

National Council of State Boards of Nursing, Inc.

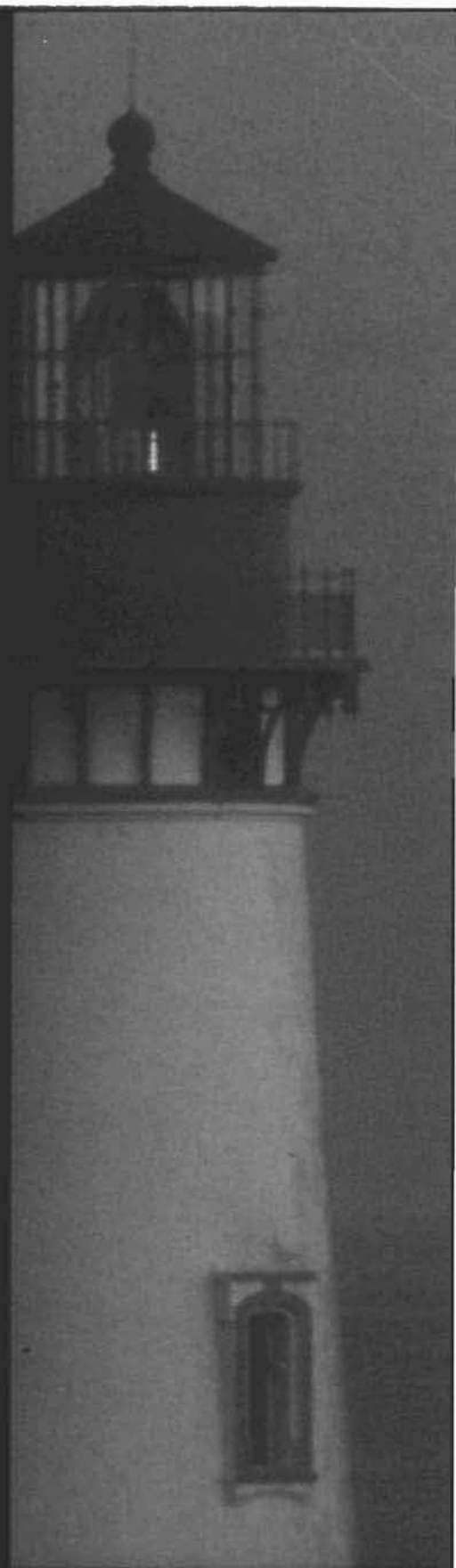
CHARTING *the* COURSE

FOR NURSING REGULATION

THE 2000 NCSBN ANNUAL MEETING

MINNEAPOLIS, MINNESOTA

August 8-12, 2000



the
**BUSINESS
BOOK**



**National Council
of State Boards of Nursing, Inc.**

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Chicago, Illinois 60611-2921

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TO: Delegates to the Annual Meeting of the National Council of State Boards of Nursing, Inc.

FR: Joey Ridenour, President
Eloise Cathcart, Executive Director

On behalf of the Board of Directors and staff of the National Council, we welcome you to the 2000 Annual Meeting, *Charting the Course for Nursing Regulation!*

In recognition of your important responsibilities as a *delegate*, we have prepared this Business Book which provides for you and all other meeting attendees a synopsis of the National Council's work from August 1999 until the present time. In the past, this book has been available on-site at the start of the meeting. This year, we want to provide you with the opportunity to review the materials beforehand and to ask any question you may have about the information. It is our hope that you will come to the meeting feeling prepared to discuss, debate and vote upon the important issues facing the National Council.

We have established telephone call-in times for you to speak with the two of us and members of the National Council Board of Directors during the month of July. We welcome the opportunity to answer any question you may have, to provide additional information about any issue or hear any comment you may wish to make. Telephone call-in times are listed below:

Date:	Time:	Leader:	Passcode:	Toll Free Dial-in Number:
Wednesday, July 12, 2000	2:00 Central	Joey Ridenour	Delegate	(888) 566-5131
Wednesday, July 19, 2000	2:00 Central	Joey Ridenour	Delegate	(888) 566-5131
Wednesday, July 26, 2000	2:00 Central	Joey Ridenour	Delegate	(888) 566-5131

Time Zone Equivalents

4:00PM Atlantic	1:00PM Mountain
3:00PM Eastern	12:00PM Pacific
2:00PM Central	11:00AM Alaska
	10:00AM Hawaii

We look forward to seeing you in Minneapolis, and to an exciting and productive Annual Meeting.

Jo Elizabeth Ridenour, RN, MN
President

Eloise Cathcart, MSN, RN
Executive Director

**NATIONAL COUNCIL 2000 ANNUAL MEETING
CHARTING THE COURSE FOR NURSING REGULATION**

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Annual Meeting Schedule

Incidental meeting rooms are available throughout the week and may be reserved via sign-up sheets located at the registration desk on-site. Incidental meeting rooms will be allocated on a first-come, first-served basis.

Monday, August 7

7:30 a.m.-9:00 a.m.

Registration for Optional Day Session: LPN/VN Forum

9:00 a.m.-4:30 p.m.

**Optional Day Session:
LPN/VN Forum**

Tuesday, August 8

7:30 a.m.-5:00 p.m.

Annual Meeting Registration

2:30 p.m.-3:00 p.m.

Refreshment Break

8:00 a.m.-11:30 a.m.

**Educational Session:
National Regulatory Policy Issues**

3:00 p.m.-4:30 p.m.

Concurrent Educational/Research Sessions

- Foundations of the NCLEX® examination
- Governance for Nonprofit Boards
- The Internet and eBusiness

11:30 a.m.-12:00 p.m.

Updates:

- Commission on Graduates of Foreign Nursing Schools (CGFNS)
- City of Hope End-of-Life Project

5:00 p.m.-6:30 p.m.

President's Reception

12:00 p.m.-1:00 p.m.

Lunch Break

1:00 p.m.-2:30 p.m.

Concurrent Educational/Research Sessions

- The NCLEX® Process: *Serving as an Anchor for the NCLEX® Examination*
- Governance for Nonprofit Boards
- Disciplinary Challenges: *Preview of Practice Breakdown Study and Mandatory Timelines - One State's Story*

Wednesday, August 6

7:30 a.m.-2:00 p.m.

Registration

8:00 a.m.-11:15 a.m.

Networking Groups:

- Executive Officers
- Board Presidents
- Board Members
- Board Staff-Education
- Board Staff-Practice/Discipline
- Board Attorneys

11:15 a.m.-11:30 a.m.

Coffee Break

11:30 a.m.-12:30 p.m.

Business Meeting of the 2000 Delegate Assembly

Delegate Assembly Note: Business conducted during the Delegate Assembly will be continuous, advancing through the agenda as time and discussion permits.

1:00 p.m.-2:00 p.m.

Lunch Break

2:00 p.m.-3:00 p.m.

Today's Students: The Changing Landscape
Carole Andersen, PhD, RN, FAAN, Dean of The Ohio State University College of Nursing and Assistant Vice President for Health Sciences

3:00 p.m.-3:30 p.m.

Refreshment Break

3:30 p.m.-5:00 p.m.

Open Forum

Open Forum Note: Attendees are encouraged to bring forward any question or comment on any topic or issue related to activities of the National Council. Attendee participation is key and will determine the topics discussed during the Open Forum.

5:00 p.m.-9:00 p.m.

Nurse Licensure Compact Administrators Meeting and Dinner

6:00 p.m.

Sponsored Social Event
 Minnesota Board of Nursing and National Computer Systems, Inc. (NCS)

Thursday, August 10

7:30 a.m.-2:00 p.m.

Registration

7:45 a.m.-9:00 a.m.

Orientation Session for Delegates

9:15 a.m.-10:45 a.m.

Risk, Originality, Virtuosity (ROV™)—The Keys to a Perfect 10

Peter Vidmar, Gold and Silver Medalist, Captain, U.S. Men's Gymnastics Team, 1984 Olympic Games

10:45 a.m.-11:00 a.m.

Coffee Break

11:00 a.m.-12:00 p.m.

Forum Presentation

- Report of the Examination Committee
- Report of the Transition to New Testing Service, National Computer Systems, Inc. (NCS)
- Report of English Proficiency Examination Study

12:00 p.m.-2:00 p.m.

Area Luncheons

- Area I
- Area II
- Area III
- Area IV

2:00 p.m.-3:00 p.m.

Forum Presentation

- Report of the Bylaws Audit Group
- Strategic Initiatives, 2001-2003

3:00 p.m.-3:30 p.m.

Refreshment Break

3:30 p.m.-5:00 p.m.

Candidates' Forum

6:00 p.m.

Sponsored Social Event

Minnesota Board of Nursing and National Computer Systems, Inc. (NCS)

Friday August

7:30 a.m.-10:00 a.m.

Registration

7:30 a.m.- 9:00 a.m.

Breakfast with The Chauncey Group/Sylvan Prometric/Thomson

9:00 p.m.-10:30 p.m.

Forum Presentation

- Finance Committee
- Evaluation of the Special Services Division (SSD)
- Nursys Funding

10:30 a.m.-11:00 a.m.

Coffee Break

11:00 a.m.-12:00 p.m.

Forum Presentation

- Nursing Practice and Education Committee
- Special Advanced Practice Task Force

12:00 p.m.-2:00 p.m.

Awards Luncheon

2:00 p.m.-3:00 p.m.

Forum Presentation

- Commitment to Excellence Project
- Mutual Recognition

3:00 p.m.-4:00 p.m.

Business Meeting of the 2000 Delegate Assembly

4:00 p.m.-5:00 p.m.

Elections

Elections Note: Elections will be conducted electronically. To promote familiarity with electronic voting, a practice program will be made available on-site prior to the scheduled elections. Delegates are strongly encouraged to practice electronic voting prior to election day.

5:00 p.m.-Evening

Resolutions Committee Meeting

Meeting Note: This meeting is only for attendees who wish to propose new business for consideration by the Delegate Assembly.

Saturday, August 12

8:00 a.m.-9:00 a.m.

Registration

9:00 a.m.-10:15 a.m.

Resolutions/New Business Forum

10:15 a.m.-10:45 a.m.

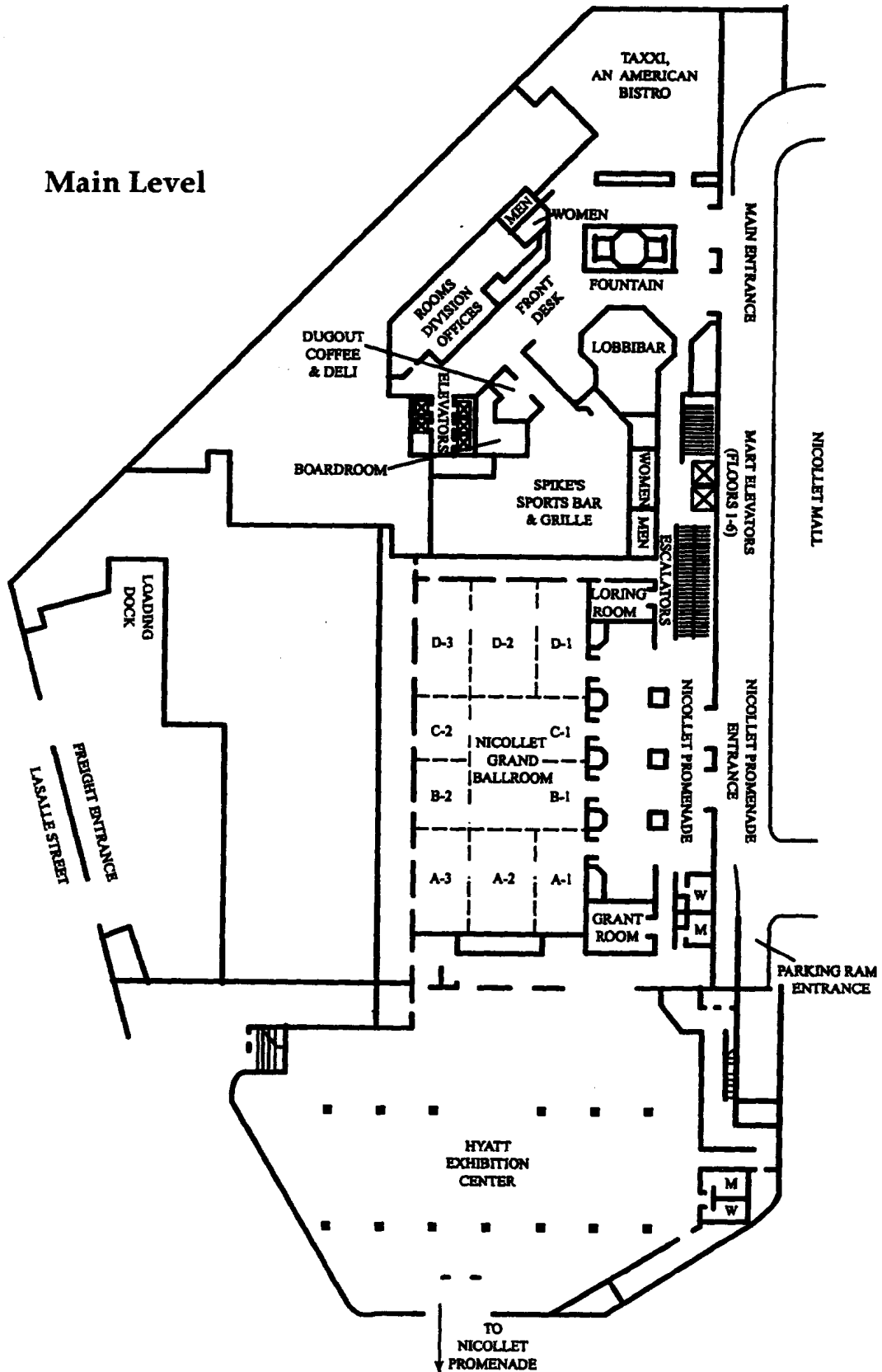
Coffee Break

10:45 a.m.-12:30 p.m.

**Business Meeting of the 2000 Delegate Assembly,
including Delegate Assembly Election Results**

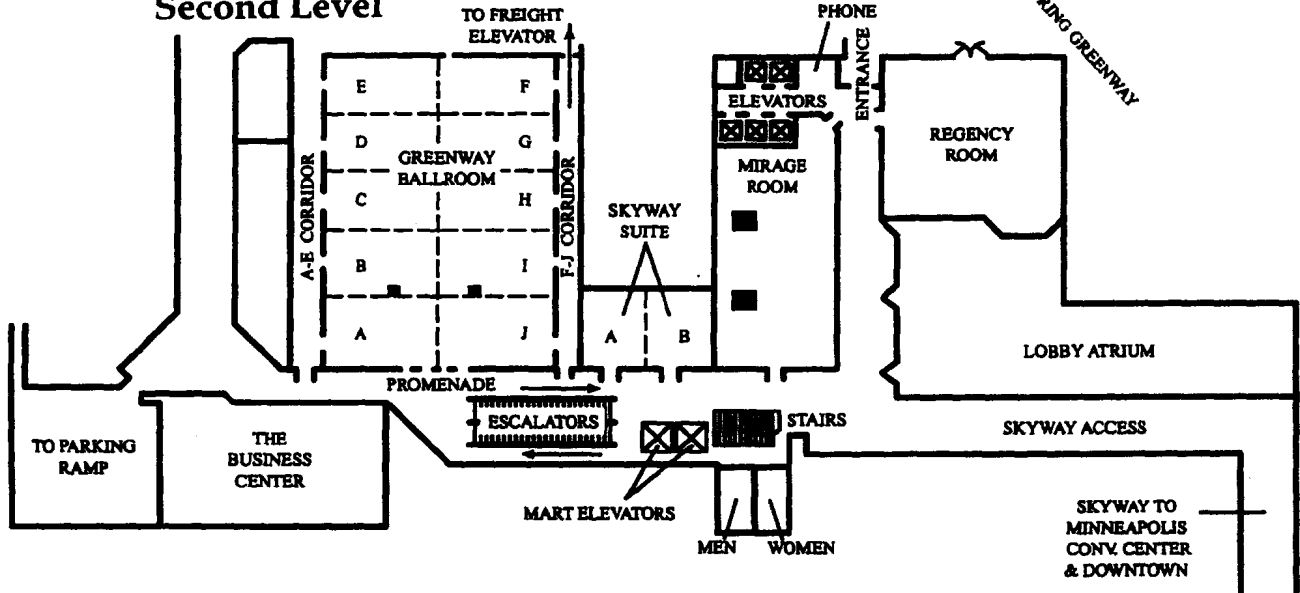
Floor Plan of the Hyatt Regency Minneapolis

Main Level

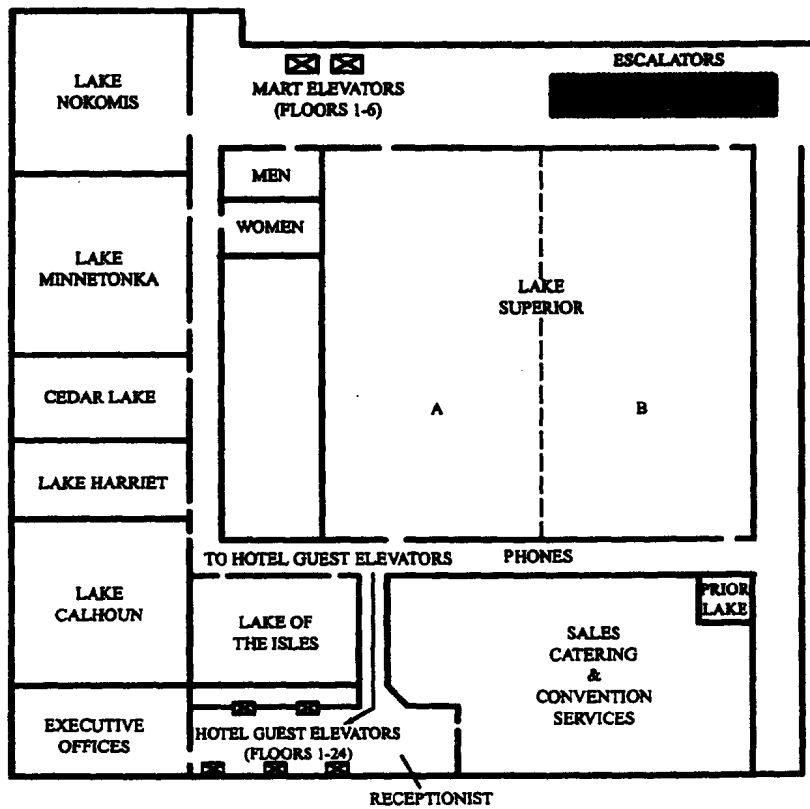


Floor Plan of the Hyatt Regency Minneapolis

Second Level



Fifth Level



Business Agenda of the 2000 Delegate Assembly

Special Note

Business conducted during the Delegate Assembly will be continuous, advancing through the agenda as time and discussion permits.

Wednesday, August 9

11:30 a.m. - 12:30 p.m.

Opening Ceremonies

- Introductions
- Announcements

Opening Reports

- Credentials Committee
- Rules Committee

Adoption of Agenda

Report of the Committee on Nominations

- Slate of Candidates
- Nominations from Floor

President's Address

Friday, August 11

3:00 p.m. - 4:00 p.m.

Board of Directors' Report

- Enhancements to the NCLEX-RN[®] Test Plan
- Uniform APRN Licensure/Authority to Practice Requirements
- Establishment of a Bylaws Committee

Saturday, August 12

10:45 a.m. - 12:30 p.m.

Board of Directors' Report

- Auditor's Report
- Evaluation of Special Services Division (SSD)
- NCLEX[®] Candidate Fee

New Business

- Resolutions Committee and New Business

Results of Election of Officers and Committee on Nominations

Adjournment

Standing Rules of the Delegate Assembly

1. Procedures

- A. The Credentials Committee, directly after the opening ceremonies of the first business meeting, shall report the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. The committee shall make a supplementary report after the opening exercises at the beginning of each day that business continues.
- B. Upon registration:
 - 1. Each delegate and alternate shall receive a badge which must be worn at all meetings.
 - 2. Each delegate shall receive the appropriate number of voting cards. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.
- C. A member registered as an alternate may, upon proper clearance of the Credentials Committee, be transferred from alternate to delegate. The initial delegate may resume delegate status upon clearance by the Credentials Committee.
- D. Members shall be in their seats at least five minutes before the scheduled meeting time. Delegates shall sit in the section reserved for them.
- E. There shall be no smoking in the meeting rooms.
- F. The Board of Directors may place reports on the consent agenda that do not contain recommendations and can be considered received without discussion. An item will be removed from the consent agenda at the request of any delegate. All items remaining on the consent agenda will be considered received without a vote.

2. Motions

- A. The Board of Directors, National Council committees and delegates representing Member Boards shall be entitled to make motions. Motions proposed by the Board of Directors or National Council committees shall be presented by the Board or committee directly to the Delegate Assembly.
- B. Motions and resolutions submitted prior to Friday, August 11, 2000, at 2:00 p.m., shall be reviewed by the Resolutions Committee according to its Operating Policies and Procedures. Motions and resolutions submitted after the deadline shall be submitted directly to the Delegate Assembly during New Business. All motions and resolutions so submitted will be presented with written analysis of consistency with National Council mission, strategic initiatives and outcomes; assessment of fiscal impact; and potential legal implications. The Resolutions Committee will meet on Friday, August 11, 2000, at 5:00 p.m., with the motion maker(s).
- C. The Resolutions Committee shall prepare suitable motions to carry into effect resolutions referred to it, and shall submit to the Delegate Assembly, with a fiscal impact statement, these and all other motions referred to the committee.
- D. All motions and amendments shall be in writing on triplicate motion paper signed by the maker and a second and shall be sent to the chair prior to being placed before the Delegate Assembly.

3. Debate

- A. Any representative of a Member Board wishing to speak shall go to a microphone.

- B. Upon recognition by the chair, the speaker shall state his/her name and Member Board.
- C. Members and employees of Member Boards may speak only after all delegates who wish to speak on the motion have spoken. Guests may be recognized by the chair to speak after all delegates, members and employees of Member Boards wishing to speak, have spoken.
- D. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- E. A red card raised at the microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.
- F. A timekeeper will signal with a red card when the speaker has one minute remaining, and a buzzer will sound when the allotted time has expired.

4. Nominations and Elections

- A. A delegate making a nomination from the floor shall be permitted two minutes to give the qualifications of the nominee and to indicate that written consent of the nominee and a written statement of qualifications have been forwarded to the Committee on Nominations. Seconding speeches shall not be permitted.
- B. Electioneering for candidates is prohibited in the vicinity of the polling place.
- C. The voting strength for the election is determined by those registered by 8:30 a.m. on the day of the election.
- D. Election for officers and members of the Committee on Nominations shall be held Friday, August 11, 2000, 4:00 p.m.- 5:00 p.m.
- E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall announce the time for repeated balloting immediately after the result of the vote is announced.

5. Forums

- A. The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss and issue.
- B. Open forum time is scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The Open Forum will be facilitated by the president.
- C. To ensure fair participation in forums, the Board of Directors may, at the Board's discretion, impose the rules of debate if needed to facilitate discussion.

National Council of State Boards of Nursing, Inc.

Bylaws

<i>Revision Adopted</i>	<i>August 29, 1987</i>
<i>Amended</i>	<i>August 19, 1988</i>
<i>Amended</i>	<i>August 30, 1990</i>
<i>Amended</i>	<i>August 1, 1991</i>
<i>Amended</i>	<i>August 5, 1994</i>
<i>Amended</i>	<i>August 20, 1997</i>
<i>Amended</i>	<i>August 8, 1998</i>

Article I

■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc., hereinafter referred to as the National Council.

Article II

■ Purpose and Functions

Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. *Functions.* The National Council's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The National Council provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ Members

Section 1. *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.

Section 2. *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations, hereinafter referred to as the NCLEX® examination, under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council.

Section 3. *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article VII, payment of the required fees and execution of a contract for using the NCLEX® examination.

Section 4. *Areas.* The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual fee, as set by the Delegate Assembly, shall be payable each July 1.

Section 6. Privileges. Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. Noncompliance. Any Member Board whose fees remain unpaid after October 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A Member Board in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Officers

Section 1. Enumeration. The elected officers shall be a president, a vice-president, a treasurer, two directors-at-large and a director from each Area.

Section 2. Qualifications. Members and employees of Member Boards shall be eligible to serve as National Council officers until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

Section 3. Qualifications for President. The president shall have served as a delegate or a committee member or an officer prior to being elected to the office of President.

Section 4. Directors. Each Area shall elect a director. Two directors-at-large shall be elected by the Delegate Assembly.

Section 5. Terms of Office. The president, vice-president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice-president and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years. Officers shall assume duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same officer position.

Section 6. Limitations. No person may hold more than one elected office at one time. No officer shall hold elected or appointed office or a salaried position in a state, regional or national association or body if such office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If a current officer agrees to be presented on the ballot for another office, the term of the current office shall terminate at the close of the Annual Meeting at which the election is held.

Section 7. Vacancies. A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting.

Section 8. *Removal from Office.* A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly. The Board of Directors shall remove any member of the Board of Directors from office upon conviction of a felony. A member of the Board of Directors may be removed by a two-thirds vote of the Board of Directors for failure to perform duties of the office. The individual shall be given 30 days' written notice of the proposed removal.

Section 9. *Appeal.* An individual removed from office by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Section 10. *Responsibilities of the President.* The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and act as the chief spokesperson for the National Council. The president shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 11. *Responsibilities of the Vice-President.* The vice-president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting. The vice-president shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 12. *Responsibilities of the Treasurer.* The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors and Member Boards, and that annual financial reports are presented to the Delegate Assembly. The treasurer shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 13. *Duties of Area Directors.* The directors elected from Areas shall preside at Area Meetings of the Member Boards, and shall serve as liaison and resource persons to Member Board members and employees in their respective Areas. The Area directors shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 14. *Duties of Directors-at-Large.* Directors-at-large shall perform such duties as shall be assigned to them by the Board of Directors, and act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Article V

■ Nominations and Elections

Section 1. *Committee on Nominations*

- a) *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.
- b) *Term.* The term of office shall be one year. Members shall assume duties at the close of the Annual Meeting at which they are elected.
- c) *Election.* The committee shall be elected by ballot of the Delegate Assembly at the Annual Meeting. A plurality vote shall elect. At the first committee meeting, the members of the committee shall elect, from its membership, a committee chair. The first meeting of the committee shall be held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.
- d) *Limitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1 of this Article.

- f) *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified slate of candidates for vote at the Annual Meeting. The committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

Section 2. Election of Officers. Election of officers shall be by ballot of the Delegate Assembly during the Annual Meeting. Write-in votes shall be prohibited. Election of all officers except Directors-at-Large: If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two candidates receiving the highest numbers of votes. In case of a tie on the re-balloting, the choice shall be determined by lot.

Elections of Director-at-Large: If the necessary number of candidates does not receive a majority vote on the first ballot, re-balloting shall be limited to the candidates receiving the highest number of votes (two candidates if one position is to be filled; four candidates if two positions are to be filled). If the necessary number of candidates does not receive a majority vote on the second ballot, re-balloting shall occur among all remaining candidates. If the necessary number of candidates does not receive a majority on the third ballot, the candidate(s) with the most votes shall be declared the winner. If there is a tie between candidates with the most votes, then the choice shall be determined by lot.

Article VI

■ Meetings

Section 1. Open Meetings. All meetings called under the auspices of the National Council shall be open to the public with the following exceptions: (a) meetings of the Examination Committee whenever activities pertaining to test items are undertaken; and (b) executive sessions of the Delegate Assembly, Board of Directors and committees, provided that the minutes reflect the purpose of and action taken in executive session.

Section 2. Participation.

- a) *Right to Speak.* Members and employees of Member Boards shall be given the right to speak at all meetings called under the auspices of the National Council. Only delegates to the Delegate Assembly, members of the Board of Directors and members of National Council committees shall be entitled to make motions and vote in their respective meetings; provided, however, that the Board of Directors, committees and Member Boards may make motions at the Delegate Assembly.
- b) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the National Council Office.
- c) *Electronic Communication and Mail.* To the extent permitted by law, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.
- d) *Committees.* Committees may establish such methods of conducting their business as they find convenient and appropriate.

Article VII

■ Delegate Assembly

Section 1. Composition and Term. The Delegate Assembly shall be comprised of delegates designated by each Member Board. An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges. A National Council officer may not represent a Member Board as a delegate. Delegates and alternates serve from the time of appointment until replaced.

Section 2. *Voting.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting. A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.

Section 3. *Authority.* The Delegate Assembly, the legislative body of the National Council, shall provide direction for the National Council through adoption of the mission, strategic initiatives and outcomes, position statements, and actions at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX® examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; select the NCLEX® examination test service; and establish the fee for the NCLEX® examination.

Section 4. *Annual Meeting.* The National Council Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days prior to the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the National Council.

Section 5. *Special Session.* A special session of the Delegate Assembly shall be called upon written petition of at least ten Member Boards made to the Board of Directors. A special session may be called by the Board of Directors. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days prior to the date for which such a session is called.

Section 6. *Quorum.* The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

Article VIII

■ Board of Directors

Section 1. *Composition.* The Board of Directors shall consist of the elected officers.

Section 2. *Authority.* The Board of Directors shall have general supervision of the affairs of the National Council between the meetings of the Delegate Assembly and shall perform such other duties as are specified in these bylaws. The Board shall be subject to the orders of the Delegate Assembly, and none of its acts shall conflict with action taken by the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.

Section 3. *Meetings of the Board of Directors.* The Board of Directors shall meet in the Annual Meeting city immediately prior to, and following, the Annual Meeting, and at other times as necessary to accomplish the work of the Board. Special meetings of the Board of Directors shall be called by the president upon written request of at least three members of the Board of Directors. Special meetings may be called by the president. Twenty-four hours or more notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Article IX

■ Executive Director

Section 1. *Appointment.* The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.

Section 2. Authority. The Executive Director shall serve as the chief staff officer of the organization and shall possess the authority conferred by, and be subject to the limitations imposed by the Board of Directors. The Executive Director shall manage and direct the programs and services of the National Council, supervise all administrative services, serve as corporate secretary and shall oversee maintenance of all documents and records of the National Council.

Section 3. Evaluation. The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.

Article X

■ Committees

Section 1. Standing Committees. Members of standing committees shall be appointed by the Board of Directors.

- a) *Examination Committee.* The Examination Committee shall be comprised of at least six members, including one member from each Area. One of the committee members shall be a licensed practical/vocational nurse. The committee chair shall have served as a member of the committee prior to being appointed as chair. The Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of one member from each Area and the treasurer, who shall serve as chair. The Finance Committee shall provide general oversight of the use of the National Council's assets to assure prudence and integrity of fiscal management and responsiveness to Member Board needs. The Finance Committee shall maintain financial policies which provide guidelines for fiscal management, and shall review and revise financial forecast assumptions.
- c) *Nursing Practice and Education Committee.* The Nursing Practice and Education Committee shall be comprised of at least one member from each Area. The Nursing Practice and Education Committee shall provide general oversight of nursing practice and education regulatory issues by coordinating related subcommittees.

Section 2. Special Committees. The Board of Directors shall appoint special committees as needed to accomplish the mission of the National Council. Special committees may be subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. Committee Membership.

- a) *Composition.* Standing committees shall include only current members and employees of Member Boards. Special committees shall include current members and employees of Member Boards, and may include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, consideration shall be given to expertise needed for the committee work, Area representation and the composition of Member Boards. The president, or president's delegate, shall be an ex-officio member of all committees except the Committee on Nominations.
- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.
- d) *Committee Functions.*
 1. *Budget.* Standing committees shall submit a budget request for activities prior to the beginning of the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.
 2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.

3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.

Article XI

■ Special Services Division

Section 1. Purpose. The Special Services Division of the National Council shall be the vehicle for conducting activities which are consistent with the purposes of the National Council and which relate to providing services or products primarily to parties other than Member Boards. This Article shall apply solely to activities within the jurisdiction of the Special Services Division.

Section 2. Scope of Activities. Activities within the jurisdiction of the Special Services Division shall include the development, promotion and distribution of services and products provided primarily to parties other than Member Boards but shall not include (a) the development of examinations and standards for the governmental authorization for nursing practice in Member Board jurisdictions or (b) the development of standards regarding the regulation of nursing practice and nursing education in Member Board jurisdictions. However, with the prior approval of the Board of Directors, the Special Services Division may develop, promote and distribute services or products which include such examinations and standards at the request of one or more Member Boards and/or certifying bodies other than examinations and standards for the initial entry-level licensure of nurses.

Section 3. Management Authority. The property and activities of the Special Services Division shall be managed by an Executive who shall be appointed by, and serve at the pleasure of, the Board of Directors and who may, but need not, be the same person who serves as the Executive Director of the National Council. The Executive shall be the chief executive officer of the Special Services Division and, subject to such operating policies and guidelines, including such financial policies and limitations, as may be adopted by the Board of Directors from time to time, shall have full authority to direct the activities of the division and to enter into contracts and make other commitments on behalf of the division, which shall be binding upon the National Council.

Article XII

■ Finance

Section 1. Audit. The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The audit report shall be presented to the Delegate Assembly.

Section 2. Fiscal Year. The fiscal year shall be from October 1 to September 30.

Article XIII

■ Indemnification

Section 1. Direct Indemnification. To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. Insurance. To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. Additional Rights. Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIV

■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.

Article XV

■ Amendment of Bylaws

Section 1. Amendment. These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly. A two-thirds vote of the delegates present and voting is required to amend the bylaws, providing that copies of the proposed amendments have been presented in writing to the Member Boards at least 45 days prior to the session. Without previous 45-day notice, the bylaws may be amended by a three-quarters vote of the delegates eligible to vote if, at least five days prior to the meeting, notice is given that amendments may be considered at the Annual Meeting or special session.

Section 2. Revision. These bylaws may undergo revision only upon authorization and adoption by the Delegate Assembly. A committee for revision, authorized by the Delegate Assembly, shall prepare and present the proposed revision. A two-thirds vote of the delegates present and voting is required to adopt the revision, provided that copies of the proposed revision shall have been submitted in writing to the Member Boards at least 45 days prior to the Annual Meeting or special session at which the action is to be taken.

Report of the Board of Directors

Board of Directors

Jo Elizabeth Ridenour, AZ, President
 Margaret Howard, NJ, Vice-President
 Barbara Morvant, LA-RN, Treasurer
 Dorothy Fulton, AK, Area I Director
 Lorinda Inman, IA, Area II Director
 Julia Gould, GA-RN, Area III Director
 Iva Boardman, DE, Area IV Director
 Kathy Apple, NV, Director-at-Large
 Faith Fields, AR, Director-at-Large

Staff

Eloise Cathcart, Executive Director
 Christine Ward, Manager, Executive Office Relations

The work of the Board of Directors continues to be focused on building a sound organizational governance structure to advance the National Council's mission and vision. Toward that end, the Board met eleven times in formal session both on-site in the National Council offices in Chicago and via telephone conference calls. Two additional meetings are planned: a telephone conference in July and a pre-Delegate Assembly meeting on August 7, 2000. The Board also participated in two Board Development Retreats facilitated by Dr. Michela Perrone, governance consultant and Senior Associate of the National Center for Nonprofit Boards (NCNB).

The Board of Directors and staff represented the National Council at several meetings of other nursing and regulatory organizations:

- 1999 Council on Licensure, Enforcement and Regulation (CLEAR) Conference
- Administrators in Medicine (AIM) Meeting
- American Association of Colleges of Nursing (AACN)
- American Association of Colleges of Nursing (AACN) Board Meeting
- American College of Nurse Practitioners (ACNP) Summit
- American Nurses Credentialing Center
- American Organization of Nurse Executives Annual Meeting
- American Psychiatric Nurses Association
- ANA Expert Panel on Continued Competence
- Association of State and Territorial Directors of Nursing Meeting
- Citizen Advocacy Center
- Division of Nursing Meeting regarding allocation of Title 8 Funding
- Error in Medicine: A Complex Sorrow
- Federation of Association of Regulatory Boards (FARB)
- Federation of State Medical Boards Annual Meeting
- National Association for Practical Nurse Education & Service (NAPNES)
- National Association of Boards of Pharmacy
- National Association of Boards of Pharmacy Annual Meeting
- National Center for Nonprofit Boards - Leadership Forum
- National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP)
- National Organization for Associate Degree Nursing
- National Practitioner Data Bank (NPDB) Executive Committee Meeting
- National Student Nurse's Association (NSNA) Annual Meeting
- NFSNO/NOLF
- Sigma Theta Tau Nursing Education-Practice Consortium
- Sigma Theta Tau Annual Meeting

In addition, the leadership of some national nursing organizations accepted the Board's invitation to attend National Council Board meetings to discuss their respective organization's agendas and explore collaborative opportunities. The president and executive director, likewise, represented National Council as guests of other liaison organization's Board meetings. These exchanges occurred with the president and executive director of the National League for Nursing, the Commission on Graduates of Foreign Nursing Schools, the American Nurses' Credentialing Center, the American Association of Colleges of Nursing, and the American Nurses' Association. The Board also invited David Swankin, President of the Citizens' Advisory Committee, to its June meeting to discuss the Institute of Medicine (IOM) report.

The Board of Directors took the following major actions during the year:

- Approved the contract officially designating National Computer Systems, Inc., (NCS) as the National Council's test service beginning October 1, 2002.
- Approved the affiliation status with the Nurse Licensure Compact Administrators (NLCA), and directed that the National Council serve as secretariat to the NLCA.
- Directed staff to bring closure to all aspects of the Computerized Clinical Simulation Testing-CST[®] initiative.
- Established that an Executive Officers' mid-year meeting and a meeting of licensed practical/vocational nurses be held in 2000.
- Adopted the recommendation of the Finance Committee to approve the FY00 budget with the following adjustments: 1) increase the expense line for the English Proficiency Examination by \$48,540, restoring the total budget for this initiative to \$97,080; and 2) reduce the Nursys projected revenue to \$300,000 from the originally projected amount of \$412,500.
- Met with the Committee on Nominations, as directed in the National Council bylaws.
- Received a report of Y2K problems experienced by Sylvan.
- Directed that the NCLEX[®] Results 900 number be restarted after a breakdown in its operation.
- Directed that an NCLEX[®] invitational meeting be held in fall 2000 for nursing education faculty.
- Approved the FY2000 committee appointments, including the designation of committee chairs, and delineated committee charges. Specified that the Nursing Education and Practice Committee include a focus on issues of the regulation of nursing education programs.
- Reduced the 2000 Annual Meeting by one day after careful review of the evaluation and format of the 1999 Annual Meeting.
- Determined that the National Council serve as agent for Member Boards for ongoing reporting and/or inquiry for the Health Integrity and Protection Data Bank (HIPDB) for RNs, LPN/VNs, APRNs and nurse aides, and that this service be provided to Member Boards at no cost at this time. In January 2001, a fee structure will be determined and announced to Member Boards, to be effective in January 2002.
- Reviewed policies governing liaison meetings to ensure that those meetings: 1) facilitate networking with external organizations to advance the mission and strategic initiatives of the National Council; 2) allow for an in-person exchange of information to build reciprocal credibility and trust; and 3) facilitate an understanding of the interest and priorities of other organizations' policy or program issues.
- Received legal counsel that individual advanced practice registered nurse boards, which exist in some states, are ineligible for membership in the National Council due to the National Council bylaws requirement that Member Boards utilize a common licensure examination.
- Established a Special Advanced Practice Task Force and appointed its membership to develop recommendations for the next generation of criteria to ensure regulatory sufficiency of certifying examinations for advance practice nurses.
- Directed that issues surrounding the funding of Nursys be presented to Executive Officers at the mid-year forum.
- Accepted the recommendation of the Finance Committee to engage the consulting firm *Value Enhancement Strategies, Inc.*, to conduct a comprehensive evaluation of the Special Services Division (SSD).
- Evaluated the executive director and unanimously acted on the executive director's salary after receiving a report of appropriate research on compensation packages of similar individuals at comparable organizations both locally and at the national level.
- Developed and authorized the dissemination of a governance survey designed to assess how well the National Council is functioning and the ways in which the governance structure might be improved.
- Decided that the National Council will continue on an ad-hoc basis with the Sigma Theta Tau Nursing Practice-Education Consortium specifically concerning issues of regulation of nursing practice and education.

- Approved the policy that “the National Council provide equal contracting opportunities for minority and women owned businesses”, and received specific information related to the National Council’s compliance with this policy.
- Directed that a joint meeting be held between the Advisory Panel and the pilot states of the *Commitment to Public Protection through Excellence in Nursing Regulation* project so that issues related to scope and methodology of the project would be refined.
- Accepted the recommendation of the Finance Committee to engage *Value Enhancement Strategies, Inc.*, to conduct an evaluation of Nursys, with a specific focus on determining revenue streams for this project.
- Determined the agenda for the 2000 Area Meetings.
- Examined a request from the New York State Education Department to add a release and disclosure authorization to the NCLEX[®] examination application, so that individual candidate information could be disclosed to educational institutions and other licensing bodies.
- Received the report of an on-site meeting between National Council staff and Health Resources and Services Administration (HRSA) staff to confirm and clarify proper procedures for required data entry to the HIPDB and revision of adverse action reports.
- Received a request from the executive director of the Commission on Graduates of Foreign Nursing Schools (CFGNS) seeking the renewal of a four-year appointment of Julia Gould, member of the National Council Board of Directors, to the CFGNS Board of Trustees.
- Approved the recommendations of the Nursing Practice and Education Committee that: 1) the Board adopt a position statement regarding the IOM report; 2) National Council continue dialogue with nursing education leaders and national nursing accreditation bodies; 3) the Board direct the committee to continue work on education content for the Model Nursing Practice Act and Model Administrative Rules; 4) the Board recommend adoption of the *Uniform APRN Licensure/Authority to Practice Requirements* to the Delegate Assembly; and 5) the National Council respond to the American Nurses Association (ANA) about their continued competence model.
- Received the report of the Bylaws Audit Group, which conducted a review of the National Council bylaws and the complete governance survey, and moved to recommend that the Delegate Assembly establish a Bylaws Committee to undertake a comprehensive review and potential revisions to the National Council bylaws.
- Conducted a mid-year evaluation of the executive director.
- Accepted the recommendation of the Examination Committee to approve the NCLEX-RN[®] Test Plan with no substantive changes, and recommend its approval by the Delegate Assembly.
- Discussed the plan for transition of the NCLEX[®] examination from The Chauncey Group to National Computer Systems, Inc., (NCS) with senior NCS staff.
- Accept the recommendation of the Finance Committee to approve the engagement of the accounting firm Thomas Havey LLP as the independent auditor for the National Council for the fiscal years 2000 through 2002.

Summary of Recommendations to the 2000 Delegate Assembly with Rationale

This document provides a summary of the recommendations that the National Council Board of Directors and the Committee on Nominations propose to the Delegate Assembly at the 2000 Annual Meeting. Additional recommendations may be brought forward during the meeting as well.

Board of Directors

1. Adopt the Auditor's report.

Rationale

The Board of Directors engaged the audit firm *Ernst and Young* to conduct a review of financial records of the National Council for fiscal year 1999. The Board, upon recommendation of the Finance Committee, reviewed and accepted this report. There were no concerns raised in the management letter. The Board recommends the acceptance of this audit in acknowledgment of its fiduciary accountability to the delegates and in the interest of maintaining open communication about the financial status of the National Council.

Fiscal Impact

None.

2. Authorize the creation of a committee for comprehensive review and potential revision of the bylaws.

Rationale

A Bylaws Audit Group met at the National Council offices on May 1, 2000, to review the existing National Council bylaws. The group also analyzed the data from the Governance Survey which was conducted in January 2000, and the responses to that survey which came from attendees at the 2000 Area Meetings. The following four priority areas were identified by the audit group for further study: 1) the need to further clarify and define the boundaries of authority of the Delegate Assembly and the Board of Directors; 2) the need to ensure a governance structure and a process that will adequately prepare the Delegate Assembly to make effective and timely decisions that are fiscally sound and consider the long-range impact; 3) the need to reexamine the election process to insure appropriate continuity and ongoing development of effective leadership for the National Council; and 4) the need to review the process for committee appointments, determination of charges and lines of communication to optimally support the strategic plan.

The work of the Audit Group will be presented in detail at a Delegate Assembly Forum on Friday, August 11, 2000.

Fiscal Impact

The cost of this committee will be determined by a number of factors: the number of Committee members, the number of meetings scheduled, and the amount of governance and legal consultation required. This cost will be included in the FY01 budget.

3. Adopt the draft Uniform APRN Licensure/Authority to Practice Requirements.

Rationale

The 1999 Advanced Practice Task Force sought input from National Council membership and collaborated with APRN certifying bodies and other nursing organizations to develop uniform licensure requirements for advanced practice regulation. The proposed *Uniform APRN Licensure/Authority to Practice Requirements* complement the Uniform Core Licensure Requirements for RNs and LPNs developed by the 1999 Nursing Practice and Education Committee and adopted by the 1999 Delegate Assembly.

The rules require APRNs to 1) be licensed as a registered nurse; 2) have completed graduate education in an accredited nursing program; and 3) be certified by an appropriate specialty certification body.

The *Uniform APRN Licensure/Authority to Practice Requirements* will enable boards of nursing to promote quality, consistency and accessibility of advanced practice nursing care within the state and across state lines. Legislators, consumers and other stakeholders are confused by the variation in individual state requirements that presently exist. Several politically charged challenges related to perceptions about inadequate and unclear requirements for APRN regulation have already been made.

The Board of Directors, at their June 16, 2000 meeting, charged the Nursing Practice and Education Committee with developing criteria for alternative mechanisms for certification when no certifying examination exists.

The unprecedented process of negotiation of the *Uniform APRN Licensure/Authority to Practice Requirements* with the certifying bodies and other nursing organizations was completed over two years ago after careful study and with significant input from Executive Officers. There is a serious commitment to move these requirements forward after the good faith collaboration of all involved parties, and there have been no negative comments received when these requirements were presented at Delegate Assembly Forums in 1998 and 1999. The APRN Task Force set the target date for the graduate degree requirement at 2003 as a compromise to all parties, including Member Boards.

Fiscal Impact

None.

4. Adopt the proposed enhancements to the NCLEX-RN® Test Plan

Rationale

The Examination Committee critically analyzed *Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States* (Hertz, Yocom, & Gawel, 2000), the quarterly trend analyses, and the RN replication study, and recommended to the Board of Directors that no changes be made in the structure or content distribution for the *NCLEX-RN® Test Plan*.

However, the committee proposed some enhancements to the document that explicate the *NCLEX-RN® Test Plan* in order to provide clarity and enhance readability. These enhancements include:

- the addition of definitions for the integrated concepts and processes and for each of the four Client Needs categories
- clarification of some areas of the document (includes the addition or deletion of bulleted content)
- a section on administration of the NCLEX-RN® examination

The draft revised *NCLEX-RN® Test Plan* was sent to all Member Boards in November 1999 for feedback on the proposed enhancements. Feedback was also gathered from the Area Meetings and the RN Practice Analysis Panel of Experts. During its April 2000 business meeting, the Examination Committee considered all input, and a final draft of the enhanced *NCLEX-RN® Test Plan* was developed.

After consulting with legal counsel, the committee determined that the enhanced document should be available in the fall of 2000 with an implementation date of April 2001, in conjunction with the regularly scheduled test pool rotation. This proposed timeline enables the National Council, Member Boards and The Chauncey Group to effectively plan for and communicate the *NCLEX-RN® Test Plan* enhancements to all appropriate individuals and agencies, and allows a Panel of Judges to use the *2001 NCLEX-RN® Test Plan* in its criterion-referenced standard setting process scheduled for September 22-24, 2000. Any changes in the RN examination passing standard set by the Board of Directors would then be employed coincident with the implementation of the *2001 NCLEX-RN® Test Plan*. The proposed timeline would allow information about any changes to the RN passing standard to be communicated to all relevant individuals and agencies.

Fiscal Impact

None.

5. **Adopt the recommendation to: 1) phase out the Special Services Division (SSD) as a separate entity and explore the feasibility of integrating selected products and services within the National Council's programs; 2) implement strategies for marketing National Council products and services; and 3) ensure that all ventures shall not conflict with the National Council's mission, goals, core expertise and tax status.**

Rationale

In 1994, the Delegate Assembly approved the recommendation of the Board of Directors to establish the Special Services Division (SSD) of the National Council. This decision was made because the cost of new services requested by Member Boards exceeded available funds in the operating budget, the fund balance was projected to drop from \$7M in FY96 to \$3M in FY99 due to the high cost of Computer Adaptive Testing (CAT) and Computer Simulated testing (CST), and high-revenue, mission related opportunities, where National Council had expertise and reputation, were missed because there was no structure in place to enable pursuit of these ventures.

In FY95, \$600,000 was authorized by the Board of Directors for the development of SSD projects. An additional \$450,000 was authorized in FY98. The financial assumption was that the internal rate of return on SSD projects should exceed 7%, and the Board of Directors would review the net SSD revenue on an annual basis. Business plans were developed for all projects, and included the benefits and consequences of the project, required money, personnel and expertise, a market analysis, risk analysis, return on investment projection, project milestones, and potential exit strategies.

Overall, twelve (12) projects were managed under SSD. They include: National Nurse Aide Assessment Program; Results by Phone (NCLEX® exam); Plastic Card for Licensed Nurses; Assessment Strategies for Nurse Educators; NCLEX® Study and Review; Boundary Video; Nurse Practice Acts Review on Web; Interactive Care Plan Creator; PN Certification Test in Long Term Care; Online Bookstore; Clinical Simulation Testing Seminars, and; Unlicensed Assistive Personnel Training

When the Delegate Assembly created SSD, it mandated a comprehensive evaluation of the enterprise after five (5) years. At its December 1999 meeting, the Board of Directors, upon recommendation of the Finance Committee, engaged an external consulting firm, Value Enhancement Strategies, Inc., to conduct this evaluation.

The specific points examined by the consultants will be presented during the Finance Committee Forum at the Delegate Assembly on Friday, August 11, 2000. Three alternatives were presented for the future of SSD:

1. Grow SSD and build one or two businesses, rather than a series of products as presently exists; invest approximately \$4-6 million in product development to generate a net operating income of approximately \$1 million over four years;
2. Maintain the current structure of SSD;
3. Close SSD and shift the successful products to the program side of the National Council. This process would retain most of the benefit of SSD programs for the National Council and its Member Boards by maintaining those programs that are most closely related to the organization's core business. Unsuccessful projects would be canceled to prevent further drain on the National Council's resources.

The Board of Directors, upon the recommendation of the Finance Committee, puts forth the third alternative for approval by the Delegate Assembly.

Fiscal Impact

The cost savings for the National Council will depend upon the reduction in the cost of materials and services for those products that are phased out. The effect on staff levels as these products are integrated into existing National Council programs has not been determined. Pending the Delegate Assembly's vote, the Finance Committee will oversee an analysis of dismantling SSD.

6. **Adopt an increase to the NCLEX[®] candidate fee, in an amount yet to be determined, no sooner than October 1, 2001.**

Rationale

Currently, the NCLEX[®] fee is the primary source of revenue supporting National Council operations. Other revenue sources for the organization are insignificant. The National Council's reliance on a single revenue stream is not likely to change in the near term, even though initiatives designed to create alternative sources of revenue have been explored primarily through SSD. In this fiscal year, the National Council Board of Directors, Finance Committee and staff have been vigorously addressing two issues which place an increased demand on that pre-established revenue stream: 1) the operating costs of Nursys, and 2) a decreased number of NCLEX[®] candidates.

Since the last Delegate Assembly, much attention has been given to developing a reliable and predictable revenue stream for Nursys. Initially, it was thought that a fifteen dollar (\$15) verification fee, paid by an individual nurse seeking licensure verification, would cover the operating costs of maintaining the database and providing enhancements as necessary. Experience to date has demonstrated beyond a doubt that this payment method will not even begin to support Nursys. Furthermore, as a greater number of states enter the mutual recognition compact, the need for licensure verification lessens, thereby diminishing the amount of revenue generated by this funding approach. Upon the recommendation of the Finance Committee, the Board of Directors authorized the engagement of the consulting firm *Value Enhancement Strategies, Inc.*, to conduct a comprehensive review of the costs and processes of Nursys. The results of this study demonstrated that there may be some opportunities to generate significant revenue from Nursys by pursuing entrepreneurial ventures. However, these opportunities, which will not be realized in the near term, have a certain element of risk and require some additional investment in capital. Solid business plans, subject to appropriate market analysis, would need to be developed and approved by appropriate governance bodies.

The decrease in the number of test candidates is not only reducing gross revenue from NCLEX[®] fees, but also accounts for increased processing costs. The amount per test which National Council pays The Chauncey Group for processing a test is volume dependent. In other words, the greater the number of test candidates, the less the processing cost per test. So when the number of candidates falls below a certain level, the cost of processing an individual test is higher for the National Council. The increase in the cost per tested candidate is projected to be 6% for the current fiscal year (FY00) and even higher in FY01.

The National Council needs to raise the NCLEX[®] fee, its primary revenue source, to pay for a significantly higher level of operating expenses generated by Nursys and a declining candidate base. Further, a candidate fee will need to be established for the testing service contract beginning in 2002.

The Finance Committee, at its July 6, 2000, on-site meeting in Chicago, will determine a specific fee increase to recommend to the Board of Directors. Complete detail of the National Council's finances will be presented and discussed at a Forum on Friday, August 11, 2000.

Committee on Nominations**1. Adopt the 2000 Slate of Candidates.*****Rationale***

The Committee on Nominations has prepared the 2000 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the strategic initiatives and purpose of the National Council.

By the April 21, 2000, nomination deadline, twenty-one (21) individuals had submitted completed nomination forms for consideration for the 2000 Slate of Candidates. The committee finalized the slate on May 5, 2000. Recruitment efforts used by the committee this year included: 1) a request by letter to Member Board executive officers to partner with the committee in the recruitment of nominees; 2) inclusion of a call for nominations and placement of nomination forms in five editions of the *Newsletter*; and, 3) a call for nominations with a nomination form sent directly to members of the National Council's volunteer pool. In addition, the committee made telephone calls to Member Board Executive Officers, as well as board members and staff of Member Boards; had face-to-face contact with attendees at the Area Meetings; and placed the nomination packet on the VIP section of the National Council's Web site, for easy access by board members and staff of Member Boards.

The list of slated candidates, along with full biographical information for each candidate, was published in the May 26, 2000, edition of the *Newsletter* sent to Member Boards. Full biographical information for each candidate follows in *The Business Book* under the Report of the Committee on Nominations, and each candidate will present himself or herself at the Candidates' Forum on Thursday, August 10, 2000.

Fiscal Impact

None.

***Yearly Progress Report
Delegate Assembly 2000***

Highlights of activity from August 1999 through August 2000

The Board of Directors accomplishes its governance responsibility to monitor NCSBN programs and services by receiving quarterly progress reports from staff about the implementation of the Strategic Initiatives. This report has been summarized for the year August 1999 – August 2000.

"The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare."

"The role of the National Council is to serve as a consultant, liaison, advocate, and researcher to Member Boards, and as an education and information resource to the public and policy makers."

Vision: "The National Council of State Boards of Nursing will advance optimal health outcomes by leading in health care regulation worldwide."

Strategic Initiative 1: Nurse Competency. The National Council of State Boards of Nursing, Inc. (NCSBN) is committed to the evaluation of initial and ongoing nurse competencies.

Outcome 1: "State-of-the-art" entry-level nurse licensure assessment.

Tactic 1: Continuously improve delivery of the high-quality NCLEX[®] examination.

- Feedback was sought and collected from Member Boards regarding the proposed enhancements to the *NCLEX-RN[®] Test Plan* designed to promote congruency between test plans and detailed test plans and improve overall readability. The Board of Directors has accepted the recommendation of the Examination Committee to present the revised *NCLEX-RN[®] Test Plan* to the 2000 Delegate Assembly for approval.
- The Joint Research Council (JRC) convened to discuss and plan research on topics related to technical improvements for the NCLEX[®] examination including new methods for detection of Differential Item Functioning, (DIF) item re-calibration, item writer screening, and eliminating sample size requirements for DIF analysis.
- Sufficient item development panel members have been recruited and selected for all item development sessions.
- Seventy-five Sylvan Technology Center site visits were conducted in various locations by staff and Member Board representatives.
- The Chauncey Group continues to work on the implementation of Web-based MBOS (Member Board Operating System) and has acquired a new server dedicated exclusively to WeBOS. The Advisory Group is presently testing the latest version of Web-based MBOS. The existing MBOS system was made Y2K compliant and operational for Member Board use after January 1, 2000.
- The *Scheduling and Taking Your NCLEX[®] Examination* bulletin was placed on National Council's public Web site. The *Taking the NCLEX[®] Examination* page of National Council's Web site (in which the bulletin is located) remains a high traffic area. For example, the page received 2,396 hits in February.

Tactic 2: Develop and initiate plans for transitioning the NCLEX[®] examination contract to NCS.

- An initial transition plan for the NCLEX[®] examination program has been developed that ties deliverables delineated in the testing services contract to timelines necessary for successful transition between vendors. Additionally, work has begun with NCS to create efficiencies in the NCLEX[®] examination process. Input was solicited by NCS from Member Boards during each Area Meeting, and the preliminary plan was brought to the Board of Directors in June.

Tactic 3: Complete pilot study of next-generation NCLEX[®] items.

- The pilot study to explore options for the "next-generation" NCLEX[®] examination, primarily with the introduction of the mouse and the drop-down calculator, is scheduled to begin in Fall 2000 and a report is anticipated to be available during National Council's Annual Meeting in August 2001.

Tactic 4: Complete report on Global Characteristics of entry-level nurses and develop a recommendation concerning future assessment.

- Using survey data and expert opinion, Examination Committee members determined which Global Characteristics of entry-level nurses were most important to assess from a regulatory perspective, and whether and to what extent the identified attributes are currently measured by the NCLEX[®] examination. Member Board feedback was sought at the Area Meetings. A full report will be provided at National Council's 2000 Annual Meeting during the Examination Committee Forum.

Tactic 5: Complete Phase I and initiate Phase II of the comparison of the Canadian licensure examinations and the NCLEX-RN® and NCLEX-PN® examinations.

- A collaborative plan was developed with Assessment Strategies (CNATS) for a comparative study of the NCLEX® and CRNE examinations. Phase I data collection and analysis have occurred. National Council staff and selected Examination Committee members will meet with Canadian counterparts in Ottawa in late June to determine congruencies and similarities between NCLEX-RN® and CRNE.

Tactic 6: Determine feasibility of developing legally defensible cut scores for English proficiency examinations.

- CGFNS representatives have expressed interest in collaborating on this work, since CGFNS has conducted significant research in this area with The Chauncey Group. An invitation has been extended to both CGFNS and Chauncey to present the results of this study in detail at the Delegate Assembly.

Tactic 7: Explore opportunities for development of an English proficiency examination for minimal practice competencies.

- Next steps in this process have been identified, and are currently being implemented by staff. They include conducting research studies with allied healthcare professions and researching the Australian Occupational English Test as put forward by the Oregon Board of Nursing. A report will be given at the 2000 Delegate Assembly.

Tactic 8: Develop and implement a communications plan which informs Executive Officers of NCLEX® examination issues in an appropriate and timely way.

- Communiqués were provided to Member Boards via e-mail, facsimile, and mail correspondence. The Examination Committee meeting updates continued via the *Newsletter* to Member Boards.
- The Examination Committee will present two educational sessions on NCLEX examination development and administration as part of the educational sessions scheduled to be held in conjunction with National Council's 2000 Annual Meeting. An "NCLEX® Invitational" targeted for Member Board staff and nursing educators is scheduled for Fall 2000.

Outcome 2: *Information and research to support the regulatory approaches to discipline, remediation, and alternative processes.*

Tactic 1: Identify characteristics of nurses prone to disciplinary problems.

- Sample cases with complete documentation were obtained and analyzed for the pilot study of practice breakdown. Work on determining a study design has begun. The Disciplinary Issues Task Force will review analyses of cases in June 2000 and present their work at a Delegate Assembly educational session.

Tactic 2: Develop and implement a plan for assisting Member Boards with the utilization of findings in *A Study of the Effectiveness of Nurse Disciplinary Actions by Boards of Nursing*.

- The categories selected for study by the Disciplinary Task Force were based on this study.

Tactic 3: Submit findings of recent National Council work on disciplinary issues for publication in appropriate professional journals.

- *Nursing Management* accepted a continuing education article on professional boundaries; publication is expected in June 2000.

Tactic 4: Implement the agent role for mandatory reporting by Member Boards to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB).

- Over 28,000 cases of historical disciplinary data have been provided to HRSA as required for inclusion in the HIPDB, and many telephone calls and questions triggered by the Adverse Action Reports sent to subject nurses were responded to by the National Council and Member Boards. On May 19, 2000, National Council staff met with staff at HRSA offices to evaluate the effectiveness of processes which are in place, develop new processes for on-going reporting, develop processes for boards having disputed reports, and resolve other outstanding issues. Final agreements between National Council and Member Boards regarding the on-going agent role have been issued.

Tactic 5: Complete research related to chemically impaired nurses.

- Mary Haack, Ph.D., RN, FAAN is developing a proposal for the National Council's review which builds on previous work (1996 study entitled *A Comparison of Two Regulatory Approaches to the Management of Chemically Impaired Nurses*). Exploratory discussions with members of the National Organization of Alternative Program Directors to conduct a collaborative study are also underway.

Outcome 3: Regulatory approaches are explored for evaluating ongoing competence of nursing personnel.

Tactic 1: Work collaboratively with other groups to explore options for continued competence within a changing health care delivery system.

- Executive Director Eloise Cathcart participated in a panel discussion at the ANCC Omni Conference.
- The Nursing Practice and Education Committee reviewed the American Nurses Association's (ANA) continued competence model and recommended to the Board of Directors that continued competence be a major agenda item for 2000-2001 Nursing Practice and Education Committee.
- National Council staff will speak at multidisciplinary meetings on this topic (Interprofessional Working Group and Citizens' Advisory Committee) in June 2000.

Strategic Initiative 2: Regulatory Outcomes. The National Council will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for nursing regulation.

Outcome 1: Research an articulated relationship and demonstrate the benefits of nursing regulation for the public health, safety, and welfare.

Tactic 1: Provide the empirical foundation from regulatory outcomes research for the link between nursing regulation outcomes and public protection to include simple, clear and relevant communications to multiple constituencies.

- Phase III of the Commitment to Public Protection through Excellence in Nursing Regulation project is underway. The Urban Institute, guided by the project Advisory Group and representatives from Pilot States, has revised data collection tools to capture relevant processes and outcomes for performance evaluation and to identify best practices of boards of nursing. The evaluation of two areas of board performance, discipline and the establishment of scope of practice for nurses, including continued competency, have been developed and will be pilot-tested this summer.
-

Outcome 2: Resources and tools assist Member Boards to enhance performance initiatives.

Tactic 1: Identify the regulatory practice issues which comprise the essential work of Member Boards and initiate a plan for providing centralized support to advance the understanding of these issues.

- The Nursing Practice and Education Committee identified practice issues which were validated and prioritized by Member Boards. This information was presented to the Board of Directors in February, and the issue of medical errors was identified as a high priority for the National Council. Work is underway to develop means by which issues are tracked and communicated with Member Boards and to the broader community and public.

Outcome 3: Uniform requirements/standards for nursing regulation.

Tactic 1: Identify appropriate research questions related to the implementation of uniform core requirements for RN and LPN/VN licensure, and initiate study.

- The boards of nursing that have enacted the Interstate Compact are utilizing the uniform core licensure requirements as a basis to understand similarities and differences in their current regulatory requirements.
- The Nursing Practice and Education Committee has recommended to the Board that the Uniform Licensure/Authority to Practice Requirements be forwarded to the Delegate Assembly for approval in August 2000.

Outcome 4: Educational offerings are provided for Member Boards.

Tactic 1: Develop and initiate a comprehensive plan for creative and timely educational sessions for Member Boards and other related constituencies.

- Programs were developed and implemented for the four respective Regulatory Days, and a program has been developed for a day of education to be held in conjunction with National Council's 2000 Annual Meeting.
- Vermont educators were provided with information on the NCLEX[®] examination process and passing rates, and attendees participated in an open discussion on current teaching strategies to improve student outcomes and methods to encourage critical thinking.

Strategic Initiative 3: Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.

Outcome 1: Ongoing systematic assessment and evaluation of the environment impacting nursing practice and nursing regulation.

Tactic 1: Determine the most effective framework for identification of emerging health policy and legislative issues that have impact on the National Council's mission.

- The Nursing Practice and Education Committee surveyed the Executive Officers in February 2000 to identify and prioritize emerging issues. Survey results have been used to guide the work of the committee and staff.
- NP&E members and National Council staff have developed an extensive framework for exploration, identification, analysis, communication and response to emerging health policy and legislative issues.
- Language and responses to specific legislative initiatives and industry sector strategies regarding error reduction

have been developed.

- Monthly policy-level conference calls were initiated in April to obtain and share information on emerging issues.

Tactic 2: Develop and initiate a plan to disseminate in-depth analysis of health policy and legislative information to Board of Directors, Member Boards and staff in a concise and timely manner.

- The Nursing Practice and Education Committee surveyed the Executive Officers in February 2000 to ascertain the most effective and timely communication strategies. Changes are being implemented in response to feedback received from the membership.
- Staff launched both a monthly *Policy Perspectives* bulletin and conference calls to provide information and share perspectives and strategies to address current policy and legislative information.

Tactic 3: Provide a forum to discuss relevant LPN/VN issues.

- A Forum to discuss LPN/VN issues will be held on Monday, August 7, 2000, in conjunction with National Council's 2000 Annual Meeting.

Outcome 2: Leadership influences health care and regulatory policy.

Tactic 1: Provide programs of leadership development to Member Board Executive Officers designed to expand understanding of health care and regulatory policy and increase effectiveness at impacting public policy at the local level.

- Seven new Executive Officers attended an orientation program in Chicago that included the opportunity to attend the Board of Directors' February meeting.
- An Executive Officers Forum was held in February 2000 along with a Mutual Recognition Summit for Executive Officers, Member Board Presidents and board attorneys.

Outcome 3: Approaches and strategies respond effectively to critical issues and trends impacting nursing regulation.

Tactic 1: Monitor activities of other professional groups which may impact delineation of scope of nursing practice.

- Staff and Board Members have attended meetings of several organizations throughout the year, and the leadership of some nursing organizations has met with the Board of Directors to discuss their organization's agendas and explore collaborative opportunities.

Tactic 2: Collaborate with other groups to maximize use of National Council data and provide input to the development of nurse supply and demand projections.

- The National Council was represented at a February meeting of the Funding Allocation Expert Panel held at the Division of Nursing, where discussion centered around development of a methodology for the allocation of federal funding designed for nursing programs. National Council also participated in the March ICONS meeting where issues regarding nursing shortage and supply were discussed. Additional meetings are scheduled for both groups, and the National Council will continue to be represented in the discussions.
- National Council staff are analyzing supply and demand projections data from the Division of Nursing (HRSA).

Outcome 4: Implementation of the mutual recognition model for nursing regulation.

Tactic 1: Work with Nurse Licensure Compact Administrators (NLCA) to operationalize the affiliation between the NLCA and National Council.

- The NLCA has developed its articles of organization, rules and regulations, and has drafted its policies and procedures.
- The NLCA continues to hold bi-weekly meetings via conference call to discuss issues of common concern.
- The delineation of a full-scope secretariat role for the National Council continues to be discussed. However, some secretariat services are presently in place.

Tactic 2: Provide a forum for discussion of all issues and concerns related to mutual recognition.

- A Mutual Recognition Summit was conducted on February 26, 2000, providing sixty Member Board Executive Officers, presidents and attorneys the opportunity to discuss issues related to mutual recognition.

Tactic 3: Disseminate information about mutual recognition by publication, public speaking and Web-based communication.

- The bill status map and mutual recognition section of the public Web site is maintained and updated. Endorsements received from collaborative organizations are located on the Web. Information about mutual recognition was published in each edition of *Issues*, reaching over 10,000 nationwide.

Tactic 4: Develop a framework for the evaluation of mutual recognition and begin study.

- Work on this tactic will begin when a significant number of states actually implement the compact.

Tactic 5: Implement mutual recognition discipline demonstration project, *Investigation by Distance*.

- A list identifying possible resources to support multi-state discipline was distributed to the Nurse Licensure Compact Administrators, who will identify the priority and need for the various resources.

Tactic 6: Monitor discipline cases that arise under the Interstate Compact and provide ongoing support to states dealing with discipline cases under mutual recognition.

- There have been no reported multi-state discipline cases.

Tactic 7: Provide a forum for Member Board attorneys to discuss and debate all issues related to mutual recognition.

- Member Board attorneys participated in the Mutual Recognition Summit to discuss issues specific to their role.
-

Outcome 5: Approaches and resources assist Member Boards in the regulation of advanced practice registered nurses (APRNs).

Tactic 1: Propose a compact for mutual recognition for APRNs that incorporates uniform core licensure requirements as a prerequisite.

- Work on this tactic is yet to be done.

Tactic 2: Evaluate regulatory sufficiency of national APRN certification programs.

- A Special Advanced Practice Task Force consisting of ten members was appointed to further explore the issues surrounding regulatory sufficiency of national APRN certification programs. The Task Force held its first meeting on May 3, 2000.

Tactic 3: Develop a plan to address regulation of CRNAs, CNMs and CNSs.

- This tactic will be addressed by the Special Advanced Practice Task Force.

Tactic 4: Conduct an APRN Roundtable.

- An APRN Roundtable was held in June 2000 and will be discussed at a Delegate Assembly Forum on August 10, 2000.

Outcome 6: Approaches and resources assist Member Boards in addressing issues related to assistive personnel.

Tactic 1: Continue providing the National Nurse Aide Assessment Program (NNAAP) and supporting resources.

- The annual contract evaluation meeting with Assessment Systems Inc. (ASI) was held in February, and the program continues to perform as expected.
- A program is being planned for fall 2000 to discuss issues of Consumer Directed Care and Nurse Delegation.

Strategic Initiative 4: Data and Databases. The National Council will provide information systems and data to facilitate regulatory decisions.

Outcome 1: Develop a comprehensive nurse database.

Tactic 1: Complete implementation of Phases I and II of the nurse licensee information system (Nursys).

- A pilot test involving seven Member Boards was completed in March 2000. Nursys training programs for fifty-one boards were offered in March and April for non-pilot Member Boards.
- The Phase II User Group developed the business requirements needed to support mutual recognition.
- The Nursys User Manual was completed and distributed.
- A system has been developed to convert the database from an MS/SQL system to Oracle.
- Phase II requirements have been received, and test case scenarios related to design and development of enhancements are being developed.

Tactic 2: Complete the transition of disciplinary information from the Disciplinary Data Bank (DDB) to Nursys.

- The design, development and conversion of the DDB to Nursys was completed.

Tactic 3: Develop and implement a plan which includes financial support to provide ongoing maintenance and continuous enhancements to Nursys.

- The consulting firm *Value Enhancement Strategies, Inc.*, was engaged to conduct a comprehensive evaluation of costs and processes of Nursys, and to propose alternative funding sources. A financial analysis of Nursys will be presented at the Finance Committee Forum on August 11, 2000.

Tactic 4: Evaluate and determine appropriate tools and techniques for Nursys data analysis.

- Work on this tactic is yet to be done.
-

Outcome 2: *The technical infrastructure is enhanced between and among Member Boards, National Council and service providers.*

Tactic 1: Enhance user support by developing and implementing processes, systems and educational opportunities that support the needs of the users.

- The distribution of new Member Board PCs was completed and provision of hardware/software support services continues.
 - A software trainer/Help Desk Coordinator was hired to provide education for National Council and Member Board staffs.
-

Tactic 2: Enhance productivity of Information Technology (IT) staff and upgrade technology to meet user needs, reduce response time and ensure network security by employing new technologies and techniques as they become stable and proven.

- All computer systems, telephony and all other technology-related equipment, components, communications, etc. were assured to be Y2K compliant. Upgrades were made to various servers, operating systems, database software and file backup systems as necessary, as well as to the telephone and voice-mail systems.
 - Construction to expand the computer room, telecommunications equipment room, replace the tele-data networking cable and to replace local area network (LAN) data communications equipment will be completed by the end of June 2000.
-

Tactic 3: Develop and implement a plan for optimal productivity and storage of network and computer infrastructure and resources.

- Development of a plan is underway that addresses the storage and management of all technology-related hardware, software and services.
-

Tactic 4: Review and update, where necessary, all computing and technology-related policies and procedures.

- Policies and procedures related to Nursys were designed and developed, including those needed to support mutual recognition.
-

Outcome 3: *Regulatory information is provided for Member Boards, other governmental entities, health care organizations, health care consumers, and others.*

Tactic 1: Streamline the processes of collecting data from Member Boards.

- This is one of the goals of the Commitment to Excellence project, which is in process.
-

Tactic 2: Develop a comprehensive and accessible database of nurse regulatory information (e.g., *Profiles of Member Boards, Advanced Practice Compendiums*) for use by all stakeholders.

- *Profiles of Member Boards* surveys are being revised with input from members and will be distributed in August. Methods to streamline data collection through the use of technology are presently being explored.
-

Tactic 3: Establish policies which guide the sharing of Nursys data.

- A comprehensive evaluation of all policy issues pertaining to Nursys is underway. Findings will be presented to the Board of Directors in July.
- *Nursys* operational procedures are in effect.

Tactic 4: Participate in federal government activities related to the development of credentialing and reporting systems (e.g., VetPro, NPDB, HIPDB).

- Over 28,000 cases of legacy discipline data coded within the parameters of the NPDB rules were submitted to HRSA.
- Systems and processes to collect and transmit on-going discipline data in compliance with HIPDB technical specifications are being developed.

Strategic Initiative 5: Congruence Between Education and Practice. The National Council will assist Member Boards to evaluate and implement their role with nursing education programs concerning congruence between graduate competence and the requirements of the practice environment.

Outcome 1: Research identifies employer expectations of entry-level nurses.

Tactic 1: Develop a new research ethos for incorporating employer expectations and changes in practice settings into job analysis studies.

- Employer expectations can be studied within the purview of the Commitment to Excellence Phase III work.

Outcome 2: Ongoing collaboration with representatives of nursing education, practice and regulation.

Tactic 1: Partner with key organizations to develop a plan for collaboration around issues of education, practice and regulation.

- Meetings were held with the leadership of the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN). The NCSBN President and Executive Director attended a meeting of the Tri-Council in February 2000.

Outcome 3: Develop a National Council position on the role of Member Boards in nursing education.

Tactic 1: Complete work on the Model Nursing Practice Act and Model Nursing Administrative Rules as they relate to the regulation of nursing education programs.

- The *Model Nursing Practice Act* and the *Model Nursing Administrative Rules* were reviewed by the Nursing Practice and Education Committee in May 2000. The committee recommended to the Board of Directors that dialogue with nursing education leaders and faculty continue to delineate education standards which should be incorporated into these documents.

Strategic Initiative 6: Organizational Capacity. The National Council will have the organizational structure and capacity to lead in regulation.

Outcome 1: A sound organizational governance and management infrastructure advances the National Council's mission and vision.

Tactic 1: Develop the National Council into a team-focused, highly efficient and effective organization with accountability for high quality programs and services.

- Restructuring of National Council programs and services has occurred to develop and maintain a highly efficient and effective organization.

Tactic 2: Maintain a system of governance for the National Council that facilitates leadership and decision-making.

- A number of committees have met and worked actively throughout the year: Commitment to Excellence Project Advisory Panel, Disciplinary Issues Task Force, Examination Committee, Examination Committee Item Review Subcommittee, Executive Officer Fellowship Program Advisory Group, Finance Committee, Nursing Practice and Education Committee, Phase II User Group (Nursys), and the Committee on Nominations.
- The Committee on nominations met on May 4-5, 2000 and prepared the slate of candidates to be presented to the 2000 Delegate Assembly.

Tactic 3: Continue Board Development initiatives designed to ensure a highly competent governance structure.

- The Board of Directors have engaged in programs of board development throughout the year.

Tactic 4: Manage the financial and physical assets of the organization with prudence and integrity.

- As part of National Council's affirmative action policy, an audit of women-owned and minority-owned businesses working as vendors to the National Council was completed and is available to Member Boards.
- A comprehensive assessment of National Council's finances and business practices is being conducted by the recently appointed Director of Finance.

Tactic 5: Develop programs to recruit and retain highly qualified staff.

- Recruitment activities have brought forth excellent slates of highly qualified candidates from which appointments to vacant positions have been made.

Tactic 6: Evaluate current benefits and compensation programs to ensure equity, competitive market position and compliance with labor laws.

- A report on CEO compensation was completed and provided to the Board of Directors and Member Boards.
- An employee benefits survey was conducted, to evaluate staff utilization, market trends, costs, and strategic advantages related to current National Council recruitment and retention programs. A benefits package has been implemented that allows the National Council to be market competitive and employee useful.

Tactic 7: Institute programs of leadership development for executive staff.

- An executive staff retreat was held in October 1999 and will occur as an annual event.

Tactic 8: Develop a communications plan for multiple key constituencies, including the public, with attention to content of information, quality and timeliness.

- A refocus of all communications processes to capitalize on available technology and to ensure timely, responsive outreach to the membership is being developed.

Tactic 9: Refine programs to respond to information needs of Member Boards in timely and creative ways.

- An e-mail group for Member Board presidents was established.
- See above.

Tactic 10: Manage the current Special Services Division (SSD) projects and complete a comprehensive evaluation of SSD for the 2000 Delegate Assembly.

- A comprehensive evaluation of the Special Services Division (SSD) was conducted and results presented to the Finance Committee and Board of Directors. The Board's recommendations were shared with Area Meeting attendees, and a complete report, including those recommendations, will be brought to the 2000 Delegate Assembly.

Tactic 11: Provide opportunities for Member Boards to act and counsel together and with other constituencies.

- A number of meetings for the membership were planned and conducted, including: Area Meetings; Regulatory Days; Mutual Recognition Summit; and the Executive Officer Forum. Plans are underway for the Annual Meeting, including educational sessions, and for an LPN/VN Forum, to be held August 7, 2000.

Tactic 12: Implement a committee process to review National Council bylaws and recommend changes to the 2000 Delegate Assembly.

- The Bylaws Audit group met to review the bylaws, the results of the Governance Survey and the response of Area Meeting attendees to that survey. As a result, the Board of Directors will recommend that the Delegate Assembly approve the creation of a Bylaws Committee to conduct a comprehensive review and identify potential revisions to the bylaws.

Outcome 2: The planning process promotes Member Board satisfaction with National Council products and services.

Tactic 1: Implement a continuous process of assessing Member Board needs and satisfaction with National Council programs and services.

- The Board of Directors conducted a governance survey in January.
- The President and Executive Director facilitated an open discussion of issues with attendees at Area Meetings.

Tactic 2: Reframe the strategic initiatives to ensure that they provide an organizational direction consistent with the mission, vision and external environment.

- A facilitated strategic planning session involving the Board of Directors and executive staff was held on May 31, 2000.
-

Outcome 3: Technology enhancement for regulatory activities.

Tactic 1: Develop a means to keep abreast of and integrate current technologies into various National Council services and programs.

- Work on this tactic is yet to be done.

**NATIONAL COUNCIL 2000 ANNUAL MEETING
CHARTING THE COURSE FOR NURSING REGULATION**

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Committees of the Delegate Assembly and National Council Board of Directors

An important way in which the Delegate Assembly and the Board of Directors accomplish the work of governing the National Council is through the work of committees. Committee members bring the expertise of practitioners of nursing regulation to the work of the National Council, and afford the governing bodies the opportunity to benefit from that expertise as they decide issues of strategy and policy.

There are three *standing* committees of the Delegate Assembly whose members are appointed by the Board of Directors:

- *Examination Committee*
- *Finance Committee*
- *Nursing Practice and Education Committee*

Annual reports of these committees are attached for your review, and each committee's work will be further delineated in a Delegate Assembly Forum.

The *Committee on Nominations* is elected by ballot of the Delegate Assembly at the Annual Meeting. This committee is required to present a qualified slate of candidates at the first session of the Delegate Assembly; voting occurs later in the week of the Annual Meeting. The Committee on Nominations met in Chicago on May 5, 2000, and the committee's report is attached.

In addition, the Board of Directors appoints *special* committees for a shorter duration as needed to accomplish the mission of the National Council. For the fiscal year 2000, committees are:

- *Bylaws Audit Group*
- *Commitment to Public Protection through Excellence in Nursing Regulation Advisory Group*
- *Disciplinary Issues Task Force*
- *Executive Officer Fellowship Program Advisory Group*
- *Special Advanced Practice Task Force*

Reports of the work of these committees follow.

Report of the Examination Committee

Examination Committee Members

Lynn Norman, MSN, RN, AL, Area III, *Chair*
 Christine Alichnie, PhD, RN, PA, Area IV
 Teresa Bello-Jones, MS, JD, RN, CA-VN, Area I
 Sheila Exstrom, PhD, RN, NE, Area II
 Rula Harb, MS, RN, MA, Area IV
 Carol McGuire, MS, RN, KY, Area III
 Carol Parsons Miller, MSN, RN, WV-PN, Area II
 Jackie Murphree, EdD, RN, AR, Area III
 Anita Ristau, MS, RN, VT, Area IV
 Lori Scheidt, AA, MO, Area II
 Orpha Swiger, LPN, WV-PN, Area II
 Jan Zubieni, MS, RN, CO, Area I

Item Review Subcommittee Members

JoAnn Allison, MSN, RN, NH, Area IV
 Charlene Carafelli, LPN, OH, Area II
 Jill Degregorio, MS, MA, RN, CPN, RI, Area IV
 Clair Doody-Glaviano, MN, RN, LA-PN, Area III
 Sandra MacKenzie, MS, RN, MN, Area II
 Mary Ellen O'Hurley, MS, RN, CT, Area IV
 Cynthia (Pat) Purvis, MS, RN, SC, Area III
 Donna Roddy, MSN, RN, TN, Area III
 Louise Shores, PhD, RN, OR, Area I
 Ann Shuman, MS, RN, CA-PN, Area I
 Alice Takahashi, MS, RN, CA-RN, Area I
 Calvina Thomas, PhD, RN, MO, Area II
 Charolette York, MO, Area II

Staff

Patricia Brown, MS, RN, CCRN, *NCLEX® Content Associate*
 Liz Farwell, MS, RN, *NCLEX® Item Development Coordinator*
 Susan Gawel, MS, *Statistician*
 Fay Green, *NCLEX® Administration Coordinator*
 Kristin Marines, *Testing Administrative Coordinator*
 Casey Marks, *Director of Testing*
 Kathy Potvin, *NCLEX® Administrative Assistant*
 Michael J. Tomaselli, *NCLEX® Administration Manager*
 Anne Wendt, PhD, RN, *NCLEX® Content Manager*

Relationship to Organization Plan

Strategic Initiative 1 Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Tactic 1 Continuously improve delivery of the high-quality NCLEX® examination

Recommendations to the Board of Directors

1. Adopt the proposed enhancements to the *NCLEX-RN® Test Plan (Attachment A)*.

Rationale

The Examination Committee reviewed and accepted *Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States*. (Hertz, Yocom, & Gawel, 2000), the quarterly trend analyses, and the RN replication study as the basis for recommending no changes in the structure or content distribution for the *NCLEX-RN® Test Plan*. The committee proposed enhancements that would improve readability and provide clarity to the *NCLEX-RN® Test Plan* document. Empirical evidence provided by the research department from job incumbents, the professional judgment of the Examination Committee, legal counsel, and feedback from the Member Boards and other stakeholders support the recommendations regarding the *NCLEX-RN® Test Plan (Attachment A)*.

Background

At its October 1999 meeting, the Examination Committee reviewed the results of the research report, *Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States* (Hertz, Yocom, & Gawel, 2000). Based on empirical data from the practice analysis study report, trend data from quarterly surveys of newly licensed nurses, data from the RN replication study, and the expert opinion of the Examination Committee, the committee recommended **no change** in the *NCLEX-RN® Test Plan* structure. However, the committee proposed some enhancements to the document that explicate the *NCLEX-RN® Test Plan* in order to provide clarity and enhance readability. These enhancements include:

- the addition of definitions for the integrated concepts and processes and for each of the four Client Needs categories
- clarification of some areas of the document (includes the addition or deletion of bulleted content)
- a section on administration of the *NCLEX-RN®* examination

The draft revised *NCLEX-RN® Test Plan* was sent to all Member Boards in November 1999 for feedback on the proposed enhancements. Feedback was also gathered from the Area Meetings and the RN Practice Analysis Panel of Experts. During its April 2000 business meeting, the Examination Committee considered all input, and a final draft of the enhanced *NCLEX-RN® Test Plan* was developed.

After consulting with legal counsel, the committee determined that the enhanced document should be available in the fall of 2000 with an implementation date of April 2001 in conjunction with the regularly scheduled pool rotation. This proposed timeline enables the National Council, Member Boards and Chauncey to effectively plan for and communicate the *NCLEX-RN® Test Plan* enhancements to all appropriate individuals and agencies, and allows a Panel of Judges to use the *2001 NCLEX-RN® Test Plan* in its criterion-referenced standard setting process scheduled for September 22-24, 2000. Any changes in the RN examination passing standard set by the Board of Directors would then be employed coincident with the implementation of the *2001 NCLEX-RN® Test Plan*. The proposed timeline would allow information about any changes to the RN passing standard to be communicated to all relevant individuals and agencies.

Background

The Examination Committee, together with the Item Review Subcommittee, represents over one third of the National Council's member boards of nursing. The Examination Committee's charge is to provide a "state of the art" entry-level nurse licensure assessment. In order to do this, the committee has monitored and maintained the current *NCLEX®* examination to ensure that it meets the high standards of the testing and measurement industry, investigated future enhancements to the *NCLEX®* examination, and monitored all aspects of examination administration. In addition, the committee oversees the activities of the Item Review Subcommittee, which assists in the item development and review process. All of these activities continue to produce a psychometrically sound and legally defensible examination. The highlights of the Examination Committee and Item Review Subcommittee's activities are listed below:

Highlights of Activities

Monitored All Aspects of Examination Development

■ **Developed and Monitored NCLEX® Examination Policies and Procedures**

The committee evaluated the efficacy of all Board of Directors-approved examination-related policies and procedures, as well as the Examination Committee's policies and procedures. Revisions were made in pertinent procedures to reflect processes changed and refined during the sixth year of NCLEX® examinations being administered via computerized adaptive testing.

■ **Conducted Committee Item Review Sessions**

In the interest of maintaining consistency in the manner in which NCLEX examination items are reviewed before becoming operational, the committee: 1) reviewed new items only after the items had been pretested with accompanying statistics, 2) recommended that at least two Examination Committee members lead each Item Review Subcommittee meeting, and 3) made the final decisions addressing revisions to coding, Operational Definitions, Detailed Test Plans, and Guidelines for Currency Review. Under the direction of the Examination Committee, 1) RN and PN pretest questions were reviewed (see chart next page) and 2) Master Pool review groups for both the NCLEX-RN® and NCLEX-PN® examinations reviewed Master Pool items. In addition, the Item Review Subcommittee reviewed real examinations for face validity and provided a detailed report to the Examination Committee. The Item Review Subcommittee's assistance continues to reduce the heavy item review workload, facilitating the efforts of the Examination Committee in the item review process.

■ **Examination Committee Item Review Subcommittee Sessions**

Between April 1, 1999 and March 31, 2000, there were five Item Review Subcommittee meetings. Three of the meetings were to review pretest items, two of the meetings were to review Master Pool items. Of the 1,013 NCLEX-RN® pretest items which met statistical criteria and were reviewed by the committee, 988 (98%) were approved. Of the 1,013 NCLEX-PN® pretest item which met statistical criteria and were reviewed by the committee, 973 (96%) were approved for inclusion in the Item Pools. Of the 1,789 NCLEX-RN® master pool items that were reviewed by the committee, 1,642 (92%) were approved for continued use. Of the 1,750 NCLEX-PN® master pool items reviewed by the committee, 1,648 (94%) were approved for continued use.

■ **Monitored Item Production**

The Examination Committee has been emphasizing to the test service the importance of writing items that address the higher levels of higher cognitive processing such as application and analysis and an increase in those items has resulted. The Chauncey Group's contractual item production schedule has been accomplished for the current fiscal year and the plan to meet the contractual goal of having three operational item pools is progressing. The Committee continues to investigate how to best utilize a third item pool.

■ **Evaluated Item Development Process and Progress**

The committee evaluated Chauncey-conducted Item Writing and Item Review sessions. Committee representatives attended and monitored the item development sessions whenever possible in order to provide feedback to the committee and to Chauncey.

RN ITEM DEVELOPMENT PRODUCTIVITY COMPARISON

Year	Writing Sessions	Item Writers	Items Produced	Review Sessions	Items Reviewed	Items Approved	Survival Rate
April 95 - March 96	6	74	1,791	6	1,523	1,355	89%
April 96 - March 97	10	134	3,815	11	3,225	2,952	92%
April 97 - March 98	8	90	2,929	11	3,326	3,252	97.7%
April 98 - March 99	5	73	2060	4	1414	1378	97.4%
April 99 - March 00	3	47	1289	6	1834	1787	97.4%

LPN/VN ITEM DEVELOPMENT PRODUCTIVITY COMPARISON

Year	Writing Sessions	Item Writers	Items Produced	Review Sessions	Items Reviewed	Items Approved	Survival Rate
April 95 - March 96	6	52	1,564	5	1,112	1,026	92%
April 96 - March 97	8	92	2,503	8	2,417	2,001	83%
April 97 - March 98	7	83	2,362	7	2,439	2,419	99%
April 98 - March 99	4	56	1636	5	1520	1499	98.6%
April 99 - March 00	4	56	2125	4	1180	1152	97.6%

■ Revised Detailed Test Plan for the NCLEX-RN® Examination

The Examination Committee has begun development of a comprehensive *NCLEX-RN® Detailed Test Plan* document (and in the future—*NCLEX-PN® Detailed Test Plan*). The effective date of the revised *NCLEX-RN® Detailed Test Plan* would be scheduled to coincide with the implementation of the *2001 NCLEX-RN® Test Plan*, as adopted by the Delegate Assembly. The committee has focused efforts on making these two documents analogous, thereby facilitating the item development process and assisting candidates in preparing for the NCLEX® examination.

■ Responded to Member Board Inquiries Regarding the NCLEX® Examination

As part of its activities, the committee responded to Member Boards' questions and concerns regarding NCLEX examination items and simulated examinations, particularly by conducting reviews of RN and PN items that were designated by Member Boards as inconsistent with jurisdiction statutes and/or not reflective of entry-level practice. Between April 1, 1999 and March 31, 2000, the Examination Committee reviewed 29 NCLEX-RN® examination items that were submitted by Member Boards. 24 of these items were retained for future use. There were 22 NCLEX-PN® examination items submitted for review, 12 of these items were retained for future use.

■ Reviewed RN Practice Analysis Updates

At each scheduled meeting, the Examination Committee received updates from the research department on the quarterly trend analyses studies (previously known as the quarterly mini-job analyses) and provided feedback to the Research Department. A three-member workgroup from the Examination Committee collaborated with the research department on the current PN practice analysis (previously known as job analysis) study. The workgroup provided the research department with recommendations.

■ Monitored the Development of Operational Item Pools

The committee monitored the process for the annual configuration and implementation of two parallel RN and PN item pools. To inform the configuration and creation of item pools, the committee selected variables from the RN and PN test plans and the NCLEX Item Coding and Tracking database (NICT). In addition, criteria that could be used for sculpting (the process by which an operational pool is assembled for efficient CAT performance; pools are sculpted every six months) the item pools were identified and weighted for pool sculpting. The committee reviewed pool configuration and face validity reports in order to monitor the pool configuration and sculpting process.

The committee determined that both the RN and PN pools should continue to be rotated semi-annually from April 2000 through March 2001, as they were during the previous years of CAT administration of the NCLEX® examination.

■ **NCLEX® Program Reports**

NCLEX® program reports were successfully transitioned from the Chauncey Group international to National Computer Systems, Inc. (NCS) during FY2000. In May 2000, the first NCS produced NCLEX® Program reports were successfully distributed to subscribing nursing education programs.

Investigated Enhancements for Future NCLEX® examinations

■ **“Next Generation” NCLEX® examination**

During FY99, the Examination Committee developed a plan for addressing the organizational tactic concerning “the next generation NCLEX® examination.” As part of the plan, 20 RN and 20 PN innovative items types (e.g., numeric entry, free-text entry), similar to those previewed at the 1999 Delegate Assembly, were developed for use in a pilot study with some boards of nursing that have volunteered to participate. The scheduled completion date (FY00) for the pilot study was delayed for a variety of reasons expressed by Chauncey staff. Because work on this project is part of the Joint Research Committee agenda and not contractually stipulated, it has priority well behind normal NCLEX operations. Consequently, the committee developed a revised project timeline. To date, the items are undergoing software authoring by Chauncey staff. Implementation of the pilot study will commence upon completion of the authoring process.

Monitored all Aspects of Examination Administration

■ **Implementation of MBOS-Web (WeBOS) based system**

On April 25th, 2000, Chauncey released version 1.14 of WeBOS to the Advisory Group, identifying the items from the list of open issues that have been implemented and to announce that WeBOS is operating on a dedicated server. On May 5, 2000, version 1.15 of WeBOS was implemented to speed up the log-on procedure. The Advisory Group and National Council are in the process of assessing the latest updates to identify whether further development of this project will be of benefit to the Member Boards in the future. A decision on the acceptance of WeBOS to replace the current version of MBOS will be brought to the Board of Directors prior to the end of the current fiscal year.

■ **Monitored Procedures for Candidate Tracking; Candidate Matching Algorithm**

The Examination Committee continued to monitor the status and effectiveness of the candidate matching algorithm. Chauncey conducts a weekly scan of the database, using additional matching criteria, to detect records received during the past week that appear to match a previously received record, yet did not combine during initial processing. Staff resolves all suspect cases. In addition, an annual full database scan was conducted in April 2000. The annual scan detected twenty-two instances of duplicated records (e.g. records for the same person who tested more than once and who was treated by the system as two separate individuals). In 14 instances, the candidate succeeded in passing the examination after a prior failure. In no case, however, was the 91-day rule violated. Chauncey examines the reasons for records failing to cumulate. In each case identified, the cause was related to the accuracy and completeness of the data provided. The scan results serve as a reminder of the importance of each board of nursing carefully checking candidate records for accuracy at the time of eligibility declaration. Cumulated records are required in order to properly enforce the waiting period between examinations and to provide blocking files of previously seen items.

■ **Monitored the Security of the NCLEX® examination Administrations and Item Pools**

The Examination Committee also monitors investigations of potential security incidents, review final reports from the ETS Office of Test Security and make determinations and recommendations as to the security of the NCLEX® examination administrations and item pools. Although potential security incidents occurred during the past year, no incident was determined to compromise the NCLEX® examination item pools.

■ **Compliance with the 30/45 Day Scheduling Rule**

The Examination Committee, Board of Directors and National Council staff monitor compliance with the 30/45 day scheduling rule. From May 1999 through April 2000, 122 candidates were unable to be offered an appointment within the compliant period. In early May 1999, Prometric began using the 'Blocks Available' report as it provides more specific and accurate information on a site by site basis than the utilization report used previously to help in determining 30/45 compliance. Centers with less than ten time blocks available during a given week are reported to the National Council on a weekly basis. In addition, when centers are operating close to capacity, Prometric contacts center staff to open additional hours or days, if at all possible.

Other Strategic Initiatives

■ **Global Characteristics of Entry-level Nurses**

The Examination Committee investigated characteristics of entry-level nurses that are important to assess from a regulatory perspective. Survey data has been collected from Member Boards and other licensure and certification organizations. See Attachment B for the Examination Committee's final report on Global Characteristics of Entry-Level Nurses.

■ **Review of English Proficiency Examinations**

Resulting from resolutions passed at the 1999 Annual Meeting, the Examination Committee was charged with the following tactics:

- 1) Determine feasibility of developing legally defensible cut-scores for English proficiency examinations.
- 2) Explore opportunities for development of an English proficiency examination for minimal practice competencies.

To accomplish these objectives National Council contacted The Commission on Graduates of Foreign Nursing Schools (CGFNS) with the intention of partnering on a research study. During discussions it was discovered, however, that CGFNS has done, and is currently doing, research that answers the questions posed by these motions. With the approval of the Delegates who submitted the motion, National Council has invited CGFNS and The Chauncey Group International to present their research on these topics at the 2000 Delegate Assembly during the Examination Committee forum.

■ **Comparing the Canadian Nurses Association CRNE and the NCLEX-RN® examinations**

National Council staff has been working in coordination with staff from Assessment Systems Inc. (ASI), the testing division of the Canadian Nurses Association, on a comparison of the American and Canadian national, entry-level, nurse licensure examinations. To date, relevant comparison variables have been identified and a resulting information matrix has been completed. Currently, National Council and ASI staffs are completing a summary report of similarities and differences between the examinations. The completion of the summary report will signify the end of Phase I of the project.

Phase II of the project is conceptualized as a face-to-face meeting between American and Canadian nursing content experts designed to go beyond the printed language of the respective American and Canadian Practice Analyses and Test Plans to find "true" similarities and differences between the content of the respective licensure examinations. This meeting is planned to take place in Ottawa, Canada on June 28-29th of this year with both National Council staff and Examination Committee members slated to participate. A final report encompassing both Phase I and II results will be ready for their respective governing boards prior to the end of the current calendar year.

Future Activities

- In FY2001 the committee will review the results of the 2000 PN Practice Analysis study and evaluate the NCLEX-PN® Test Plan.
- The committee will continue its collaboration with the research department in regard to the RN and PN quarterly trend analyses.
- The committee will produce a final report comparing the Canadian Nurses Association CRNE and the NCLEX-RN® examinations. Additionally they will begin work on comparing the NCLEX-PN® examination with the Canadian equivalent, pending approval from the CNA governing board.
- In FY 2001 the Examination Committee will bring forward information to assist the Board of Directors in their evaluation of the NCLEX-RN® passing standard.
- A mouse interface and optional drop-down calculator will be implemented for the NCLEX® examinations with an item pool rotation not before April 1, 2001.
- Committee will continue to investigate the current operational pool rotation and in FY 2001, report on the need and feasibility for a third operational item pool rotation.
- In FY 2001 Committee will report on the results of innovative items types pilot study.

Meeting Dates

- October 27-29, 1999 (*Business Meeting*)
- November 13-14, 1999 (*Item Review Subcommittee*)
- November 29, 1999 (*Conference Call*)
- December 1-5, 1999 (*Item Review Subcommittee*)
- January 25-26, 2000 (*Business Meeting*)
- February 18, 2000 (*Conference Call*)
- February 28-March 3, 2000 (*Item Review Subcommittee*)
- April 25-26, 2000 (*Business Meeting*)
- May 11, 2000 (*Conference Call*)
- June 20-23, 2000 (*Item Review Subcommittee*)
- July 17-21, 2000 (*Item Review Subcommittee*)
- July 31, 2000 (*Conference Call*)

Recommendations to the Board of Directors

1. Adopt the proposed enhancements to the *NCLEX-RN® Test Plan* (Attachment A).

Attachments

- A..... Proposed Enhancements to the *NCLEX-RN® Test Plan*
 B..... Report of the Examination Committee on Global Characteristics of Entry-Level Nurses
 C..... Annual Report of The Chauncey Group International and Sylvan Prometric.

Attachment A**NCLEX-RN® Test Plan****TEST PLAN FOR THE
NATIONAL COUNCIL LICENSURE EXAMINATION FOR
REGISTERED NURSES (NCLEX-RN® EXAMINATION)****INTRODUCTION**

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires a candidate for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. The National Council of State Boards of Nursing, Inc. develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN® examination), which is used by state and territorial boards of nursing to assist in making licensure decisions.

The initial step in developing the NCLEX-RN® examination is the preparation of a test plan to guide the selection of content and behaviors to be tested. In this plan, provision is made for an examination reflecting entry-level nursing practice as identified in *Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States*. (Hertz, Yocom, & Gawel, 2000). The activities identified in this study were analyzed in relation to the frequency of their performance, their impact on maintaining client safety, and the settings where performed. This analysis guided the development of a framework for entry-level nurse performance that incorporates specific client needs, concepts and processes fundamental to the practice of nursing.

The *NCLEX-RN® Test Plan* derived from this framework provides a concise summary of the content and scope of the examination. The test plan also serves as a guide for both examination development and candidate preparation. Based on the *NCLEX-RN® Test Plan*, each unique NCLEX-RN® examination reflects the knowledge, skills and abilities essential for the nurse to meet the needs of clients requiring the promotion, maintenance and restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, the cognitive abilities that will be tested in the examination and the specific components of the *NCLEX-RN® Test Plan*.

BELIEFS

Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan*. People are viewed as finite beings with varying capacities to function in society. They are unique individuals defining their own systems of daily living which reflect values, motives and lifestyles. Additionally, they are viewed as having the right to make decisions regarding their health care needs and participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individuals or groups of individuals) in any setting to achieve an optimal state of health.

Nursing is both an art and a science, which integrates concepts from the liberal arts and the biological, psychological and social sciences. The nature of nursing is dynamic and evolving. The goal of nursing in any setting is to promote health and to assist individuals throughout their life span to attain an optimal level of functioning by responding to the needs, conditions or events that result from actual or potential health problems (American Nurses Association, 1995).

The registered nurse assesses and analyzes the health needs and/or problems of clients, plans and implements appropriate actions based on nursing diagnoses or identified client needs, and evaluates the extent to which expected outcomes are achieved. Nurses assist clients in the promotion of health, assist clients to cope with health problems and maintain life, help clients adapt to and/or recover from the effects of disease or injury, and support every client's right to a dignified death.

LEVELS OF COGNITIVE ABILITY

The examination consists of questions (or items) written at the cognitive levels of knowledge, comprehension, application and analysis (Bloom, et al., 1956). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of the questions in the examination are written at the application and/or analysis level of cognitive ability, which requires more complex thought processing.

TEST PLAN STRUCTURE

The framework of Client Needs was selected for the NCLEX-RN® examination because it provides a universal structure for defining nursing actions and competencies across all settings for all clients.

CLIENT NEEDS

Four major categories of Client Needs organize the content of the *NCLEX-RN® Test Plan*. These four categories are further divided into ten subcategories that define the content contained within each of the four major Client Needs categories. These categories and subcategories are:

- A. Safe, Effective Care Environment**
 - 1. Management of Care
 - 2. Safety and Infection Control
- B. Health Promotion And Maintenance**
 - 3. Growth and Development Through the Life Span
 - 4. Prevention and Early Detection of Disease
- C. Psychosocial Integrity**
 - 5. Coping and Adaptation
 - 6. Psychosocial Adaptation
- D. Physiological Integrity**
 - 7. Basic Care and Comfort
 - 8. Pharmacological and Parenteral Therapies
 - 9. Reduction of Risk Potential
 - 10. Physiological Adaptation

INTEGRATED CONCEPTS AND PROCESSES

The following concepts and processes fundamental to the practice of nursing are integrated throughout the four major categories of Client Needs:

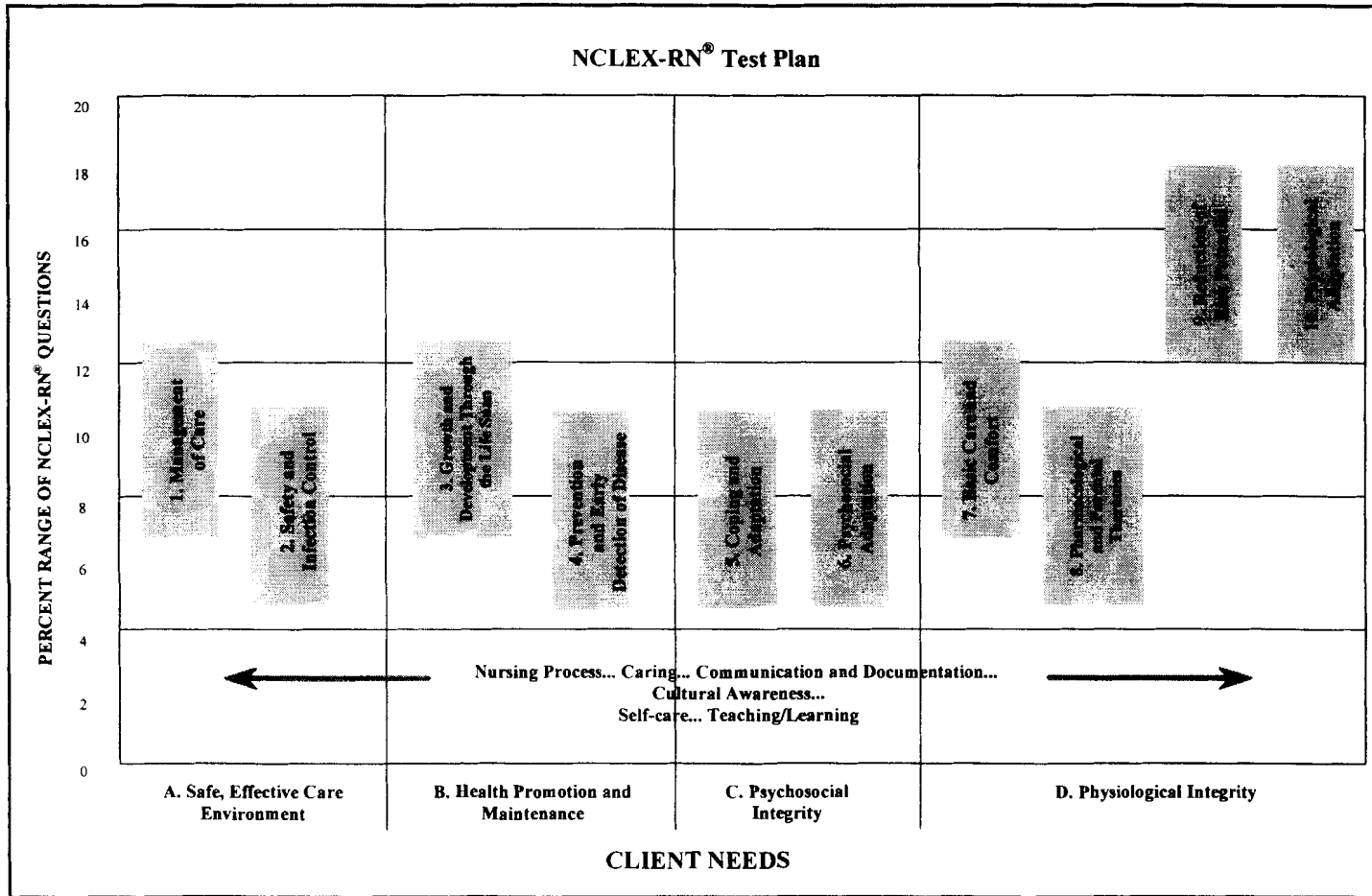
- Nursing Process – a scientific problem-solving approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- Caring – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides hope, support and compassion to help achieve desired outcomes.
- Communication and Documentation – verbal and/or nonverbal interactions between the nurse and client, significant others and members of the health care team. Events and activities associated with client care are validated through a written or electronic record that reflects quality and accountability in the provision of care.
- Cultural Awareness – the knowledge of and sensitivity to the beliefs and values of the client and nurse, and the impact of diversity on the health care experience.
- Self Care – the practice of assisting clients of various abilities to meet their own health care needs, including maintenance of health and/or restoration of function.
- Teaching/Learning – facilitating the acquisition of knowledge, skills and attitudes that leads to a change in behavior

DISTRIBUTION OF CONTENT

The percentage of test questions assigned to each Client Needs subcategory in the *NCLEX-RN® Test Plan* is based on the results of *Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States*. (Hertz, Yocom, & Gawel, 2000) and expert judgment provided by members of the National Council's Examination Committee and the 1999 Practice Analysis Panel of Experts.

CATEGORIES	PERCENTAGE OF TEST QUESTIONS
A. Safe, Effective Care Environment	
1. Management of Care	7-13%
2. Safety and Infection Control	5-11%
B. Health Promotion And Maintenance	
3. Growth and Development Through the Life Span	7-13%
4. Prevention and Early Detection of Disease	5-11%
C. Psychosocial Integrity	
5. Coping and Adaptation	5-11%
6. Psychosocial Adaptation	5-11%
D. Physiological Integrity	
7. Basic Care and Comfort	7-13%
8. Pharmacological and Parenteral Therapies	5-11%
9. Reduction of Risk Potential	12-18%
10. Physiological Adaptation	12-18%

DISTRIBUTION OF CONTENT FOR THE NCLEX-RN® TEST PLAN



OVERVIEW OF CONTENT

All content categories and subcategories reflect client needs across the life span in a variety of settings.

A. Safe, Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

1. *Management of Care* – providing integrated, cost-effective care to clients by coordinating, supervising and/or collaborating with members of the multi-disciplinary health care team.

Related content includes but is **not limited to**:

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| ■ Advance Directives | ■ Establishing Priorities |
| ■ Advocacy | ■ Ethical Practice |
| ■ Case Management | ■ Incident/Irregular Occurrence/
Variance Reports |
| ■ Client Rights | ■ Informed Consent |
| ■ Concepts of Management | ■ Legal Responsibilities |
| ■ Confidentiality | ■ Organ Donation |
| ■ Consultation with Members of the
Health Care Team | ■ Referrals |
| ■ Continuity of Care | ■ Resource Management |
| ■ Continuous Quality Improvement | ■ Supervision |
| ■ Delegation | |

2. *Safety and Infection Control* - protecting clients and health care personnel from environmental hazards.

Related content includes but is **not limited to**:

- | | |
|-----------------------------------------------|-------------------------------------------------|
| ■ Accident Prevention | ■ Medical and Surgical Asepsis |
| ■ Disaster Planning | ■ Standard (Universal) and
Other Precautions |
| ■ Error Prevention | ■ Use of Restraints |
| ■ Handling Hazardous and Infectious Materials | |

B. Health Promotion and Maintenance

The nurse provides and directs nursing care that incorporates the knowledge of expected growth and development principles, and the prevention and/or early detection of health problems.

3. *Growth and Development Through the Life Span* – assisting the client and significant others through the normal expected stages of growth and development from conception through advanced old age.

Related content includes but is **not limited to**:

- | | |
|----------------------------------------|-------------------|
| ■ Aging Process | ■ Family Planning |
| ■ Ante/Intra/Postpartum and Newborn | ■ Family Systems |
| ■ Developmental Stages and Transitions | ■ Human Sexuality |
| ■ Expected Body Image Changes | |

4. *Prevention and/or Early Detection of Health Problems* - assisting clients to recognize alterations in health and to develop health practices that promote and support wellness.

Related content includes but is **not limited to**:

- Disease Prevention
- Health and Wellness
- Health Promotion Programs
- Health Screening
- Immunizations
- Lifestyle Choices
- Techniques of Physical Assessment

C. Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and significant others.

5. *Coping and Adaptation* - promoting the client's and/or significant others ability to cope, adapt and/or problem solve situations related to illnesses, disabilities or stressful events.

Related content includes but is **not limited to**:

- Coping Mechanisms
- End of Life
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Interactions
- Unexpected Body Image Changes

6. *Psychosocial Adaptation* - managing and providing care for clients with acute or chronic mental illnesses, as well as maladaptive behaviors.

Related content includes but is **not limited to**:

- Behavioral Interventions
- Chemical Dependency
- Child Abuse/Neglect
- Crisis Intervention
- Domestic Violence
- Elder Abuse/Neglect
- Psychopathology
- Sexual Abuse
- Therapeutic Milieu

D. Physiological Integrity

The nurse promotes physical health and well-being by providing care and comfort, reducing client risk potential and managing the client's health alterations.

7. *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily living.

Related content includes but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Non-pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

8. *Pharmacological and Parenteral Therapies* - managing and providing care related to the administration of medications and parenteral therapies.

Related content includes but is **not limited to**:

- | | |
|-------------------------------------|-----------------------------------|
| ■ Adverse Effects/Contraindications | ■ Parenteral Fluids |
| ■ Blood and Blood Products | ■ Pharmacological Actions |
| ■ Central Venous Access Devices | ■ Pharmacological Agents |
| ■ Chemotherapy | ■ Pharmacological Interactions |
| ■ Expected Effects | ■ Pharmacological Pain Management |
| ■ Intravenous Therapy | ■ Side Effects |
| ■ Medication Administration | ■ Total Parenteral Nutrition |

9. *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

Related content includes but is **not limited to**:

- | | |
|---------------------------------------------|-----------------------------------------------------------------------------------------------|
| ■ Diagnostic Tests | ■ Potential for Complications of Diagnostic Tests, Procedures, Surgery and Health Alterations |
| ■ Laboratory Values | |
| ■ Pathophysiology | ■ Therapeutic Procedures |
| ■ Potential for Alterations in Body Systems | |

10. *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life threatening physical health conditions.

Related content includes but is **not limited to**:

- | | |
|------------------------------------|------------------------------------|
| ■ Alterations in Body Systems | ■ Pathophysiology |
| ■ Fluid and Electrolyte Imbalances | ■ Radiation Therapy |
| ■ Hemodynamics | ■ Respiratory Care |
| ■ Infectious Diseases | ■ Unexpected Response to Therapies |
| ■ Medical Emergencies | |

ADMINISTRATION OF THE NCLEX-RN® EXAMINATION

The NCLEX-RN® examination is administered via computer using computerized adaptive testing (CAT). CAT is a method for administering tests that uses current computer technology and measurement theory. Following an extensive review process, each examination question (item) is pretested. Those questions that have met pre-established criteria may be used in the examination.

With CAT, each candidate's test is unique: it is assembled interactively as the individual is tested. The test questions, which are stored in a large item pool, are classified by test plan area and level of difficulty. As the candidate answers each question, the computer calculates a competence estimate based on all earlier answers. A question determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen. The process is repeated for each question, creating an examination tailored to the individual's knowledge and skills while fulfilling all NCLEX test plan requirements. The examination continues in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 questions. The maximum number of questions that a registered nurse candidate may answer is 265 during a five-hour maximum testing period. The maximum five-hour time limit to complete the examination includes the tutorial interface, sample questions and all rest breaks.

More information about the NCLEX® examination, including CAT methodology, is on National Council's World Wide Web site: <http://www.ncsbn.org>.

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Attachment B

Report of the Examination Committee on Global Characteristics of Entry-Level Nurses

Strategic Initiative 1: Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Tactic 4: Complete report on Global Characteristics of entry-level nurses and develop a recommendation concerning future assessment.

Background

Beginning in Fiscal Year 1999, National Council staff and the Examination Committee began collecting data from a variety of sources (committees, Area Meeting attendees, Member Boards via survey, and entry-level nurses via survey) regarding global characteristics of entry-level nurses that are important to assess from a regulatory perspective. After compiling a comprehensive three-page list of global characteristics, the Examination Committee analyzed and categorized the characteristics within the eleven attributes illustrated in Table 1. A follow-up survey listing these 11 attributes was sent to Member Boards asking them to rank order the 5 most important attributes for entry-level RNs and LPN/VNs. The rank ordering of the attributes illustrated in Table 2 reveals that the five most frequently listed attributes are: critical thinking, application of knowledge to practice, competence in performing clinical skills, ethical/moral standards, and effective communication skills. Career commitment was not selected by any of the 38 responding Member Boards.

The Examination Committee reviewed the results of this second survey and determined that the NCLEX[®] examinations are actively measuring the five highly ranked characteristics as well as aspects of many of the six other characteristics. For example, the NCLEX[®] examination measures critical thinking, application of knowledge, ethical/moral nursing standards, communication skills, caring, clinical competencies, leadership/management, cultural awareness, nursing jurisprudence, and health promotion. However, the committee noted that the current examinations do not include measurement of **behaviors** and there are behavioral components to some of the characteristics that nursing regulators believe are important to assess, e.g., psychomotor skills and ethical behaviors.

As a result, National Council staff surveyed organizations in the medical, nursing, dental, pharmacy, and other health related fields to obtain information regarding the testing of psychomotor skills and/or of ethics within other national examinations. Overall, 10 organizations administering 13 professional licensure examinations and 53 organizations administering 152 certification examinations were surveyed.

Information was obtained from 100% (10) of the organizations awarding licenses and 77% (41) from those awarding certifications. The results of this survey revealed that six (54%) of the licensure examinations currently test ethics in their examinations, while only three (23%) have a psychomotor component. Of the certification examinations, 30% (45) of these tests for ethics and 26%, or 39 examinations, have a practical component. It should be noted that examinations that test for ethics do so through multiple choice based questions, and do not test for ethical behavior. Psychomotor skills are most likely demonstrated for a team of independent raters using simulated case histories. It should also be noted that the licensure examinations that do contain a psychomotor component operate with a significantly decreased candidate volume and testing availability as compared to the current operating specifications of the NCLEX[®] examinations.

Recommendation

The Examination Committee will continue to monitor global characteristics of entry-level nurses as part of its strategic initiative to continuously improve delivery of the high-quality NCLEX® examination. Additionally, the Examination Committee recommends that any future research agenda designed to investigate global characteristics of entry-level nurses be informed by and build on this research. It cannot be recommended, at this time, that the National Council pursue feasibility studies on the assessment of behaviors for the NCLEX® examinations.

Rationale

Based on survey results and expert opinion, the Examination Committee has determined that the NCLEX-RN® and NCLEX-PN® examinations are actively measuring most of the global characteristics of the entry-level nurse that nursing regulators consider important to assess. The examinations, however, do not include measurement of behaviors and there are behavioral components to two of the identified characteristics (psychomotor skills and ethical behaviors). These two global characteristics are problematic in that they are extremely costly and difficult to measure. For these reasons the Examination Committee believes that a potentially costly feasibility study would not be prudent at this time for either one or both of these global characteristics.

Future Activities

The Examination Committee will continue to monitor the field licensure and certification testing through environmental scans, and provide reports to the Board of Directors on advancements in the field.

Fiscal Impact

None.

ATTACHMENT C

Annual Report of The Chauncey Group International and Prometric, A division of Thomson Learning

Test Development Activities

■ Item Writing Workshops

For the NCLEX-RN® examination, there were three item writing workshops held between April 1, 1999 and March 31, 2000. A total of 47 item writers, representing all four major practice areas, developed 1,289 items. For the NCLEX-PN® examination, four sessions were held with a total of 56 item writers producing 2,125 items.

Members of the Chauncey test development staff conducted the sessions. Item writers represented all four National Council geographic regions at each workshop. Members (or their designees) of the National Council Examination Committee and National Council staff also audited several of the workshops.

■ Item Review Workshops

The six NCLEX-RN® Item Review Panels that met between April 1, 1999 and March 31, 2000 approved 1,787 (97.4%) of the 1,834 items reviewed, while the four NCLEX-PN® Item Review Panels that met between April 1, 1999 and March 31, 2000 approved 1,152 (97.6%) of the 1,180 items reviewed. All of the meetings were held in Princeton. Each Item Review Panel generally consisted of participants who represented each of the four National Council geographic areas. Examination Committee members (or their designees) and National Council staff also audited these meetings. There were 2 NCLEX-PN® and 2 NCLEX-RN® master pool review sessions held between April 1, 1999 and March 30, 2000. There were 1,724 items reviewed at the RN sessions and 1,689 items reviewed at the PN sessions.

■ Item Review by the Examination Committee (or designees)

We have continued to be successful in targeting those items to meet test plan and difficulty requirements. Between April 1999 and March 2000, there were 1,936 NCLEX-RN® items and 1,587 NCLEX-PN® items pretested. Between June 1999 and December 1999, the Examination Committee approved 988 (97.5%) of 1,013 NCLEX-RN® pretest items reviewed and 973 (96%) of 1,013 NCLEX-PN® pretest items reviewed for inclusion in a future operational pool. At the July 1999 Item Review Subcommittee meeting, the Committee reviewed master pool items for currency. The Committee approved a total of 692 (91.6%) of 755 NCLEX-RN® items reviewed and 712 (92.7%) of 768 NCLEX-PN® items reviewed for continued use in the operational pools. At the February 2000 meeting, the Item Review Subcommittee approved 950 (91.8%) of 1,034 NCLEX-RN® master pool items and 936 (95.3%) of 982 NCLEX-PN® master pool items. At the December 1999 meeting, the Item Review Subcommittee reviewed real examinations from the April 1999 operational pool for face validity.

■ Construction of 2000 Operational Pools

Prior to configuring the April 2000 item pools, a master pool of available items was evaluated. For the NCLEX-RN® examination, the master pool consists of approximately 8,251 total items, an increase of 574 items from the previous year. For the NCLEX-PN® examination, the master pool consists of approximately 6,467 total items, an increase of 534 items from the previous year.

■ Face Validity Reviews

The Chauncey test development staff routinely review actual and simulated examinations based on criteria established by the Examination Committee. In addition to reviewing test specification criteria, Chauncey staff reviews these examinations for additional criteria, including cognitive level,

documentation, cultural awareness, geriatrics, emergency procedures and the nursing process. The review also includes the identification of items based on similar content within an actual or simulated examination.

The actual and simulated candidate examinations reviewed for face validity are generated at five levels: low ability; moderately low ability; borderline (pass/fail) ability; moderately high ability, and high ability.

The face validity review of the simulated and actual examinations for the April and October 1999 operational pools indicated that there was some overlap of content areas, which is most apparent in the longer examinations. Items deemed to be similar are noted for future inclusion in separate pools.

■ **Sensitivity Reviews**

In-house sensitivity reviews are required for all tests generated at Chauncey. The reviews are based on item-level and test-level concerns and are conducted by trained individuals drawn from across non-NCLEX® examination Chauncey staff. Using guidelines reviewed by the Examination Committee, the new items for the NCLEX® examination item pools undergo a sensitivity review as they are processed during item development.

To address test-level concerns such as gender balance and position of items, sensitivity reviews are done on a selection of the simulated examinations generated for the respective operational pools. The review of the April 1999 and October 1999 operational pools indicated that the pools are generally in accordance with ETS sensitivity guidelines, which Chauncey uses.

■ **NCLEX® examination Differential Item Functioning (DIF) Review Panel Meetings**

The NCLEX® examination DIF Review Panel consists of five members, of which there is at least one male, one representative of three of the ethnic focal groups of NCLEX® examination test takers, one individual with a general linguistic background and one individual who is currently a licensed registered nurse.

DIF statistics are computed comparing the performance of males with females and of Whites with other ethnic/focal groups: Blacks, Hispanics, Asian Indians, Native Americans, and Pacific Islanders. Items containing moderate to large DIF are reviewed at a DIF Panel Meeting. There were two DIF Panel meetings this past year. The panel reviewed a total of 217 RN and 172 PN items from the operational pools and 53 RN and 59 PN items from the pretest pools. The panel recommended the referral of 5 RN and 5 PN items from the operational pools to the Examination Committee for review and disposition.

The reasons for referral included access to services, use of common terminology, childrearing practices, understanding of dietary guidelines and use of outside help by certain groups. The Examination Committee reviewed the items from the August 1999 DIF Review Panel at the October 1999 meeting and deleted one RN and one PN item. The items from the February 2000 DIF Review Panel were reviewed at the April 2000 Examination Committee meeting.

■ **Readability Levels of Operational Pools**

The Fry method of determining readability levels was used to calculate the reading levels of the operational pools for the NCLEX-RN® and NCLEX-PN® examinations for October 1999 and April 2000. This method calculates readability based on non-medical terminology. According to the Fry index, the estimated reading levels of the October 1999 and April 2000 RN operational pools are grade 7.8 and 7.3, respectively, and the estimated reading levels of the October 1999 and April 2000 PN operational pools are grade 6.6 and 6.7 respectively. These levels are below the National Council policy for a maximum reading level of tenth grade for the NCLEX-RN® examination and of eighth grade for the NCLEX-PN® examination.

■ **Member Board Reviews**

Each spring and fall, Member Boards have the opportunity to conduct item reviews at Prometric Technology Centers. Member Boards can review newly developed items on-line that are in the pretest pools and/or simulated operational examinations for high, medium, and low achievers for both the NCLEX-RN® and NCLEX-PN® examinations.

In the fall of 1999, 10 Member Boards scheduled review sessions, while in the spring of 2000, 14 Member Boards have scheduled reviews.

All comments from a Member Board review are forwarded from the National Council to Chauncey test development staff for review. All items referred are re-evaluated for accuracy and currency and brought to the Examination Committee for disposition.

NCLEX® Examination Operations

The operations in support of the NCLEX® examination program functioned this past year much as they have in prior years. The great majority of testing sessions occur correctly, without any administrative error and on schedule. Occasionally when events do not proceed as planned, such as a server goes down or a file is delayed, Chauncey staff, with the assistance of our partners at Prometric, make every attempt to resolve the situation promptly and deliver the required results as soon as possible. Events of note are described in detail in the following paragraphs.

■ **Telephone Activity in NCLEX® Examination Operations**

For the quarter ending March 2000, customer service staff at Chauncey answered 35,800 phone calls, which is a ten-percent increase from the same quarter last year. Telephone registrations accounted for 6,116 calls during that time, which is a 13-percent increase from the same period last year.

Registration and Testing Activities by Calendar Year							
Registration Type	1994	1995	1996	1997	1998	1999	Total
Scanned	122,493	122,814	116,575	113,871	122,449	130,400	728,602
Telephone	22,745	26,136	26,281	25,233	26,436	26,506	153,337
Electronic	38,435	42,531	41,549	39,894	22,605	10,006	195,020
Other	3,017	3,322	3,541	2,475	2,859	2,417	17,631
Total	186,690	194,803	187,946	181,473	174,349	169,329	1,094,590
Test Sessions	155,111	189,057	181,726	174,793	167,068	161,315	1,029,070

■ **Customer Satisfaction Survey**

A random sample of NCLEX® examination candidates using the 800 Registration/Inquiry phone number is sent a Customer Satisfaction Survey. For the quarter ending December 1999, each survey question has received an 85% or greater positive response from candidates who returned the survey. Individual comments express satisfaction with the telephone registration service and the professionalism of the staff.

■ **NCLEX® Program Reports**

Chauncey successfully completed its fifth and final year of NCLEX® Program Reports to National Council with the completion of the April–September 1999 cycle.

The following table provides a summary of subscription volumes:

	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999
RN Educational Programs	572	657	656	670	648
PN Educational Programs	177	209	186	183	171

■ **MBOS, Expedite and Y2K**

Beginning in December 1999, all boards received an updated Y2K compliant version of MBOS, Expedite for Windows and detailed instructions for installing the software and moving data files. Chauncey provided support to boards to install this software on the new HP Kayak hardware provided by National Council. Data files were moved from the old to the new hardware. All installations were successfully completed by mid January.

As part of the effort to upgrade systems, Chauncey continues to develop a web-based application of the MBOS software. An Advisory Committee, which includes a representative from the Examination Committee, has been working with the application during the development process and has provided feedback to Chauncey staff about the application's functionality.

Chauncey staff was on hand Saturday, January 1, 2000 to test that all normally scheduled production jobs worked smoothly in the new millennium. Testing of production runs was accomplished without any problems.

Prometric, Inc. Update

In early March 2000, the Thomson Corporation completed the acquisition of the Sylvan Prometric division of Sylvan Learning Systems. Thomson is a leading provider worldwide of education and training materials and is best known by its brand names including Physician's Desk Reference, Jane's, ISI, etc. The addition of the Sylvan Prometric testing division makes Thomson Learning a leading provider of computer-based testing administration, delivery and certification in four growing categories: academic testing services, corporate testing, information technology certification, and professional licensing and certification. Sylvan Prometric is now known as "Prometric, a division of Thomson Learning". No change to the current testing network has occurred nor is expected and Prometric is committed to continuing to enhance its systems and processes to better serve all of its testing clients, including the National Council of State Boards of Nursing.

■ **Status of Technology Centers**

The Prometric testing network administering the NCLEX® examination has expanded slightly since the last report in 1999. As of May 1, 2000, the NCLEX® examination is administered in 271 laboratories housing 2,978 workstations located in the United States and its territories.

■ **30/45-day compliance**

Prometric maintained sufficient capacity on a site-by-site basis to adequately provide compliant seating to all but 18 (0.0003%) of the 67,322 NCLEX® examination candidates who tested during the June – August 1999 peak testing season. During the last year (May 1999 - April 2000), 122 (0.0008%) of the 155,792 NCLEX® examination candidates were unable to be offered an appointment within the compliant period. Candidates who cannot be offered an appointment within the compliant period are sent a refund of their registration fee.

A dedicated department at Prometric continues to analyze center utilization levels to monitor current testing levels and project future testing volumes so that we are able to meet the testing needs of all of our testing clients. Additionally, we continue to report to National Council staff on a weekly basis all sites, which have 10 or fewer blocks available for NCLEX[®] examination candidates within the next 30 days.

■ Conversion of Scheduling and Registration System

In early September 1999, Prometric performed a major upgrade to its Scheduling and Registration (S/R) software from a DOS-based Clarion system to a Windows-based Sybase system in early September 1999. Despite some unforeseen and regrettable problems during the installation of the S/R software, the new system provides an improved synchronization of appointment and testing data between testing centers and the corporate offices, providing for a more stable testing process.

Summary of NCLEX[®] examination results for the January through December 1999 testing period

Tables 1 and 3 provide a technical summary of the NCLEX[®] examination results from January through December 1999. In addition, summaries for the January through December 1998 testing interval are provided. Tables 1 and 2 present results for the NCLEX-RN[®] examination, and Tables 3 and 4 present results for the NCLEX-PN[®] examination. Summary statistics for the total group of candidates and the reference group of candidates (that is, first-time U.S. educated candidates) for 1999 are presented in Table 1 for the NCLEX-RN[®] examination and in Table 3 for the NCLEX-PN[®] examination. It should be noted that the data provided here are intended only to serve as a general summary. For more comprehensive information about the statistical characteristics of the NCLEX-RN[®] examination and NCLEX-PN[®] examination, the reader is referred to the NCLEX[®] examination technical reports.

The following bullet points are **candidate** highlights of the 1999-testing year for the **NCLEX-RN[®] examination**:

- Overall, 113,247 NCLEX-RN[®] candidates tested during 1999, as compared to 116,713 during the 1998-testing year. This represents a decrease of 3.0 percent.
- The candidate population reflected 76,628 first-time, U.S.-educated candidates who tested, as compared to 83,233 for the 1998-testing year, representing a decrease of 7.9 percent.
- The 1999 average passing rate for the total group was slightly lower than in 1998. The overall passing rate was 70.7 percent in 1999 compared to 71.8 percent in 1998, and the reference group passing rate was slightly lower in 1999 than in 1998 (84.8 percent in 1999 compared to 85.0 percent in 1998).
- There were 48.4 percent of the total group and 52.3 percent of the reference group who ended their tests after a minimum of 75 items were administered. This is slightly higher than the 1998-testing year in which 48.0 percent of the total group and 51.1 percent of the reference group took minimum length exams.
- The percentage of maximum length test takers was 13.4 percent for the total group and 11.9 percent for the reference group. This is slightly lower than last year's percentages (14.2 percent for the total group and 12.8 percent for the reference group).
- The average time needed to take the NCLEX-RN[®] examination during the 1999 testing period was 2.30 hours (or two hours, 18 minutes) for the overall group, and 2.10 hours (or two hours, 6 minutes) for the reference group.
- A total of 37.8 percent of the candidates took the mandatory break that occurs after two hours of testing, and approximately 3.8 percent of the candidates chose to take the optional break.
- Overall, 4.0 percent of the total group, and 2.5 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were similar to the overall cumulative percentages for candidates during the 1998-testing year.
- In general, the NCLEX-RN[®] examination summary statistics for the 1999 testing period indicated patterns that were similar to those observed for the 1998 testing period. These results provide continued evidence that the administration of the NCLEX-RN[®] examination is psychometrically sound.

The following bullet points are **item-level** highlights of the 1999-testing year for the **NCLEX-RN® examination**:

- The operational item statistics were consistent across the year and with the 1998-testing year. Point biserial correlations were generally in the range of 0.20 to 0.24 and model-data fit statistics were 0.06 to 0.26. Average item times were 62.0 to 66.9 seconds, indicating that candidates took slightly more than one minute, on average, to answer each question.
- Tryout item statistics indicated that 1,640 items were pretested during 1999. The number of tryout items flagged (38.1 percent) was slightly lower than last year (44.1 percent). The number of approved pretest items increased from 1,006 in 1998 to 1,015 in 1999.
- The mean B-Value of the RN tryout items for the 1999-year was -0.31, compared to -0.25 for the 1998-testing year.

The following bullet points are **candidate** highlights of the 1999-testing year for the **NCLEX-PN® examination**:

- Overall, 47,592 PN candidates tested during 1999, as compared to 50,230 during the 1998-testing year. This represents a decrease of 5.3 percent.
- The candidate population reflected 35,519 first-time, U.S.-educated candidates who tested, as compared to 37,965 for the 1998-testing year, representing a decrease of 6.4 percent.
- The 1999 average passing rates for the total group and the reference group were slightly lower than in 1998. The overall passing rate was 76.0 percent in 1999 compared to 77.9 percent in 1998, and the reference group was 85.9 percent in 1999, as compared to 86.9 percent in 1998.
- There were 52.6 percent of the total group and 56.4 percent of the reference group who ended their tests after a minimum of 85 items were administered. This is slightly lower than the 1998-testing year in which 54.4 percent of the total group and 57.9 percent of the reference group took minimum length exams.
- The percentage of maximum length test takers was 18.1 percent for the total group and 15.7 percent for the reference group. This is slightly higher than last year's percentages (17.4 percent for the total group and 15.2 percent for the reference group).
- The average time needed to take the NCLEX-PN® examination during the 1999 testing period was 2.24 hours (or two hours, 14 minutes) for the overall group, and 2.06 hours for the reference group.
- A total of 39.7 percent of the candidates took the mandatory break that occurs after two hours of testing, and approximately 2.3 percent of the candidates chose to take the optional break.
- Overall, 1.7 percent of the total group and 1.0 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out are slightly higher than the 1998 testing year timing out percentages (1.3 percent for overall, 0.6 percent for reference group).
- In general, the NCLEX-PN® examination summary statistics for the 1999 testing period indicated patterns that were similar to those observed for the 1998 testing period. These results provide continued evidence that the administration of the NCLEX-PN® examination is psychometrically sound.

The following bullet points are **item-level** highlights of the 1999-testing year for the **NCLEX-PN® examination**:

- The operational item statistics were consistent across the year and with the 1998-testing year. Point biserial correlations were 0.22 to 0.24 and model-data fit statistics were 0.02 to 0.13. Average item times were 59.8 to 63.0 seconds, indicating that candidates took around one minute, on average, to answer each question.
- Tryout item statistics indicated that 1,317 items were pretested during 1999. The number of tryout items flagged (27.7 percent) was lower than last year (30.1 percent). The number of approved pretest items decreased from 1,802 in 1998 to 952 in 1999.
- The mean B-Value of the PN tryout items for the 1999-year was -0.62, compared to -0.41 for the 1998-testing year. This continues the trend towards developing items of lower difficulty level.

References

- Fry, E.B. (1972). *Reading instruction for classroom and clinic*. New York: McGraw-Hill

Table 1
 Longitudinal Technical Summary for the NCLEX-RN® Examination
 Group Statistics for the 1999 Testing Year

	Jan 99 - Mar 99		Apr 99 - Jun 99		Jul 99 - Sep 99		Oct 99 - Dec 99		Cumulative 1999	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	23,746	15,430	27,000	18,293	46,203	37,856	16,298	5,049	113,247	76,628
Percent Passing	68.4	84.6	73.6	88.3	76.7	84.6	52.3	73.5	70.7	84.8
Ave. # Items Taken	122.7	116.7	120.0	112.7	120.8	118.3	136.9	130.4	123.3	117.4
% Taking Min # Items	48.3	52.6	51.0	56.1	49.7	51.4	40.3	44.0	48.4	52.3
% Taking Max # Items	12.7	11.2	12.5	10.8	12.8	12.3	17.7	15.6	13.4	11.9
Ave. Test Time (Hrs)	2.33	2.12	2.21	1.97	2.22	2.11	2.66	2.41	2.30	2.10
% Taking Mand. Break	38.5	31.3	34.4	26.3	35.0	31.5	50.3	42.3	37.8	30.9
% Taking Opt. Break	3.8	2.4	3.6	1.9	3.0	2.2	6.4	4.4	3.8	2.3
% Timing Out	4.0	2.6	3.6	1.9	3.2	2.4	6.7	5.2	4.0	2.5

Table 2
 Longitudinal Technical Summary for the NCLEX-RN® Examination
 Group Statistics for the 1998 Testing Year

	Jan 98 - Mar 98		Apr 98 - Jun 98		Jul 98 - Sep 98		Oct 98 - Dec 98		Cumulative 1998	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	25,266	17,206	29,785	22,487	45,715	38,365	15,947	5,175	116,713	83,233
Percent Passing	73.5	88.2	74.3	88.0	75.7	83.4	53.5	73.0	71.8	85.0
Ave. # Items Taken	120.5	112.7	121.7	116.9	125.6	123.5	134.9	127.0	124.8	119.7
% Taking Min # Items	52.3	57.6	50.4	53.0	46.9	47.9	39.8	44.8	48.0	51.1
% Taking Max # Items	13.1	10.8	13.1	11.8	14.5	14.0	16.7	14.7	14.2	12.8
Ave. Test Time (Hrs)	2.29	2.06	2.24	2.06	2.29	2.20	2.60	2.35	2.32	2.14
% Taking Mand. Break	36.5	29.3	35.4	29.8	37.7	34.9	48.0	40.0	38.3	32.7
% Taking Opt. Break	3.7	2.2	3.5	2.1	3.5	2.8	6.0	3.8	3.9	2.6
% Timing Out	3.7	2.1	3.8	2.2	3.8	3.0	5.6	3.9	4.0	2.6

Table 3
 Longitudinal Technical Summary for the NCLEX-PN® Examination
 Group Statistics for the 1999 Testing Year

PN	Jan 99 - Mar 99		Apr 99 - Jun 99		Jul 99 - Sep 99		Oct 99- Dec 99		Cumulative 1999	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	10,073	7,036	8,365	5,579	17,454	14,195	11,700	8,709	47,592	35,519
Percent Passing	75.5	86.5	71.6	84.0	80.5	88.0	72.7	83.4	76.0	85.9
Ave. # Items Taken	118.7	113.3	120.8	116.4	114.4	111.7	120.8	117.4	118.0	114.2
% Taking Min # Items	52.7	57.6	49.0	53.8	56.1	59.0	49.9	52.9	52.6	56.4
% Taking Max # Items	18.6	15.2	19.7	17.4	15.7	14.0	20.0	17.9	18.1	15.7
Ave. Test Time (Hrs)	2.24	2.04	2.34	2.14	2.14	2.00	2.31	2.14	2.24	2.06
% Taking Mand. Break	40.2	32.0	43.0	34.7	35.4	30.1	43.3	36.8	39.7	32.8
% Taking Opt. Break	2.4	1.4	2.9	1.8	1.8	1.1	2.6	1.5	2.3	1.4
% Timing Out	1.6	1.0	2.3	1.5	1.3	0.8	1.8	1.1	1.7	1.0

Table 4
 Longitudinal Technical Summary for the NCLEX-PN® Examination
 Group Statistics for the 1998 Testing Year

PN	Jan 98 - Mar 98		Apr 98 - Jun 98		Jul 98 - Sep 98		Oct 98- Dec 98		Cumulative 1998	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	10,586	7,491	9,976	6,789	17,655	14,600	12,013	9,085	50,230	37,965
Percent Passing	75.3	85.9	75.2	86.2	82.4	88.8	76.0	85.4	77.9	86.9
Ave. # Items Taken	118.7	114.4	117.7	113.1	113.9	111.4	117.9	114.5	116.6	113.0
% Taking Min # Items	52.6	56.8	53.3	57.5	57.2	59.8	52.8	55.9	54.4	57.9
% Taking Max # Items	18.5	15.8	18.2	15.3	15.8	14.4	18.0	15.8	17.4	15.2
Ave. Test Time (Hrs)	2.21	2.04	2.20	2.01	2.04	1.92	2.24	2.09	2.16	2.00
% Taking Mand. Break	39.5	32.4	38.0	30.3	32.0	27.3	39.5	33.7	36.6	30.4
% Taking Opt. Break	2.0	1.0	2.2	30.3	1.5	0.7	2.1	1.3	1.9	6.2
% Timing Out	1.3	0.8	1.5	0.9	1.0	0.1	1.6	1.1	1.3	0.6

**NATIONAL COUNCIL 2000 ANNUAL MEETING
CHARTING THE COURSE FOR NURSING REGULATION**

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Report on the Test Service Transition

Staff

Casey Marks, *Director of Testing*

Michael J. Tomaselli, *NCLEX® Administration Manager*

Anne Wendt, RN, *NCLEX® Content Manager*

Relationship to Strategic Plan

Strategic Initiative 1..... Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Tactic 2.....Develop and initiate plans for transitioning the NCLEX® examination contract to NCS.

Recommendations to the Board of Directors

None.

Background

Based on the Delegate Assembly action at the 1999 Annual Meeting to award the NCLEX contract to NCS (from 10/2002 through 9/2009), National Council and NCS staffs have initiated work on a vendor transition plan for the NCLEX® program. The purpose of the plan is to coordinate the deliverables delineated in the testing service contract with the timelines necessary for a successful program transition from The Chauncey Group to NCS. The development of this plan has been necessarily fluid, to accommodate the uncertainty of the cooperation of Chauncey and Prometric. To facilitate, monitor and advance the development of the transition plan, National Council and NCS initiated monthly conference calls that have resulted in the work to date.

A depiction of the then current NCLEX® project team was presented at this spring's Area Meetings. Two staff changes have been made and the current NCS NCLEX® project team is shown in Attachment A. NCS has hired a Vice President, Professional Licensing and Certification, Anthony Zara, who is responsible for all aspects of the professional licensure business including implementing National Council's contract. Dr. Zara began work at NCS on May 1, 2000, and is learning NCS processes and the roles and responsibilities of all NCLEX® team members. Doug Kennedy is the new Controller for the division; he began work at NCS in mid-April.

As stipulated in the National Council-NCS NCLEX® program contractual scope of work, a final version of the "transition plan" is not required until October 2000. Significant transition planning, however, has been undertaken and is currently in the process of being refined. As part of the transition plan, staff is currently developing operational specifications for the Beta Test. The cooperation of the current test service will play a large role in the final specifications of the Beta Test. NCS will present the latest progress concerning transition activities and timelines during the Examination Committee forum at the 2000 Annual Meeting.

Highlights of Activities

■ Creation of transition plan

To date National Council and NCS staffs have collaborated on a plan to guide the transition of the NCLEX® program from The Chauncey Group International to NCS, culminating in an October 1, 2001, NCS launch date. Because specifications and deliverables have been already delineated in the contract, most activities and processes described in the plan concern coordination and timing of essential events to ensure a seamless transition.

■ Identification of materials necessary for transition from current test vendor

As a requirement of the transition plan, National Council has identified materials necessary to obtain from Chauncey for purposes of transitioning the NCLEX® program. To obtain these materials, in a timely manner for transition purposes negotiations between Chauncey and National Council have begun. National Council staff has sought the advice of legal council, as it has become necessary.

■ **Preliminary work on Beta Test plan**

Work has begun on planning the Beta Test. As currently defined, the Beta Test is a “full dress rehearsal” for all NCS systems and processes that will be used to deliver the NCLEX examinations. As the Beta test plan becomes solidified, National Council and NCS will seek input and participation from Member Boards.

Future Activities

- Transition plan including requirements for the Beta test will be completed by October 31, 2001.
- Continued implementation of transition plan.

Recommendations to the Board of Directors

None.

Attachments

A NCS NCLEX Project Team

Attachment A

NCS NCLEX Project Team



Report of the Finance Committee

Members

Barbara Morvant, LA-RN, Area III, *Treasurer and Chair*
 Lanette Anderson, WV-PN, Area II
 Sandra Evans, ID, Area I
 Doris Nuttelman, NH, Area IV
 Ruth Stiehl, FL, Area III

Staff

Eloise Cathcart, MSN, RN, *Executive Director*
 Thomas Vicek, MBA, CPA, *Director of Administrative Services (August, 1999-February, 2000)*
 Robert Clayborne, MBA, CPA, *Director of Finance (beginning April 2000)*

Relationship to Strategic Plan

Strategic Initiative 6.....The National Council will have the organizational structure and capacity to lead in regulation.

Outcome 1.....Maintain a sound resource management system for the National Council.

Recommendations to the Board of Directors

1. Approve the FY99 Audited Financial Statements (Attachment A)

Background

Article XII, Section 1, of the National Council bylaws requires an annual audit of the financial records of the National Council by a certified public accountant. The accountant is appointed by the Board of Directors, and the audit report is presented to the Delegate Assembly.

2. Approve (a) the phase out of Special Services Division (SSD) as a separate entity and the integration of selected products within National Council's programs, and; (b) the implementation of strategies for marketing National Council products and services, ensuring that all ventures shall not conflict with the National Council's mission, goals, core expertise and tax status.

Background

In 1994, the Delegate Assembly approved the recommendation of the Board of Directors to establish the Special Services Division (SSD) of the National Council. This decision was made because the cost of new services requested by Member Boards exceeded available funds in the operating budget, the fund balance was projected to drop from \$7M in FY96 to \$3M in FY99 due to the high cost of Computer Adaptive Testing (CAT) and Computer Simulated testing (CST), and high-revenue, mission related opportunities, where National Council had expertise and reputation, were missed because there was no structure in place to enable pursuit of these ventures. When the Delegate Assembly created SSD, it mandated a comprehensive evaluation of the enterprise after five (5) years. At its December 1999 meeting, the Board of Directors, upon recommendation of the Finance Committee, engaged an external consulting firm, Value Enhancement Strategies, Inc., to conduct this evaluation.

The specific points examined by the consultants will be presented during the Finance Committee Forum at the Delegate Assembly on Friday, August 11, 2000. Three alternatives were presented for the future of SSD:

1. Grow SSD and build one or two businesses, rather than a series of products as presently exists; invest approximately \$4-6 million in product development to generate a net operating income of approximately \$1 million over four years;
2. Maintain the current structure of SSD;
3. Close SSD and shift the successful products to the program side of the National Council. This process would retain most of the benefit of SSD programs for the National Council and its Member Boards by maintaining those programs that are most closely related to the organization's core business. Unsuccessful

projects would be canceled to prevent further drain on the National Council's resources. The Board of Directors, upon the recommendation of the Finance Committee, puts forth the third alternative for approval by the Delegate Assembly.

3. Adopt an increase to the NCLEX® candidate fee, in an amount yet to be determined, no sooner than October 1, 2001.

Background

Currently, the NCLEX® fee is the primary source of revenue supporting National Council operations. Other revenue sources for the organization are insignificant. The National Council's reliance on a single revenue stream is not likely to change in the near term, even though initiatives designed to create alternative sources of revenue have been explored primarily through SSD. In this fiscal year, the National Council Board of Directors, Finance Committee and staff have been vigorously addressing two issues which place an increased demand on that pre-established revenue stream: 1) the operating costs of Nursys, and 2) a decreased number of NCLEX® candidates. After careful review and analysis of options to establish alternative revenue sources for Nursys, it is the Board's opinion that the National Council needs to raise the NCLEX® fee, its primary revenue source, to pay for a significantly higher level of operating expenses generated by Nursys and a declining candidate base. Further, a candidate fee will need to be established for the testing service contract beginning in 2002.

The Finance Committee, at its July 6, 2000, on-site meeting in Chicago, will determine a specific fee increase to recommend to the Board of Directors. Complete detail of the National Council's finances will be presented and discussed at a Forum on Friday, August 11, 2000.

4. Highlights of Activities

- Reviewed quarterly financial statements and recommended their approval to the Board of Directors.
- Reviewed the FY00 operating and capital expenditure budget requests.
- Met with the Managing Partner and the Engagement Manager from *Ernst and Young LLP* to review the audited financial statements for the fiscal year ended September 30, 1999.
- Met with the consultants from *Value Enhancement Strategies, Inc.*, to review their comprehensive evaluation of the National Council's Special Service Division (SSD) and Nursys.
- Met with investment consultant from Becker, Burke Associates on a quarterly basis to monitor investment performance.
- Met with the Managing Partner and Engagement Manager to review the *Thomas Havey LLP* proposal to provide audit services for the National Council for the fiscal year 2000.

Meeting Dates

September 10, 1999

November 8-9, 1999

February 3-4, 2000

May 2-3, 2000

May 16, 2000 (conference call)

July 6-7, 2000

Attachments

A Report of Independent Auditors

Attachment A

Report of Independent Auditors

Financial Statements

**National Council of State Boards
of Nursing, Inc.**

*Years ended September 30, 1999 and 1998
with Report of Independent Auditors*

National Council of State Boards of Nursing, Inc.

Financial Statements

September 30, 1999 and 1998

Contents

Report of Independent Auditors 1

Financial Statements

Statements of Financial Position 2

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Statements of Cash Flows 4

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Report of Independent Auditors

Board of Directors
National Council of State Boards
of Nursing, Inc.

We have audited the accompanying statements of financial position of National Council of State Boards of Nursing, Inc. as of September 30, 1999 and 1998, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of management of National Council of State Boards of Nursing, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. at September 30, 1999 and 1998, the changes in its net assets, and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Ernst & Young LLP

December 10, 1999

National Council of State Boards of Nursing, Inc.

Statements of Financial Position

	September 30	
	1999	1998
Assets		
Current assets:		
Cash and cash equivalents	\$ 856,088	\$ 1,157,623
Accounts receivable	496,082	495,740
Accrued interest, prepaid expenses, inventories, and other	386,830	528,931
Total current assets	<u>1,739,000</u>	<u>2,182,294</u>
Investments, at fair value	9,076,224	11,932,040
Cash held for others	319,327	475,334
Property and equipment:		
Furniture, fixtures, and leasehold improvements	259,998	259,998
Equipment and computer software	5,185,954	2,956,582
	<u>5,445,952</u>	<u>3,216,580</u>
Less: Accumulated depreciation	(2,019,352)	(1,547,218)
	<u>3,426,600</u>	<u>1,669,362</u>
Total assets	<u>\$14,561,151</u>	<u>\$16,259,030</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 2,681,689	\$ 2,419,578
Accrued salaries and payroll taxes	442,860	502,063
Total current liabilities	<u>3,124,549</u>	<u>2,921,641</u>
Deferred revenue – Examination fees collected in advance (net of prepaid processing fees of \$4,075,074 in 1999 and \$3,413,782 in 1998)	1,796,324	1,431,586
Liability for cash held for others	319,327	475,334
Unrestricted net assets:		
Board-designated	238,061	1,336,991
Other	9,082,890	10,093,478
	<u>9,320,951</u>	<u>11,430,469</u>
Total liabilities and net assets	<u>\$14,561,151</u>	<u>\$16,259,030</u>

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements of Activities

	Year ended September 30	
	1999	1998
Revenues		
Examination fees	\$14,207,123	\$14,780,259
Grant revenue	300	7,632
Net investment income	509,211	1,439,168
Membership fees	183,000	183,000
Royalty revenue	380,446	450,000
Other income	707,461	566,225
	<u>15,987,541</u>	<u>17,426,284</u>
Expenses		
Program services:		
Nurse competence	12,380,165	12,825,366
Regulatory outcomes	784,907	338,967
Changing practice environment	1,192,917	1,176,764
Information	1,586,999	1,730,987
Nursing education	62,868	118,155
Special services division	692,576	514,338
Total program services	<u>16,700,432</u>	<u>16,704,577</u>
Supporting services:		
Management and general	1,396,627	1,451,993
Total supporting services	<u>1,396,627</u>	<u>1,451,993</u>
Total expenses	<u>18,097,059</u>	<u>18,156,570</u>
Decrease in unrestricted net assets	(2,109,518)	(730,286)
Net assets, beginning of year	11,430,469	12,160,755
Net assets, end of year	<u>\$ 9,320,951</u>	<u>\$11,430,469</u>

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements of Cash Flows

	Year ended September 30	
	1999	1998
Operating activities		
Decrease in unrestricted net assets	\$(2,109,518)	\$ (730,286)
Adjustments to reconcile revenue increase in net assets to net cash provided by operating activities:		
Depreciation	472,134	290,017
Realized and unrealized loss (gain) on investments	71,114	(692,566)
Changes in operating assets and liabilities:		
Accounts receivable and examination fees due from member boards	(342)	317,871
Accrued interest, prepaid expenses, inventories, and other	330,397	(206,548)
Accounts payable	106,104	587,612
Accrued salaries and payroll taxes	(59,203)	125,679
Deferred revenue, net	364,738	217,802
Net cash used in operating activities	<u>(824,576)</u>	<u>(90,419)</u>
Investing activities		
Decrease in investments, net	2,752,413	1,268,778
Net additions to property and equipment	(2,229,372)	(1,492,410)
Net cash provided by (used in) investing activities	<u>523,041</u>	<u>(223,632)</u>
Decrease in cash and cash equivalents	(301,535)	(314,051)
Cash and cash equivalents at beginning of year	1,157,623	1,471,674
Cash and cash equivalents at end of year	<u>\$ 856,088</u>	<u>\$ 1,157,623</u>

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 1999 and 1998

1. Organization and Operation

National Council of State Boards of Nursing, Inc. (National Council) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of the National Council is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern affecting the public health, safety, and welfare, including the development of licensing examinations in nursing. The National Council is a tax-exempt organization under Internal Revenue Code section 501(c)(3).

The program services of the National Council are defined as follows:

Nurse competence – Assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Regulatory outcomes – Coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.

Changing practice environment – Analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.

Information – Provide information systems and data to facilitate regulatory decisions.

Nursing education – Assist Member Boards to evaluate and implement their role with nursing education programs to bring congruence between graduate competence and the requirements of the practice environment.

Special services division – Continue to develop and maintain the organizational structure and capacity to lead in regulation.

National Council of State Boards of Nursing, Inc.**Notes to Financial Statements (continued)****2. Summary of Significant Accounting Policies****Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Examination Fees

Examination fees collected in advance, net of processing costs incurred, are deferred and recognized as revenue at the date of the examination.

Cash Equivalents

Cash equivalents consist of money market funds.

Pension Plan

The National Council maintains a defined-contribution pension plan covering all employees who complete six months of employment. Contributions are based on employee compensation. The National Council's policy is to fund pension costs accrued. Pension expense was \$262,211 and \$229,904 for the years ended September 30, 1999 and 1998, respectively.

Property and Equipment

Property and equipment are stated on the basis of cost. Provisions for depreciation are computed using the straight-line method over the estimated useful lives of the assets.

Board-Designated Funds

For the year ended September 30, 1999, the Board of Directors designated certain funds to be used for special services division projects. For the year ended September 30, 1998, the Board of Directors designated certain funds to be used for the development of a computerized clinical simulation testing (CST) and for special services division projects. These funds are reflected as board-designated unrestricted net assets.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Reclassifications

Certain amounts in the 1998 financial statements have been reclassified to conform to the 1999 financial statement presentation.

3. Investments

Investments are carried at fair value. Investments consist of the following at September 30, 1999 and 1998:

	1999		1998	
	Cost or Amortized Cost	Market Value	Cost or Amortized Cost	Market Value
U.S. government and government-backed obligations	\$3,373,281	\$3,389,960	\$ 3,851,287	\$ 4,368,180
Corporate securities	3,928,036	3,875,755	5,436,939	5,656,399
Other	958,862	1,810,509	1,554,919	1,907,461
	<u>\$8,260,179</u>	<u>\$9,076,224</u>	<u>\$10,843,145</u>	<u>\$11,932,040</u>

Net investment income consists of the following for the years ended September 30, 1999 and 1998:

	1999	1998
Dividends and interest	\$580,325	\$ 746,602
Net realized and unrealized gains	(71,114)	692,566
Total net investment income	<u>\$509,211</u>	<u>\$1,439,168</u>

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements (continued)

4. Commitments

The National Council leases office space under an operating lease arrangement and subleases storage space under an operating sublease agreement.

Future noncancelable rental commitments as of September 30, 1999, are as follows:

2000	\$304,409
2001	308,754
2002	314,934
2003	321,243
2004 and thereafter	189,560

Rent expense for 1999 and 1998 under these leases was \$300,177 and \$293,520, respectively.

5. Year 2000 Computer Conversion (Unaudited)

The National Council, along with most organizations, has determined that it will be required to modify or replace certain portions of its software so that its computer systems will function properly with respect to dates in the year 2000 and thereafter. The National Council will utilize both internal and external resources to replace and test the software of Year 2000 modifications. The estimated cost of the project will be funded through operating cash flows and is not expected to have a material effect on the results of operations.

Report of the Nursing Practice and Education Committee

Members

Katherine Thomas, TX-RN, Area III, *Chair*
 Cookie Bible, NV, Area I
 Debra Brady, NM, Area I
 Eileen Gloor, IA, Area II
 Gwilliam Hines, DE, Area IV
 Bette Lindberg, MA, Area IV*
 Barbara Newman, MD, Area IV*

* indicates a member who served a partial term

Staff

Donna Nowakowski, MSN, RN, Executive Associate Director
 Vickie Sheets, JD, RN, *Director of Policy and Credentialing*

Relationship to Strategic Plan

Strategic Initiative 3.....Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.
 Outcome 1.....Ongoing systematic assessment and evaluation of the environment impacting nursing practice and nursing regulation.
 Outcome 2.....Leadership influences health care and regulatory policy.
 Outcome 3.....Approaches and strategies respond effectively to critical issues and trends impacting nursing regulation.
 Outcome 4.....Implementation of the mutual recognition model for nursing regulation.

Recommendations to the Delegate Assembly

1. That the Delegate Assembly adopt the Uniform APRN Licensure/Authority to Practice Requirements.

Rationale

The 1999 Advanced Practice Task Force sought input from National Council membership and collaborated with APRN certifying bodies and other nursing organizations to develop uniform licensure requirements for advanced practice regulation. The proposed *Uniform APRN Licensure/Authority to Practice Requirements* complement the Uniform Core Licensure Requirements for RNs and LPNs developed by the 1999 Nursing Practice and Education Committee and adopted by the 1999 Delegate Assembly.

The rules require APRNs to 1) be licensed as a registered nurse; 2) have completed graduate education in an accredited nursing program; and 3) be certified by an appropriate specialty certification body.

The *Uniform APRN Licensure/Authority to Practice Requirements* will enable boards of nursing to promote quality, consistency and accessibility of advanced practice nursing care within the state and across state lines. Legislators, consumers and other stakeholders are confused by the variation in individual state requirements that presently exist. Several politically charged challenges related to perceptions about inadequate and unclear requirements for APRN regulation have already been made.

The Board of Directors, at their June 16, 2000 meeting, charged the Nursing Practice and Education Committee with developing criteria for alternative mechanisms for certification when no certifying examination exists.

The unprecedented process of negotiation of the *Uniform APRN Licensure/Authority to Practice Requirements* with the certifying bodies and other nursing organizations was completed over two years ago after careful study and with significant input from Executive Officers. There is a serious commitment to move these requirements

received when these requirements were presented at Delegate Assembly Forums in 1998 and 1999. The APRN Task Force set the target date for the graduate degree requirement at 2003 as a compromise to all parties, including member boards.

Background of the Nursing Practice and Education Committee

The National Council bylaws authorize the Nursing Practice and Education Committee as a standing committee of the organization, comprised of at least one member from each Area. The bylaws charge is to provide general oversight of nursing practice and education regulatory issues.

Highlights of Activities

- Prepared, distributed, and analyzed a survey to obtain input from the membership to assist in prioritizing the regulatory, legislative, practice, and policy work of the committee and National Council staff
- Created the newsletter, *Policy Perspectives*, which provides information on significant health policy issues on a monthly basis
- Initiated monthly conference calls which provides updates and discussion of current nursing and health care regulatory/policy issues
- Monitored and reviewed federal legislative medical error reduction bills and developed a synopsis and a response to the November 1999 Institute of Medicine Report, *To Err is Human*
- Prioritized the National Council work on regulation, practice, and education issues
- Reviewed several models for continued competence and began work on identifying alternative models for member boards of nursing
- Explored suggested Models for Medication Error Demonstration Projects and minor incidents and other system-related errors
- Recommended additional work be done on the Model Nursing Practice Act and Model Nursing Administrative Rules pertaining to the Education Requirements

Future Activities

- Develop a strategy and assume leadership on error reduction initiatives
- Begin to explore ways for the National Council and member boards of nursing to address safety issues that may evolve from nursing staffing shortages
- Continue to track, trend, analyze and respond to critical policy issues
- Develop a plan to expand the national presence and understanding of the National Council and member boards of nursing

Meeting Dates

- January 13-14, 2000
- March 10, 2000 (*telephone conference call*)
- May 4-5, 2000
- July 14, 2000 (*telephone conference call*)

Attachments

- A Uniform APRN Licensure/Authority to Practice Requirements
- B. Response to the IOM Report

*Attachment A*Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements¹

June 1999
(Edited June, 2000)

DRAFT

<u>Proposed Requirement</u>	<u>Comments/Remarks</u>
<i>Advanced Practice Registered Nurse (APRN) Uniform Requirements – Initial/U.S.-Educated</i>	
1. Licensed RN (unencumbered)	<ol style="list-style-type: none"> 1. APRN Liaison Organizations-Consensus² 2. The intent is that this does not apply to provisional authority for new graduates pending examination. The APRN Task Force determined that an untested new graduate should not have interstate practice privilege. States may grant authority to practice within the state, but the interstate privileges would not apply.
2. Graduated from or completed a graduate level APRN program accredited by a national accrediting body.	<ol style="list-style-type: none"> 1. APRN Liaison Organizations-Sense of group² –all but CNMs support this requirement. 2. Compact rules, when developed, can address the criteria for recognition of accrediting bodies. 3. Historically, the lack of accreditation for NP and CNS programs has been a concern for Member Boards. We anticipate CCNE and NLNAC will address these matters in the near future. Both organizations are considering including NONPF <i>National Task Force Criteria</i> and AACN <i>Essentials of Master's Education</i>, which address the inclusion of pharmacotherapeutics in the curriculum. 4. The intent of the wording “or completed a graduate level APRN program” is to recognize post-graduate programs designed to prepare advanced practice registered nurses. 5. The APRN Task Force chose 2003 as the implementation date because: students enrolled in an educational program need time to complete the program; programs need time to move from certificate to graduate level; and the time should be sufficient for individuals to be given notification.
3. Currently certified by national certifying body in the APRN specialty appropriate to educational preparation	<ol style="list-style-type: none"> 1. APRN Liaison Organizations-Consensus 2. Compact rules, when developed, can address recognition of certifying bodies through an

	<p>external review process. Examples of external review accreditation programs for certification include NCCA and ABNS.</p> <p>3. National Council will continue to monitor the compliance of certifying bodies with established accreditation criteria.</p>
4. For applicants for whom there is no appropriate certifying exam available, participating states will develop an alternate mechanism to assure initial competence.	<p>1. APRN Liaison Organizations-Consensus</p> <p>2. Participating states and the Nursing Practice and Education Committee will develop a mechanism for approval of applicants for whom a certifying examination has not been developed. The compact rules, when developed, will set out uniform criteria to develop various mechanisms to assure initial competence. Defining the criteria in the compact rules will provide a uniformity, deemed essential. Examples of uniform criteria might include supervised practice for a period of time or verification of competency by a preceptor.</p> <p>3. The intent is to have a viable regulatory mechanism for recognition and allow for emerging APRN roles for which certifying examinations are not yet available. One example is the Perinatal NP.</p>
<i>APRN Uniform Requirements–Renewal</i>	
1a. Maintain national certification in the appropriate APRN specialty through an ongoing certification maintenance program of a nationally recognized certifying body, OR	<p>1. APRN Liaison Organizations-Consensus</p> <p>2. Even if certifying body does not require participation in a competence maintenance program, participation will be required.</p>
1b. Applicants for whom no recognized certification is available must participate in a competence maintenance program.	<p>1. APRN Liaison Organizations-Consensus</p> <p>2. For APRNs who do not have a specific, recognized APRN Certification examination available, the requirements to assure continued competence can be left to the states. Criteria for competence maintenance would be developed in compact rules (see initial/U.S. educated, #4 above).</p>
<i>APRN Uniform Requirements–Foreign Educated</i>	
1. Same as U.S.-educated/initial criteria, except the APRN educational program must meet criteria for accreditation equivalent to that of a national accrediting body.	<p>1. APRN Liaison Organizations-Consensus</p> <p>2. Foreign-educated nurses can be recognized if they meet the following criteria:</p> <p>(a) Licensed RN (unencumbered),</p> <p>(b) Graduated from or completed a graduate level APRN program accredited by a national accrediting body. In lieu of a U.S. national accrediting body approval, states could determine equivalency of the foreign program to U.S.-accredited programs based on criteria established in the compact rules. It is anticipated that the compact rules will address specific criteria to be used by the states in determining equivalency of foreign programs with CCNE and NLNAC accreditation.</p> <p>(c) Currently certified by a national certifying body in the APRN specialty appropriate to educational preparation.</p> <p>(d) For applicants for whom there is no appropriate certifying examination available, states will have a mechanism to assure initial competence. (See initial/U.S.-educated, #4).</p>

	3. National Council will continue to monitor international collaboration efforts among certifying bodies and the accreditors of certifying bodies.
<i>APRN Uniform Requirements–Endorsement</i>	
1. Licensed as RN (unencumbered), AND 2. APRN licensure/authority to practice unencumbered in another jurisdiction, AND 3. Currently certified by a national certifying body in the APRN specialty appropriate to the educational preparation or authorized to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification exam is available, AND 4a. Meets educational requirements for initial licensure/authorization to practice OR 4b. Demonstrates successful completion of approved APRN certificate program prior to 2003.	1. APRN Liaison Organizations–Consensus on 1-4a. No agreement on 4b; dates suggested ranged from 2000-2007. 2. The intent is to permit grandparenting of currently recognized APRNs. The date 2003 was chosen by the APRN Task Force when consensus could not be reached among the APRN organizations. The APRN Task Force chose 2003 because: students enrolled in an educational program need time to complete the program; programs need time to move from certificate to graduate level; and the time should be sufficient for individuals to be given notification of grandparenting. 3. Compact states can grandparent APRNs endorsing from another state even though the endorsee does not meet the 2003 criteria as long as the endorsee met another jurisdiction’s requirements prior to 2003. Requirements 4a and 4b provide grandparenting for APRNs who have been legally recognized and are practicing safely in a jurisdiction prior to 2003.
<i>APRN Uniform Requirements–Re-entry into Practice</i>	
None.	Extensive discussion took place with the APRN Liaison Organizations about re-entry requirements. The conclusion was that few individuals might wish to re-enter advanced practice and the variety of mechanisms used by the states might identify an effective re-entry process for the future.

¹The mechanism of legal recognition can be any of the various ones used by states to authorize advanced practice, e.g., certificate of authority, licensure, or recognition.

²Consensus and Sense of Group

Consensus means that all participating APRN liaison organizations agreed. Sense of the Group means a majority of the participating APRN liaison organizations agreed.

Several meetings took place from December 1997 to December 1998 with the APRN professional and certifying organizations to develop the draft Uniform Licensure/Authority to Practice Requirements. The term “consensus” and “sense of the group” relate specifically to the outcomes of those discussions.

Response to the Institute of Medicine Report



**National Council
of State Boards of Nursing, Inc.**

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To Err is Human: Building a Safer Health System

In November 1999, the Institute of Medicine's (IOM) Committee on Quality of Health Care in America published an important report on patient safety and medical errors, *To Err Is Human: Building a Safer Health System*. This report identified the need to reform health care practices that result in patient injury, suffering and death attributable to medical errors and called for the systematic design of safety into the processes of health care. The report sought to propose a balance between regulatory, economic, and professional issues, so that significant health safety improvements can occur.

The National Council of State Boards of Nursing finds the IOM report's emphasis on setting national goals to ensure health outcomes and patient safety laudable. These patient safety goals should be based on broad evidence and expert opinion. The research agenda should include evaluation of the drivers of errors, identification of underlying factors or "root causes", and approaches for error prevention. A national focus calls forth leadership and research that will provide analysis and application of findings needed to establish standards and safety expectations. Such a multifaceted approach needs to be based on a collaborative effort between public and private sectors of health care.

Regulation influences expected quality in health care organizations and individuals by defining minimum levels of competence, expected performance and assurance of an acceptable level of safety for everyone accessing the health system. The IOM Report cites the importance of regulatory and legislative efforts in defining minimums and assuring a basic level of safety. The National Council asserts that it is critical that regulatory boards are engaged to be a part of the solution to medical errors. The National Council shares many of the concerns raised by the committee regarding medical errors and their impact on patient outcomes since a major responsibility of regulatory boards is to identify and remedy behaviors and practices that have the potential to place patients at risk.

The IOM report stresses the importance of learning from errors and identifies a chief strategy as the collection of information about errors. The disciplinary cases reviewed by individual boards of nursing can serve as a rich source of data regarding errors. Regulatory boards use data found in disciplinary cases to identify factors that contribute to errors, explore alternative approaches for responding to these factors and promote efforts to reduce the likelihood of future errors. In addition, nursing regulators and boards of nursing have access to all nursing licensees, enabling them to educate, inform, and disseminate information and lessons learned directly to nurses. Regulatory boards also use data to educate and inform consumers and legislators as a way to provide additional safeguards that reduce patient risk.

While the IOM Report focuses on hospital organizations in its discussion of mandatory reporting and accountability, the National Council maintains that the perspective of individual accountability must also be considered in any efforts to implement IOM recommendations. The National Council understands the need to maintain confidentiality of some information to encourage reporting. It is critical that regulatory boards continue to have access to information regarding errors made by nurses to determine competence for ongoing renewal of professional licenses. The Report does not attempt to address the intrinsic motivation of professionals to provide safe care and the values, attitudes and character of health care professionals. This important aspect of accountability clearly falls to the regulatory boards with jurisdiction over individual practitioners. The IOM Report focuses largely on mistakes (human errors) and how to learn from them. Regulatory boards are charged to identify and attempt to remedy the serious subsets of errors resulting from incompetence and wrongdoing.

The greatest challenge of the IOM Report will be in effectively implementing its recommendations while continuing to maintain essential public protection. Systems liability for mistakes and individual accountability is not an either/or proposition. Both are important, both are needed, both should be promoted and supported. Nursing regulation needs to participate in the identification of these interfaces and the development of strategies to manage them. Absent individual accountability standards, practitioners that leave organizations after serious errors occur and are employed elsewhere will never receive necessary remediation or education to address human factors. The culture and character of organizations and their leadership must support more aggressive strategies to reduce errors. The National Council of State Boards of Nursing stands ready to participate in national efforts to encourage reporting through: 1) a research agenda to identify the drivers of errors, and 2) exploring alternatives to disciplinary interventions in so far as these efforts continue to provide for the ultimate safety of the public.

Report of the Committee on Nominations

Members

Monica Collins, ME, Area IV, *Chair*
 Jane Anne Conroy, KS, Area II
 Marcia Hobbs, KY, Area III
 Helen Zsohar, UT, Area,

Staff

Doris Nay, *Director of Member Board Relations*

Relationship to Strategic Plan

Strategic Initiative 6: *The National Council will have the organizational structure and capacity to lead in regulation.*

Outcome 1: *A sound organizational governance and management infrastructure advances the National Council's mission and vision.*

Recommendations to the Delegate Assembly

1. Adopt the 2000 Slate of Candidates.

Rationale

The Committee on Nominations has prepared the 2000 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the strategic initiatives and purpose of the National Council.

Background

■ Preparation of 2000 Slate of Candidates

By the April 21, 2000, nomination deadline, 21 individuals had submitted completed nomination forms for consideration for the 2000 Slate of Candidates. The committee finalized the slate on May 5, 2000. Recruitment efforts used by the committee this year included: a letter to Member Board executive officers to partner with the committee in the recruitment of nominees; inclusion of a call for nominations and nomination form in five editions of the *Newsletter*; and a call for nominations with a nomination form sent directly to members of the National Council's volunteer pool. In addition, the committee made telephone calls to Member Board executive officers, as well as board members and staff of Member Boards; had face-to-face contact with attendees at the Area Meetings; and the nomination packet was placed on the VIP section of the National Council's Web site, for easy access by board members and staff of Member Boards.

The list of slated candidates, along with full biographical information for each candidate, was published in the May 26, 2000, edition of the *Newsletter* sent to Member Boards. Full biographical information for each candidate is included as Attachment A.

Highlights of Activities

■ Committee Observation of Board of Directors' Meeting

On October 14, 1999, the committee observed the Board of Directors' meeting. As part of this activity, the committee dialogued with the Board on topics related to the nomination process at the National Council, including an evaluation of the nominations and elections process and procedures implemented for 1999, methods to get candidate messages out to the membership, the use of electronic equipment during the Candidates' Forum, and potential bylaw amendments related to terms for members of the Committee on Nominations. The Board offered suggestions regarding the nominations and election procedures, including: candidates should know the responsibilities associated with the elected position before they put their name on the ballot, consider obtaining testimonials from prior members of the Board of Directors, attempt to balance membership between members of Member Boards and Member Board staff, and revisit the campaign procedure

to allow the use of video or similar electronic methods by candidates during the Candidates' Forum. The committee discussed the Board's input during its own subsequent meeting.

■ **Candidates' Forum**

The committee established the presentation order for the Candidates' Forum to be held Thursday, August 10, 2000 from 3:30 to 5:00 p.m., as follows:

- Area I, Committee on Nominations
- Area II, Committee on Nominations
- Area III, Committee on Nominations
- Area IV, Committee on Nominations
- Director-at-Large (two positions)
- Treasurer
- Vice-President
- President

The committee reaffirmed its previous decision to allow video presentations that follow specifications established only when the candidate is unable to attend in-person. Additionally, the use of multi-media presentation devices (e.g. PowerPoint, slides, etc.) will not be permitted at the Candidates' Forum; however, a photograph of the candidate will be projected onto a screen during the candidate's presentation.

Future Activities

The committee submitted a bylaws amendment recommending staggering the terms of the members of the Committee on Nominations, two members elected each year for a two-year term. Given the purpose of the Committee on Nominations, to prepare a slate of qualified candidates, staggering terms would provide consistency and greater efficiency on the committee eliminating the potential of having all new members elected to the committee each year. The amendment was reviewed by the Bylaws Committee and is on hold to be addressed with other bylaw revisions after the Delegate Assembly.

Meeting Dates

- October 14-15, 1999
- May 4-5, 2000

Attachments

- A 2000 Slate of Candidates
- B Composition, Election & Competencies
- C Instructions for Using the Computerized Voting System
- D Sample Ballot

2000 Slate of Candidates

The Committee on Nominations is pleased to provide Member Boards with the biographical information for the 2000 Slate of Candidates for National Council office and Committee on Nominations. This detailed information is taken directly from the candidates' nomination form. Each candidate will have an opportunity to expand on their personal statements during the Candidates' Forum, to be held during the 2000 Annual Meeting on Thursday, August 10, 2000, from 3:30 p.m. to 5:00 p.m.

2000 Slate of Candidates

President

Joey Ridenour Arizona Area I

Vice President

Kathy Apple Nevada Area I

Cheryl Payseno Washington Area I

Treasurer

Barbara Morvant Louisiana-RN Area III

Director-at-Large (two positions)

Michael Aderinkomi Minnesota Area II

Myra Broadway Maine Area IV

Deborah Burton Oregon Area I

Teresa Hawk Nebraska Area II

Elaine Klein Alabama Area III

Janet Younger Virginia Area III

Committee on Nominations

Area I

Debra Brady New Mexico

Laura Poe Utah

Area II

Richard Petersen Iowa

Barbara Rolli Ohio

Area III

Yvonne Albert Alabama

June D. Bell Kentucky

Area IV

Monica Collins Maine

Rachel Tierney Massachusetts

DETAILED INFORMATION, as taken directly from nomination forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board position, board name
3. Present employer
4. Educational preparation
5. Offices held or committee membership, including National Council activity
6. Date of term expirations and eligibility for reappointment
7. Personal statement

President

1. Joey Ridenour, Arizona, Area I

2. Executive Director, Arizona State Board of Nursing

3. Arizona State Board of Nursing

4. University of Phoenix, Nursing, MN
Arizona State University, Nursing, BSN

5. National Council

President, 1998-present

Area I Director, 1995-1998

Long Range Planning Committee, 1996-1997

Finance Committee, 1994-1995

Arizona State Board of Nursing

Board Member, 1984-1989; President, 1992-1995

Scope of Practice, Chair, 1993-1995

Arizona State University

Adjunct Faculty, 1996-1999

Maricopa Community Regulation Workforce

Advisory Panel, 1996-1998

RWJ/Colleagues in Caring

Consortium Member, 1996-1998

Arizona Nurses Association

Arizona Organization of Nurse Executives

Sigma Theta Tau

6. Date of expiration of term: (NA)

Eligible for reappointment: (NA)

7. Having been a member of National Council's Board of Directors, an Arizona State Board of Nursing board member and executive director over the past 14 years, I bring a diversity of perspectives and experiences to National Council's leadership. Commitment to National Council's mission has been the central focus of the board's work and is lived out in the decision-making processes. The three priorities for the National Council are: 1) continuously creating new strategies to lead the way in regulatory effectiveness and outcomes; 2) developing innovative strategies for the next generation of the NCLEX[®] examination and testing services; and 3) identifying information technology solutions valued by Member Boards for critical board activities. I embarked on this exciting journey two years ago that has been filled with discovery, innovation and major challenges. I offer a deep and genuine interest to continue this journey as we collectively create the future.

Vice President**1. Kathy Apple, Nevada, Area I**

2. Executive Director, Nevada State Board of Nursing

3. Nevada State Board of Nursing

4. University of Nevada-Reno, Nursing, MS
University of Alaska-Anchorage, Counseling Psychology, MS
California State University-Long Beach, Nursing, BSN

5. National Council

Director-at-Large, 1998-present

Multistate Regulation Task Force, 1997-1998

APRN Coordinating Task Force, 1995-1996

Task Force to Study the Feasibility of a Core Competency Exam for Nurse Practitioners, 1994-1995

American Psychiatric Nurses Association

Sigma Theta Tau

6. Date of expiration of term: (NA)

Eligible for reappointment: (NA)

7. I believe National Council is at an important crossroads in the maturation of the organization. If, as I believe, the mission of National Council is to lead in nursing regulation by assisting Member Boards, the structure, governance, decision-making and leadership must be clear, practical and effective. National Council must be able to realistically assist Member Boards to ensure nurse competence, respond effectively to an increasingly political and dynamic health environment, and develop and implement sound regulation of nursing practice.

I believe I bring conscientious leadership skills to assist in this time of growth and change. I learned early in my nursing career to think systemically and ask the hard questions. I have the ability to sort through information, assess all sides, and look for practical solutions. I believe these skills will help me effectively respond to the needs of the membership.

Vice President**1. Cheryl L. Payseno, Washington, Area I**

2. Chair, Washington State Nursing Care Quality Assurance Commission

3. Franciscan Health System-West (St. Francis Hospital), Federal Way, Washington

4. University of Puget Sound, Public Administration, MPA
University of Washington, Nursing, BSN

5. Washington State Nursing Care Quality Assurance Commission

Chair, 2000

Discipline Committee, Chair, 1999

Washington Organization of Nurse Executives

President, 1992-1993

Washington State Hospital Association

Board of Directors, 1991-1993

Seattle Area Hospital Council

Board of Directors, 1991-1994

6. Date of expiration of term: July 2000
Eligible for reappointment: Yes
7. It would be an honor to serve the National Council. I bring experience as a chief nurse executive and chief operating officer. I have learned the value of principled decision-making to create practical solutions to real problems. I have the ability to provide vision and leadership and to develop consensus.

National Council's vision is to provide worldwide leadership in health care regulation. Accomplishing this vision requires a balance on the Board of Directors between state board members and staff. Board members are selected for their first-hand knowledge of issues impacting the profession, such as evolving scopes of practice and the nursing shortage and its far-reaching, and potentially harmful, impact on public safety. Staff have different expertise.

It is essential that the National Council continue to promote development of continued competence measures, outcome-based research and comprehensive data systems. Providing an ongoing source of funding for Nursys is an immediate need.

Treasurer

1. **Barbara L. Morvant, Louisiana-RN, Area III**
2. Executive Director, Louisiana State Board of Nursing
3. Louisiana State Board of Nursing
4. Louisiana State University Medical Center, Adult Health/ADM, MSN
Louisiana State University Medical Center, Nursing, BSN
Touro Infirmary School of Nursing, Nursing, Diploma
5. National Council
Treasurer, 1998-present
Finance Committee, 1992-present
Executive Officer Orientation Group, 1998
Committee on Nominations, 1991-1992, Chair, 1992
American Nurses Association
Louisiana State Nurses Association
New Orleans District Nurses Association
6. Date of expiration of term: (NA)
Eligible for reappointment: (NA)
7. As Treasurer of NCSBN, I have met my commitment to assure the sound fiscal management of all organizational resources. The Finance Committee has undertaken a careful analysis of the major initiatives of the National Council and established comprehensive project plans and/or brought critical decision points to the attention of the Board of Directors. Some major challenges are yet ahead: such as, the transition of the Special Services Division, development of a comprehensive business plan for Nursys, funding to complete the Regulatory Excellence Project, and the transition to NCS, Inc. testing service. One major goal is to establish a business plan model within the decision-making processes of NCSBN, so that we can be confident for future initiatives that sufficient financial and human resources are in place for success. I remain committed to assuring adequate funding to meet the goals of the National Council, while recognizing the needs of Member Boards.

Director-at-Large**1. Michael Aderinkomi, Minnesota, Area II**

2. Board Member, Minnesota Board of Nursing
3. CareMate Corporation, St. Paul, Minnesota
4. Western Illinois University, Economics, MA
Western Illinois University, Finance, BB Finance
Minneapolis Technical College, Practical Nursing, Diploma
5. Minnesota Home Care Service Corporation
Treasurer, 1999-present
Minnesota Board of Nursing
Review Panel, 1997-present
State of Minnesota Collaborative Council on Nursing
Board Representative
Grace Evangelical Free Church
Elders Board, Administration, 1997-2000
American Academy of Medical Administrators
6. Date of expiration of term: January 2001
Eligible for reappointment: Yes

7. With great pleasure I write this statement to support my election as Director-at-Large for the National Council of State Boards of Nursing. I am the President/CEO of a health care organization and a member of the Minnesota Board of Nursing. I have extensive experience in diverse administrative positions in the health care industry. I have good organizational and management skills with excellent interpersonal relationships. I am assertive when I need to be, non-judgmental, a good listener, and able to maintain objectivity. What is worth doing is worth doing well, therefore professionalism must be the key word. The nursing profession occupies a very unique position in our society and must continue to maintain high integrity to best serve the people who entrust their lives to us. I feel highly committed and ready to promote the National Council's mission and strategic initiatives. Our focus should be the full implementation of mutual recognition of licensure.

Director-at-Large**1. Myra Broadway, Maine, Area IV**

2. Executive Director, Maine State Board of Nursing
3. Maine State Board of Nursing
4. Franklin Pierce Law Center, Law, JD
University of Colorado, Community Health Nursing, MS
Hunter College, Nursing, BSN
5. National Council
Commitment to Excellence Committee, 2000
Resolutions Committee, 1999
Mutual Recognition Member Board Operations Analysis Tool Working Group, 1998
6. Date of expiration of term: (NA)
Eligible for reappointment: (NA)

7. Qualities and skills I propose to bring to the position include the ability to think clearly both inside and outside "the box," to use common sense, to debate both sides of an issue, to be decisive, and to identify and tap resources available in the collective experience and creativity of the membership. Given the changing nature of health care delivery, it is important as nursing regulators to evaluate what we do and how we do it for the purpose of enhancing public protection.

Issues and priorities that I believe the National Council should address within the next two years include: maintaining good working relationships between party and nonparty states as we complete implementation of the interstate compact – including continued work on the advanced practice segment; the increasing delegation to proliferating UAP categories; and, the overlap and gap between nurse practitioners and clinical nurse specialists.

Director-at-Large

1. Deborah A. Burton, Oregon, Area I

2. President, Oregon State Board of Nursing
3. Portland Veterans Administration Medical Center, Portland, Oregon
4. Oregon Health Services University, Nursing/Health Policy, PhD
Oregon Health Services University, Nursing Administration, MN
University of Portland, Nursing, BSN
5. Oregon State Board of Nursing
President, 1997-present
Task Force on Multi-State Regulation, Chair, 1998-present
NW Network, Veterans Health Administration
Education Council, Chair, 1994-present
Oregon Nurses Association
President, District 26, 1996-1999
Vice-President, 1992-1996
American Nurses Association
Delegate, 1984-present
6. Date of expiration of term: December 2002
Eligible for reappointment: No

7. Responsibility for achieving the vision of the NCSBN rests squarely with the Member Boards. As an active board president, I bring this essential perspective to policy deliberations at the national level. I have a long track record of nursing leadership, both within the discipline and in the legislative arena.

As a federal employee, I bring the unique experience of working in a national system that does not require licensure in the state of employment or residency. I also chair Oregon's Task Force on Multi-State Regulation and am immersed in proactive nursing shortage management. I live daily with the consequences of inadequate continued competence measures as Director of Education in a large medical center.

I heartily support the strategic initiatives of the NCSBN. Specifically, those issues most urgent and complex are continued competence assessment, workforce management (shortage) and multistate regulation. I bring the knowledge base, experience, commitment and energy to advance this agenda.

Director-at-Large

1. Teresa Hawk, Nebraska, Area II

2. Board Member, Nebraska Health and Human Services System, Dept. of Regulation and Licensure, Nursing Section
3. Chadron State College, Chadron, Nebraska
4. Loyola University of New Orleans, Pastoral Studies, MPS
Chadron State College, Business, MS
Chadron State College, Business Management, BS
5. Nebraska Board of Nursing
President, 1998-1999
Education and Policy Committee, 1992-2000
Chadron Board of Education
Treasurer, 1990-1998
President, 1988-1990
Nebraska Democratic Party
3rd Congressional District Chair, 1994-2000
6. Date of expiration of term: December 2003
Eligible for reappointment: No
7. The mission of the National Council of State Boards of Nursing is to promote safe and effective nursing practice in the interest of protecting public health and welfare. With health care delivery changing so rapidly, protection of the public becomes increasingly important. My experience on the Nebraska Board of Nursing as a public member enables me to bring a unique perspective to the National Council's Board of Directors.

As regulators, we must assure the public that nurses are safe and competent practitioners without burdening them with unnecessary regulations. The National Council can play a role in solving these issues by serving as an idea clearinghouse, data source and coordinator of information for state boards of nursing.

I bring to the Board seven years of Nebraska Board of Nursing experience, including two years as board president, and my experience as a computer application instructor at Chadron State College.

Director-at-Large

1. Elaine M. Klein, Alabama, Area III

2. Board Member, Alabama Board of Nursing
3. Children's Hospital of Alabama, Birmingham, Alabama
4. University of Alabama-Tuscaloosa, Education, PhD
University of Alabama-Birmingham, Education, MA
University of Cincinnati, School of Nurse Anesthesia, CRNA
5. Alabama Association of Nurse Anesthetists
President, 1979 and 1990
American Association of Nurse Anesthetists
Nominating Committee, 1997
Board of Directors, 1982-1984
Resolutions Committee, 1980

State of Alabama Commission for Nursing
 Committee Member, 1980-present
 National Association of Orthopedic Nurses

6. Date of expiration of term: December 2001
 Eligible for reappointment: Yes
7. Being a dedicated professional, I firmly believe that as a Director of NCSBN I am committed to the advancement of the educational standards and practices that enhance the art and science of nursing, and thereby promote quality patient care. I believe strongly in the vision and mission of NCSBN and, as on a state level, will do my utmost in accomplishing all goals of NCSBN.

State level interest and experience has increased my interest in patient advocacy; additional involvement can further this concept through participating at a national level in the decision-making processes that benefit public health, welfare and safety. Directorship will provide a global perspective to share with board members regarding direction pertaining to governmental policy, legislation or judicial decisions which are of importance to maintaining public welfare and safety resultant of nursing practice and education regulations.

Director-at-Large

1. **Janet B. Younger, Virginia, Area III**
2. Vice President, Virginia Board of Nursing
3. Medical College of Virginia Commonwealth University School of Nursing, Richmond, Virginia
4. University of Virginia, Educational Psychology: Child Development, PhD
 University of Virginia, Pediatric Nurse Practitioner Program, Post-MS Certificate
 Virginia Commonwealth University, Maternal-Child Nursing, MS
5. Virginia Board of Nursing
 Board Member, 1996-present; Vice President, 2000-present
 National League for Nursing Accrediting Commission
 Site Visitor and Reviewer, 2000-present
 Virginia Association of Colleges of Nursing
 Vice President, 1994-1996
 University of Virginia Health Sciences Council
 Member, 1992-1997
 Virginia State Board of Psychology
 Oral Examiner Panel, 1990-1992
6. Date of expiration of term: July 2001
 Eligible for reappointment: Yes
7. I believe the initiatives of the National Council should be as follows: 1) continue the work of measuring practice competence, both for RN and LPN licensure and for advanced practice; 2) work with advanced practice certification bodies to identify essential competencies and bring more unity to certification efforts; 3) leadership for discussion among Member Boards as to what is essential for advanced practice and what should be standard requirements across all jurisdictions; 4) continue to define distinctions while encouraging cooperation among education, practice, certification, accreditation and regulation; 5) continue to bridge the future of telehealth and mutual recognition.

I could bring to National Council the following experiences: 1) educator, associate dean, director of a nurse practitioner program; 2) active clinical practice and certification as a nurse practitioner; 3) site visitor and review panel member of NLNAC; 4) doctorate in educational psychology; 5) publication in instrument development and epidemiology of NCLEX® examination failure.

Committee on Nominations: Area I

1. Debra P. Brady, New Mexico, Area I

2. Executive Director, New Mexico Board of Nursing
3. New Mexico Board of Nursing
4. University of New Mexico, Educational Administration, PhD
University of Pittsburgh, Nursing Education, MNEd
University of Pittsburgh, Nursing, BSN
5. National Council
Resolutions Committee, Chair, 1992-1994, Member, 1991
CST Steering Committee, Chair, 1995-1999/1991-1993, Member, 1988-1991
Nurse Practice and Education Committee, Member, 1999-2000
6. Date of expiration of term: (NA)
Eligible for reappointment: (NA)

7. I have shared my time and talents with the National Council through service on various committees over the last ten years and would now like to serve on the Committee on Nominations. From my years of service I have developed an understanding of the organization as a whole and the issues of importance to the National Council. I feel well prepared to provide leadership in meeting the needs of Member Boards in accomplishing the mission and goals of the National Council.

I believe the continuation of a psychometrically sound, legally defensible examination is of utmost importance to Member Boards. I also believe it is important for the National Council to keep abreast of the rapidly changing world of regulation so the organization is poised to take advantage of opportunities and effectively deal with the challenges presented to it.

Committee on Nominations: Area I

1. Laura Poe, Utah, Area I

2. Executive Administrator, Utah State Board of Nursing
3. Division of Occupational and Professional Licensing, Salt Lake City, Utah
4. Brigham Young University, Nursing Education /Administration, MS
Brigham Young University, Nursing, BSN
5. National Council
Nurse Licensure Compact Administrators, Chair, 1999-present
Director-at-Large, 1996-1998
Information Services Evaluation Task Force, 1995-1996
Executive Officer Orientation Task Force, 1994-1995
Utah Nurses Association, Board of Nursing

NPA Task Force, 1991-1992, 1996-1998
Congress on Nursing Practice, 1993-1995

6. Date of expiration of term: (NA)
Eligible for reappointment: (NA)
7. This is a critical period of time for those in regulation, and the National Council will be there taking the lead regarding public policy as it relates to licensure and public protection. The officers chosen by delegates will play a pivotal role in the success of the National Council in achieving its goals. As a member of the Committee on Nominations, I will seek volunteers to serve in office who will support the mission of the National Council and who will bring the leadership necessary for the new millennium. I will bring to the Committee on Nominations dedication, a keen sense of humor and the experience of having been a member of National Council's Board of Directors. The issues facing the National Council include multistate practice, advanced practice, delegation, scope of practice, and continuing competency. The Committee on Nominations must seek individuals who will run for office who can address these issues.

Committee of Nominations: Area II

1. **Richard A. Petersen, Iowa, Area II**
2. Chair, Iowa Board of Nursing
3. Morningside College, Sioux City, Iowa
4. University of South Dakota, Education Administration, Doctoral Candidate
University of Texas at Arlington, Nursing, MSN
Morningside College, Nursing, BSN
5. National Council
Examination Committee, 1996-1997
Iowa Nurses Association
Member, 1983-present
Sigma Theta Tau-Delta Theta Chapter
Research Committee, 1998
6. Date of expiration of term: April 2001
Eligible for reappointment: Yes
7. It would be an honor to serve on the Committee on Nominations for the National Council. I believe I would bring a wealth of experience to the committee, having practiced nursing in many roles including those of staff nurse, manager, and now educator. I have been involved with the Iowa Board of Nursing as a board member since 1995 and have served as board chair for the past year, in addition to serving on the Education Committee for the past five years. Mutual recognition and nurse competency continue to be issues at the forefront of nursing and I would do my best in assisting to compile a slate of candidates who would have the motivation, expertise, and courage to tackle the tough issues ahead.

Committee on Nominations: Area II

1. **Barbara Rae Rolli, Ohio, Area II**
2. Vice President, Ohio Board of Nursing
3. Richmond Family Care Center, Richmond, Indiana

4. Dayton School of Practical Nursing, Diploma
5. National Council
 - Page, 1999 Annual Meeting
 - Ohio Board of Nursing
 - Vice President, 2000
 - Dialysis Technician Task Force, 1998-2000, Chair, 2000
 - Advisory Group on CNE, Chair, 1998-1999
 - Licensed Practical Nurse Association of Ohio
 - 1997 Convention, Co-Chairman
 - District 10 Representative, 1983-present
6. Date of expiration of term: December 2001
Eligible for reappointment: No
7. I bring to NCSBN 18 years of nursing experience ranging from long-term care to hemodialysis to family practice. Through my past involvement on numerous local board committees, I bring the ability to work effectively with a diverse group of professionals. I have a strong work ethic and enjoy challenges. Attending Delegate Assembly and Area II meetings has given me the opportunity to meet and network with potential candidates.

Issues facing National Council would be continuing the implementation of mutual recognition and assisting state boards in working out the differences between them to assure a smooth transition. As nursing and health care continue to change, National Council must also assist state boards to assure nursing competency to promote the mission of safe and effective nursing practice.

Committee on Nominations: Area III

1. **Yvonne Delores Albert, Alabama, Area III**
2. Board Member, Alabama Board of Nursing
3. Father Purcell's Children's Center, Montgomery, Alabama
4. Wichita (Kansas) Practical Nursing School, Diploma
Troy State University, Biology, Diploma
Butler County Community College, Biology, Diploma
5. Alabama Board of Nursing
 - Nursing Practice and Discipline Committee, 1997-present
 - Continued Competence/Continuing Education Committee, 1998-present
 - Summit Workgroup, 1999-present
 - Strategic Planning and Policy Committee, 1998-1999
 - National Association for Practical Nurse Education and Service
 - Teller for Elections, 1998-2000
 - Licensed Practical Nurses Association of Alabama
 - Board of Directors, 1992-1999
 - Chapter 3 President, 1992-1999
 - VFW Ladies Auxiliary 10366
 - President, 1997-2000
 - Council of Presidents, Secretaries and Chief Officers
 - American Heart Association, CPR Instructor
6. Date of expiration of term: December 2000

Eligible for reappointment: Yes

7. My twenty-year nursing experience in pediatric skilled long-term care and community-based programs offers National Council a diversity of experience. I had the opportunity to add to my experience by serving as a delegate to the Delegate Assembly two consecutive years and as a state of Alabama board member for three and one-half years.

The issues facing the National Council require a diversity of thinking and action. My critical thinking skills, communication style, and collaboration offer a perspective to the Committee on Nominations needed for evaluating candidates. The Committee on Nominations is vital to the mission of the National Council. Quality candidates are necessary because the leaders of the National Council, elected by the membership, perform a pivotal role in deciding areas related to cost-effective methods for regulatory practice, mutual recognition, continued competency, and integration of technology with regulation.

Committee on Nominations: Area III

1. June DeLorica Bell, Kentucky, Area III

2. President, Kentucky Board of Nursing
3. St. Joseph's Peace Mission for Children, Owensboro, Kentucky
4. Western Kentucky University, Nursing, BSN
Murray State University, Nursing, Diploma
5. Kentucky Board of Nursing
President, 1999-present
Consumer Protection Committee; Chair, 1997-2000
Study and Planning Committee; Chair, 1998-1999
Kentucky Nurses Association, District #8
President-elect/President, 1996-1998
Scholarship Committee, Chair, 1995-1997 and present-2001

6. Date of expiration of term: June 2000
Eligible for reappointment: Yes

7. I have been fortunate to have been actively involved in the National Council as a delegate from Kentucky for the past three years and feel it is appropriate for me to be a candidate for the Committee on Nominations. I have come to appreciate the goals and mission of the National Council and how very important it is to be an active participant. All of the offices of the National Council are significant, but the Committee on Nominations has the added challenge of seeking qualified individuals to lead the National Council forward during a time that nursing as a profession remains on the cutting edge of all professions. I can, and will, bring a willingness to work for what is best for the National Council in picking its next leaders. Thank you for this opportunity and I will serve this committee well.

Committee on Nominations: Area IV

1. Monica M. Collins, Maine, Area IV

2. Board Member, Maine State Board of Nursing
3. School of Health Professions, Husson College, Bangor, Maine

4. University of Maine, Education, EdD
Boston University, Nursing, MS
Boston College, Nursing, BSN
5. National Council
Committee on Nominations, 1997-present, Chair, 1998-present
Computerized Clinical Simulation Testing Task Force, 1996-1998
Maine State Board of Nursing
Board Member, 1991-2001, Chair, 1993-1996
National Interdisciplinary Steering Committee, 1993-1995
National League for Nursing
Sigma Theta Tau, Kappa Zeta & Omicron XI
6. Date of expiration of term: August 2001
Eligible for reappointment: Yes
7. I have demonstrated my commitment to the goals of the National Council and its mission through committee work, as a delegate and as a member of the CST Task Force. Through participation on the Committee on Nominations, I had multiple opportunities to interact with executive officers, staff and board members. I believe I have established meaningful relationships that have and will continue to contribute to the attainment of the National Council's strategic initiatives.

I believe I have the visionary capacity and experience to contribute to the identification of nursing regulatory leaders that have the collective expertise to develop policy that assists Member Boards in the promotion of safe and effective nursing practice that protects the public health and welfare.

During the next two years, I believe the priority for the National Council will be directed toward the comprehensive licensure information system and implementation of compacts nationwide. Additionally, the focus of National Council activities must be directed toward the changing practice environment and congruence between the education and the practice.

Committee on Nominations: Area IV

1. **Rachel E. Tierney, Massachusetts, Area IV**
2. Board Member, Massachusetts Board of Registration in Nursing
3. Brightside for Families and Children, Sisters of Providence Behavioral Healthcare, West Springfield, Massachusetts
4. University of Massachusetts-Amherst, Public Health-Health Policy/Management, PhD
University of Massachusetts-Amherst, Psych/ Mental Health Nursing, MS
University of Massachusetts-Amherst, Nursing, BSN
5. National Council
Institute for the Promotion of Regulatory Excellence, 1997-1998
Massachusetts Board of Registration in Nursing
Complaint Committee, 1995-present, Chair 1998-present
Massachusetts Nurses Association
Legislative Committee, 1990-present
Psychiatric Clinical Specialists of Western Massachusetts (charter member), 1995-present
West Springfield School Committee
Committee Member, 1984-1993, Chair, 2 years
Multiple Sub-committee Chairmanships

6. Date of expiration of term: January 2001
Eligible for reappointment: No

7. With educational preparation in health policy/management and expertise as a psychiatric clinical nurse specialist, I have held leadership positions as administrator, clinician, educator and consultant. Responsibilities have included facilitation of agency-wide accreditation and regulatory compliance, as well as participation in strategic and tactical planning. My ability to manage multiple tasks during organizational change has been strengthened through the use of quality improvement processes to assure safe and effective clinical practice outcomes. Participation as a member and chairman of the Massachusetts Board's Complaint Committee included use of an objective framework to guide disciplinary decision-making. Therefore, I am well prepared to contribute to the National Council's mission.

Priority issues for the National Council to address in the next two years include; 1) continued job analysis to guide nursing education and develop licensure examinations; 2) processes to advance multistate licensure; and, 3) valid, reliable measures to evaluate continuing nursing competence.

Attachment B**Composition, Election and Competencies****Composition and Election of the Board of Directors**

- The Board is comprised of a president, a vice-president, a treasurer, two directors-at-large and a director from each of the four Areas.
- Directors-at-Large are elected to one-year terms, while all other Board officers are elected to two-year terms.
- The president, vice-president, and treasurer are elected in even-numbered years, and the Area directors are elected in odd-numbered years.
- A person shall have served as a delegate, a committee member or an officer prior to being elected to the office of president.
- Area directors are elected by the delegates from their respective Areas only, while all other officers are elected by the Delegate Assembly as a whole.
- A person may serve up to four consecutive years in the same officer position.
- Board officers assume duties at the close of the annual meeting at which they are elected.

Competencies for National Council's Board of Directors

- Demonstrates a commitment to the National Council and its mission.
- Has the propensity to think in terms of systems and context.
- Has the ability and eagerness to deal with values, is visionary, plans for tomorrow, thinks conceptually.
- Participates assertively in deliberations, shows moral courage to take a stand.
- Is willing to delegate, to allow others to make decisions.
- Builds meaningful internal and external relationships, and structures contact with Member Boards.
- Demonstrates self-management.

Competencies adopted 2/97 by the Board of Directors of the National Council of State Boards of Nursing, Inc.

Composition and Election of the Committee on Nominations

- The Committee on Nominations is comprised of one person from each Area.
- Committee members are elected to one-year terms.
- Each committee member is elected by the Delegate Assembly as a whole.
- Committee members shall be members or staff of Member Boards.
- Committee members assume duties at the close of the annual meeting at which they are elected.

Submitting Nominations for Office

- Nomination forms are included with multiple editions of the *Newsletter* mailed to Member Boards.
- An online nomination form is available at Member Board offices via NCNET, as well as through the Volunteer Information Program (VIP) area of the National Council's Web site. E-mail volunteer@ncsbn.org for more details.
- Additional forms are available at 312/787-6555, Ext. 161.

Competencies for National Council's Committee on Nominations

- Demonstrates commitment to the goals of the National Council by recruitment of a slate of qualified candidates.
- Conducts the business of the committee in an equitable, fair manner.
- Demonstrates accountability to the Delegate Assembly.
- Demonstrates collaboration, risk-taking and effective communication skills.
- Articulates the value of participation in the National Council.
- Enhances cooperative relationships with Member Boards in carrying out the committee's charge.

Competencies adopted 11/97 by the Committee on Nominations of the National Council of State Boards of Nursing, Inc.

Attachment C**Instructions for Using the Computerized Voting System**

IMPORTANT: If you are unfamiliar with using a mouse, or have never worked with Windows or a Macintosh, please set aside time to meet Craig Moore in the on-site National Council office for a demonstration prior to the elections.

During the week, a laptop computer will be available at the registration desk for practice purposes. *All* delegates are strongly encouraged to practice prior to Saturday morning.

To vote, you will need your voting card. Be sure to bring it with you.

Step One: Check In

When you arrive at the voting area Saturday morning, proceed to your Area representative for check in. Upon inspection of your credentials, you will be given a color-coded slip of paper containing a voting Authorization Number. The computer program uses this secret number to prevent vote tampering and ensure accuracy of the system. The Authorization Number is given to you at random. There is no link between your number and your identity. The ballot you cast is authorized, yet anonymous.

IMPORTANT: Each Authorization Number is good for only ONE ballot. The computer is programmed to enforce this rule. If you are eligible for more than one vote, you must receive more than one Authorization Number. Contact an election official if you have questions regarding this.

Once you have your Authorization Number(s), you will be escorted to a voting terminal to cast your ballot(s).

Step Two: The Voting Terminal

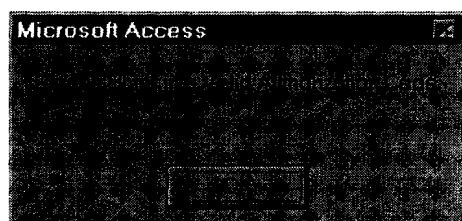
At the voting terminal, you will see the opening screen:

Please type in your 7 digit Authorization Number in the box below then click the Submit button to begin voting:

Type your Authorization Number in this box.

Then use your mouse to point at this button and click ONCE.

If you enter an invalid number, the system will not let you continue. You will see the following pop-up box:



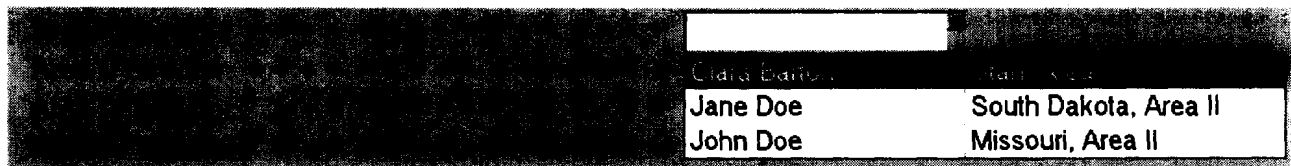
If you entered a valid Authorization Number, then the Official Ballot screen will appear automatically. Here is a portion of that screen:

Click ONCE on this arrow to see the candidates names.

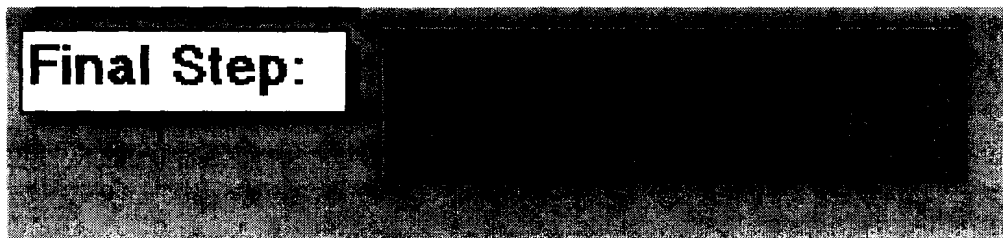


Once you click the arrow, you will see the name, Area and jurisdiction of each candidate. The candidates are listed in the order published in this *Business Book* and as nominated from the floor:

Once the drop-down list of names appears, simply move the mouse up or down to highlight your choice, then click ONCE to select your candidate.



Once you click to select a candidate, you may move on to the next office OR click the arrow again to re-visit your choice. *Make sure to vote for all offices you wish.* Once your ballot is complete, you may click the Finish Voting button to cast your vote:



Step Three: Check Out

Proceed to the table by the exit door to check out and RETURN YOUR AUTHORIZATION NUMBER.

Thank you for placing your vote!

Report of the Bylaws Audit Group

Members

Cynthia VanWingerden, VI, Area IV, *Chair*
 Nancy Durrett, VA, Area III
 Laura Rhodes, WV-RN, Area II
 Ruth Ann Terry, CA-RN, Area I

Staff

Eloise Cathcart, Executive Director

Guests

Joey Ridenour, NCSBN President
 Lorinda Inman, NCSBN Board Member

Consultant

Michela Perrone, Board Consultant

Relationship to Strategic Plan

Strategic Initiative 6.1.12..... Implement a committee process to review National Council bylaws and recommend changes to the 2000 Delegate Assembly
 Outcome 1..... A sound organizational governance and management infrastructure advances the National Council's mission and vision.

Recommendations to the Board of Directors

1. **Request that the Delegate Assembly authorize the creation of a committee for comprehensive review and potential revision of the bylaws.**

Rationale

The Bylaws Audit Group met at the National Council offices on May 1, 2000, to review the existing National Council bylaws. The group also analyzed the data from the Governance Survey which was conducted in January 2000, and the responses to that survey which came from attendees at the 2000 Area Meetings. The following four priority areas were identified by the audit group for further study: 1) the need to further clarify and define the boundaries of authority of the Delegate Assembly and the Board of Directors; 2) the need to ensure a governance structure and a process that will adequately prepare the Delegate Assembly to make effective and timely decisions that are fiscally sound and consider the long-range impact; 3) the need to reexamine the election process to insure appropriate continuity and ongoing development of effective leadership for the National Council; and 4) the need to review the process for committee appointments, determination of charges and lines of communication to optimally support the strategic plan.

The work of the audit group will be presented in detail at a Delegate Assembly Forum on Friday, August 11, 2000.

Future Activities

This Bylaws Audit Group was appointed to assist the Board of Directors in the review of governance issues in light of the Governance Survey and the group's professional experience with the National Council. Since the work of the audit group resulted in the recommendation that the Delegate Assembly create a formal Bylaws Committee, this audit group will not meet again.

Report of the Commitment to Public Protection through Excellence in Nursing Regulation Project

Members

Diana Vander Woude, MS, RN, Chair
 Joan Bouchard, MN, RN, Member
 Myra Broadway, JD, MS, RN, Member
 Donna Dorsey, MS, RN, Member
 Polly Johnson MSN, RN, Member

Pilot State Workgroup

Lanette Anderson, WV-PN
 Karla Bitz, ND
 Charlene Kelly, NE
 Elizabeth Lund, TN
 Sue Milne, OH
 Cynthia Morris, LA-RN
 Calvina Thomas, MO
 Sharon Weisenbeck, KY

Staff

Donna Nowakowski, MS, RN, Associate Executive Director
 Lynda H. Crawford, PhD, RN, Director of Research Services

Relationship to Strategic Plan

Strategic Initiative 2: *The National Council will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.*

Outcome 1:..... *An articulated relationship demonstrating the benefits of nursing regulation for the public health, safety and welfare.*

Recommendations to the Board of Directors

The purpose of this report is to provide information only. No action is requested at this time.

Background

The purpose of the Commitment to Public Protection through Excellence in Nursing Regulation Project is the establishment of a performance measurement system that incorporates data collection from internal and external sources and the use of benchmarking strategies and identification of best practices. Phase Three began in October 1999 and will entail pilot testing of data collection instruments and procedures and data analysis and reporting processes in 2000.

Building on the extensive work to date, data collection instruments have been revised to include process-related questions that will link to outcome indicators and provide contextual information. The final version of the Performance Indicators, Data Sources, and Formulas document for the pilot project will be provided to the Board of Directors at its next meeting.

This exciting and ground-breaking project (no other regulatory group has approached performance evaluation in this manner or to this extent) will clarify the important work of boards of nursing, demonstrate value, and identify best practices.

Highlights of Activities

■ Training of pilot state representatives.

Twelve state boards were selected from among volunteers to participate in the pilot test. The twelve states participating include Kentucky, Louisiana-RN, Maryland, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Tennessee, West Virginia-PN and Texas-RN. Pilot state representatives met with the project consultant, The Urban Institute, in February 2000 for orientation to data collection processes and procedures. The need for project refinement became apparent during the training sessions for the pilot states. At its February 23-24, 2000, meeting, the Board of Directors authorized staff to convene a meeting of the project Advisory Group and the pilot state representatives.

■ Development of conceptual framework to guide data collection and revision of project timelines.

The project Advisory Group and Pilot State Representatives met to discuss concerns with the project scope and instruments developed in phase Two, and developed a conceptual framework from which to guide tool development and data collection, and narrowed the scope of the first pilot to two regulatory roles. Work will continue in 2001 to develop and pilot tools for the remaining regulatory roles.

■ Data collection by pilot states

Data collection began in July 2000 and will continue through September. Each pilot state received the data collection instrument and surveys were sent to five stakeholder groups within each of the pilot jurisdictions.

Future Activities

- Fall 2000: Completion of data collection of first regulatory roles from pilot states.
- Last Quarter 2000: Complete data analysis, generate reports, modify data collection instruments.
- First Quarter 2001: Disseminate final tools to all state boards.
- Second Quarter 2001: Develop tools for remaining regulatory roles.
- Third Quarter 2001: Data collection from pilot states for remaining regulatory roles. Enter and analyze data about first regulatory roles from all boards.
- Fourth Quarter 2001: Complete data analysis, generate reports, modify data collection instruments of remaining regulatory roles.
- First Quarter 2002: Disseminate final tools to all state boards. Establish cycle of data collection and reporting. Training regarding use of performance outcome measurement *vis a vis* strategic planning and quality improvement activities.

Meeting Dates

- January 26-27, 2000. Initial training session for Pilot States.
- March 13, 2000. Project Advisory Group and Pilot State representatives met jointly.
- June 19-20, 2000. Project Advisory Group and Pilot State representatives met jointly.

Attachment

A Phase Three Timeline, Activities and Participants

Attachment A

Commitment to Public Protection through Excellence in Nursing Regulation Project Phase Three Timeline, Activities and Participants

Date(s)	Activity	Groups (in addition to National Council and Urban Institute staff)
FY2000		
January 27-28, 2000	2-day meeting of Pilot State Representatives to review, discuss and finalize data collection procedures	Pilot State Representatives
March 13, 2000	Revise instruments	
June 19-20, 2000	Combined meeting of Advisory Group and Pilot State Representatives	Advisory Group and Pilot State Representatives
July – September	(a) Data collection and reporting by pilot states; (b) Build database application and validate, clean and enter data	Pilot State Representatives
October – December	Complete data analysis, generate reports, evaluate quality, identify problem areas re: data validity, data collection procedures, etc. for pilot study	
FY2001		
First Quarter	Revise instruments and disseminate finalized tools	
Second Quarter	Develop tools for remaining regulatory roles	Advisory Group and Pilot State Representatives
Third Quarter	(a) Data collection and reporting by pilot study #2; (b) Revise database application and validate, clean and enter data	
Fourth Quarter	Training regarding use of performance outcome measurement <i>vis a vis</i> strategic planning and quality improvement activities Data validation, cleaning entry and analysis; generate draft reports; evaluate quality; and identify problem areas regarding data validity, data collection procedures, etc. for pilot study #2	TBD
FY2002		
First Quarter	Prepare pilot report finding recommendations	
Second Quarter	All Board training	
Third Quarter	Begin full scale project	

Report of the Disciplinary Issues Task Force

Members

Patricia Uris, CO, Area I, *Chair*
 Neysa Gaskins, OH, Area II
 Dwayne Jamison, MS, Area III
 Kathy Malloch, AZ, Area I
 Kathryn Schwed, NJ, Area IV

Staff

Vickie Sheets, JD, RN, *Director of Policy and Credentialing*

Consultant

Patricia Benner, PhD, RN, FAAN

Relationship to Strategic Plan

Strategic Initiative 1.....Nurse Competence: The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Outcome 2.....Information and research to support the regulatory approaches to discipline, remediation, and alternative processes.

Background

The National Council Board of Directors, recognizing the rich source of data available in board of nursing records of disciplinary cases, directed the Disciplinary Issues Task Force to develop new knowledge about the causes of nursing practice breakdown.

The task force held one meeting to identify objectives and plan the scope and parameters of a pilot study of practice breakdown. The study builds upon the findings of the National Council's *Study of Effectiveness of Nursing Discipline* (1997). The task force identified elements to be tracked in the sample cases involving nursing practice.

The Study of Effectiveness of Nursing Discipline had used the data available in public disciplinary documents as the source of information. One of the limitations of that study was the wide variation in the amount of case description that different boards incorporated into the public documents. The task force proposed delving deeper into the factual content of cases by using more complete information obtained from a variety of materials, ranging from the initial complaint to witness statements, investigatory reports, hearing transcripts and staff interviews. Pilot cases were redacted as to nurse and patient identifiers.

One of the aims of the pilot is to determine if sufficient information is available in reports of disciplinary cases to conduct a phenomenological study. This study could be considered a root cause analysis of discipline cases, in order to determine whether there are particular elements that could be used to identify nurses at risk.

Dr. Patricia Benner, consultant to this project, and Vickie Sheets, Director of Practice and Credentialing, developed an analysis of the pilot cases that will be evaluated by the task force members when they meet again in July. The preliminary findings and recommendations of the study will be presented at the education breakout session at the National Council's 2000 Annual Meeting.

Meeting Dates

- December 12-13, 1999

Report of the Executive Officer Fellowship Program Advisory Group

Members

Sharon M. Weisenbeck, KY, Area III, *Chair*
Cheryl Lynn Koski, WY, Area I
Miriam H. Limo, PA, Area IV
Marcia M. Rachel, MS, Area III
Joey Ridenour, AZ, Area I
Nancy Wilson, WV-PN, Area II

Staff

Eloise Cathcart, Executive Director

Consultant

Patricia Benner, PhD, RN, FAAN

Relationship to Strategic Plan

Strategic Initiative 3.....Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.

Outcome 2.....Leadership influences health care and regulatory policy.

Background

In recognition of the important leadership role of the Executive Officer of a board of nursing, this advisory group has been working in consultation with Dr. Patricia Benner to cull out the theoretical knowledge and highly skilled practical knowledge which informs the practice of nursing regulation. The intent of this work is to identify an effective curriculum which will serve to orient new Executive Officers to this practice and to embellish the knowledge and skill of role incumbents. Several domains of regulatory practice have been delineated and will be presented to the Executive Officers for validation during the EO Networking Group meeting.

Future Activities

Upon receiving feedback from Executive Officers, a mid-year leadership forum incorporating this content will be established. The orientation program for new Executive Officers will also be revised to focus more specifically on critical aspects of this role.

Meeting Dates

- January 31, 2000
- June 12, 2000

Report of the Special Advanced Practice Task Force

Members

Marcia M. Rachel, MS, Area III, *Co-Chair*
 Katherine A. Thomas, TX-RN, Area III, *Chair*
 Nancy A. Allen, UT, Area I
 Deborah Kay Bohannon Johns, ND, Area II
 Margaret Franckhauser, NH, Area IV
 Charlene Hanson, GA-RN, Area III
 Mary Jacobsen, FL, Area III
 Tracy Klein, OR, Area I
 Georgia Manning, AR, Area III
 Janet B. Younger, VA, Area III

Staff

Donna Nowakowski, MSN, RN, *Executive Associate Director*

Relationship to Strategic Plan

Strategic Initiative 3.....Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.

Outcome 1.....Approaches and strategies respond effectively to critical issues and trends impacting nursing regulation.

Background

After the adoption of a position paper on advanced nursing practice in 1994, the National Council began to examine the sufficiency of advanced practice certification for regulatory purposes. Extensive negotiations with certifying bodies resulted in the use of NCCA accreditation plus review of additional criteria established by National Council (a – k) as a process to assure Boards of Nursing that it was appropriate to use professional certification examinations to meet regulatory requirements for advanced practice nursing. On April 10, 2000, the National Council Board of Directors appointed the Special Advanced Practice Task Force to continue to examine the issue of regulatory sufficiency of the advanced practice certification examinations and recommend to the Board of Directors a process to assure consistency of the process for certification that will support the boards in protecting the public. The charge requires that the task force conduct a retrospective evaluation of the “first generation” review process and make recommendations for the “second generation” review process.

Highlights of Activities

The task force met on May 3, 2000 to begin work on meeting their charge from the Board of Directors. The task force:

- Reviewed the evolution of the current validation process
- Discussed aspects of the NCCA evaluation and the supplemental a – k criteria
- Discussed the current process and its limitations for regulatory sufficiency
- Acknowledged the request of the American Board of Nursing Specialties to be considered as an additional source of accreditation for advanced nursing practice certification after the approval of the second generation criteria are developed
- Discussed possible recommendations to strengthen the current review process
- Tracked other relevant topics
- Identified additional information needed for the task force to complete its work
- Planned for the Advanced Practice Roundtable to be held June 22, 2000.

The task force concluded its day with the following decisions:

- The a-k criteria be reviewed carefully and amended to incorporate current expectations for regulatory sufficiency
- All APRN certifying organizations that have not been accredited or reviewed using the a-k criteria be subject to first generation review
- The four certifying organizations that have completed first generation review be expected to conform to an enhanced “second generation” review process at the time of their next review
- Accreditors (NCCA, ABNS, or others that apply) be responsible to demonstrate compliance with the forthcoming requirements and criteria in order to be accepted for regulatory purposes
- Future agreements with accreditors be formed by written agreement that includes validation by certifying organizations of continuing conformance to requirements and standards
- Annual progress reports are enhanced to provide information to the National Council that enables State Boards of Nursing to base their acceptance for regulatory sufficiency on meaningful information.

The task force members supported the *Uniform APRN Licensure/Authority to Practice Requirements* for APRN regulation, as developed by the previous Advanced Practice Task Force in collaboration with the certifying bodies. They suggested that an introduction and rationale for the requirements be developed. The task force members support the Board of Directors bringing the requirements to the 2000 Delegate Assembly for adoption.

Report of the Nurse Licensure Compact Administrators

Compact Administrators

Voting Members as of July 1, 2000

Laura Poe, Utah, *Chair*

Donna Dorsey, Maryland

Faith Fields, Arkansas

Lorinda Inman, Iowa

Polly Johnson, North Carolina

Myra Shelton, Wisconsin

Mary Strange, Texas-VN

Kathy Thomas, Texas-RN

Non-voting Members

Marcia Rachel, Mississippi

Charlene Kelly, Nebraska

Diana Vander Woude, South Dakota

Staff

Eloise Cathcart, Executive Director

Christine Ward, Manager, Executive Office Relations

Relationship to Strategic Plan

Strategic Initiative (3).....Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.

Outcome (4).....Implementation of the mutual recognition model for nursing regulation.

Recommendations to the Board of Directors

- 1. Continue to provide information and resources to states considering adopting the Nurse Licensure Interstate Compact .**

Rationale

During the 1997 Delegate Assembly, the delegates endorsed the mutual recognition model of nursing regulation. The model is implemented via the Nursing Regulation Interstate Compact (Compact). To date, ten states have adopted legislative language to adopt the Compact. As more states move toward implementing the Compact, the National Council needs to provide information and resources to assist states in their legislative efforts.

- 2. Continue to develop secretariat relationship between the Nurse Licensure Compact Administrators (NLCA) and the National Council.**

Rationale

According to the NLCA Articles of Organization, the National Council is to provide secretariat services to the Compact Administrators. National Council has provided a staff member to coordinate the activities of the Compact Administrators. National Council has also provided meeting space and time and legal services for the NLCA. The NLCA and National Council Board of Directors will need to continue to dialogue regarding those services which will continue to be provided by the National Council. Coordination of the promotion of the Compact will also need to continue between the National Council Board of Directors and the NLCA.

Background

Since 1994, the National Council of State Boards of Nursing has been studying the issue of multi-state practice and telenursing. Those studies came together into a recommendation that the National Council endorse a mutual recognition model of nurse licensure. In August of 1997, delegates to the Delegate Assembly unanimously voted to endorse the mutual recognition model. During a special session of the Delegate Assembly in December 1997, the delegates approved compact language which, when adopted by a state, would implement the mutual recognition model of nursing regulation. Ten states have adopted legislation to enact the Compact. Currently four states have implemented the Compact and three more will become effective on July 1, 2000.

In January 1999, the National Council organized the Interim Compact Administrators Group. The charge of the group was to develop an implementation plan for the Compact. The interim group worked on developing model rules and regulations and also the articles of organization. The interim group had two face-to-face meetings and monthly to bi-monthly conference calls. However, no official business could be conducted until the Compact went into effect (at least two states had implemented the Compact). On January 1, 2000, the Compact became effective with the following states: Maryland, Texas, Utah and Wisconsin. During a conference call in January 2000, the model NLCA Rules and Regulations and the NLCA Articles of Organization were adopted. Laura Poe was elected chair, Donna Dorsey was elected vice-chair, and Mary Strange was elected secretary-treasurer.

The Nurse Licensure Compact Administrators continue to conduct business via monthly conference calls. During the past six months policies and procedures have been written and adopted to assist states in the implementation of the Compact.

The National Council of State Boards of Nursing has provided secretariat services for the NCLA. National Council has also provided meeting space and coordination, plus office and legal services for the Compact Administrators.

Highlights of Activities

■ **Adoptions of the model NLCA Rules and Regulations**

The model NLCA Rules and Regulations provide the template for state rules to be written and adopted which allow for the implementation of the Compact in a uniform basis. The language of the Compact requires states to adopt implementing rules.

■ **Adoption of the NLCA Articles of Organization**

The NLCA Articles of Organization provide the framework by which the Compact Administrators will function as an organized group. Topics included in the articles include members, officers, executive committee, meetings, fiscal matters and privileges.

■ **Development and adoption of a NLCA Policy and Procedures Manual**

The implementation of the Compact requires party states complete procedures in a consistent manner. A NLCA Policy and Procedure Manual was developed to help states implement the Compact and implement procedures necessary for the successful transition from single state to multi-state privilege licensure. Areas addressed in the policies and procedures manual include: administration, discipline, licensure and Nursys.

Future Activities

The NLCA will continue to work toward implementing the Compact at the state level. We will work with National Council to promote and assist other states in their effort to move forward with the mutual recognition model of nursing regulation. In addition, the NCLA will continue to hold monthly conference calls during this implementation period. The NLCA Policies and Procedures will be further refined and developed which address identified implementation issues.

Recommendations to the Board of Directors

1. Continue to provide information and resources to states considering adopting the Nurse Licensure Interstate Compact.
2. Continue to develop secretariat relationship between the NLCA and the National Council.