

Annual Meeting Schedule

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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

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

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

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

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.

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.

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

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

Friday August

Registration

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

Breakfast with The Chauncey Group/Sylvan Prometric/Thomson

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

Forum Presentation

- Commitment to Excellence Project
- Mutual Recognition

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

Business Meeting of the 2000 Delegate Assembly

- 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

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

▪ Practice Committee Meeting

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

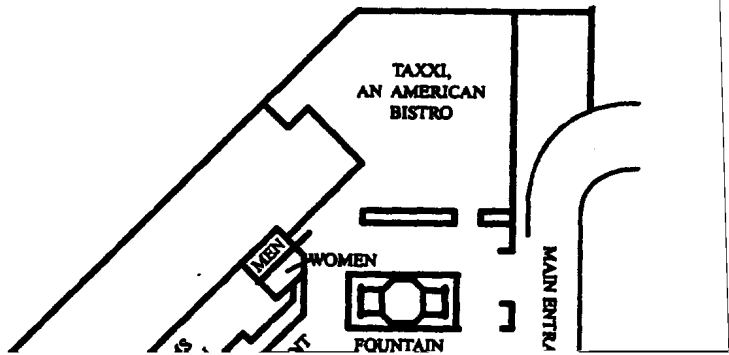
9:00 a.m.-10:15 a.m.
Resolutions/New Business Forum

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



SECRET

[REDACTED]

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

- Announcements

- 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

Standing Rules of the Delegate Assembly

1. Procedures

~~The Committee on the Constitution of the Delegate Assembly shall be composed of the following members:~~

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

employees of Member Boards wishing to speak, have spoken.

No person may speak in debate more than twice on the same question on the same day, or longer than four

National Council of State Boards of Nursing, Inc. Bylaws

Revision Adopted *August 29, 1987*
Amended *August 19, 1988*
Amended *August 30, 1990*
Amended *August 1, 1991*
Amended *August 5, 1994*
Amended *August 20, 1997*
Amended *August 8, 1998*

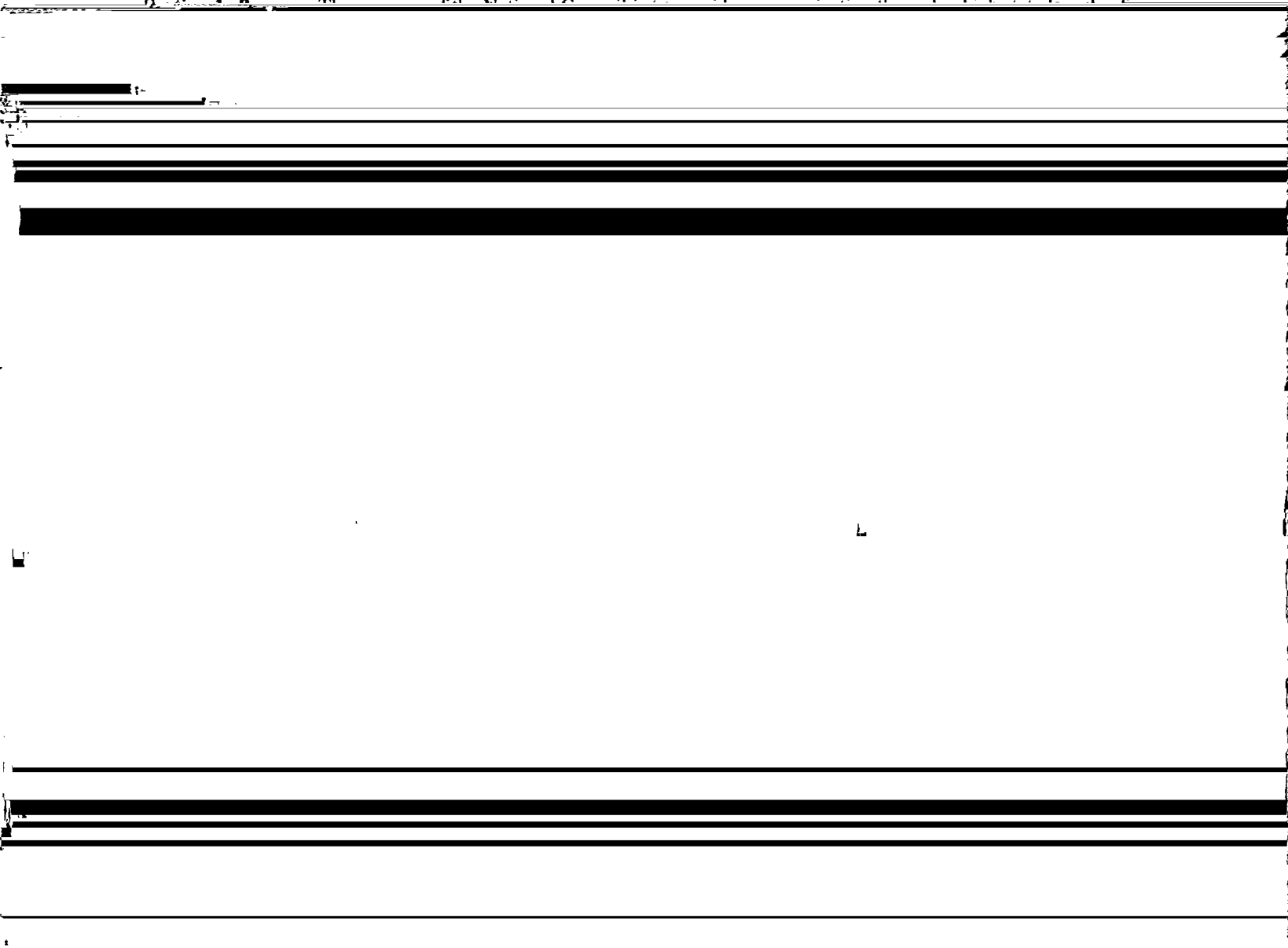
Article I

■ 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 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

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

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' notice of the removal.

thirds vote of the Board of Directors for failure to perform duties of the office. The individual shall be given 30 days' notice of the removal.

Section 9. Appeal. An individual removed from office by the Board of Directors may appeal to the Delegate Assembly.

Q—Does The Committee on Nominations shall send the nomination call to the members of the committee?

Committee on Nominations—The Members of the Committee shall be notified by the Secretary of the Committee.

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

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

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 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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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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 [Redacted], AK, Area I Director

Lorinda Inman, IA, Area II Director

Julia Gould, GA-RN, Area III Director

[Redacted], 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 sound organizational governance structure

In addition, the leadership of some national nursing organizations accepted the Board's invitation to attend National

The president and executive director, likewise, represented National Council as guests of other liaison organization's

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

Summary of Recommendations to the 2000 Delegate Assembly with Rationale

This document summarizes the recommendations of the National Council Board of Directors to 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

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 recertifying examination exists.~~

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

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 regard, the National Council Board of Directors



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.

Yearly Progress Report
Delegate Assembly 2000
Highlights of activity from August 1999 through August 2000

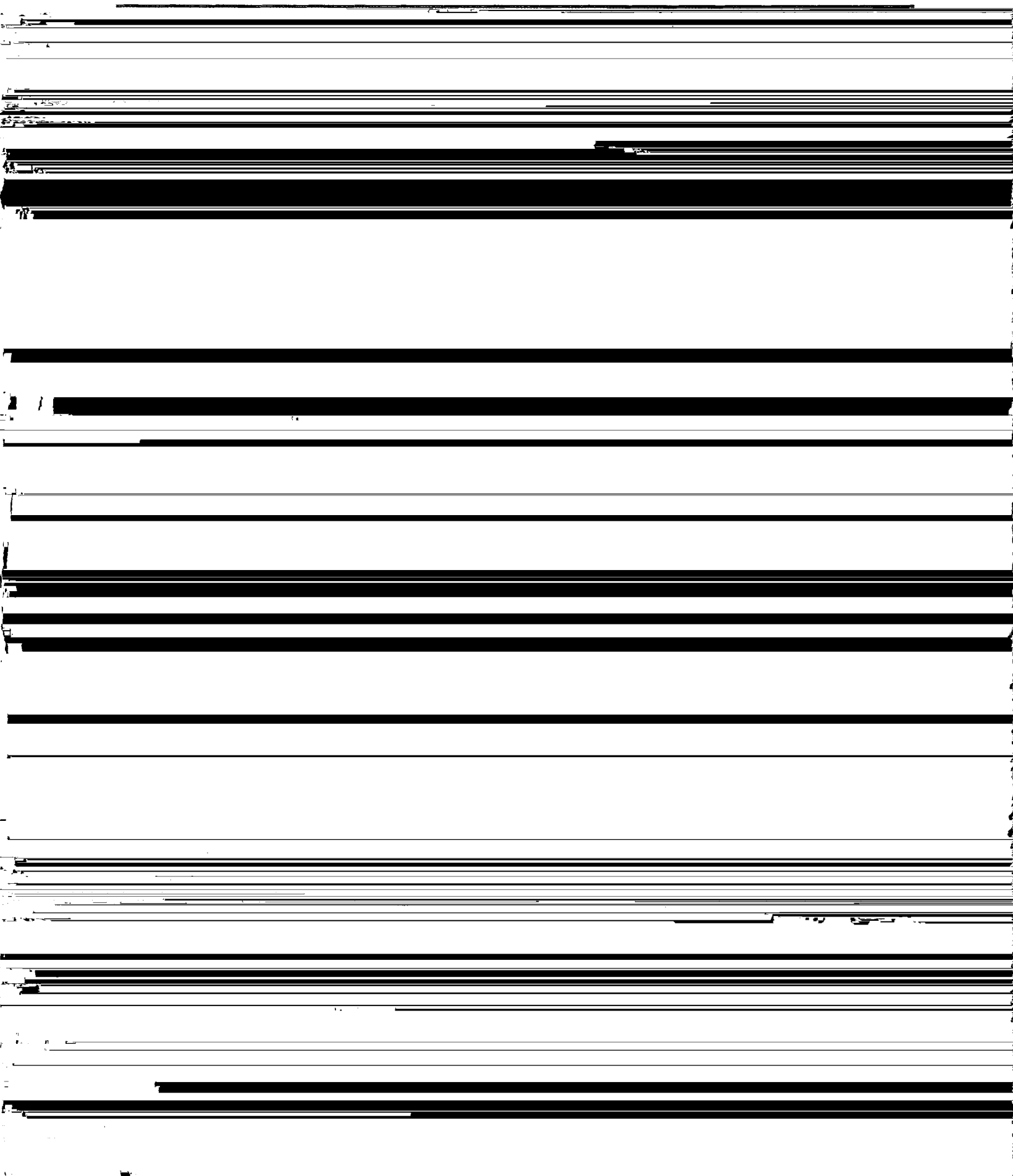
The Board of Directors accomplishes its governance responsibility to monitor NCSBN programs and services

Strategic Initiative 1: Nurse Competency. The National Council of State Boards of Nursing, Inc. (NCSBN) is leading 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.



Tactic 4: Implement the agent role for mandatory reporting by Member Boards to the Healthcare Integrity and

- 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

Ms. Hoek, Ph.D., RN, FAAN is developing a proposal for the National Council's research which builds on

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

- 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.

have been developed.

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

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.

- 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: 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.

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

- Work on this tactic is yet to be done.

and service providers.

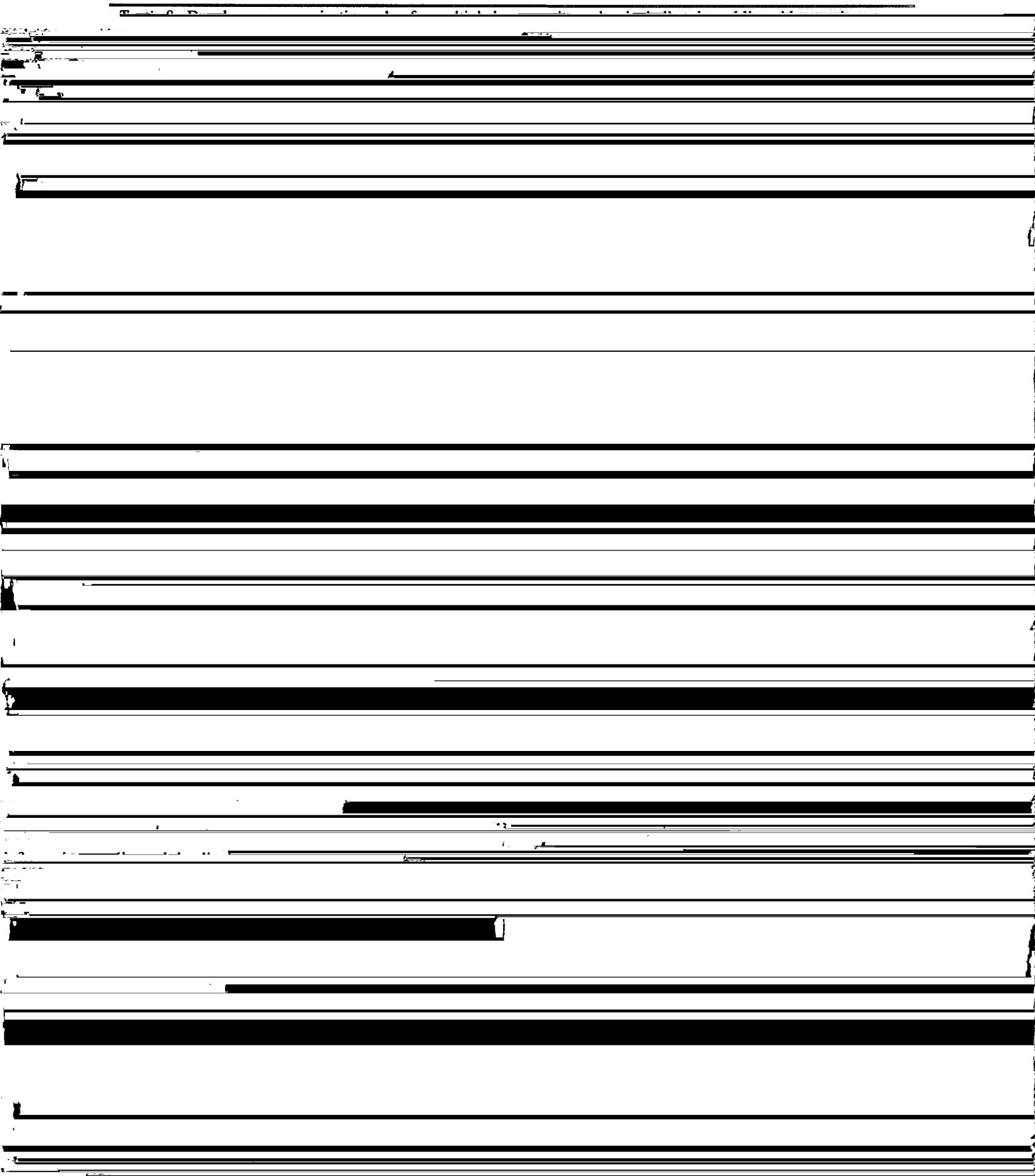
Tactic 3: Establish policies which guide the sharing of Nursys data.

- 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 NPDB technical

specifications are being developed.



Outcome 3: Technology enhancement for regulatory activities.

services and programs.

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

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 Ad Hoc Practice Task Force*

Report of the Examination Committee

Examination Committee Members

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 Dammann Miller, MSN, RN, JUV, DN, 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

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 accented *Linking the NCLEX-RN® Examination to Practice: 1999*

Practice Analysis of Newly Licensed Registered Nurses in the United States. (Hertz, Yocom, & Gawel, 2000), the
practice trend analyses, and the RN realization 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)*.

Monitored All Aspects of Examination Development

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

The committee evaluated the efficiency 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.

RN ITEM DEVELOPMENT PRODUCTIVITY COMPARISON

Writing	Item	Items	Review	Items	Items	Survival
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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 FY00, the Examination Committee developed a plan for addressing the operational/tactic concerns

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Attachment A

NCLEX-RN® Test Plan

TEST PLAN FOR THE

[REDACTED]

INTRODUCTION

Entry into the practice of nursing in the United States and its territories is regulated by the licensing

ii

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

DISTRIBUTION OF CONTENT FOR THE NCLEX-RN® TEST PLAN

NCLEX-RN® TABLE	
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OVERVIEW OF CONTENT

All content encompasses and addresses the needs of the client 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 | |

- Consultation with Members of the Health Care Team
- Continuity of Care

- Organ Donation
- Referrals
- Resource Management

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

- Adverse Effects/Contraindications
- Blood and Blood Products
- Central Venous Access Devices
- Parenteral Fluids
- Pharmacological Actions
- Pharmacological Agents

- Expected Effects
- Intravenous Therapy
- Medication Administration
- Pharmacological Pain Management
- Side Effects
- Total Parenteral Nutrition

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American Nurses Association. (1995). *Nursing's social policy statement*. Washington DC: Author.

Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I. Cognitive Domain*. New York: David McKay.

Hertz, J. Yocom, C. & Gawel, S. (2000). *Linking the NCLEX-RN® examination to practice: 1990 practice*

Attachment B

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

Strategic Initiative 1: Nurse Competency. 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

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

ATTACHMENT C**Annual Report of The Chauncey Group International and Prometric, A division of Thomson Learning****Test Development Activities****■ Item Writing Workshops**

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 NCLEX-PN® Item Review Workshops were held on April 1, 1999 and March 31, 2000.

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

operational examinations. Items deemed to be similar are noted for future inclusion in separate pools

■ **Member Board Reviews**

Each year, all 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.

Member Boards have scheduled reviews.

All comments from a Member Board review are forwarded from the National Council to Prometric

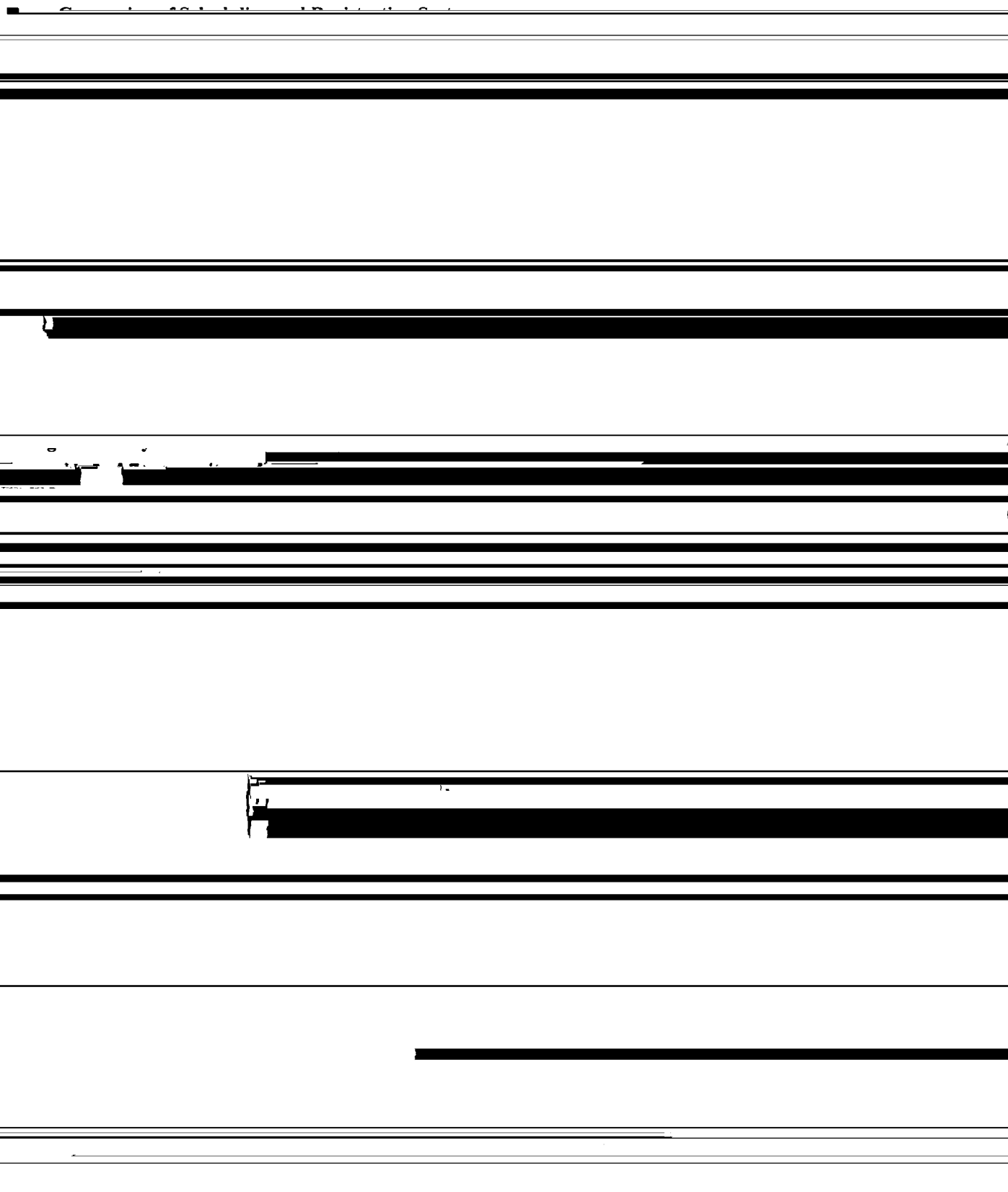
■ **NCLEX® Program Reports**

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
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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.



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

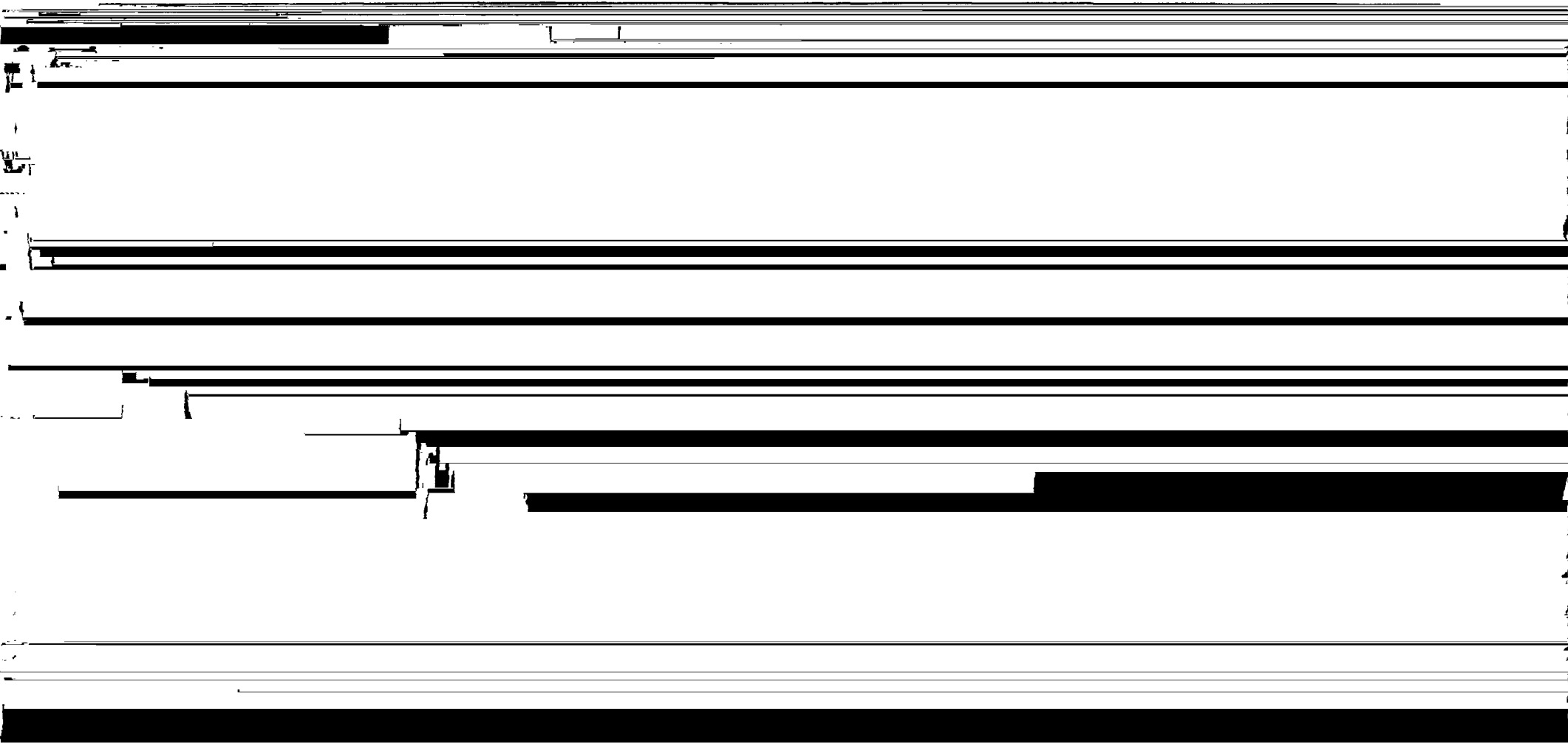
- The operational item statistics were consistent across the year and with the 1998 testing year. Point

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 66.0 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

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



Report on the Test Service Transition

Casey Marks, *Director of Testing*

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 necessary to...

■ **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.

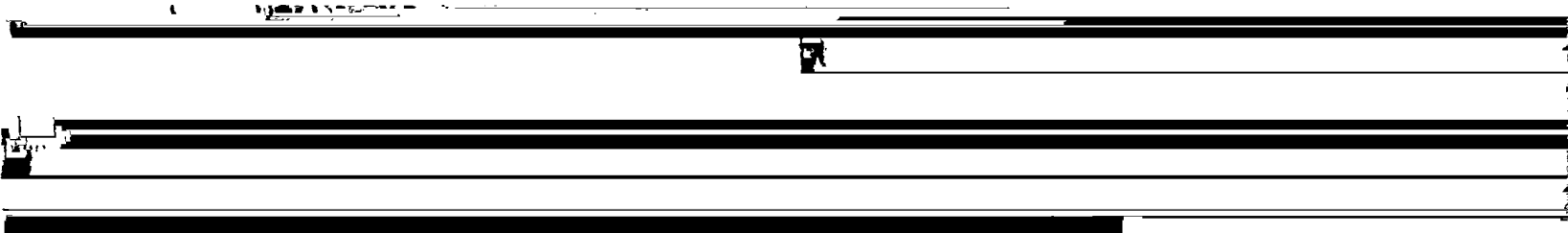
Future Activities

- 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



Attachment A

NCS NCLEX Project Team

Bob Whelan

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 a strong financial base to support its mission.

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, voted for 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 Nurses and 2) a decreased number of NCLEX®

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 Y. J. [redacted]

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

Statements of Activities 3

Statements of Cash Flows 4

Notes to Financial Statements 5

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

	<u>1999</u>	<u>1998</u>
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	1,739,000	2,182,294
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

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)
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	(824,576)	(90,419)
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	523,041	(223,632)

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

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

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				
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>\$4,886,898</u>	<u>\$5,686,264</u>	<u>\$6,991,858</u>	<u>\$7,563,860</u>

Net investment income consists of the following for the year ended September 30, 1999

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

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

Rette Lindberg, MA, Area IV*

Barbara Newman, MD, Area IV*

* indicates a member who served a partial term

Staff

Denise Nowakowski, MGN, RN, Executive Associate Director

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

Debra ...

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

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.

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

Attachment A

Uniform Administrative Procedures Manual - Attachment A - Uniform Administrative Procedures Manual

1.

[Redacted]

[Redacted]

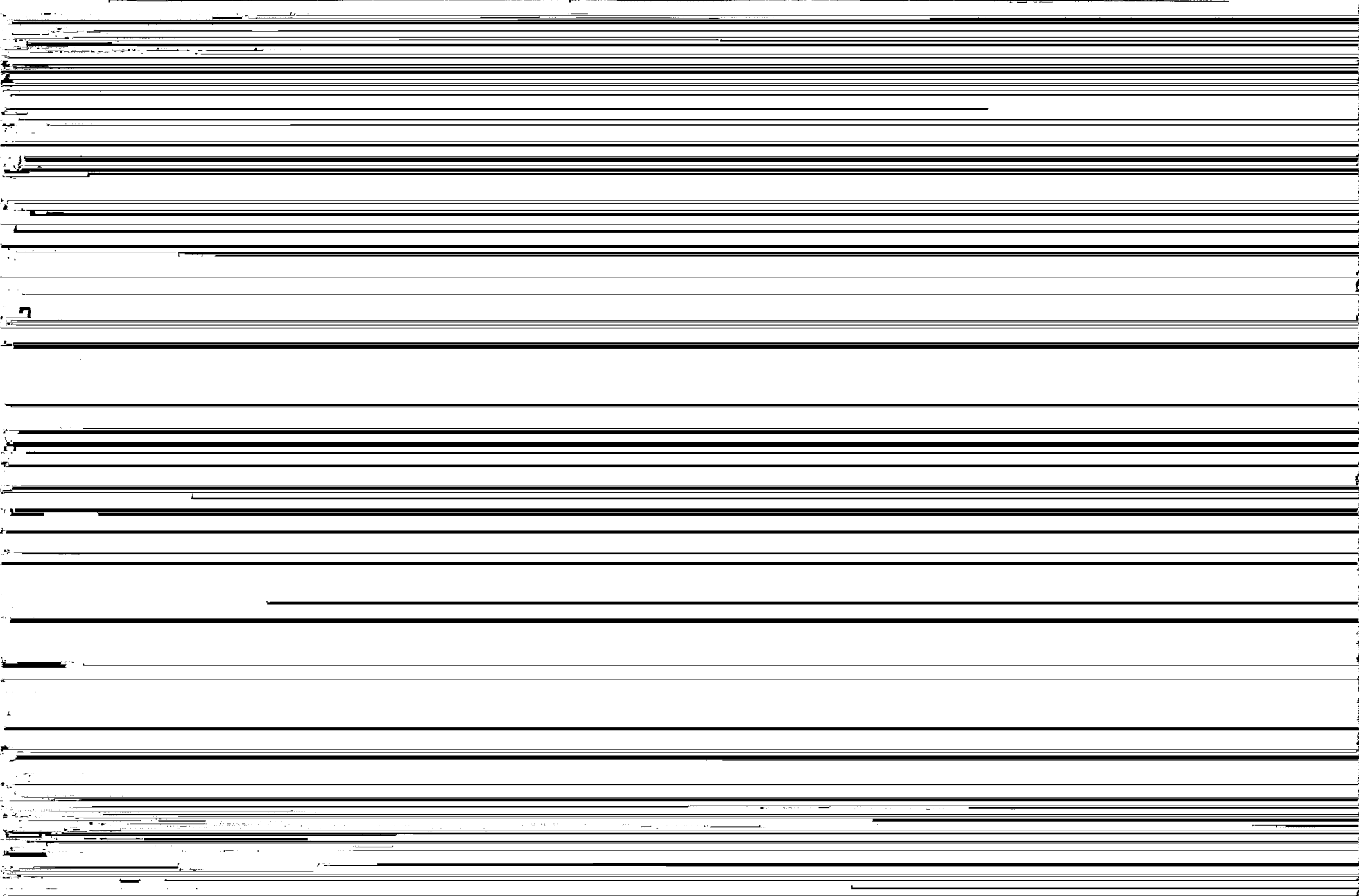
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Attachment B

Response to the Institute of Medicine Report

[REDACTED]

[REDACTED]

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[REDACTED]

COUNCIL

Chicago, Illinois 60611-2921

312.787.6555

FAX 312.787.6898

To: Executive Director, American College of Surgeons

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

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

Report of the Committee on Nominations

Members

Monica Collins, ME, Area IV, *Chair*

Jane Anne Conroy, KS, Area II

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

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 Board's Candidates' Forum was held on Thursday, April 2, 2009, from 3:30 to 5:00 p.m. as follows:

2000 from 3:30 to 5:00 p.m. as follows:

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 RSN

5. National Council
President, 1998-present
Area I Director, 1995-1998
Term Paper Writing Committee 1996-1997

Finance Committee, 1994-1995
Arizona State Board of Nursing

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

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, Ph.D., MS

California State University-Long Beach, Nursing, BSN

National Council

Board of Directors, 1991-1994

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

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, Inc. (NCSBN). I am a member of the Minnesota Board of Nursing and have served on the Review Panel since 1997. 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 and I am a team player. I am committed to the profession of nursing and to the public. I am confident that I will be a valuable member of the NCSBN.

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 and I am a team player. I am committed to the profession of nursing and to the public. I am confident that I will be a valuable member of the NCSBN.

“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:

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 2002

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

State of Alabama Commission for Nursing

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

2. Vice President, Virginia Board of Nursing

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

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

6. Date of expiration of term: (NA)

7. This is a critical period of time for those in regulation, and the National Council will be there taking the lead

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

- 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

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 DeLoria Bell, Kentucky, Area III
2. President, Kentucky Board of Nursing

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 membership and as a member of the CCT Task Force. Through participation in the Committee

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

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 ceonou wide accreditation and regulation 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.

Attachment B

Composition, Election and Competencies

Composition and Election of the Board of Directors

director from each of the four Areas.

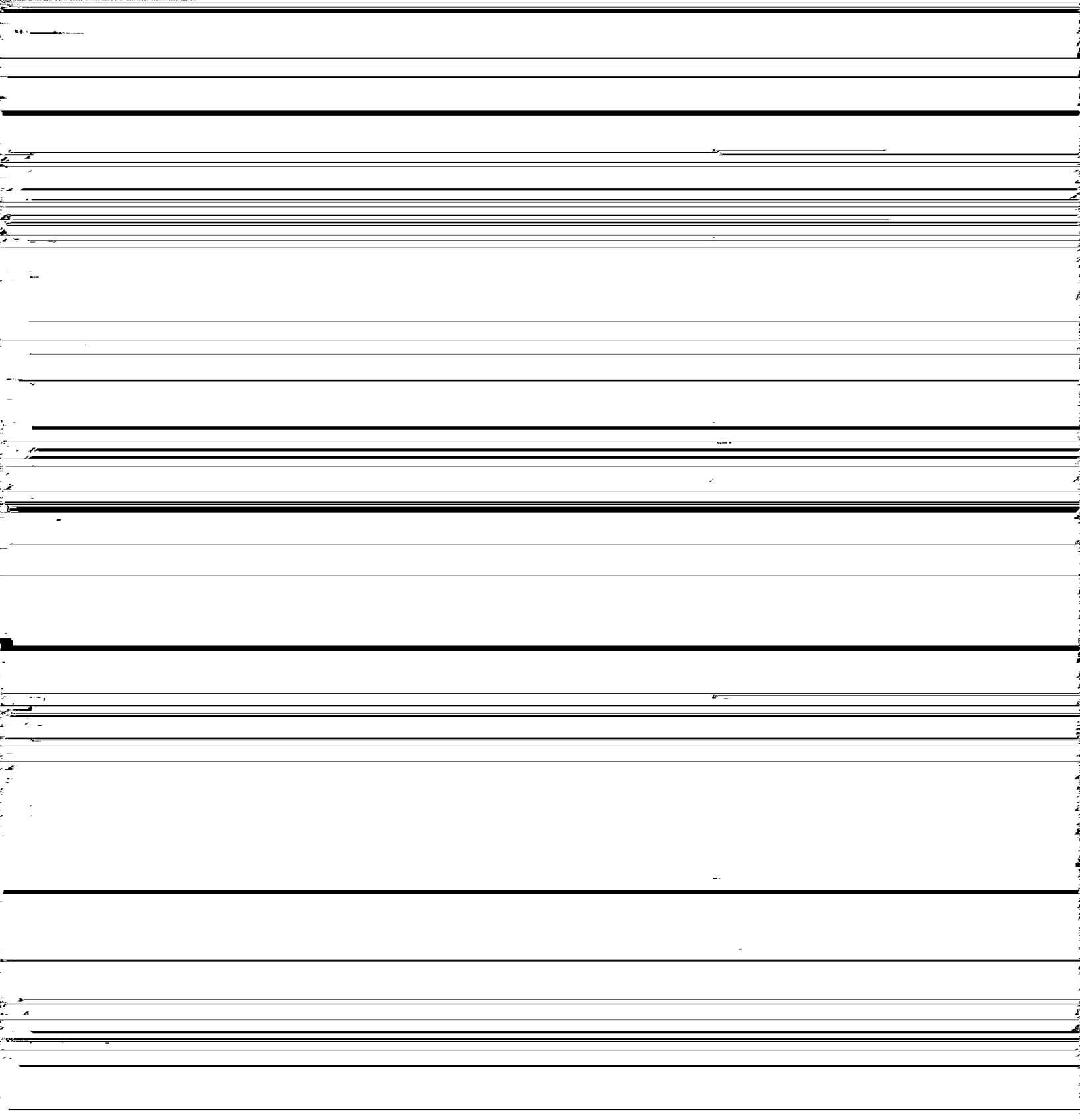
- Directors-at-Large are elected to one-year terms, while all other Board officers are elected to two-year terms.
- The president, vice president and treasurer are elected in even numbered years and the Area

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.

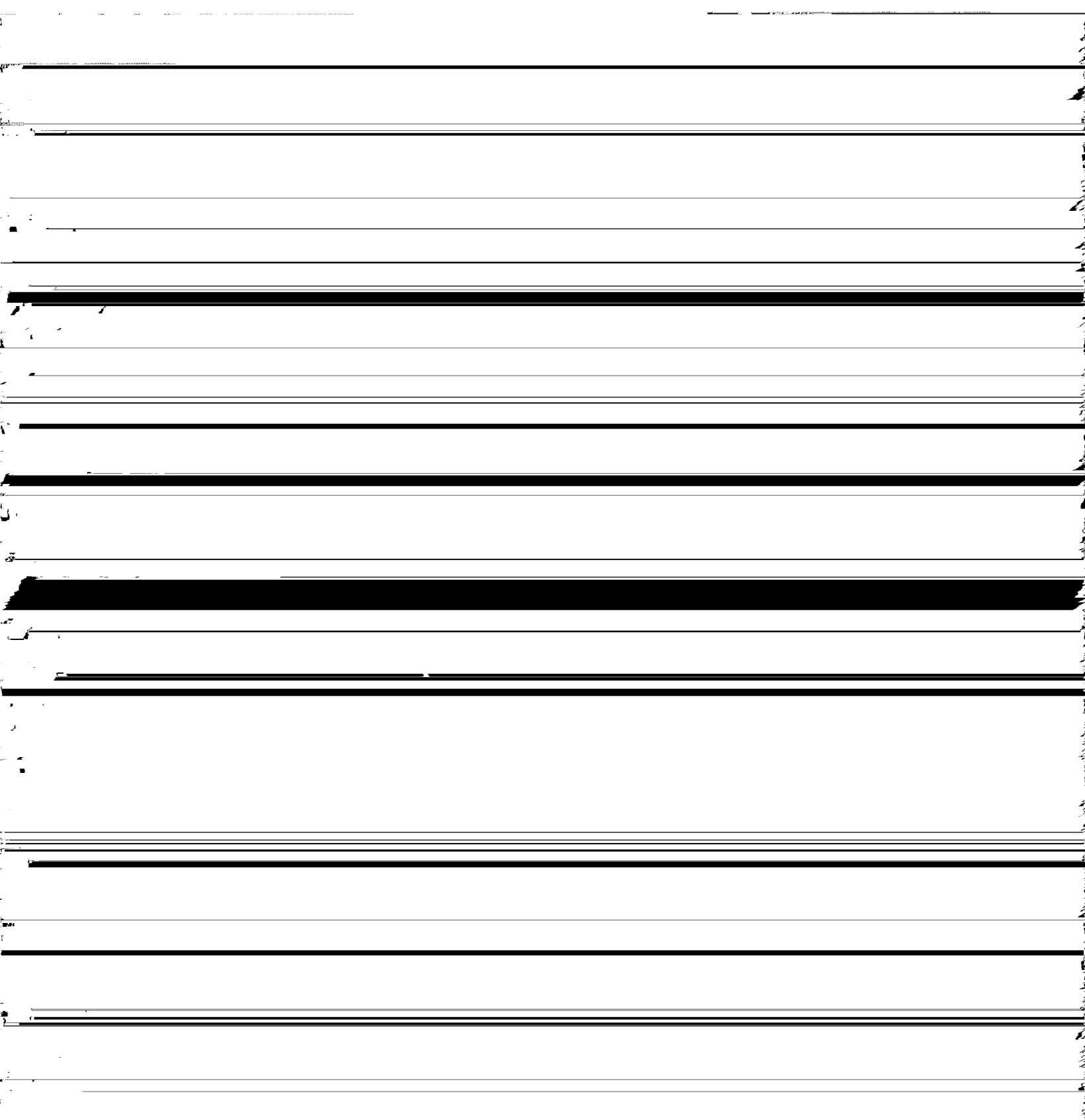
If you entered a valid Authorization Number, then the Official Ballot screen will appear automatically. Here is a portion of that screen:

Click ONCE on this arrow to see the candidates names.



Attachment D

Sample Ballot



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

Michela Perrone, Board Consultant

Relationship to Strategic Plan

Strategic Initiative 6d.12 - Involvement & committee reports to various National Councils

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

Members

[Redacted] *[Redacted]* 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
[Redacted] NE

[Redacted]
 Elizabeth Lund, TN

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

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,

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	Pilot State Representatives

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

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

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
- Marv 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 task force concluded its day with the following decisions:

su

fficiency

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

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.

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

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

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 Interim Compact Administrators continue to conduct business via monthly conference calls. During