2. **Discipline/Complaint Handling**

- a) Total salaries (including fringe) of board staff involved in discipline/complaint handling _____
- b) Attorney (non board staff) fees _____
- c) Investigator (non board staff) fees _____
- d) Hearing Costs (including board expenses related to hearings) _____
- e) Expenses related to monitoring compliance with probation _____
- f) Expenses related to alternative programs _____
- g) Misc. expenses _____

3. **Licensure (including renewal)**

- a) Total salaries (including fringe) of board staff involved in licensure _____
- b) Verification expenses _____
- c) Expenses related to endorsement (excluding board staff salaries) _____
- d) Expenses related to examination (excluding board staff salaries) _____
- e) Expenses related to renewal (excluding board staff salaries) _____
- f) Other costs related to licensure _____

4. Education Program Approval

- a. Total salaries (including fringe) of board staff involved in education program approval _____
- b. Travel expenses related to education program approval _____
- c. Expenses related to distribution of information and materials _____
- d. Other costs related to approval of nursing programs _____

5. Practice

- a. Total salaries (including fringe) of board staff involved in practice activities _____
- b. Other costs related to practice _____

6. Operational Costs

- a. Postage and mailing expenses _____
- b. Office supplies _____
- c. Rent _____
- d. Maintenance on equipment _____
- e. Data management expenses _____

7. Administrative Costs

- a. Total salaries of Executive Officer and support staff (including support departments) not covered by previous categories _____
- b. Board expenses (including payments such as per diem or for compensation to board members) not covered by previous categories. _____
- c. Other administrative and indirect costs not covered by previous categories _____

8. For any expenses not covered by this questionnaire, please list them here:

Expense item	Amount
_____	_____
_____	_____
_____	_____

9. Total FY2009 expenditures (Should match question #1) _____

CORE DEFINITIONS

ALTERNATIVE PROGRAMS

Peer assistance/non-disciplinary approaches to rehabilitating nurses with problems such as substance abuse disorders/dependency other than through formal Board discipline processes and public sanctions.

BOARD

A reference to both the staff working for the state board of nursing and the members of the state board of nursing.

CASE

A complaint(s) against a particular individual assigned to investigation and within the jurisdiction of the Board of Nursing.

CASE/COMPLAINT RESOLUTION

When the Board makes a final action regarding a complaint against a nurse.

This action is distinct from an appeal or any appeal process that might occur. The time for appeals or any waiting or appeal period following final action by the Board should not be used when calculating how long it took to resolve a complaint.

Resolution may be disciplinary or non-disciplinary. Resolution includes consent agreements, board orders, and dismissals.

COMPLAINT: An allegation received by the Board related to a specific licensee(s) that (1) has potential merit (i.e., meets requirements for being a potential violation of the Nurse Practice Act and Administrative Rules) and (2) is within the jurisdiction of the Board of Nursing.

CONTRACTED PERSONNEL

Also, an independent contractor, the person who agrees to do a piece of work according to his/her own methods and is subject to the employer's control only as to end product or final result of the work. They are accountable to comply with the statutes, rules and board policies as they relate to the contracted service(s).

DATE OF RECEIPT OF COMPLAINT

Date complaint is received by the state from the complainant

DISCIPLINARY ACTIONS

Any administrative, civil, equitable or criminal action permitted by the state's laws which are imposed on a nurse by the state's licensing BON or other authority, including actions against an individual's license, such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

DISCIPLINE PROCESS

The procedures involved in handling complaints from receipt to resolution, including dismissal.

FISCAL YEAR

The dates that correspond to an individual Board's own fiscal year.

HEARING

An evidentiary proceeding before a hearing examiner/administrative law judge or a board (board is the judge) in which evidence in contested cases are heard as required by law.

MONITORING

The process of continually checking, observing, recording or testing of a nurse or nursing program as directed by the Board of Nursing as a condition of disciplinary action.

Appendix E

FY09 Nurses Survey



National Council of State Boards of Nursing Survey of Nurses

In order to assist Boards of Nursing measure their performance and improve their products and services we need your help! Please take a few minutes to answer the questions below. Your answers will help provide data to guide future development of evidenced-based regulation.

1. What type(s) of nursing license/certification do you hold?

(Check all that apply.)

- ☐ Licensed practical/vocational nurse (LPN/VN)
- ☐ Registered Nurse (RN)
- ☐ Advanced Practice (APRN) with prescriptive authority:
(includes CNM, CRNA, NP, CNS, etc.)
- ☐ Advanced Practice (APRN) without prescriptive authority:
(includes CNM, CRNA, NP, CNS, etc.)
- ☐ Other *(Identify)*

2. Are you currently employed as a nurse?

- ☐ Yes **Go to Question 3**
- ☐ No

a) If you checked No, how long has it been since you were employed in nursing?

_____ Years and _____ Months **Go to Question 4**

b) Are you currently a nursing student?

- ☐ Yes
- ☐ No

3. Which one of the following *best* describes the type of organization that is your current primary place of employment? *(Check only one.)*

- ☐ Hospital
- ☐ Academia/Nursing Education Program
- ☐ Long-term care facility
- ☐ Community-based care or ambulatory care facility/
organization (including public health department, visiting
nurses association, home health, physician's office, clinic,
nursing education program, school health service,
correctional facility, etc.)
- ☐ Managed Care Organization
- ☐ Temporary service/employment agency
- ☐ Other setting: *(Identify)*

4. How long have you been licensed to practice as a nurse (total time at all levels of licensure)?

_____ Years and _____ Months

5. Where did you receive your basic nursing education for your LPN/VN or RN license? *(If you have both, please report for the RN education only.)*

- ☐ This State
- ☐ Another State, *(which state)* _____
- ☐ Outside the United States, *(which country)*

Over ►

6. How well or poorly did your basic education prepare you to provide safe and effective nursing care?

- ☐ Very well prepared
- ☐ Well prepared
- ☐ Poorly prepared
- ☐ Very poorly prepared

7. Have you ever attended a board meeting in the state you hold your primary license?

- ☐ Yes
- ☐ No

8. To what extent do you understand or misunderstand the differences between the roles of the Board of Nursing and professional associations?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Somewhat misunderstand
- ☐ Misunderstand

9. How well do you understand the scope/legal limits of a nurse's practice, as defined by the Nurse Practice Act and related state statutes and rules?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Somewhat misunderstand
- ☐ Misunderstand

10. During the past 12 months, did you ask the Board of Nursing in this state about practice issues?

- ☐ No **Go to Question 13**
- ☐ Yes

a) If yes, overall, how helpful or unhelpful was the response you received from the Board of Nursing in this state?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Somewhat unhelpful
- ☐ Very unhelpful

11. Overall, did the Board respond to practice questions in a timely manner?

- ☐ Yes
- ☐ No
- ☐ Don't know how long it took

12. How responsive or unresponsive is the Board of Nursing to changes in practice?

- ☐ Very responsive
- ☐ Responsive
- ☐ Somewhat responsive
- ☐ Not responsive at all
- ☐ Don't know

13. During the last 12 months, did you have any other communication with this state Board of Nursing?
(e.g., attended a formal presentation by the Board of Nursing, asked a non-practice issue question, etc.)

- ☐ No
- ☐ Yes

a) If yes, how "Satisfied" or "Dissatisfied" were you?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

14. How satisfied or dissatisfied are you with the licensure process?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied *Explain:* _____

- ☐ Very Dissatisfied *Explain:* _____

15. If you had a practice question, which one of the following would you be most likely to contact first for assistance? *(Please check one.)*

- ☐ Board of Nursing
☐ Board of Health
☐ Professional Nursing Association
☐ Facility Attorney
☐ Risk Management Department
☐ School of Nursing
☐ Nursing practice law and rules
☐ Other *(please identify)* _____

16. Which of the following do you use to find out about scope of practice/practice decisions? *(Please check all that apply.)*

- ☐ Nursing practice law and rules
☐ Board newsletter/magazine
☐ Other newsletter/magazine
☐ Board Web site
☐ Other Web site
☐ Personal communication with Board staff or member
☐ Public meetings/educational workshops
☐ Public hearings
☐ Public notice
☐ Other *(Please identify.)* _____

17. For each of the following, please indicate whether you think the Board of Nursing's existing statutes and administrative rules/regulations provide too much, too little, or an adequate amount of regulation. *(Please circle the correct response.)*

	Too Much Regulation	Adequate Regulation	Too Little Regulation	Not Sure
a. Practice standards/scope of practice	1	2	3	4
b. Complaint resolution/discipline process	1	2	3	4
c. Education program approval/accreditation	1	2	3	4
d. Requirements for licensure	1	2	3	4
e. Other <i>(Specify)</i> _____	1	2	3	4

18. Please rate the Board of Nursing's newsletter/magazine.

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Did not read/receive
☐ Board does not have a newsletter/magazine

20. Please rate the Board of Nursing's automated telephone system.

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Did not use
☐ Board does not have an automated telephone system

19. Please rate the Board of Nursing's Web site.

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Did not use
☐ Board does not have a Web site

21. During the past 24 months, have you been involved in any aspect of the Board of Nursing's disciplinary process (e.g., filed a complaint, provided a report to the Board, was the focus of a complaint, was a witness during a hearing, or was interviewed about a complaint)?

- ☐ No *Go to question 23*
☐ Yes

Over ►

22. Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public?

- ☐ Very effective
- ☐ Effective
- ☐ Ineffective
- ☐ Very ineffective

23. How well do you understand the laws in your state about reporting misconduct by a nurse?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Somewhat misunderstand
- ☐ Misunderstand

24. Do you know how to report a suspected violation of the nursing laws or rules?

- ☐ Yes
- ☐ No

25. Overall, how effective is the state's Board of Nursing in protecting the health and safety of the public?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

26. What other suggestions do you have for improving the Board of Nursing's activities for the protection of the public?

Thank you for your assistance in completion of this survey instrument.

**If you have questions or comments about this survey, please contact Kevin Kenward, PhD,
at 312.525.3634 or kkenward@ncsbn.org.**

**Please return your completed questionnaire in the postage-paid envelope to:
NCSBN, 111 E. Wacker Dr., Suite 2900, Chicago, IL 60601**

Appendix F

FY09 Employers Survey



National Council of State Boards of Nursing Employer Survey

In order to assist Boards of Nursing measure their performance and improve their products and services we need your help! Please take a few minutes to answer the questions below. Your answers will help provide data to guide future development of evidenced-based regulation.

1. Which of the following describes your position?

- ☐ Director of Nursing/Chief Nursing Officer/Nursing Department Head
- ☐ Other supervising nurse
- ☐ Employer/supervisor, not a nurse
- ☐ Other *(Describe)*

a) How long have you been in this position?

_____ Years _____ Months

2. Which of the following best describes the type of organization that is your current primary place of employment?
(Please check one.)

- ☐ Hospital
- ☐ Academia/Nursing Education Program
- ☐ Long-term care facility
- ☐ Community-based or ambulatory care facility/organization
(Including public health department, visiting nurses association, home health, physician's office, clinic, school health service, nursing education program, correctional facility)
- ☐ Temporary service/employment agency
- ☐ Managed Care Organization
- ☐ Other *(Please identify)*

3. Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency? *(Count nurses by their most advanced license.)*

_____ Nursing Assistive Personnel (aides, nursing assistants, etc.)

_____ Licensed Practical/Vocational Nurses (LPN/VN)

_____ Registered Nurses (RN)

_____ Advanced Practice Registered Nurses (APRN)
(all kinds)

4. Which method do you use most frequently to verify licenses ("verification" means confirmation of licensure status)?
(Check only one.)

- | | |
|---|--|
| <input type="checkbox"/> Call-in | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Phone—Automated system | <input type="checkbox"/> Nursys |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Web-based verification system (other than Nursys) |
| <input type="checkbox"/> E-mail | |

5. Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?

_____ LPN/VNs

_____ RNs

_____ APRNs

Over ►

6. In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months) with regard to each of the following?
(Please circle the appropriate number.)

	Very Well	Well	Poorly	Very Poorly
a. Administer medication by common routes	1	2	3	4
b. Work with machinery used for patient care (i.e., IV infuser, NG suction, etc.)	1	2	3	4
c. Work effectively within a health care team	1	2	3	4
d. Perform psychomotor skills	1	2	3	4
e. Communicate relevant information	1	2	3	4
f. Document a legally defensible account of care provided	1	2	3	4
g. Recognize abnormal assessment findings	1	2	3	4
h. Teach patients	1	2	3	4
i. Assess the effectiveness of treatments	1	2	3	4
j. Recognize abnormal diagnostic/lab findings	1	2	3	4
k. Do math necessary for medication administration	1	2	3	4
l. Respond to emergency situations	1	2	3	4
m. Create a plan of care for patients	1	2	3	4
n. Supervise care provided by others	1	2	3	4
o. To what extent do you feel that experienced nurses (licensed for more than 12 months) with whom you had direct contact over the past 12 months were adequately prepared to provide safe and effective nursing care?	1	2	3	4

7. How responsive or unresponsive is the Board of Nursing to changes in practice?

- ☐ Responsive
☐ Somewhat responsive
☐ Somewhat unresponsive
☐ Unresponsive

8. How satisfied or dissatisfied were you with information provided by the Board of Nursing over the past 12 months during presentations you attended?

- ☐ Very satisfied
☐ Satisfied
☐ Dissatisfied
☐ Very dissatisfied

9. How satisfied or dissatisfied were you with assistance provided by the Board of Nursing over the past 12 months in response to an inquiry you made (other than questions about practice issues)?

- ☐ Very satisfied
☐ Satisfied
☐ Dissatisfied
☐ Very dissatisfied

10. Please rate the Board of Nursing's automated telephone system.

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Did not use
☐ The Board does not have an automated telephone system

11. Please rate the Board of Nursing's newsletter/magazine.

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Did not read/receive
☐ The Board does not have a newsletter/magazine

12. Please rate the Board of Nursing's Web site.

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ Did not use
☐ The Board does not have a Web site

13. Do you know how to report a suspected violation of the nursing statute or rule?
- ☐ Yes
- ☐ No

14. Which of the following do you use to find out about scope of practice/practice decisions? *(Please check all that apply.)*

- ☐ Nursing practice law and rules
- ☐ Board newsletter/magazine
- ☐ Board Web site
- ☐ Association newsletter/magazine
- ☐ Association Web site
- ☐ Personal communication with Board staff or member
- ☐ Public meetings/educational workshops
- ☐ Public hearings
- ☐ Public notice
- ☐ Other *(please identify)* _____

15. How well do you understand the scope/legal limits of a nurse's practice as defined by the Nurse Practice Act and related state statutes and rules?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Somewhat do not understand
- ☐ Do not understand

16. If you had a practice question, which one of the following would you be most likely to contact first for assistance? *(Check only one.)*

- ☐ Board of Nursing
- ☐ Board of Health
- ☐ Professional Nursing Association
- ☐ Facility Attorney
- ☐ Risk Management Department
- ☐ School of Nursing
- ☐ Nursing practice law and rules
- ☐ Other *(Please identify)* _____

17. How well do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Somewhat do not understand
- ☐ Do not understand
- ☐ Was unaware this obligation exists

18. Does your state board have non-disciplinary remediation activities for nurses who have practice issues? *(Exclude programs that address alcohol, drug or mental health problems).*

- ☐ Yes
- ☐ No
- ☐ Don't know

19. What best reflects the Board's current role regarding regulatory policy?

- ☐ Almost all of the focus is on regulatory policy development
- ☐ More focus on regulatory policy development than regulatory policy enforcement
- ☐ An equal focus on regulatory policy development and regulatory policy enforcement
- ☐ More focus on policy enforcement than regulatory policy development
- ☐ Almost all of the focus is on regulatory policy enforcement

20. What best reflects the Board's ideal role regarding regulatory policy?

- ☐ Almost all of the focus should be on regulatory policy development
- ☐ More focus on regulatory policy development than regulatory policy enforcement
- ☐ An equal focus on regulatory policy development and regulatory policy enforcement
- ☐ More focus on policy enforcement than regulatory policy development
- ☐ Almost all of the focus should be on regulatory policy enforcement

21. For each of the following, please indicate whether you think the Board of Nursing's existing statutes and administrative rules/regulations provide too much, too little, or an adequate amount of regulation. *(Please circle your response.)*

	Too Much Regulation	Adequate Regulation	Too Little Regulation	Not Sure
a. Practice standards/scope of practice	1	2	3	4
b. Complaint resolution/discipline process	1	2	3	4
c. Education program approval/accreditation	1	2	3	4
d. Requirements for licensure/certification	1	2	3	4

Over ►

22. Are Board of Nursing statutes/rules accessible?

☐ Yes ☐ No

23. Are Board of Nursing statutes/rules clear?

☐ Yes ☐ No

24. In your opinion, what is the Board of Nursing's level of involvement in the following issues? (Please circle your response.)

	Too Much Regulation	Adequate Regulation	Too Little Regulation	Not Sure
a. Nursing supply and demand issues	1	2	3	4
b. Evolving scopes of practice	1	2	3	4
c. Legislative issues	1	2	3	4
d. Workplace issues	1	2	3	4

25. During the past 12 months did you make any inquiries of the Board staff in this state asking about practice issues?

☐ Yes ☐ No *Skip to question 27*

26. What do you think is a reasonable number of business days for the Board staff to take to respond to a practice question?

_____ Business days

27. Have you been involved in any aspect of this state's Board of Nursing complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)?

☐ No *Skip to question 33* ☐ Yes

28. What do you think is a reasonable number of business days to take to resolve (take action, dismiss) any complaint?

_____ Business days

29. Overall, did the Board process resolve the complaint(s) in a timely manner?

☐ Yes
☐ No
☐ Don't know how long it took

30. Overall, how well or poorly was the Board of Nursing's disciplinary process communicated to you?

☐ Very well
☐ Well
☐ Poorly
☐ Very Poorly

31. How well or poorly did the Board staff provide you with assistance you needed during the disciplinary process?

☐ Very well
☐ Well
☐ Poorly
☐ Very Poorly

32. Overall, how effective or ineffective is the Board's disciplinary process in protecting the public?

☐ Very effective
☐ Effective
☐ Ineffective
☐ Very ineffective

33. Overall, how well or poorly does the Board of Nursing fulfill its role in protecting the health and safety of the public?

☐ Very well
☐ Well
☐ Poorly
☐ Very Poorly

34. What other suggestions do you have for improving the Board of Nursing's activities for the protection of the public?

Thank you for your assistance in completion of this survey instrument.

If you have questions or comments about this survey, please contact Kevin Kenward, PhD, at 312.525.3634 or kkenward@ncsbn.org.
Please return your completed questionnaire in the postage-paid envelope to: NCSBN, 111 E. Wacker Dr., Suite 2900, Chicago, IL 60601

Appendix G

FY09 Education Programs Survey



National Council of State Boards of Nursing Survey of Education Programs

In order to assist Boards of Nursing measure their performance and improve their products and services we need your help! Please take a few minutes to answer the questions below. Your answers will help provide data to guide future development of evidenced-based regulation.

1. Please rate how effective or ineffective your Board of Nursing is in each of the following areas. (Please circle the correct response.)

	Effective	Somewhat Effective	Ineffective	Not Effective At All
a. Public protection/accountability	1	2	3	4
b. Promotion of quality in education	1	2	3	4
c. Responsiveness to health care changes	1	2	3	4
d. Responsiveness to innovation in education	1	2	3	4

2. Does the Board of Nursing review your Nursing Program?

- ☐ No *Go to question 6*
☐ Yes

3. Please rate how effective or ineffective your Board of Nursing is in the review process. (Please check the correct response.)

- ☐ Effective
☐ Somewhat effective
☐ Somewhat ineffective
☐ Not effective at all

4. Please rate how adequate or inadequate the Board of Nursing performance is with regard to each of the following areas related to the approval process. (Please circle the appropriate number.)

	Somewhat Adequate	Adequate	Somewhat Inadequate	Inadequate	Not Applicable
a. Interval between Board visits	1	2	3	4	5
b. Notification of Board visits	1	2	3	4	5
c. Communication with Board staff	1	2	3	4	5
d. Time spent on site during visit	1	2	3	4	5
e. Feedback/evaluation provided by Board	1	2	3	4	5
f. Timeliness of providing feedback	1	2	3	4	5
g. Comprehensiveness of feedback provided	1	2	3	4	5
h. Fairness/objectivity of Board findings	1	2	3	4	5
i. Time given to correct deficiencies	1	2	3	4	5
j. Fairness in monitoring compliance	1	2	3	4	5
k. Overall benefit of approval process	1	2	3	4	5
l. Due process for disagreements regarding findings and plan of corrections	1	2	3	4	5

Over ►

5. How essential or inessential is the Board of Nursing's involvement in approving distance education programs?

- ☐ Not essential
- ☐ Somewhat inessential
- ☐ Somewhat essential
- ☐ Very essential
- ☐ Not applicable

6. How helpful or unhelpful are board staff in addressing emerging issues?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Somewhat unhelpful
- ☐ Very unhelpful

7. How timely or untimely are board staff in addressing emerging issues?

- ☐ Very timely
- ☐ Somewhat timely
- ☐ Somewhat untimely
- ☐ Very untimely

8. Please rate the Board of Nursing's automated telephone system.

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Did not use
- ☐ The Board does not have an automated telephone system

9. Please rate the Board of Nursing's newsletter/magazine.

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Did not use
- ☐ The Board does not have an automated telephone system

10. Please rate the Board of Nursing's Web site.

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Did not use
- ☐ Board does not have a Web site

11. During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing regarding educational issues?

- ☐ No
- ☐ Yes

a) If you responded "yes", then how helpful or unhelpful was the response you received?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Somewhat unhelpful
- ☐ Very unhelpful

12. Overall, were the Board of Nursing's activities and resources helpful or unhelpful in familiarizing program directors with pertinent rules, regulations and policies?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Somewhat unhelpful
- ☐ Very unhelpful

13. During the past 2 years, has your nursing program received sanctions, faced closure, or been the subject of additional monitoring by the board of nursing?

- ☐ No *Go to question 18*
- ☐ Yes

a) If yes, please explain _____

14. Overall, how fair or unfair to all parties was the process used by the Board to investigate and resolve problems?

- ☐ Very fair
☐ Fair
☐ Unfair
☐ Very unfair

15. Overall, were the outcomes of the Board of Nursing's involvement appropriate or inappropriate?

- ☐ Appropriate
☐ Not appropriate
☐ Not certain
☐ Have no information on this

16. Overall, did the Board of Nursing act in a timely or untimely manner?

- ☐ Acted in a timely manner
☐ Acted in an untimely manner
☐ Not certain
☐ Have no information on this

17. Overall, how informed or uninformed did the Board of Nursing keep you?

- ☐ The Board kept us very well informed.
☐ The Board kept us well informed.
☐ The Board kept us minimally informed.
☐ The Board did not keep us informed at all.
☐ Other Web site

18. How helpful or unhelpful has the Board of Nursing staff been with any assistance you have needed?

- ☐ Staff have been consistently helpful.
☐ Has been occasionally helpful.
☐ Has been occasionally unhelpful.
☐ Has not been helpful at all.

19. For each of the following, please indicate whether you think the Board of Nursing's existing statutes and administrative rules/regulations provide too much, too little, or an adequate amount of regulation. (Please circle the appropriate response.)

	Too Much Regulation	Adequate Regulation	Too Little Regulation	Not Sure
a. Practice standards/scope of practice	1	2	3	4
b. Complaint resolution/discipline process	1	2	3	4
c. Education program approval/accreditation	1	2	3	4
d. Requirements for licensure/certification	1	2	3	4
e. Other (Specify):	1	2	3	4

Over ►

20. What other suggestions do you have for improving the Board of Nursing's activities for the protection of the public?

Thank you for your assistance in completion of this survey instrument.

**If you have questions or comments about this survey, please contact Kevin Kenward, PhD,
at 312.525.3634 or kkenward@ncsbn.org.**

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Appendix C

FY09 CORE Data

Nevada Open-ended Comments

What other suggestions do you have for improving the Board of Nursing's activities for the protection of the public?

Comments from Nurses

- It seems to me that the Board of Nursing does a excellent job protecting the public. I hope, in the future, the State of Nevada will have staffing ratio's similar to California. I really feel this will prevent nurses from leaving hospitals or getting tired
- Email weekly/monthly "did you know" topics related to nurse practice act or protection of the public. These could give a very brief (less than 5 paragraphs) explanation to topic and any references if RN would like to review more about it.
- Possible "spot" checks on facilities. With the surprise aspect. Talk to the nurses, ask how they feel about the safety of pts. (poor nurse: pt ratio, inexperienced nurses). Thank you for your time.
- I think the Board of Nursing is doing a great job.
- No suggestions. In the past, it has been the poor choice of the nursing staff not to report misconduct of either the employer, or a colleague. I do believe if a problem with the employer, or colleague was reported, swift action would have been taken.
- The board needs to go out to the hospitals & work for a couple of months to see how things have changed. They need to see how much pressure the nurses are under to do paper work & skip pt care. Which used to be the most important aspect of nursing.
- I would like to see LPN's recognized more in publications.
- I feel ALL States should have CE expectations. CNA's should be expected to recert annually w/repeat background checks. Increase their knowledge base as to why they do what they do & hold them accountable. Would like to see more/faster discipline decisions
- I feel that Nursing Boards, on the whole, do a great job of protecting & serving the welfare of the nurses & the public. However, the medical boards which regulate our doctors are still too much of a good old boy system that serves the needs of the doctors
- Eliminate collaborative practice/protocol language from regs. governing NP recognition/licensure.
- Please provide additional resources or programs for the continuous improvement of every nurse (e.g. seminars, education programs, etc.) for them to be able to render effective & holistic care to every patient.
- I wish the board of nursing could regulate the ratio of nurses/patients in nursing homes. If the load was lighter I would be able to work in that environment, there is so much that is needed in that area. Believe me I know. It is so sad!

- 1) Monthly free newsletter. 2) Website for public info re: nursing activities. 3) News update (TV/radio/newspaper). 4) Hospital visit to keep nurses & public awareness re: current trends related to nursing activities/public protection
- Please consider nurse/patient ratio laws to be implemented in the State of Nevada. Thank you.
- Please intervene on hospital's nurse-patient ratios. Nevada's work load for nurses (RN) 1:6 ratio. "Not a safe ratio". Also please review competitive RN staff salary. T.Y.
- Perhaps have increased visibility to the public or community through community newsletters, interview on their role TV., radio, etc. I think the community is ware of the board, but not how they really serve the public.
- Clearer/more communication regarding nursing practice laws & licensure-less complicated information regarding scope of practice etc.
- Suggest Nevada participate in program in which you may practice in other state with NV. License.
- Make flu exam HARDER.
- Unplanned visits to hospitals are/or free standing facilities.
- Keep the RN's INFORMED if something comes up, (new rules, licensing, regulations, scope of practice).
- Regulate the amt of pt to nurse ratio, (with and without a CNA). 7 or 8 pts a day on med surg without a CNA does not put the pt's care first.
- Minimum competency needs to be addressed.
- I like newsletters and other "digested" bits of information to add to my knowledge. I don't honestly have the time to read the whole nurse practice act or the memory to retain all of that information, so, it is helpful to be reminded of important points.
- Limit the number of foreign nurses allowed in the states to practice. Focus on improving quality of nursing education for students. Require all nurse to use English in patient care areas.
- So many of my friends in nursing believe that self reporting or reporting a fellow nurse, will automatically result in that nurse losing her license for all time. How to educate presently practicing nurses of the methods & support the Board uses/practices?
- I believe the Board needs to be more supportive to the NURSES. All too often, we are made aware of disciplinary actions toward fellow nurses & we know that there is another side to the story, most likely too many patients, too much regulations = mistakes.
- More emphases on ETHICAL practices & what can be done by nurses faced with these issues when they go against individual nurses beliefs.
- My job is to protect the public! Your job is to protect me!!

- As looking at this survey not only as a RN, but also a family member of a critically ill patient, I think more needs to be done. On a med. floor at night, 15 patients is too many for 1 RN. My dad experienced complications related to short staffing.
- Promotes Health Information Technology Education.
- The only interaction I had with the board is when I applied for my license almost 2 yrs ago. I am currently reapplying for license and getting 30 CEU's. I found the board to be rude and unhelpful.
- So, the Board is there for the public and not Nurses?
- Since I've been retired for almost 12 years, I haven't kept completely up on the activities.
- Should be more helpful, than being punitive.
- I appreciate their licensing procedures and taking responsibility for an area of practice that protects/provides for me.
- Please remember that you're supposed to be helping, representing, and working with the health professionals. Not trying to make it harder for us!
- Send newsletters/magazines regarding Board's activities for protection of the public & licensed nurses.
- RE 23 & 24: Unfortunately, I currently work with staff who daily & out the punitive duties of the Board and frequently threaten reporting inappropriately. This creates confusion, misinformation.
- There needs to be better screening of foreign nurses practicing in the U.S. regarding their English speaking competency.
- Maybe more unannounced onsite inspections in different settings.
- Increase communication between states-perhaps national licensure.
- 1. Develop regulations for new graduate practice requiring residency of 6 months. We need this for safe practice in our complex systems. 2. Support BSN as entry to practice. Start by supporting BSN in 10 years regulation.
- Be more active in establishing nurse/patient ratios
- As we have moved towards an idea of perceived care, often times complaints are unfounded. Quality care and patient satisfaction are often not as closely related as we would like.
- As with the nurses at Sunrise, re: catheter disruption. More follow up on catheters being defective & nurses reinstatement. Nurses pay with their career.
- Sometimes seems to strong & other times, not strong enough.
- It does not seem to me that if a nurse is directed to do something wrong by a doctor (or management), there is little or no protection for that nurse within the industry.
- Anonymous reporting of violations.

- I think the Board has limited understanding of the unique aspects of school nursing.
- I believe the state inspections are not always accurate evaluations of what really goes on in the hospital settings. The staff is usually prepared ahead of time for these inspections and temporarily make changes during inspections to comply.
- Allow APNs to have independent practice-there by being only under the Board of Nursing. The NSBON is by far a more reliable and vigilant protector of the public in this state.
- Moving the Board from Reno to Las Vegas, NV, where the majority of hospitals & nurses are located. They seem so distant from the action. Perhaps, they may become more involved by doing so. I can't speak for other states.
- Incorporate and return mentorship programs for new graduate RNs. New graduated are astute in electronic skills but are not sufficiently educated in hands on nursing. They need more support to begin their careers.
- Investigations of wrong doing take too long. Work closer with DOH. Employ & advertise a hotline for the public. TV is the best medium.
- Send us more issues about new technology of disease process, treatment and management.
- Consultation/conference with the medical board (doctors) on how narcotics are liberally prescribed to patients. Unlike in some other states, there seem to be no restrictions in the state of Nevada.
- To look more closely to nurses & the situation before being so judgmental & ruining RN's lives. Incrimination that are found to be false, need to be removed from records.
- I never could understand why a nurse's license has no photo or description of the person holding the license.
- Continue the good work!!
- Licensure card needs to come back. It is the card "we carry & bring in our wallet". It distinguished us as being a RN, etc. After all, it cost a lot for renewal. I, myself, work hard for it! Please consider it & bring it back!! Mary Chevez, RN, Las Vegas,
- More available to nurses. Bring nsg ID cards back. Quicker response to problem & questions. Nursing programs lack a lot of clinical experience.
- Nevada should issue a license certificate etc to indicate to public that an individual is indeed licensed.
- Complaints - many are unfounded & based on misinformation & management poisoning themselves in a position of least amount of liability when nurses are brought before Board repeatedly by the same organization, the organization needs INVESTIGATING! This seems
- The board's scope is too rigid and narrow. They fail too see the big picture.
- That anyone has gone to an accredited school, not just using knowledge from the military. Military nursing can be totally different than college knowledge. Also, permacote nurses who have gone beyond their duties with helping people.

- Employers need to be more thorough with license backgrounds.
- In 41 years as an LPN (NV), LVN (CA), have not had complaints with the Board of Nursing. Jane N. Bissett.
- Because I work in a federal facility, I am told that Nevada's practice act does not apply here. Since we do have federal facilities delivering healthcare within this state. It would help if there was a resource addressing this kind of employment.
- When there is a required CEU to further knowledge it should be done. Some other way than by newsletter. Example biohazard required education.
- Don't assume everyone is computer literate.
- Every time I have contacted the State Board, I've been pleased with their efficiency & professionalism. Newsletters are timely and relevant.
- Become more involved with nurses/patient ratios. Obtain staffing data, morbidity P mentality notes, correlate, etc.
- Change laws for licensure. Western States hold one license even if it cost a little more. College, I have witnessed that has Nsg. Program instructors (not qualified). There is a large turnover of instructors. Success rate of 1st time passing boards has gone way down. Mohave Jr. College, Arizona.
- It seems as though, although nurses are better educated actual nursing care has gone downhill. Whether through budget cuts, bringing in nursing assistants. When you actually get an RN things are good. Sharing suspended license information across the country. Greater acknowledgement for people who actually like doing bedside nursing, do they really need to be DNP? Encourage/recognize partner nursing programs with medical schools so they shared classes. Ban use of work "journey".
- Somehow stop allowing hospitals to eliminate LPN's from working there. All the hospitals want RN's only which I feel is wrong. LPN's are trained, state licensed and somehow made to feel inadequate. We have all worked hard to achieve a license and are not allowed to practice here in the Valley hospitals.
- Keep making it easier & safer for a peer to report wrong doing. Prevent repercussions to the reporter. Speed the process so that DON's & ADON's acknowledge a reported problem immediately & investigate so that helpless victims are protected from years long process of convicting reported.
- Have a Federal RN License after passing (Federal) State boards. Dues would (could) be determined by the state as well as CE Guidelines. Having a Nat'l RN License would facilitate nurses to move to areas of need. If a nurse is competent/meets standards in one state, wouldn't she/he be just as capable in any state? Make it easier for us & trust nursing judgment.
- A proliferation of nursing programs, especially those that are on-line based, are inundating our acute care hospitals with students seeking clinical experience. This creates an undue burden on staff and significantly dilutes the experience. As an educator (hospital based) I see new nurses much less prepared to begin practice*this has a big impact on safety, risk, and competency issues. Can a "student" "nurse" ratio be established to create a safer environment for our patients? (The public). Nevada is now producing more nurses than there are positions to fill.
- Be pro nurse rely less on company administration for reported violations. Nevada is a "right to work" state which makes it more of a "do as you are told or lose your job" state. It is the hardest state I have

ever worked. The Board of Nursing does not protect us from our employers. It should see nurses as the public that needs protection.

- Stricter regulations regarding foreign nurses. Most cannot communicate adequately. How do they pass the nursing boards of this country? Are you aware that Philippino Nurses buy their nursing degrees - then come to this country? The LVN/LPN license is not worth the paper it is written on these days. Why is the LPN/LVN schools being promoted? The LPN/LVN profession used to be a noble/respected profession. Now we are constantly being disrespected & insulted. I could work circles around an RN. They have NO skills when they graduate & most have no compassion for the people, especially, foreign nurses.
- Advertise/make aware the Board of Nursing at hospitals, MD offices, & other places of work for nurses. Emphasize the “friendliness” of the Board, usefulness to every day nurses, not just for reporting or grievances. List resources available & maybe suggest all nurses should be familiar with all of the resources, the board has - NOT just disciplinary. Suggest that it is useful for info-mark it a popular site.
- Some months ago there were many violations committed in a colonoscopy clinic here. I was shocked that the nurses involved were not sanctioned immediately and have their licenses revoked. Their only remark was that they were following “Dr's orders.” This is shameful & a cop out. Perhaps nurses should be tested on the “grasp” of the nurse practice act every 2 yrs when we must do con't ed. Thanks.
- I strongly believe Boards of Nsg. need a visible participatory role (on-site) in all areas of practice. If no one from our regulatory agency ever leaves the “ivory tower” to witness the practice they regulate are you effectively protecting the public? As one who was ultimately responsible for nsg. practice in 25+ years. Never once did a representative from state BRN visit my facility. Food for thought?
- In long-term care, the administrator and the DON have too much power over decisions regarding nurse's rights. They are not impartial in dealing with employees. They accept gifts from nurses. They need to be investigated more often and made accountable for employing on an on-going basis, nurses who are not a credit to the profession.
- Investigate matters fully. Listen to nurses opinions and have respect for nurses duties & responsibilities. Review letters of recommendations and character references more thoroughly before dismissing cases. Amount of TIME should not be the sole factor in discipline cases. If a nurse has shown that they are well (physically & mentally) - Discipline cases should be dismissed.
- 1. Stop accepting anonymous complaints. 2. Communicate in a timely manner. 3. Stop allowing conflict of interest between practice decisions and board members who are also the CNO of the facility/management team that RN's want investigated or questions re: scope of practice resolved. Our CNO is also a board member and is allowed to vote/decide decisions regarding her hospital. Our state board is generally seen as punitive and anti-nurse, in glaring contrast to the Calif. State Board."
- This survey was a good start. Education in a quick concise card if possible. Unfortunately, we are all so busy at work and in our daily lives. It has to be short, sweet and informative. Also, we seem to get so much negative information. A positive outlook on this information would be very helpful and taken more readily by our nursing community. Thank you.
- I would like to see more public education regarding RN vs. MA. Ma's are referred to as “nurses” constantly in the primary care setting. This is a public safety issue since MA's have no where near the education level of an RN, yet sometimes people assume their MA has this education since they are referred to as “nurse”.

- I would think the Board of Nursing would do something about the many Medical Assistants who refer to themselves as “nurses” as well as the facility staff, who refer to them as “nurses”. In Nevada, they are under the MD's license. I also see RN's working with MD's as a trainer/supervisor.
- Nurses have increasingly been placed in compromising and unsafe situations. Most occurrences do not get reported and to fear of reprisal. I would like to see Nevada and for that matter all states base their State Boards on SUPPORT rather than punitive actions. Nothing will improve safety and patient service more than this. Every fellow RN, I have talked to understands this. The State Board is in a position to be proactive."
- The board of nursing needs to revisit the SANE issues in Nevada. They have had multiple presentations on the problems found in recruiting in NV and the extremely small number of nurses practicing in this particular specialty area. The boards resistance to change their initial ruling has resulted in victims of rape having to travel as many as 6 hrs for an forensic exam. How is this protecting the public. They are essentially allowing rapists to walk our streets because of that very fact.
- A regional Board for licensing & background checks more appropriate. Each state then can utilize personnel for disciplinary action & rules & regulations. I would also like to see more “State Board” in nursing education, ie: Significance of appropriate & professional charting along with importance of completion of required facilities paperwork. I find an enormous lack of this with nurses, less than 7 years of experience. Also, many do not know Scope of Practice for themselves or other ancillary personnel under them.
- While I understand the rationale and goal of some revelations to protect the public, sometimes I feel that they are not practical to practice & and lead to “over the top” hospital policies to meet standards, i.e.: Newer isolation protocols which lead to forms for families to complete & if questions misunderstand, unnecessary isolation protocol enforced.
- Maintain a personal relationship to its nurses. Finger on the pulse, so to speak and not outsourcing to indifferent, cold businesses, disinterested in both the profession & its individuals in a both professional & caring group responsible for the safety and welfare of the individual patient and public of this country.
- Peer perception of the Boards of Nursing is that they exist to take money out of the nurses pockets to line their own pockets of self-interest. Nursing Licensure should be national - a license validated in one state should be honored in all 50 states. Secondly, protecting the health & safety of the public should not be adversarial to nurses working in the profession. More could be accomplished using a team approach. That you have to mandate by law, Nurse “Participation” in State Boards through licensure speaks volumes. Provide a good service to nurses and they gladly join the State Boards.
- In the state of NV it seems the SBON is very quick to sanction/suspend licenses of nurses before evidence is presented that proves a criminal or negligent has transpired. Although they do need to protect the public, they should be more conscious of protecting nurses from false accusations made by patients/MD's/etc.
- While NV state Board of Nursing is there to protect the public, it should not operate to destroy the careers of excellent professionals. It should follow it's own policies. It should not investigate complaints that are anonymous and it should not accept anonymous complaints from a healthcare institution and turn them into formal complaints. In fact, the institution (UMC) that continues to do this should be brought out into the public as an institution that strives to destroy the careers of nursing. The state board as a supporter of both the public sand nursing should take a look at Univ Med Center.

- My original license was from Florida in 1959, by exam. I have misplaced it. I am licensed by reciprocity in PA. I attempted that in NV to find they want a copy of my original license. Fla. wasn't computerized in 1959-cost for all the above is more than I choose to pay as both state want fees. So, I maintain my PA license. Most of my career was in LTC and I have done some consulting up until 2009.
- The economy is on the ground, w/that said, the NV Board does not give any job approvals. They give back privileges on a case by case & if she likes you. The average recovering addict in the profession of nursing has the highest marks & are the most competent in nursing, yet my board, NV Board, denies all hopes to return to nursing. My opinion is they are trying to get rid of us & this treatment should make addict nurses remain CLEAN & SOBER?? RIGHT!!
- Educate nurses on the easy way to report misconduct, though I have not experienced a encounter reportable nurse misconduct. My concern is-when we want to get reciprocity from other state, why is it so hard! Once we have the licensure for our credentials rather than us getting our transcripts, CCTNS etc. and if we did not graduate here in USA, it's hard for us to get our transcript from another country. Is there an easy or another way to get reciprocity from another state as we need it for our "managed care" type of work. Please advise.
- Add more education in nursing programs on chemical dependency (both in nurses & patients they will care for). Add more education in nursing programs on injuries to nurses & about Occupational Nursing & work comp. Nurses are NOT prepared to handle their own injuries & they deny their own prescription drug abuse.
- I was licensed in both Nevada & California. When I became inactive, the NV Board of Nursing had no designation for an inactive nurse. The California Board of Nursing has an inactive status but charges \$85.00, the same fee as an active status. Just no CEUs required.
- I have answered the questions that I feel that I have enough knowledge on the subject to answer. I have had an active CA RN license from 1972 until my last renewal, at which time I went inactive. I retired from nursing in 2004 and moved to Reno, NV where I applied for and got an active NV license but I have not worked or sought a job in this state. I am, only, moderately aware of some of the practice acts, existing statutes and administrative rules etc your state since I haven't had the need for their use. The process that I went through to get my NV RN license was time consuming but I was impressed with the thoroughness of the education verification, background check, etc.

Comments from Employers

- Has been very supportive with regards to speak etc, such as with the Nevada Home care Association.
- Great! Committees are useful & effective. No new suggestions.
- Too long to process initial licensures. Practice limits exceeding after training ability to work before licensure obtained. Ex: CNA can work 4 months after training as NAT but licensure is taking 6 months or more for approval!
- I think Board of Nsg does a good job-I would like to see CNA's get licensing quicker or at least offer temporaries if certified in another state.
- Better regulation of CNA education. Should increase the no. of hours. NATS are not prepared in 120 hrs. Not enough clinical in nsg. schools for RN's, especially BSN & above.

Comments from Education Programs

- Our Board does an excellent job protecting the public. We are very pleased with our relationship with the Board.
- Publish rules on website. Make disciplinary action reports searchable on website.
- In Nevada if a student or students submit anonymous complaints an investigation is launched against the license of the program head for his/her practice as a nurse when the complaints have nothing to do with patient safety and may have arisen when classmates had failed out of the program or from disgruntled terminated faculty. Instead of a phone call to seek information a subpoena is set.