

Oklahoma Board of Nursing

Fiscal Year 2020 Annual Report



Including Nursing Education Program
and Nurse Population Data
July 1, 2019 to June 30, 2020

Oklahoma Board of Nursing

FY 2020



**Annual Report and Statistical Data for the Fiscal Year Ended
June 30, 2020**

J. Kevin Stitt, Governor

Kim Glazier, Executive Director

This publication is issued by the Oklahoma Board of Nursing as authorized by the Oklahoma Nursing Practice Act [59 O.S. §567.1 et seq.] and is located at the following website: <http://www.nursing.ok.gov/pubs.html>

This publication has been submitted in compliance with Section 3-114 of Title 65 of the Oklahoma Statutes.

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Board Members

<u>Name</u>	<u>Term Expires</u>	<u>Geographic District</u>
Carmen Nickel, MS, RN Nursing Education	5/31/2020	2
Patricia 'Liz' Massey, DNP, RN, NEA-BC, NE-BC Nursing Service Acute Care	5/31/2021	5
Mandy Nelson, DNP, APRN-CNS, ACNS-BC Advanced Practice Nursing	5/31/2021	1
Janice 'Jan' Palovik, MSA, APRN-CRNA	5/31/2022	3
Shelly Hovis, MS, RN Nursing Education	5/31/2023	8
Kathy O'Dell, DNP, RN, CEN, NEA-BC Nursing Service Acute Care	5/31/2024	6
Marilyn Turvey, BS, LPN	5/31/2021	8
Cathy Abram, M.Ed., LPN	5/31/2022	7
Lindsay Potts, LPN	5/31/2023	2
Georgina 'Gina' Calhoun Public Member	co-term w/ Governor	3
Kathryn N. Taylor Public Member	co-term w/ Governor	2

The Board is composed of eleven members appointed by the Governor: six Registered Nurses, three Licensed Practical Nurses, and two public members. Members serve for a period of five years, except for public members, who serve coterminously with the Governor.



Mission~Vision~Values

Mission

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

Vision

The Oklahoma Board of Nursing leads the nation in public protection through proactive leadership, efficient operations and customer service.

Values

1. **Public Protection:** We use legally sound and evidence-based decision-making processes to ensure protection of the public.
2. **Customer Service:** We provide quality customer service to all in a fair and professional manner.
3. **Efficient Operations:** We implement regulatory functions in a consistent, effective, and efficient manner.
4. **Proactive Leadership:** We collaborate with stakeholders in the development of policies impacting the health, safety and welfare of the public.



General Functions

1. Prescribe standards for educational programs preparing persons for licensure or certification as Advanced Practice Registered Nurses, Registered Nurses, Licensed Practical Nurses, or Advanced Unlicensed Assistants.
 - A. Provide for surveys of nursing education programs according to the *Rules*.
 - B. Approve nursing education programs and advanced unlicensed assistant training programs that meet the prescribed standards.
 - C. Deny or withdraw approval of educational programs for failure to meet or maintain prescribed standards.
2. Administer the National Council Licensure Examination (NCLEX) for Registered and Practical Nurses in accordance with the National Council of State Boards of Nursing, Inc., contract.
3. Administer the advanced unlicensed assistant certification examination in accordance with the contractual agreement with the test service.
4. Provide initial licensure and renewal of licensure of duly qualified applicants, including:
 - A. Licensure by examination for new graduates.
 - B. Licensure by endorsement for nurses licensed in other states or educated in foreign countries.
 - C. Reinstatement of lapsed license and return to active status applications.
5. Issue/renew license to Advanced Practice Registered Nurses meeting established requirements.
6. Issue/renew prescriptive authority recognition to Advanced Practice Registered Nurses meeting established requirements.
7. Maintain a Peer Assistance Program for nurses whose competencies may be compromised by drug abuse or dependency.
8. Investigate complaints of alleged violations of the *Oklahoma Nursing Practice Act* and *Rules* of the Board.
9. Conduct hearings upon charges calling for disciplinary action.
10. Promulgate rules to implement the *Oklahoma Nursing Practice Act*.
11. Maintain records of all licensed nurses and advanced unlicensed assistants. Provide the records for public inspection under the provisions of the *Open Records Act*.



Organization

(as of June 30, 2020)

Executive

Kim Glazier, RN, M.Ed.
Executive Director

Dana Edminsten, BS, CPM, CPO
Business Manager

Sandra Ellis, CPM
Executive Assistant

Regulatory Services Division

Jackye Ward, RN, MS
Deputy Director for Regulatory Services

Gina Stafford, RN, BSN
Associate Director, Nursing Practice

Terri Walker, RN, MS
Nursing Education Consultant

Darcy Hammond, RN, MS
Licensing Manager

Brad Moore, BA
Licensing Specialist

Jeannia Jackson, RN, BSN
Licensing Analyst

Janet Campbell
Legal Secretary

Romelda Daniels
Administrative Technician

Dana Hall, AA
Administrative Technician

Darma Miner
Administrative Technician

Karen Murdock
Administrative Technician

Tammy Tyson
Administrative Technician/Receptionist

Peer Assistance Program

Jenny Barnhouse, RN, DNP
Program Coordinator

Marcia Cordry, RN, BSN
Case Manager

Erica McArthur, RN, BSN
Case Manager

Amy Tomlinson, BA
Legal Secretary

Investigative Division

Lisa Griffitts, RN, MS
Director

Sara Chambers, RN, MS
Nurse Investigator

Terrie Kiker, APRN-CNS, MS
Nurse Investigator

David Nessel, RN, BSN
Nurse Investigator

Mark Stroud, RN, BSN, MBA
Nurse Investigator

April Short, RN, BSN
Nurse Investigator

Robin Bryant, BA
Legal Secretary

Andrea Denman, AA
Legal Secretary

Teena Jackson
Legal Secretary



Executive



Executive Division Information

The Executive Division of the agency consists of the Executive Director, Kim Glazier, and supporting staff, Dana Edminsten, Business Manager, and Sandra Ellis, Executive Assistant. Ms. Glazier provides executive oversight to the agency as a whole, and serves as principal operations officer, managing the Board's resources and staff. She ensures standards are enforced, as defined in the *Oklahoma Nursing Practice Act* and its *Rules*, in accordance with the *Administrative Procedures Act*, the *Open Records Act*, and the *Open Meetings Act*, as the agency carries out the Board's mission. She functions as the administrative agent for the Board, interpreting and executing the intent of the Board's policies and guidelines to the public, nursing profession and other agencies, and acts as the Board's liaison to the public, executive and legislative branches of state government, nurses, organizations, and the media. Under her direction, many centralized functions of the agency essential to all other divisions are carried out, including rulemaking, business operations such as purchasing and procurement, budgeting, accounting, and human resources-related activities.

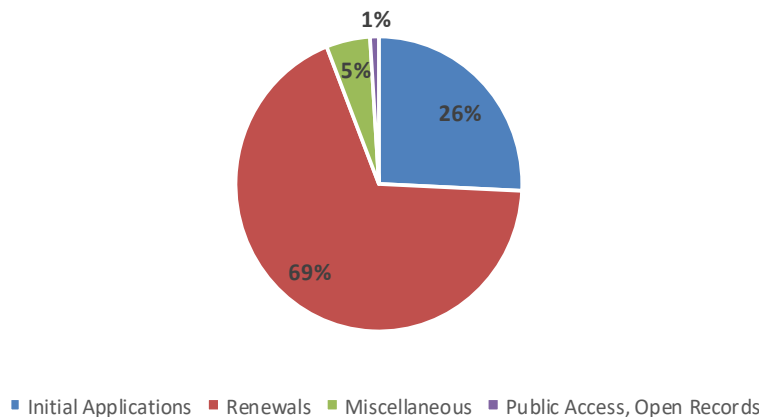


FY 2020 Budget

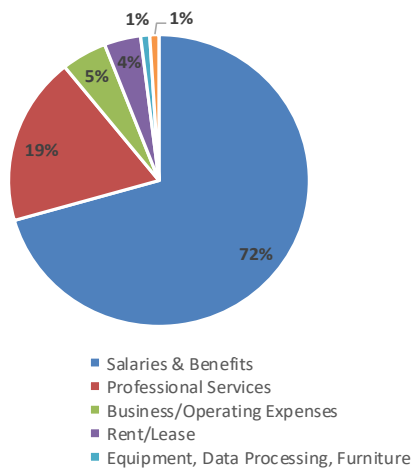
The Board does not receive any appropriations of tax money. The licensure fees paid constitute the agency's main financial support. The fiscal year 2020 gross revenue was \$4,027,106.15 and expenses totaled \$3,686,121.33. The graphs below depict the breakdown of revenue and expenses.

The Board is required to pay 10% of all fees collected to the Treasury of the State of Oklahoma and these funds are credited to the General Revenue Fund for appropriation by the legislature to various other agencies and services of state government. The Board paid \$391,626.19 out of the gross revenue above to the General Revenue Fund in Fiscal Year 2020.

REVENUE



EXPENDITURES





FY 2020 Strategic Plan Accomplishments

Strategic Plan Goal #1: Operate efficiently and effectively in compliance with all applicable laws, regulations and policies governing operations.

1. Of the 48,990 licensure applications submitted during FY 2020, ninety-nine percent were submitted online with an average processing time for all applications of 2.0 calendar days.
2. In alignment with the agency strategic plan, conversion from the current licensing database to a turnkey license management system, Optimal Regulatory Board Service (ORBS), is on target for full implementation during FY 2021. 191,967 licensee records have been mapped and migrated to ORBS, while 43 applications with default and conventional checklists have been configured in the new system. ORBS efficiencies include digitizing paper processes, allow for electronic upload of third-party documents required for application completion, decreased manual input of data and comprehensive disaster recovery implementation.
3. Related to removal of regulatory barriers, effective September 11, 2020 submission of Faculty Qualification Records for nursing education and/or Advanced Unlicensed Assistants programs are required for only Nurse Administrators. Faculty Qualification Records for all other faculty of nursing education programs will be maintained by the program. In addition, pursuant to Executive Order 2020-04, the Board's rules were reviewed to identify and remove ineffective, duplicative and outdated regulations and to decrease regulatory restriction. During the retrospective review process, regulatory restrictive language - in accordance to the Executive Order - was identified for removal during the rule promulgation process in FY2021.
4. Peer Assistance Program staff made contact with other Alternative-to-Disciplinary programs across the country who utilize committees in order to determine how these programs utilize such committees. Additionally, a five year retrospective review of program data was done to compare/contrast past committee utilization models to the proposed model to determine best use of agency resources. As a result, the Peer Assistance Program decreased the number of committee meetings by eight per year from 48 to 40 and changed the strategy of scheduling program participants to meet with the committees from an every two or four month review cycle to an as needed cycle. Realignment of committee scheduling and utilization led to a 16% reduction in committee meetings per year.
5. During the 3rd Quarter of FY 2020, sixty-six percent of agency staff shifted to teleworking, due to the March 15, 2020 declared emergency caused by the impending threat of COVID 19 to the people of the State of Oklahoma. The transition in work processes were seamless as evidenced by FY 2020 4th Quarter agency dashboard indicators being met or exceeded in all divisions. Fourth quarter completed applications were processed on an average of 2.0 days compared to 2.55 days. In FY 2020, 98% of all applications were processed within 8 days compared to 96% in FY 2019. While the number of applications received in 4th Quarter FY 2020 (17,513) exceeded the number of applications submitted in 3rd Quarter FY 2020 (16,329), the application processing times for all application categories were equal to or less than that processing times in FY 2019. The Investigative Division held informal hearings virtually during the declared emergency while formal Board hearings were held virtually for non-contested hearings in March and May 2020; and resumed contested hearings face-to-face in July 2020 in compliance with CDC Guidelines. The transition in the Investigative Division was also seamless as the Division met their annual target of having 235 open cases at the end of the year. All staff in the Peer Assistance Program shifted to a teleworking model. With this shift, the staff quickly and efficiently put systems in place to conduct 100% of business electronically and telephonically, including Peer Assistance Committee meetings and intake appointments. The FY 2020 4th Quarter agency dashboard indicators, average number of days from termination to licensure action and, average number of days to address noncompliance, continued to meet the quarter target.



Strategic Plan Goal #2: Ensure accountability to the *Oklahoma Nursing Practice Act*.

1. Effective November 1, 2019, emergency rules were promulgated specific to House Bill 1373, signed by Governor Stitt on May 8, 2019. The emergency rules set out a list of criminal offenses that disqualify one from becoming or remaining a licensed nurse or certified Advanced Unlicensed Assistant. In addition, the emergency rules prescribe a method for a potential applicant with a criminal history to obtain an initial determination of eligibility for licensure or certification. During FY 2020, the Board received and approved twelve Petitions for Initial Determination of Eligibility.
2. Pursuant to Senate Bill 848, language of the Oklahoma Nursing Practice Act [59 O.S. §567.4a] was amended effective May 21, 2019, to include additional education requirements for prescriptive authority renewal. Advanced Practice Registered Nurse (APRN) Certified Nurse Practitioners, APRN Clinical Nurse Specialists and APRN Certified Nurse Midwives who prescribe narcotics are now required to complete, in addition to existing continuing education, two hours of education in pain management or two hours of education in opioid use or addiction. In addition to providing an article in the August 2019 agency newsletter, all APRN – CNP, APRN- CNS and APRN-CNM licensees with prescriptive authority were provided an email blast, with a 99.6% delivery rate, describing the new statutory requirements for prescriptive authority renewal. The 0.4 percent of these individual who did not have an active email address were postal mailed the same notice.
3. In early 2019, the Oklahoma Board of Nursing sought direction from the Attorney General's office on whether an APRN with prescriptive authority, has authority to prescribe and/or administer Controlled Dangerous Substance (CDS) Schedule III-V medications that are one-time medications that provide time released CDS medication for greater than 30 days. The request to the Attorney General was made as a result of the Board receiving several reports of APRN's practicing outside their legal parameters by prescribing testosterone pellets, a Schedule III CDS medication that is implanted under a patient's skin and may deliver the Schedule III medication for greater than 30 days, and often delivers testosterone for 90-180 days. In December 2019, the Board provided an email blast message to APRNs with prescriptive authority regarding the response received from the Attorney General's office. In summary, the Deputy General Counsel with Attorney General's office concurred with the Board that an APRN may prescribe Schedule III-V CDS medications, so long as the prescription does not exceed a 30-day supply. *See*, OAC 485:10-16-5(c). A single dose of time-release Schedule III CDS medication that releases into the body over a period exceeding 30 days is more than a 30-day supply. Therefore, an APRN may not lawfully prescribe and then administer a single dose of a Schedule III CDS medication that is time released for greater than 30 days. To ensure that all APRNs received the information, APRNs were provided an email blast and those APRNs without an email address were mailed the information to the postal mail address of record.

Strategic Plan Goal #3: Predict and respond to upcoming challenges and opportunities.

1. In FY 2020, the Board evaluated national study data presented to Nursing Regulatory Bodies (NRB) via virtual conference on February 4, 2020, regarding the review process of nursing education programs as related to the need to adjust nursing education program outcomes. The National Council of State Boards of Nursing (NCSBN) conducted three national studies including Delphi study, a comprehensive literature review, five-year annual report study from Boards of Nursing around the nation and five years' worth of nursing education program site visit documents from various Boards of Nursing. An expert panel of regulators and educators convened at the national level to review all of the data and to develop *Approval Guidelines* that NRBs may use when approving nursing education programs. A comparison of Board's Rule language to the NCSBN Quality Indicators has been prepared for review by the Board's Education Informal Disposition Panel in October 2020, with subsequent review by the Board during the November 2020 Board meeting.



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2. Effective November 1, 2019, and in accordance with Senate Bill 670, applications for endorsement and reinstatement included new language to capture applicants who were active military or active military spouses. In working with Oklahoma Interactive and OMES, applicants who are active military or active military spouses may apply for licensure at no cost to the individual for the first period of issuance, and are licensed within 30 days. Since November 1, 2019, the agency has received 60 applications for endorsement or reinstatement from active military or active military spouses.
3. On October 2, 2019, Jackye Ward, Deputy Director, participated in a telephone one-on-one technical assistance call regarding military and military spouse occupational (nursing) licensure website promising practices. On October 15, 2019 a request for a webpage html for military nursing licensure information was made to OMES. On January 24, 2020, OMES uploaded the html military information prepared by Board staff to the Board of Nursing website, easily accessible by activating a prominently displayed access button on the agency home webpage. Information provided on the webpage includes points of contact for military, military spouses and veterans; guidelines for transitioning veterans with previous military medical training and experience; licensure renewal guidance for active military; expedited licensure for active duty military and active duty spouses, as well as a link to online applications.
4. On August 5, 2019, Kim Glazier, Executive Director, and Jackye Ward, Deputy Director, presented to the Occupational Licensing Advisory Commission (Commission), Occupational Regulation Blueprints for all levels of individuals licensed and recognized by the Board of Nursing. In addition, Ms. Glazier addressed statistical data and financial data inquiries. The status of the agency addressing legislation passed during the previous legislative session was provided, specific to SB 670 (active military and military spouses) and HB 1373 (criminal convictions to cause disqualification of nursing license). Ms. Glazier and Ms. Ward attended the October 7, 2019, Occupational Licensing Advisory Commission Special Meeting during which potential action regarding the list of Oklahoma occupational licenses was discussed. The only question posed by the Commission to the Board of Nursing was related to regulation of nurse midwives not currently regulated by the Board of Nursing.
5. Pursuant to Senate Bill 806 [59 O.S. §887.17(A)(1)], Oklahoma-licensed APRNs were notified through the agency August 2019 Newsletter, that effective November 1, 2019, APRNs can make referrals for physical therapy.
6. In May, 2019, the agency initiated contact with the OMES Office of Workforce Planning for the purpose of seeking consultation on agency workforce development and for aligning the organization with Governor Stitt's vision as a Top Ten State. The agency has maintained collaboration with the Office of Workforce Planning during FY 2020 in order to experience the full implementation of the workforce planning cycle. The outcome of this collaboration has resulted in tangible direction to improve various areas of workplace strategies for employee engagement, retention, and succession planning and, the inclusion of workforce development goals and projects in the agency's five year strategic plan.
7. As of January 1, 2020, in accordance with HB 2931 signed by the Governor in May of 2018, electronic prescriptions for controlled substances (EPCS) are mandatory. Prescriptions for controlled substances must be in alignment with 63 O.S. §2-309, which addresses electronic prescribing of controlled dangerous substances and requests for extensions to the electronic prescription requirement. The Board of Nursing (Board) may grant an Advanced Practice Registered Nurse (APRN) an extension if the APRN is retiring within one (1) year; is practicing only as a volunteer; or is practicing with technological limitations that are not reasonably within the APRN's control. Other unique circumstances may be considered. The Board developed a policy to guide the process internally and provides approved extensions to the Board for ratification during the next regularly scheduled Board meeting. Since January 1, 2020, 95 extensions have been approved.



8. On March 15, 2020, Governor Stitt issued Executive Order 2020-07 (which was last amended by Executive Order 202-13 dated April 8, 2020) declaring an emergency caused by the impending threat of COVID-19 to the health and safety of Oklahomans. Further on April 2, 2020, the Governor declared a health emergency in the State of Oklahoma as defined in 63 O.S. § 6104. Pursuant to the Executive Order 2020-07, and for as long as the Executive Order remained in effect, the following were accomplished by the Board of Nursing: Nurses holding a license issued by any state that is party to the Emergency Management Compact were allowed to apply for a temporary, single state nursing license to practice in OK at no cost to the applicant; license expiration dates occurring during the emergency were extended during the Order, and expiration dates were set to expire 14 days following withdrawal or termination of the Order; OK licensed RNs and LPNs with nursing licenses which had not been in an active status for less than five years were allowed to reinstate to a single state temporary licensure, at no cost, waiving continuing qualifications, and AUAs whose certificates had not been in an active status for less than two years were allowed to recertify to a temporary license, at no cost, waiving continuing qualification requirements; and, the requirements for OK Tax Commission compliance for nursing licensure was waived for renewal or reinstatement of a lapsed or inactive license or certificate. Pursuant to Executive Order 2020-13, emergency rules, aimed at increasing the number of medical professional able to practice in the State of Oklahoma, were promulgated and allowed as long as a declared emergency was in effect. Through pandemic emergency rules the Board of Nursing allowed the following: out-of-state APRNs to become licensed in OK in the same role and with the same certification currently held in another state; non-licensed graduates of Board-approved nursing education programs were allowed to practice with a Temporary Permit and under conditions listed in the emergency rules; and, nursing students in RN and LPN nursing education programs were allowed to participate in patient care consistent with the Board's Employment of Nursing Students or Non-Licensed Graduates Guidelines. From the first Executive Order issued through the Third Amended Executive Order 2020-20 issued on July 30, 2020, all occupational licenses that were to expire during the health emergency were to be extended 14 days beyond the withdrawal or termination of the Executive Order. Through June 30, 2020, a total of 2,182 nursing licenses had expiration dates extended.

Savings, Efficiencies and Shared Services:

1. Revisions in the Oklahoma Nursing Practice Act in 2015 granted authority to the Executive Director to accept identified agreed Orders on behalf of the Board. The continued use of Corrective Action Orders and Executive Director Orders decreases the resources for compensation of Board members' travel with the decreased days for Informal Disposition Panel hearings. In FY 2020, the Executive Director issued a combined total of 70 Corrective Action and Executive Director Orders. Comparing FY 2020 to FY 2015, savings to the Board includes a 50% reduction in the number of days for administrative licensure settlement hearings (Informal Disposition Panel) and a 79% reduction in the number of Informal Disposition Panel hearings.
2. Through multiple efficiencies adopted in the Investigative Division over the past five years, the number of cases open at the end of FY 2020 has decreased 60% compared to FY 2016 (FY 2020 235 open cases; FY 2016 579 open cases).
3. In FY 2020, the agency moved phone services and document management/storage services to Office of Management and Enterprise Services. The utilization of OMES Hosted Voice Services and AppXtender generates a yearly cost savings of \$20,839.80.
4. The electronic publication of the Board's FY 2019 Annual Report and posting to the Board's website created a cost savings in printing of \$1,880.00.



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Regulatory Services



Introduction

The purpose of the Regulatory Services Division is to provide nursing regulation in three areas: education, practice, and licensing. The Oklahoma Board of Nursing is responsible for the approval of nursing education programs in the State of Oklahoma that lead to initial licensure as an Advanced Practice Registered Nurse, Registered Nurse or Licensed Practical Nurse, as well as for the approval of programs preparing individuals for certification as Advanced Unlicensed Assistants. The Board regulates nursing practice by reviewing issues and questions related to the practice of nursing in accordance with statutes and rules. The Board issues declaratory rulings and develops guidelines that assist nurses, employers, and the public with interpreting and applying the Oklahoma Nursing Practice Act and Rules. Various committees and task forces of the Board ensure stakeholders have input into practice and education decisions. Education and practice activities are coordinated through the Regulatory Services Division. The Regulatory Services Division also processes licenses for Advanced Practice Registered Nurses, Registered Nurses, and Licensed Practical Nurses; as well as certificates for Advanced Unlicensed Assistants and prescriptive authority recognition for Advanced Practice Registered Nurses; in accordance with statutory requirements. In addition, the Regulatory Services Division provides support services for the agency in reception of incoming calls and visitors, mail processing, and open records. Twelve staff members are employed in the Regulatory Services Division.

Licensure, Certification, and Recognition Activities

New Licenses Issued By Examination

The Board administers the National Council Licensure Examination (NCLEX) for Registered Nurses (NCLEX-RN) and Licensed Practical Nurses (NCLEX-PN) under contract with the National Council of State Boards of Nursing, Chicago, Illinois. The NCLEX examination is developed and administered by Pearson VUE, Bloomington, Minnesota, under the auspices of the National Council of State Boards of Nursing.

Registered Nurse Licensure Examination Statistics (First Time Oklahoma-Educated Writers by Calendar Year)*

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	1 & 5 Year Variances
Number of Candidates	2,048	2,127	2,083	2,035	2,060	↑ 1.2% & ↑ 0.6%
Oklahoma Pass Rate	85.7%	83.78%	86.27%	88.75%	89.42%	↑ 0.7% & ↑ 3.7%
National Pass Rate	84.51%	84.56%	87.12%	88.30%	88.18%	↓ 0.1% & ↑ 3.7%

*Includes Oklahoma-educated candidates applying for licensure in other states



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**Licensed Practical Nurse (LPN) Licensure Examination Statistics
(First Time Oklahoma-Educated Writers by Calendar Year)***

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	1 & 5 Year Variances
Number of Candidates	1,067	1,181	1,228	1,207	1,088	↓ 9.9% & ↑ 2.0%
Oklahoma Pass Rate	90.72%	87.72%	86.64%	86.83%	87.41%	↑ 0.6% & ↓ 3.3%
National Pass Rate	81.89%	83.70%	83.85%	85.93%	85.63%	↓ 0.3% & ↑ 3.7%

*Includes Oklahoma-educated candidates applying for licensure in other states

Students who are enrolled in RN education programs are eligible to apply to take the NCLEX-PN examination as equivalent candidates after completion of specified course work and are included in the numbers above. The numbers above include any tester educated in Oklahoma, applying for licensure in any state.

The number of first-time NCLEX-RN candidates who were educated in Oklahoma has slightly increased in the past year. The NCLEX-RN pass rate for Oklahoma graduates peaked in CY 2019. The NCLEX-RN pass rate for Oklahoma has been above the national pass rate in three of the past five years.

The number of first-time NCLEX-PN candidates who were educated in Oklahoma decreased over the past year. The NCLEX-PN pass rate for Oklahoma graduates has remained steady and continues to exceed the national pass rate.

NCLEX testers and pass rates are reported by calendar year, which is consistent with the reporting of NCLEX pass rates. Throughout the remainder of the report, the numbers are reported by fiscal year.

**NCLEX-PN Pass Rates of Candidates for PN Equivalency
Number of First-Time Candidates by Calendar Year
(With NCLEX Pass Rate in Parentheses)**

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	1 & 5 Year Variances
Partial RN Program Completion	144 (95.14%)	134 (92.54%)	135 (90.37%)	190 (93.68%)	145 (92.41%)	↓ 23.7% & ↑ 0.7% ↓ 1.3% & ↓ 2.7%
RN Graduate	6 (100%)	4 (100%)	4 (50%)	2 (50%)	3 (100%)	↑ 50% & ↓ 50% ↑ 50% & ↔ 0%



The number of students enrolled in RN programs who choose to take the practical nurse examination through equivalency varies throughout the years, with no noticeable explanation. The NCLEX-PN pass rate for the LPN equivalency candidates this past year was significantly higher than the pass rate for graduates from LPN programs and higher than the national pass rate. It is unknown how many of those individuals seek employment as Licensed Practical Nurses.

**Initial Applications for Oklahoma Licensure by Examination
(Includes First Time and Rewrite Applicants)**

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse	2,594	2,596	2,396	2,452	2,611	↑ 6.5% & ↑ 0.7 %
Licensed Practical Nurse	1,379	1,485	1,513	1,483	1,219	↓ 17.8% & ↓ 11.6 %
Total Applicants	3,973	4,081	3,909	3,935	3,830	↓ 2.7 % & ↓ 3.6%
# Reporting Arrests	406	325	255	232	237	↓ 2.2% & ↓ 41.6%
% Applicants Reporting Arrests	10.2%	10%	6.5%	5.9%	6.2%	↑ 5% & ↓ 39.2%

Initial applications for licensure by examination includes both first time and rewrite candidates. It is noted that rewrite candidates may submit more than one application during the year, as they may retake the examination as often as every 45 days. Registered Nurse examination applications remained relatively steady over the past 5 years with slight decreases and increases noted during that time. Licensed Practical Nurse applications peaked in 2018 and then have shown a steady decrease since then. Total numbers of exam applicants has remained steady over the past 5 years with an overall slight decrease.

With the addition of a national criminal background check as opposed to a state-based criminal background check beginning January 1, 2013, there has been a noticeable sustained decrease in the number of applications reporting arrests except for a very slight increase in 2020. It is of note that of all the application types requiring a fingerprint criminal background check, 35.2% of applicants with a criminal history did not report any or all of their criminal history on their applications.

Processing Time for Initial Applications for Licensure by Examination

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
# days from receipt of completed application to approval	4.0	4.9	4.2	4.4	2.2	↓ 50% & ↓ 45%

The average processing time continues to remain well under the Board's established maximum time parameter and with staff continuing to look for efficiencies in streamlining and organizing licensing processes, the processing time was lowered by 50% from last year and 45% from 5 years ago.



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New Licenses Issued By Examination

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse	1,896	1,858	1,842	1,963	1,925	↓ 1.9% & ↑ 1.5%
Licensed Practical Nurse	1,048	1,087	1,150	1,068	883	↓ 17.3% & ↓ 15.7%
Total	2,944	2,945	2,992	3,031	2,808	↓ 7.4% & ↓ 4.6%

The number of Registered Nurse and Licensed Practical Nurse licenses issued fluctuates yearly in relation to the total number of applications received and the Pass Rate

New Licenses Issued by Endorsement

The Board may issue a license to practice without examination to any applicant who has been duly licensed as a Registered Nurse or Licensed Practical Nurse, in another state, territory, the District of Columbia or another country, if such applicant meets the requirements for licensure in the State of Oklahoma.

Initial Applications for Licensure by Endorsement

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse	3,357	3,433	2,169	1,091	1,261	↑ 15.6% & ↓ 62.4%
Licensed Practical Nurse	375	352	224	199	186	↓ 6.5% & ↓ 50.4%
Total	3,732	3,785	2,393	1,290	1,447	↑ 12.2% & ↓ 61.2%

Over the past five years, the number of applications for RN and LPN licensure by endorsement had varied widely. A significant decrease occurred beginning in the 3rd quarter of FY 2018 that was expected as this Board joined the enhanced Nurse Licensure Compact (eNLC) that was implemented nationwide on January 19, 2018. The eNLC allows those nurses who have a multi-state license in another compact party state that is their primary state of residence, to practice in or provide care to Oklahoma-based patients without the need to obtain and maintain a single state Oklahoma license.



New Licenses Issued By Endorsement

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse	2,456	2,472	1,814	1,216	982	↓ 19.2% & ↓ 60%
Licensed Practical Nurse	222	188	139	116	121	↑ 4.3% & ↓ 45.5%
Total	2,678	2,660	1,953	1,332	1,103	↓ 17.2% & ↓ 58.8%

In In association with the decrease in the number of applications submitted, the number of new licenses issued by endorsement for RNs and LPNs has decreased this past year.

Number of Certified Verifications Provided to Other States

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse	2,575	3,038	1,231	5,136	2,193	↓ 57.3% & ↓ 14.8%
Licensed Practical Nurse	464	492	209	285	133	↓ 53.3% & ↓ 71.3%
Total	3,039	3,530	1,440	5,421*	2,326	↓ 57.1% & ↓ 23.5%

*Since FY 2019, all certified verifications for Registered Nurses and Licensed Practical Nurses were provided through Nursys of the National Council of State Boards of Nursing.

Certified verification of licensure from the original state of licensure is generally requested by a licensing board in another state when the nurse applies for a license in that state. It is noted that certified verifications are provided for nurses with active licenses in Oklahoma, as well as those who were initially licensed in Oklahoma, but who no longer hold an active license. There is a significant decrease in the number of certified verifications processed in FY 2020.

Processing Time for Endorsement Applications

Type of Function	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Processing time to issue a license for a completed endorsement application	4.0 days	5.2 days	4.2 days	3.4 days	2.8 days	↓ 17.6% & ↓ 30%
Processing time for a completed certified verification	2.5 days	2.8 days	2.4 days	*N/A	*N/A	N/A & N/A

*Processing time for a completed certified verification does not apply, as the verification is processed by Nursys.



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The average processing time for endorsement applications over the past four years has decreased by almost one day each year. The processing time for the endorsement applications remains well under the Board's established maximum time parameter.

Multistate Licenses Issued

The enhanced Nurse Licensure Compact (eNLC), which was enacted by the state of Oklahoma in April 2016, was implemented nationwide on January 19, 2018, in accordance with the date set by the Interstate Commission of Nurse Licensure Compact Administrators, the governing body of the eNLC. The eNLC is an updated version of the original Nurse Licensure Compact, allowing registered nurses and licensed practical nurses to have one multistate license (MSL), with the ability to practice in person or via telehealth in both their home state (primary state of residence) and other eNLC party states. An MSL is not automatically granted to all nurses licensed in Oklahoma; individuals interested in an MSL must apply. All applicants for an MSL are required to meet the same licensing requirements, which include federal and state background checks.

Number of Multistate Applications for Existing Active Oklahoma Licensees Received

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Existing Active Licensee Registered Nurse			2,010	1,899	1,682	↓ 11.4% & N/A
Existing Active Licensee Licensed Practical Nurse			220	429	394	↓ 8.2% & N/A
Total			2,230	2,328	2,076	↓ 10.8% & N/A

Number of Multistate Applications for Existing Active Oklahoma Licensees Processed

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Existing Active Licensee Registered Nurse			1,782	1,851	1,527	↓ 17.5% & N/A
Existing Active Licensee Licensed Practical Nurse			158	371	334	↓ 10% & N/A
Total			1,940	2,222	1,861	↓ 16.2% & N/A

Processing Time for Multistate Applications for Existing Active Oklahoma Licensees

Level of Licensure	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Existing Active Registered Nurse and Licensed Practical Nurse Active Licensees			1.1 days	0.9 days	1.6 days	↑ 77.8% & N/A



Since the Board began accepting applications for multistate licensure for the Existing Active Oklahoma licensee, it was not possible to predict the number of applications to be received. It was expected that there would be a peak of application submission in the first years post-implementation, and that appears to have occurred with a subsequent stabilization of applications submitted. While the processing time for 2020 increased by percentage dramatically, overall the processing time is significantly lower than the Board's established parameters and remains less than 2 days.

License Renewal, Reinstatement and Return to Active Status

The *Oklahoma Nursing Practice Act* requires licenses and certificates to be renewed every two years according to a schedule published by the Oklahoma Board of Nursing. Renewal applications, accompanied by the renewal fee, must be submitted by the end of the birth month in even-numbered years for Registered Nurses and APRNs, in odd-numbered years for Licensed Practical Nurses and Advanced Unlicensed Assistants.

Number of Renewal Applications Processed

Type of Renewal	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse and Licensed Practical Nurse	35,620	29,600	31,344	26,128	29,827	↑ 14.2% & ↓ 8.9%
Advanced Practice Registered Nurse and Prescriptive Authority Recognition	2,653	2,508	3,267	3,100	3,927	↑ 26.7% & ↑ 48%
Advanced Unlicensed Assistant	235	242	218	172	144	↓ 16.3% & ↓ 38.7%
% Nurses/AUAs Renewing Online	99.1%	99.2%	99.2%	98.9%	99.1%	↑ 2% & ↔ 0%

Overall, the number of renewals is reflective of the number of licensed nurses and certified AUAs. The large percentage of increase seen among Advanced Practice Registered Nurses with Prescriptive Authority Recognition is reflective of the associated increase in their overall numbers over the past five years.



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Number of Applications for Reinstatement/Return to Active Status

Type of Reinstatement	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse and Licensed Practical Nurse	1,196	1,284	1,244	1,545	1,388	↓ 10.2% & ↑ 16%
Advanced Practice Registered Nurse	19	25	40	68	48	↓ 29.4% & ↑ 152.6%
Prescriptive Authority	26	24	48	71	35	↓ 50.7% & ↑ 34.6%
Advanced Unlicensed Assistant	23	11	16	27	20	↓ 25.9% & ↓ 13%
Total	1,264	1,344	1,348	1,711	1,491	↓ 12.9% & ↑ 18%

Licensees / certificants reinstate their license / certificate for a variety of undocumented reasons such as returning to active status a license that has lapsed, returning to the work force after a period of inactivity or returning to Oklahoma to work. There are an equal number of undocumented reasons for not returning a license / certificate to an active status. Due to the variety of reasons prompting reinstatement, it is expected that the overall number of reinstatement applications would fluctuate.

Processing Time for Licensure Renewal and Reinstatement/Return to Active

Type of Function	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
# days from receipt of completed renewal application to processing	1 day	1.6 days	1.6 days	1.7 days	1.7 days	↔ 0% & ↑ 70%
# days from receipt of completed reinstatement application until processing	2 days	2.2 days	2.2 days	1.8 days	2.7 days	↑ 50% & ↑ 35%

The processing time for renewal applications remained relatively unchanged over the past year and has remained steady over the past five years. The processing time for reinstatement applications showed the best processing time for the past 5 years in FY 2019; and, continues to remain well under the Board's established maximum time parameter.

Other Licensee and Public Requests and Activities

The Regulatory Services Division is also responsible for modifications to licensure records, providing closed school transcripts, processing open records and written verification of licensure requests, providing address lists and labels when requested, and receiving visitors into the office. The following table reflects these activities:



Other Licensee and Public Requests and Activities

Type of Function	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Change of Address*	437	391	870	618	619	↑ 0.2% & ↑ 41.6%
Duplicates or Modifications**	1,889	1,482	1,771**	1,496	1,399	↓ 6.5% & ↓ 25.9%
Open Records Requests	194	162	108	68	63	↓ 7.4% & ↓ 67.5%
Address Lists and Labels	91	93	66	86	76	↑ 11.6% & ↓ 16.5%
Visits to Board Office	5,267	5,136	5,161	4,825	2,805	↓ 41.9% & ↓ 46.7%
Written Verifications	1,074	750	558	508	363	↓ 28.5% & ↓ 66.2%
Closed School Transcripts	23	27	11	23	17	↑ 26.1% & ↓ 26.1%

*In FY 2008, nurses gained the ability to enter address changes online. Although these address changes are reviewed by the Administrative Technician prior to download, they are not counted in the number of address changes processed. In FY 2018, a significant increase in the number of written change of address requests is noted, primarily due to transitioning process of online forms to include the declaration of primary state of residence.

**FY 2018 Duplications or Modifications data revised.

Advanced Practice Registered Nurse Licensure

Four roles of Advanced Practice Registered Nurses (APRNs) are licensed in Oklahoma:

1) Certified Nurse Practitioner (APRN-CNP); 2) Certified Nurse Midwife (APRN-CNM); 3) Clinical Nurse Specialist (APRN-CNS); and 4) Certified Registered Nurse Anesthetist (APRN-CRNA).

Number of APRNs Licensed in Oklahoma

Type of License	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
APRN-CNP	2,182	2,517	2,952	3,418	3,977	↑ 16.4% & ↑ 82.3%
APRN-CNM	75	65	70	64	71	↑ 10.9% & ↓ 5.3%
APRN-CNS	275	277	283	287	292	↑ 1.7% & ↑ 6.2%
APRN-CRNA	707	713	729	725	787	↑ 8.6% & ↑ 11.3%
Total	3,239	3,572	4,034	4,494	5,127	↑ 14.1% & ↑ 58.3%

The number of Advanced Practice Registered Nurses has risen dramatically over the past five years. The APRN-CNP role has shown the most sustained increase over the past 5 years.



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Number of New APRN Licenses Issued

Type of License	FY 2016*	FY 2017	FY 2018*	FY 2019	FY 2020	1 & 5 Year Variances
APRN-CNP	392	405	512	727	640	↓ 12% & ↑ 63.3%
APRN-CNM	10	4	9	3	14	↑ 366.7% & ↑ 40%
APRN-CNS	11	13	15	16	11	↓ 31.3% & ↔ 0%
APRN-CRNA	46	45	68	99	91	↓ 8.1 % & ↑ 97.8%
Total	459	467	612	845	756	↓ 10.5% & ↑ 64.7%

*FY 2016 and FY 2018 data revised.

The number of new APRN licenses issued has decreased in the past year, with CNM role being the only APRN role that increased in the past year.

Processing Time for APRN Licensure Applications

Type of Function	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
# days from receipt of completed APRN application to processing	2 days	2 days	2.7 days	2.7 days	2.4 days	↓ 11.1 % & ↑ 20%

Processing times for advanced practice licensure applications over these past 5 years remains steady and well under the Board's established maximum time parameter.

Number of Advanced Practice Registered Nurses with Prescriptive Authority

Type of License	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
APRN-CNP	1,889	2,169	2,480	2,886	3,281	↑ 13.7% & ↑ 73.7%
APRN-CNM	57	50	54	51	55	↑ 7.8% & ↓ 3.5%
APRN-CNS	174	182	191	202	213	↑ 5.5% & ↑ 22.4%
APRN-CRNA*	400	443	479	507	561	↑ 10.6% & ↑ 40.2%
Total	2,520	2,844	3,204	3,646	4,110	↑ 12.7% & ↑ 63.1%

*The APRN-CRNA applies for authority to select, order, obtain, and administer drugs, rather than the authority to prescribe.

The number of Advanced Practice Registered Nurses with prescriptive authority continues to rise, reflective of the increased numbers of Advanced Practice Registered Nurses. Currently, 80.2% of Advanced Practice Registered Nurses hold prescriptive authority recognition.



Number of Prescriptive Authority Recognitions Issued

Type of License	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
APRN-CNP	314	326	362	535	428	↓ 20% & ↑ 36.3%
APRN-CNM	6	3	6	3	6	↑ 100% & ↔ 0%
APRN-CNS	12	13	15	13	12	↓ 7.7% & ↔ 0%
APRN-CRNA	60	58	57	61	72	↑ 18% & ↑ 20%
Total	392	400	440	612	518	↓ 15.4% & ↑ 32.1%

The number of prescriptive authority recognitions issued has varied widely over the past five years among the different APRN roles.

Number of Changes in Supervising Physicians

Number of Changes	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Total	1,118	1,103	1,370	1,460	1,515	↑ 3.8% & ↑ 35.5%

The number of changes over the past five years has risen noticeably, consistent with the increased number of Advanced Practice Registered Nurses with prescriptive authority recognition.

Certification of Advanced Unlicensed Assistants

Advanced Unlicensed Assistants (AUAs) complete a 200-hour training program, which is designed to build upon basic skills traditionally performed by nursing assistants working in health care settings. A list of Board-approved AUA training programs is available on the Board's website: www.nursing.ok.gov. Specific core skills, legal and ethical aspects of health care and appropriate personal behaviors are presented in a format that combines classroom lecture/discussion, demonstration/practice lab and clinical application. Upon satisfactory completion of the course work, graduates of these training programs are eligible to take the AUA certification examination. This examination is developed by Oklahoma Department of Career and Technology Education and is approved by the Oklahoma Board of Nursing. Upon successful completion of the certification examination, the Board-certified AUA may perform the skills that are identified on the *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants*, under the supervision of Registered Nurses and Licensed Practical Nurses in acute care settings.



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Advanced Unlicensed Assistants

Certifications	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
# New Certifications	104	63	52	68	38	↓ 44.1% & ↓ 63.5%
Total # AUAs Certified	629	573	539	527	453	↓ 14% & ↓ 29%

Both the number of new AUA certifications and the total number of certified AUAs peaked in 2016, remained steady and then had a noticeable decrease in 2020.

Nursing Practice/Advanced Nursing Practice Activities

Summary of Practice Activities

Category	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
# Practice Calls	1,630	1,650	2,456*	1,788	2,015	↑ 12.7% & ↑ 23.6%
# Practice Letters	41	65	60	70	80	↑ 14.3% & ↑ 95.1%
# Requests for Declaratory Rulings	0	0	0	0	0	↔ 0% & ↔ 0%
# Declaratory Rulings, Policies & Guidelines Reviewed by Board	11	13	12	15	10	↓ 33.3 % & ↓ 9.1%
# Meetings Attended as Board Representative	18	12	10	21	14	↑ 40 % & ↓ 22.2%
# Presentations	14	12	7	14	13	↓ 7.1% & ↓ 7.1%

*From FY 2017 to FY 2018, there is a notable increase in the number of practice calls primarily related to the implementation of the enhanced Nurse Licensure Compact on January 19, 2018

Written Responses to Practice Questions

For FY 2020, there were 80 written responses to practice related issues, as compared to 70 responses in FY 2019. The highest number of practice letters were to health care facilities, followed by clinics. The written response variances of the FY 2019 report and FY 2020 report note an increase of 14.3 percent. The **types of issues** and **settings** addressed in the practice letters are summarized on the following pages.



Types of Issues Addressed in Practice Letters

Type of Issue	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Scope of Practice	13	19	22	25	21	↓ 16% & ↑ 61.5%
Delegating & Training Unlicensed Persons	3	0	2	6	4	↓ 33.3% & ↑ 33.3%
Compact States Related/ License Requirement	2	4	11	10	0	↓ 100% & ↓ 100%
Telephone Triage & Case Management	0	0	0	0	0	↔ 0% & ↔ 0%
Esthetics & Medical Questions	1	1	0	1	0	↓ 100% & ↓ 100%
Emergency Screening [EMTALA]	0	0	0	0	0	↔ 0% & ↔ 0%
Pronouncement of Death By Nurses	1	2	1	0	0	↔ 0% & ↓ 100%
Medication-Related	1	1	3	1	5	↑ 400% & ↑ 400%
CEU & Continuing Qualification-Related	0	0	0	0	0	↔ 0% & ↔ 0%
Primary Source Verification	0	0	0	0	2	↑ 100% & ↑ 100%
Patient Care-Related	1	3	1	2	9	↑ 350% & ↑ 800%
Survey/Publication	0	0	0	0	0	↔ 0% & ↔ 0%
OBN Regulation of Nurses	7	6	2	4	1	↓ 75% & ↓ 85.7%
Licensure Requirements	0	2	2	3	16	↑ 433.3% & ↑ 100%
APRN Prescriptive Authority	7	17	13	15	16	↑ 6.7% & ↑ 128.6%
Resource Information	2	1	0	0	1	↑ 100% & ↓ 50%
Certification	0	1	1	2	3	↑ 50% & ↑ 100%
School Nurse/Staff or Nursing Education-Related	3	7	1	0	1	↑ 100% & ↓ 66.7%
Billing Information-Related	0	1	0	0	1	↑ 100% & ↑ 100%
Total	41	65	60	70	80	↑ 14.29% & ↑ 95.12%



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Settings of Practice Letters

Settings	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Medical Center	13	19	21	29	24	↓ 17.2% & ↑ 84.6%
RN, LPN, or APRN	9	15	18	11	11	↔ 0% & ↑ 22.2%
Specialty Organization/ Health Care Provider	3	9	4	7	1	↓ 85.7% & ↓ 66.7%
OK State Department of Health	0	1	1	1	1	↔ 0% & ↑ 100%
Other State or Federal Agency	3	4	4	1	2	↑ 100% & ↓ 33.3%
School Nurse/ Staff or Nursing Education	3	7	0	3	4	↑ 33.3% & ↑ 33.3%
Medical Office/Clinic/ Ambulatory Center	5	3	7	14	19	↑ 35.7% & ↑ 280%
Long Term Care Facility/Agency	1	2	2	0	8	↑ 100 % & ↑ 700%
NCSBN/Boards of Nursing	0	0	0	0	0	↔ 0% & ↔ 0%
Publication/Survey	0	0	0	0	0	↔ 0% & ↔ 0%
Other	2	1	1	4	3	↓ 25% & ↑ 50%
Credentialing Agency/ Proprietary Corporation	2	4	3	0	7	↑ 100% & ↑ 250%
Total	41	65	60	70	80	↑ 14.3% & ↑ 95.1%



Practice Calls and Visits

During FY 2020, 2,015 practice calls and visits were documented compared to 1,788 in FY 2019. This notes an increase of 12.7 percent in practice calls and visits.

Practice Visits and Calls

Issue	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
General Scope of Practice	407	413	376	396	449	↑ 13.4% & ↑ 10.3%
Delegation	95	81	83	101	84	↓ 16.8% & ↓ 11.6%
Aesthetics & Skin Care	38	40	88	101	115	↑ 13.9% & ↑ 202.6 %
Employment-Related	165	117	159	172	227	↑ 31.9% & ↑ 37.6%
Staffing or Abandonment	81	77	79	102	145	↑ 42.2% & ↑ 79%
CEUs	20	23	49	37	94	↑ 154.1% & ↑ 370%
Licensing	292	315	1,094*	270	306	↑ 13.3% & ↑ 4.8%
APRN Prescriptive Authority	202	279	275	259	226	↓ 12.7% & ↑ 11.9%
APRN Scope of Practice	196	210	219	228	239	↑ 4.8% & ↑ 21.9%
Other	134	95	34	122	130	↑ 6.6% & ↓ 3%
Total	1,630	1,650	2,456	1,788	2,015	↑ 12.7% & ↑ 23.6%

*From FY 2017 to FY 2018, the significant increase in Licensing is related to the implementation of the enhanced Nurse Licensure Compact (eNLC) on January 19, 2018. As is reflected in the Classification of Callers or Visitors table that follows, 530 calls were related to multistate licensure (MSL) through the eNLC.



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Classification of Callers or Visitors

Type of Caller/Visitor	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Registered Nurse	484	487	578	492	510	↑ 3.7% & ↑ 5.4%
Licensed Practical Nurse	211	216	373	333	403	↑ 21% & ↑ 90.1%
Advanced Practice Registered Nurse	415	473	524	423	551	↑ 30.3% & ↑ 32.8%
Advanced Unlicensed Assistant	12	12	4	10	8	↓ 20% & ↓ 33.3%
CMA or CNA	23	25	21	22	32	↑ 45.4% & ↑ 39.1%
School Nurse or School Staff	23	20	16	30	27	↓ 10% & ↑ 17.4%
Nursing Education	36	34	7	16	12	↓ 25% & ↓ 66.7%
Employer or Supervisor	266	203	194	249	203	↓ 18.5% & ↓ 23.7%
Physician or Office Staff	39	53	104	93	132	↑ 42% & ↑ 238.5%
Public	61	44	26	45	39	↓ 13.3% & ↓ 36.1%
Staffing Agency	10	16	33	13	19	↑ 46.2% & ↑ 90%
OK State Dept. of Health	10	14	6	6	12	↑ 100% & ↑ 20%
Other State/Federal Agency	10	6	5	9	9	↔ 0% & ↓ 10%
Credentialing Company or Payor	1	6	1	8	9	↑ 12.5% & ↑ 800%
Pharmacy	6	25	22	23	30	↑ 30.4% & ↑ 400%
Attorney or Staff	20	15	12	16	19	↑ 18.8% & ↓ 5%
Other /MSL-Related Calls	3	1	530	0	0	↔ 0% & ↓ 100%
Total	1,630	1,650	2,456	1,788	2,015	↑ 12.7% & ↑ 23.6%



Declaratory Rulings, Position Statements, Policies, and Guidelines Developed, Reviewed, Revised, or Rescinded

The following Board documents related to nursing practice were developed, revised or reviewed without revision, or rescinded this fiscal year:

1. *Moderate (Conscious) Sedation Guidelines for Registered Nurse Managing*, #P-06, July 2019 [Revised]
2. *Monitoring of the Moderate (Conscious) Sedation Patient by Licensed Practical Nurse Guidelines*, #P-07, July 2019 [Revised]
3. *Moderate (Conscious) Sedation Guidelines for Registered Nurse Managing*, #P-06, September 2019 [Revised]
4. *Advanced Practiced Registered Nurse (APRN) Certification Examinations Approved by the Oklahoma Board of Nursing*, #P-52A, September 2019 [Revised]
5. *Advanced Practiced Registered Nurse Certification Examinations NO Longer Approved by the Oklahoma Board of Nursing*, #P-52B, September 2019 [Revised]
6. *Placement of Nasogastric Tubes by Registered Nurses in Post Bariatric of Anatomy Altering (Upper Gastrointestinal Tract and Stomach) Surgical Patients Guidelines*, #P-22, November 2019 [Revised]
7. *Meeting Requirements for Continuing Qualifications for Practice for License Renewal Guidelines*, November 2019 [Reviewed]
8. *Patient Assessment Guideline*, #P-14, March 2020 [Revised]
9. *Policy on Names*, #OBN-03, March 2020 [Revised]
10. *Nursing Practice Opinion Requests Procedure*, #P-01, March 2020 [Reviewed]
11. *APRN E-Prescribe Request for Extension Policy*, #P-56, February 2020 [NEW]

Articles Published Related to Nursing Practice Issues

All articles listed were published in the newsletter of the Oklahoma Board of Nursing, unless otherwise noted.

- **August 2019:**
 - ◊ *Changes to Prescriptive Authority Renewal Requirements*
 - ◊ *Physical Therapy Referrals*
 - ◊ *Nursys e-Notify*
- **November 2019:**
 - ◊ *Oklahoma Certified Nurse Practitioners*
 - ◊ *New Statute on Perinatal Mental Health*
 - ◊ *Official Oklahoma Health Alert*
- **February 2020:**
 - ◊ *Multistate License Renewal: Clarification of Primary State of Residence*
 - ◊ *Outbreak of 2019 Novel Coronavirus (2019-nCoV)*
 - ◊ *Congenital Syphilis Task Force*
 - ◊ *Renewal Reminders for APRNs Wanting to Renew Prescriptive Authority*
- **April 2020:**
 - ◊ *Changes to the Oklahoma Board of Nursing Functions Related to Covid-19*
 - ◊ *OBN Guidance for Oklahoma Nursing Education Programs*
 - ◊ *Emergency Rule Guidance Regarding Employment of Nursing Students and Graduates*
 - ◊ *Licensure Reinstatement Pursuant to Executive Orders Related to the Pandemic*
 - ◊ *Temporary License for Out of State Licensed Nurse*



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Meetings and Presentations

The Associate Director for Nursing Practice attended and provided input/directions in 14 meetings this fiscal year. In addition, the Associate Director for Nursing Practice made thirteen (13) presentations to groups of licensees and other stakeholders.

Education Activities – RN and LPN Nursing Education Programs

The Oklahoma Board of Nursing holds the responsibility for setting standards for nursing education and conducting survey visits to programs to ensure standards are met. The Board reviews and approves requests for new programs and program changes. The Board further maintains records verifying faculty qualifications and collects data on program, faculty and student characteristics. The following paragraphs summarize nursing education activities in FY 2020.

Number of RN and LPN Nursing Education Programs

Types and Numbers of Programs	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
# Baccalaureate Programs/Campuses*	14/23	15/25	14/24	14/24	15/25
# Associate Degree Programs/Campuses	21/35	17/29	15/27	15/28	14/26
# Practical Nursing Programs/Campuses	33/50	29/49	29/49	30/47	30/47
Total	68/108	61/103	58/100	59/99	59/98

*RN-BSN not included

The total number of nursing education programs remained the same, with the total number of campuses decreasing. Specific to registered nursing education programs, one baccalaureate nursing education program opened and one associate degree program with two campuses closed. Practical nursing education programs remained the same. The Oklahoma Board of Nursing has continued to work actively with other entities, including the Oklahoma State Regents for Higher Education, the Oklahoma Department of Career and Technology Education, the Oklahoma Hospital Association, the Oklahoma Nurses Association, and the Institute for Nursing Education, to address issues related to shortages in clinical space and qualified faculty.

Percentage of Full-Time Faculty Holding a Masters Degree in Nursing or Higher

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Baccalaureate Degree*	98.6%	99.5%	100%	99.5%	96.8%
Associate Degree	96.1%	93.8%	92.9%	90.4%	92.9%
Practical Nursing	38.8%	39.8%	46.4%	48.9%	47.1%

*RN-BSN not included



RN nursing education programs are required to employ full-time faculty with a master's or higher degree in nursing, or a baccalaureate degree in nursing plus evidence of continued progress toward a master's or higher degree in nursing with a completion of a minimum of six (6) semester hours per calendar year. The percentage of full-time faculty employed in baccalaureate nursing education programs holding a master's degree or higher in nursing remained steady from FY 2016 to FY 2017, increasing slightly through FY 2018 and declining slightly in 2019 and significantly in 2020. The associate degree programs have experienced decreases in the percentage of master's prepared or higher degree faculty from FY 2016 with an increase in 2020. PN nursing education programs require nursing faculty to hold a minimum of an associate degree or diploma in nursing, with evidence of continued progress toward a baccalaureate degree in nursing with a completion of a minimum of six (6) semester hours per calendar year. The percentage of practical nursing faculty with a master's degree in nursing or higher increased from FY 2017 to FY 2019 and decreased in 2020.

Applications to Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Baccalaureate Degree*	2,363	2,618	2,766	2,484	2,859	↑ 15.1% & ↑ 21%
Associate Degree	3,701	3,413	3,453	3,750	3,120	↓ 16.8% & ↓ 15.7%
Practical Nursing	4,595	3,180	2,742	2,829	3,414	↑ 20.7% & ↓ 25.7%
Total	10,659	9,211	8,961	9,063	9,393	↑ 3.6% & ↓ 11.9%

*RN-BSN not included

The number of people applying to baccalaureate degree programs, steadily increased from FY 2016 to FY 2018, decreased in 2019 and increased significantly in 2020. The number of applications to associate degree programs declined in 2017 with a steady increase from FY 2017 to FY 2019. A significant decrease occurred in FY 2020. The number of applications to practical nursing education programs increased this past year, and remains low compared to FY 2016. There has been a 3.6% increase in total applications in all nursing education programs over the past year.

Admissions to Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Baccalaureate Degree*	1,377	1,759	1,488	1,213	1,236	↑ 1.9% & ↑ 10.2%
Associate Degree	2,156	1,932	1,874	2,077	1,965	↓ 5.4% & ↓ 8.9%
Practical Nursing	1,511	1,579	1,294	1,147	1,331	↑ 16% & ↓ 11.9%
Total	5,044	5,270	4,656	4,437	4,532	↑ 2.1% & ↓ 10.2%

*RN-BSN not included

Note: Caution should be used in attempting to compare applications to nursing education programs to admissions to nursing education programs as individuals may apply to more than one nursing education program, and thus be counted as an applicant more than one time.



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Admissions to baccalaureate degree nursing programs increased slightly in FY 2020 with a peak in admissions seen in FY 2017. Admissions to the associate degree nursing programs declined in FY 2020 following increases from FY 2018 to FY 2019. Admissions to practical nursing programs decreased significantly from FY 2017 to FY 2019 with an increase seen in FY 2020. Total admissions to Oklahoma nursing education programs increased by 2.1% over the past fiscal year.

Student Enrollment in Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Baccalaureate Degree*	1,840	2,682	2,702	2,284	2,042	↓ 10.6% & ↑ 11%
Associate Degree	3,909	3,141	2,948	3,217	3,288	↑ 2.2% & ↓ 15.9%
Practical Nursing	2,087	2,194	1,933	1,546	1,632	↑ 5.6% & ↓ 21.8%
Total	7,836	8,017	7,583	7,047	7,362	↑ 4.5% & ↓ 6%

*RN-BSN not included

From FY 2018 to FY 2020, overall enrollment in baccalaureate degree nursing education programs decreased. Enrollment in associate degree nursing education programs increased from FY 2018 to FY 2020. Enrollment in practical nursing education programs increased over the past fiscal year, with the highest enrollment over the past five years occurring in 2017. Associate degree programs have the highest enrollment of the three types of nursing education programs, achieving a record high enrollment in FY 2016. Total overall enrollments in nursing education programs increased this past fiscal year.

Graduates from Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
Baccalaureate Degree*	841	1,197	870	834	859	↑ 3% & ↑ 2.1%
Associate Degree	1,280	1,178	1,140	1,217	1,294	↑ 6.3% & ↑ 1.1%
Practical Nursing	1,063	1,121	1,062	954	852	↓ 10.7% & ↓ 19.8%
Total	3,184	3,496	3,072	3,005	3,005	↔ 0% & ↓ 5.6%

*RN-BSN not included

The number of nursing graduates from Oklahoma nursing education programs this past fiscal year remained the same as the previous fiscal year, with FY 2017 having the largest number of graduates over the past five years. Baccalaureate degree nursing programs report a slight increase in graduates of 3.0% over the past year. The number of graduates from associate degree nursing education programs increased this past fiscal year with the number of graduates from practical nursing education programs decreasing.



Admissions of Licensed Nurses in Nursing Education

Category	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	1 & 5 Year Variances
LPN-ADN	356	396	351	428	383	↓ 10.5% & ↑ 7.6%
LPN-BSN	33	36	16	22	57	↑ 159.1% & ↑ 72.7%
RN-BSN* Traditional Program	138	350	256	19	358	↑ 1,784.2% & ↑ 159.4%

*Students enrolled in RN-BSN degree completion programs not regulated by the Board are not included in these figures.

Over the past fiscal year, the number of Licensed Practical Nurses (LPNs) admitted to associate degree nursing education programs decreased, while the number of LPNs admitted to baccalaureate nursing education programs increased. The majority of LPNs chose associate degree education as their entry point into registered nursing. The significant increase for admissions of RN-BSN students seen in FY 2020 from the previous fiscal year was attributed to the transitioning of students from RN-BSN programs to traditional BSN programs through advanced standing. There is no information regarding the number of RNs enrolled in programs that offer only RN-BSN.

Percentage of Enrolled Students Representing an Ethnic Minority

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Baccalaureate Degree*	31.5%	30.7%	29.6%	29.6%	33.3%
Associate Degree	32.7%	36%	34.1%	35.4%	33.7%
Practical Nursing	39.6%	26.3%	40.9%	41.3%	40%

*RN-BSN not included

Percentages of minority students enrolled in Oklahoma nursing education programs decreased over the past year in both associate degree nursing education programs and practical nursing education programs. The percentage of students representing an ethnic minority enrolled in baccalaureate degree nursing increased from FY 2019.

Percentage of Male Students Enrolled in Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Baccalaureate Degree*	15.4%	13.7%	15.6%	12%	12%
Associate Degree	12.9%	13.1%	14.2%	12.6%	13.9%
Practical Nursing	9.1%	9.2%	9.3%	9%	7%

*RN-BSN not included



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While the percent of male students enrolling in nursing education programs has remained relatively small, an increase in the percent of male students enrolled associate degree nursing education programs increased over the past year. The percentage remained the same in baccalaureate degree nursing education programs and decreased in practical nursing education programs.

Average Age (In Years) of Students Enrolled in Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Baccalaureate Degree*	24	27.5	25.6	26.3	23.6
Associate Degree	29.8	28.8	29.6	28.2	37.9
Practical Nursing	28	27.5	27.7	28	28.1

*RN-BSN not included

The average age of students enrolled in baccalaureate nursing education programs decreased over the past year. Over the past year, the average age of students in associate degree nursing education programs and practical nursing education programs has increased.

Mean Completion Rates of Nursing Education Programs

Type of Program	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Baccalaureate Degree*	84.9%	87.8%	87.1%	86.7%	90.3%
Associate Degree	75.8%	77.9%	79.8%	80.6%	82.4%
Practical Nursing	72.3%	79.6%	80.2%	81.5%	77.5%

*RN-BSN not included

The data continues to support that the majority of students admitted to nursing education programs are successful in completing their programs. The completion rate for baccalaureate degree nursing education programs increased over the past fiscal year. The associate degree nursing education programs have seen a steady increase in completion rates over the past five years. Practical nursing education programs have seen a steady increase from FY 2016 to FY 2019 with a decrease in the past fiscal year.

Requests for Program Changes
(Number of Programs Impacted With Percent of Total Programs Noted in Parentheses)

Type of Change	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Change in Curriculum	23 (33.8%)	11 (18%)	5 (8.6%)	5 (8.5%)	3 (5.1%)
Program Format Change	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Extended/ Additional Classes	0 (0%)	1 (1.6%)	0 (0%)	0 (0%)	0 (0%)
New Nursing Program/Campus	0/1 (0%)/(0.9%)	1/2 (1.6%)/(1.9%)	0/2 (0%)/(2%)	1/2 (1.7%)(2%)	1/0 (1.7%)



Board Actions Related to Program Approval Status
(Number of Programs Impacted With Percent of Total Programs Noted in Parentheses)

Type of Action	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Routine Survey Visits	14 (20.6%)	8 (13.1%)	7 (12.1%)	4 (6.8%)	1 (1.7%)
Board-Directed Survey Visits	0 (0%)	1 (1.6%)	0 (0%)	1 (1.7%)	3 (5.1%)
Consultative Survey Visits	0 (0%)	1 (1.6%)	1 (1.7%)	3 (5.1%)	2 (3.4%)
Warnings Issued	2 (2.9%)	0 (0%)	0 (0%)	1 (1.7%)	2 (3.4%)
Programs on Conditional Approval	5 (7.4%)	1 (1.6%)	1 (1.7%)	0 (0%)	0 (0%)
Programs/Campuses Closed	1* (1.5%)	5* (8.2%)	5* (8.6%)	4* (6.8%)	1/2 (1.7%)(2%)
Pass Rate Reports Required	11 (16.2%)	0 (0.00%)	15 (25.9%)	6 (10.2%)	10 (10.2%)
Follow-Up Reports Required	5 (7.4%)	6 (9.8%)	0 (0%)	1 (1.7%)	11 (11.2%)

*Programs/campuses closed voluntarily.

Revisions to Education Policies

The following Board documents related to nursing education were developed, revised or reviewed without revision, or rescinded this fiscal year:

- *Reports Submitted from Nursing Education Programs on NCLEX Pass Rate and Completion Rate Report Guidelines*, #E-07 (July 2019) [Revised]
- *Establishment of Training Equivalency for Certification as an Advanced Unlicensed Assistant Policy*, #E-41 (July 2019) [Reviewed]
- *Approved Advanced Unlicensed Assistant Training Program Curriculum, Policy*, #E-44 (July 2019) [Reviewed]

In FY 2020, the Board reviewed a report of survey visit conducted in the following nursing education program and recommended continuing full approval:

- Tulsa Technology Center, Practical Nursing Program, Tulsa, 10/8-10/19

In FY 2020, the Board reviewed a report of focus survey visit conducted in the following nursing education program and recommended continuing full approval:

- Langston University, Baccalaureate Degree Nursing Program, Langston 2/12/2020



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In FY 2020, the Board reviewed reports of focus survey visits conducted in the following nursing education programs and recommended two (2) years full approval with Warning status:

- Redlands Community College, Associate Degree Nursing Program, El Reno 3/11/2020
- High Plains Technology Center, Practical Nursing Program, Woodward 3/12-13/2020

At the closure of FY 2020, there was no survey visits pending Board approval. A survey visit to Western Technology Center, Practical Nursing Program, Burns Flat was cancelled due to COVID-19 and rescheduled for August 2020.

In FY 2020, the Board reviewed reports of consultative visits conducted in the following nursing education programs:

- Marian University, Leighton School of Nursing, Accelerated Baccalaureate Degree Nursing Program, Oklahoma City 2/19/2020 (May 2020).
- ATA College, Practical Nursing Program, Tulsa 3/2/2020 (May 2020).

NCLEX Pass Rate Reports

Pass rate reports are required when the first-time writer National Council Licensure Examination (NCLEX) pass rate for a nursing education program falls ten percentage points or more below the national average and at least ten candidates wrote the examination [OAC 485:10-3-5 (4)]. NCLEX pass rate reports were submitted in FY 2020 by the following nursing education programs with a Calendar Year 2019 NCLEX pass rate ten percentage points or more below the national average:

- Langston University, Baccalaureate Degree Nursing Program, Langston
- Northwestern Oklahoma State University, Baccalaureate Degree Nursing Program, Enid
- Northeastern Oklahoma A & M College, Associate Degree Nursing Program, Miami
- Northern Oklahoma College, Associate Degree Nursing Program, Tonkawa
- Redlands Community College, Associate Degree Nursing Program, El Reno
- Rogers State University, Associate Degree Nursing Program, Bartlesville
- Seminole State College, Associate Degree Nursing Program, Seminole
- Western Oklahoma State College, Associate Degree Program, Elk City & Lawton
- High Plains Technology Center, Practical Nursing Program, Woodward
- Indian Capital Technology Center, Practical Nursing Program, Tahlequah
- Pontotoc Technology Center, Practical Nursing Program, Ada

A Board subcommittee reviewed the reports in October 2019, and made recommendations for each program. These recommendations were reviewed and accepted by the Board during the November 2019 meeting.

Request for New Programs, Additional Program Offerings, and Program Changes

In FY 2020, the Board approved Step I applications for a new program:

- Marian University, Leighton School of Nursing, Accelerated Baccalaureate Degree Nursing Program, Oklahoma City, Step I Application (September 2019)
- MedNoc Training College, New Practical Nursing Program, Oklahoma City, Step I Application (February 2020)
- ATA College, New Practical Nursing Program, Tulsa, Step I Application (February 2020)

In FY 2020, the Board granted Provisional Approval for a new program:



- Marian University, Leighton School of Nursing, Accelerated Baccalaureate Degree Nursing Program, Oklahoma City (May 2020)

In FY 2020, the Board approved an additional program offering on extended campus for the following:

- Oklahoma City University, Kramer School of Nursing, Advanced Practice Registered Nursing Education Program, Doctor of Nursing Practice/Post Master Certificate, Certified Nurse Practitioner, Psychiatric/Mental Health (March 2020 – new role/population focus)

In FY 2020, the following nursing education program closed:

- Rogers State University, Associate Degree Nursing Program, Claremore and Bartlesville.

In FY 2020, the Board approved curriculum change requests from the following programs:

- Tulsa Technology Center, Practical Nursing Program, Tulsa. Curriculum Change Request (July 2019)
- Chisholm Trail Technology Center, Omega. Curriculum Change Request (November 2019)

Follow-Up Reports

There was one (1) nursing education program follow-up report for FY 2020.

- Northwestern Oklahoma State University, Baccalaureate Degree Nursing Program, Alva (July 2019)

Meetings:

The Nursing Education Consultant attended and provided input/directions in 11 meetings, which were primarily related to nursing education this fiscal year, as compared to 10 meetings attended in FY 2019.

Other Division Activities

Nursing Education and Nursing Practice Advisory Committee

The purpose of the Advisory Committee on Nursing Education and Nursing Practice is to:

1. Review annually the minimum standards for approved schools of nursing and make recommendations which would assure the standards are realistic and reflect the trends and present practices in nursing education;
2. Examine and make recommendations concerning nursing practice issues;
3. Provide input on the role and scope of safe and competent nursing practice; and
4. Review annually the *Rules of the Oklahoma Board of Nursing*.

Persons who have served on this committee during the fiscal year are:

Liz Massey, DNP, RN, Board Representative
Carmen Nickel, MSN, RN, Board Representative
Kathy O'Dell, DNP, RN, Board Representative
Kim Stout, RN, Oklahoma Organization of Nurse Executives
Liz Michael, MS, RN, Oklahoma Organization of Nurse Executives
Chris Weigel, MS, RN, Oklahoma Organization of Nurse Executives
Karen Vahlberg, BSN, RN, Oklahoma Association for Home Care
Shy Rhonda Roy, MSN, RN, Oklahoma Nurses Association
Michele Bradshaw, MSN, RN, Oklahoma Nurses Association
Shelly Wells, PhD, MBA, MS, APRN-CNS, Oklahoma Nurses Association



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Linda Cook, PhD, RN, APRN-CNS, Baccalaureate & Higher Degree Deans Council
Marcia Cullum, MSN, RN, Associate Degree Directors Council
Marietta Lynch, BSN, RN, Oklahoma Association of Health Care Providers
J.R. Polzien, MSN, RN, OK Department of Career & Technology Education
Stephanie Beauchamp, EdD, Oklahoma State Regents for Higher Education
Ann Benson, MSN, APRN-CNP, Oklahoma State Department of Health
LaDonna Selvidge, MS, MED, RN, Practical Schools of Nursing
Sarah McDaniel, LPN, Board-appointed LPN
Nicole Meek, BSN, RN, Board-appointed Representative of AUA Programs
Amber Pagel, BSN, RN, Board-appointed Representative of AUA Programs

Board staff representatives were Gina Stafford, BSN, RN; Terri Walker, MSN, RN, and Jackye Ward, MSN, RN.

Nursing Education and Nursing Practice Advisory Committee meetings were held on October 7, 2019 and February 28, 2020.

Advanced Practice Advisory Committee

The purpose of the Advanced Practice Advisory Committee is to:

1. Make recommendation to the Board concerning advanced practice educational programs, national certifying bodies, definitions of scope of practice statements, standards of practice, and other practice-related issues;
2. Advise the Board in the development and enforcement of Rules and Regulations regarding advanced practice;
3. Advise the Board with regard to complaints filed against advanced practitioners, and assists the Board in interpretation of the Scope of Practice and Standards of Care for the Advanced Practitioner; and,
4. Perform other duties as defined by the Board.

Persons who have served on this committee during this fiscal year are:

Tricia Butner, DNP, APRN-CNP, Oklahoma Association of Nurse Practitioners
Margaret Rosales, MSN, APRN-CNP, Oklahoma Association of Nurse Practitioners
Jana Butcher, MSN, APRN-CNP, Oklahoma Chapter of the National Association of Pediatric Nurse Practitioners
Leanna Harkess, MSN, APRN-CNM, APRN-CNP, American College of Nurse Midwives, OK Chapter Affiliate
Jill Nobles-Botkin, MSN, APRN-CNM, American College of Nurse Midwives, OK Chapter Affiliate
Dorothy Pointer, MSN, APRN-CNM, American College of Nurse Midwives, OK Chapter Affiliate
Steve McKittrick, BSN, APRN-CRNA, Oklahoma Association of Nurse Anesthetists
Dennis Dodd, BS, APRN-CRNA, Oklahoma Association of Nurse Anesthetists
Randy Hailey, Jr., MSN, APRN-CRNA, Oklahoma Association of Nurse Anesthetists
Carol Stewart, MSN, APRN-CNS, Oklahoma Association of Clinical Nurse Specialists
Elaine Haxton, MSN, APRN-CNS, Oklahoma Association of Clinical Nurse Specialists
Tracey Walker, MSN, APRN-CNS, Oklahoma Association of Clinical Nurse Specialists
Melissa Craft, PhD, APRN-CNS, Board-appointed Faculty from an Oklahoma Advanced Practice Registered Nursing Education Program for Clinical Nurse Specialist Educator



Gina Crawford, DNP, APRN-CNP, Board-appointed Faculty from an Oklahoma Advanced Practice Registered Nursing Education Program for Certified Nurse Practitioner Educator
Mandy Nelson, DNP, APRN-CNS, Board Representative

Board staff representatives were Gina Stafford, BSN, RN, Terri Walker, MSN, RN, and Jackye Ward, MSN, RN.

The Advanced Practice Advisory Committee met on August 20, 2019.

CRNA Formulary Advisory Council

The purpose of the CRNA Formulary Advisory Council is to:

1. Develop and submit to the Board recommendations for an inclusionary formulary that lists drugs or categories of drugs that may be ordered, selected, obtained or administered by Certified Registered Nurse Anesthetists authorized by the Board to order, select, obtain and administer drugs.
2. Develop and submit to the Board recommendations for practice-specific standards for ordering, selecting, obtaining and administering drugs for a Certified Registered Nurse Anesthetist authorized by the Board to order, select, obtain and administer drugs pursuant to the provisions of the *Oklahoma Nursing Practice Act*.

The CRNA Formulary Advisory Council is composed of five (5) members:

Appointed by the Oklahoma Association of Nurse Anesthetists

Victor Long, APRN-CRNA

Bruce Kennedy, APRN-CRNA

Appointed by the Oklahoma Society of Anesthesiologists

Thomas Tinker, MD

Brian Seacat, MD

Appointed by the Oklahoma Pharmaceutical Association

Mark St. Cyr, DPh

The Oklahoma Board of Nursing representative for CY 2020 was Jan Palovik, MSA, APRN-CRNA. Board staff representatives were Gina Stafford, BSN, RN, and Jackye Ward, MSN, RN.

Due to the pandemic, the annual meeting of the CRNA Formulary Advisory Council was rescheduled for September 28, 2020. The CRNA Council will review and provide recommendations for revision to the *CRNA Inclusionary Formulary*, #P-50, which will be reviewed by the Board for approval.

Formulary Advisory Council

The purpose of the Formulary Advisory Council is to:

1. Develop and submit to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by advanced practice nurses recognized to prescribe by the Oklahoma Board of Nursing.
2. Develop and submit to the Board recommendations for practice-specific prescriptive standards for each category of advanced practice nurse recognized to prescribe by the Oklahoma Board of Nursing pursuant to the provisions of the *Oklahoma Nursing Practice Act*.



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The Formulary Advisory Council is composed of twelve (12) members:

Appointed by the Oklahoma Board of Nursing:

Kathy O'Dell, DNP, RN
Leanna Harkess, MSN, APRN-CNM, APRN-CNP
Tracy Langley, MSN, APRN-CNP
Robin Potter-Kimball, MSN, APRN-CNS

Appointed by the Oklahoma Pharmaceutical Association:

Jay Kinnard, DPh
Deaton Chancey, DPh
JJ Peek, DPh
Kacee Blackwell, DPh

Appointed by the Oklahoma State Medical Association:

Harold Ginzburg, MD
Edward Legako, MD
Dana Stone, MD

Appointed by the Oklahoma Osteopathic Association:

Jason Regan, DO

Gina Stafford, BSN, RN, and Jackye Ward, MSN, RN, served as Board staff representatives.

Due to the pandemic, the Formulary Advisory Council meeting was rescheduled for October 29, 2020 to review the *Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority, #P-50B*. Recommendations regarding the *Exclusionary Formulary* will be forwarded to the Board following the council meeting.



Peer Assistance Program



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Introduction

The Peer Assistance Program was established in statutes November 1994 *to rehabilitate nurses whose competency may be compromised because of the abuse of drugs or alcohol, so that such nurses can be treated and can return to or continue the practice of nursing in a manner which will benefit the public. The program shall be under the supervision and control of the Oklahoma Board of Nursing* (59 O.S. § 567.17A). This approach allows the Board to retain control of nursing practice for the protection of the public, which is the mission of the Board.

The Program is administered by the Program Coordinator, a doctorate prepared Registered Nurse, who reports directly to the Executive Director of the Board. The Program employs two other Registered Nurses, one who is certified in Addictions nursing. These Registered Nurses serve as Case Managers. The Program also employs one Legal Secretary.

Program Policies and Guidelines

As a part of the Board's oversight, it approves the program guidelines and periodically reviews and revises those guidelines (OAC 485: 10-19-3(a)). In FY 2020, the Board reviewed or revised the following policies of the Program:

Peer Assistance Program Evaluation Criteria, #PA-06

Peer Assistance Program Support Group Participation Guidelines, #PA-08

Peer Assistance Program Requests to Return to Work in Positions Providing Increased Autonomy and/or Limited Supervision Guidelines, #PA-10

Peer Assistance Program Self-Assessment Report Guidelines, #PA-11

Successful Completion of the Peer Assistance Program Guidelines, #PA-13

Return to Professional Nursing Practice Criteria, #PA-16

Peer Assistance Program Progression Guidelines, #PA-21

Relapse Guidelines, #PA-19

On November 1, 2011 (FY 2012) statutory changes were implemented regarding the licensure status of nurses entering the Program (59 O.S. § 567.17 K). Participation in the Program is no longer non-public. The license status of all nurses in the Program is now marked with Conditions-Peer Assistance during the term of participation. For those participating voluntarily, the conditions are non-disciplinary.

Peer Assistance Committees (PAC)

Peer Assistance Committees function under the authority of the Board in accordance to the Rules of the Board (59 O.S. § 567.17B). The committee members are appointed by the Board of Nursing for three-year terms (OAC 485:10-19-4(d)). They serve voluntarily without pay. The Board appointed or reappointed 11 committee members this year.

The following individuals have served on PAC during FY 2020:

Julie Aldridge, RN
Brandi Beers, RN
Robin Brothers, PhD, RN
Deborah Campbell, RN
Suzanne Cannon, MHR, LPC, LADC
Tim Castoe RN

Charles McNear, MS, RN, PHN, CARN
Bill Mosher, LPC, LADC
Patty Gail Patten MS, LPC, LADC, LMFT
James Patterson, CADC, ICADC
Doug Richardson, LADC
Melissa Rios, LADC



Terri Chapman, BSN, RN*
Laura Clarkson, RN, CARN
Brenda Hudson, MS, RN
Cindy Lyons, MS, RN, CNE
Patti Mason, MA, LADC
Frank Thompson, RN

Kimberly Roberts, APRN-CNS
Becky Smith, MHR, RN, LADC*
Sheila St. Cyr, MS, RN-BC
Heather Stranger, MSN, RN
Leah Trim, RN

*Denotes committee members who have served since the first year of the program.

During FY 2020, there were 23 individuals who served on committees. Each member averaged 23 hours in committee meetings (not including preparation time for the meeting). This is the equivalent of 3 days each of service work to the program.

There are currently 20 individuals still serving on six Committees. Eleven of the current PAC members are licensed nurses, 10 are certified or licensed in addictions and 13 are recovering individuals. Board rules require that each PAC have at least one recovering individual, one individual with a certification in addictions and the majority to be licensed nurses (OAC 485:10-19-4 (b)).

PAC Activity

The *Rules of the Oklahoma Board of Nursing* define the PAC responsibilities as determining licensee's acceptance into the program, developing the contract for participation, determining progress, successful completion or termination for failure to comply and reporting all terminations to the Board. They meet with the participants on a regular basis to evaluate progress. (OAC 485: 10-19-4(c))

On a **monthly basis** this past fiscal year the PAC has averaged 3 meetings, volunteered an average of 45 hours, accepted 5 new applicants into the Program and met with an average of 29 nurses to review progress. The PAC reviewed progress with approximately 32% of the participants each month.

PAC Activity in Past Five Years

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Variances 1 Year & 5 Year
PAC Meetings	52	42	45	44	35	↓ 20% & ↓ 33%
Scheduled Reviews	694	715	569	401	246	↓ 39% & ↓ 65%
Noncompliance Reviews	111	136	142	156	104	↓ 33% & ↓ 6%
Total Reviews	805	851	711	557	350	↓ 37% & ↓ 56%
Volunteer Hours	1,047	790	818	704	539	↓ 23 % & ↓ 49%

New Cases

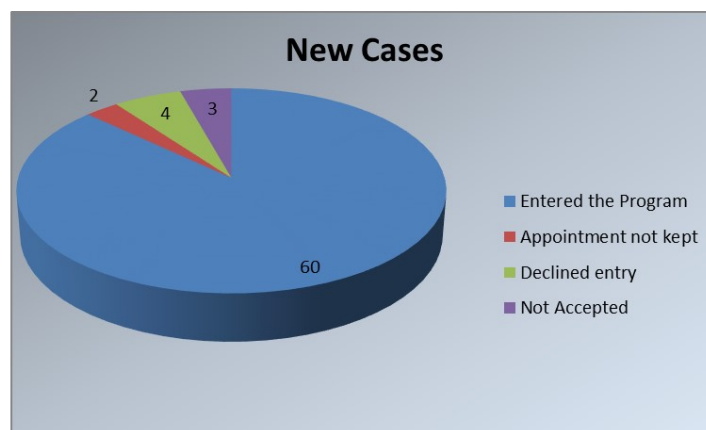
Applicants to the program are screened by the program staff to ensure they meet eligibility requirements as set forth in the *Rules of the Oklahoma Board of Nursing* (OAC 485:10-19-5). Those who meet the requirements are scheduled for an entry appointment with the PAC at which time the PAC determines whether they meet the criteria for acceptance into the program.



New Cases in the Past Five Years

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Variances 1 Year & 5 Year
Entry Appointments Scheduled	89	95	59	64	69	↑ 8% & ↑ 22%
Entry Appointments Not Kept	7	3	3	4	1	↓ 75% & ↓ 86%
Entry Appointments Conducted	82	92	56	60	68	↑ 13% & ↓ 17%
Applicants Not Accepted	6	6	2	2	3	↑ 0.5% & ↓ 0.5%
Applicants Accepted	76	86	54	54	60	↑ 11% & ↓ 21%
Applicants Declining Contract	0	0	0	1	3	↑ 2% & --
Total Entering Program	76	86	54	54	60	↑ 11% & ↓ 21%
Total New Cases	89	95	59	64	69	↑ 8% & ↓ 22%

Of the 69 nurses initiating contact with the Program for participation and completing the application process, 87% (60 nurses) entered the Program, 4% (3 nurses) failed to keep their appointment with the PAC or withdrew the application, 4% (3 nurses) were not accepted into the Program by the PAC. An additional 15 nurses contacted the Program and were interviewed by staff but chose not to make application.



Participants

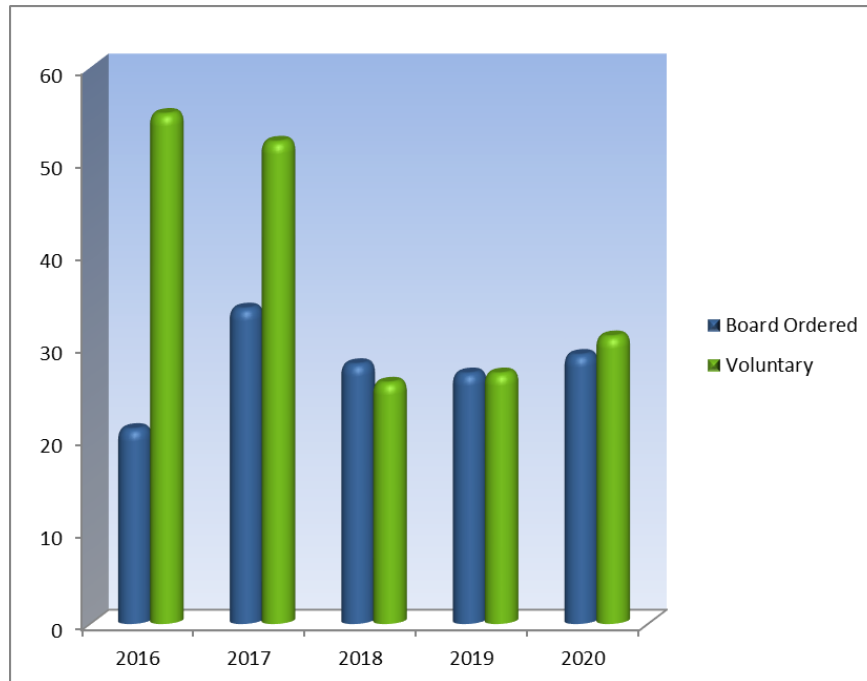
Nurses enter the program voluntarily either through direct application or referral from the Board of Nursing. The minimum length of participation in the program for successful completion is 24 months. The average length of participation for individuals successfully completing the program during FY 2020 was 34 months.

Termination from the program can occur any time after acceptance into the program. The average length of participation for individuals terminating from the program in FY 2020 was 10 months, compared to 11 months in FY 2019. Thirteen (33%) of the 33 individuals terminated from the program were in the program 3 months or less. The majority (70%) of individuals terminated from the program had less than one year's participation and 52% were in for 6 months or less.



Nurses who leave the Program for any reason other than successful completion are reported to the Oklahoma Board of Nursing. By law, the Executive Director of the Board must suspend the license of the nurse who voluntarily entered the program with the case scheduled for a Board Hearing. Nurses who entered the program by an order of the Board and leave the program are disciplined as set forth in the order of the Board (59 O.S. § 567.17 I).

**Participation by Type of Entry
2016-2020**



Nurses Entering the Program with Board Action

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5 Year Total	Variances 1 Year & 5 Year
Entering	21	34	28	27	29	139	↑ 7% & ↑ 38%
Participants on 6/30	55	59	54	51	46	--	↓ 10% & ↓ 16%
Participants Discharged	22	20	18	15	20	95	↑ 33% & ↓ 9%
Participants Terminated	17	10	16	16	12	71	↓ 25% & ↓ 29%
Total Participation	94	88	88	82	78	212*	↓ 5% & ↓ 17%

(*5 year total participation equal number of participants on 6/30/2020 + discharges and terminations between 7/1/2015– 6/30/2020)

Thirty-three percent of the 212 nurses participating in the program through Board action in the past 5 years have been terminated for noncompliance or withdrawn from the program without completing. Forty-five percent have been discharged for successful completion and twenty-two percent are still in the program.



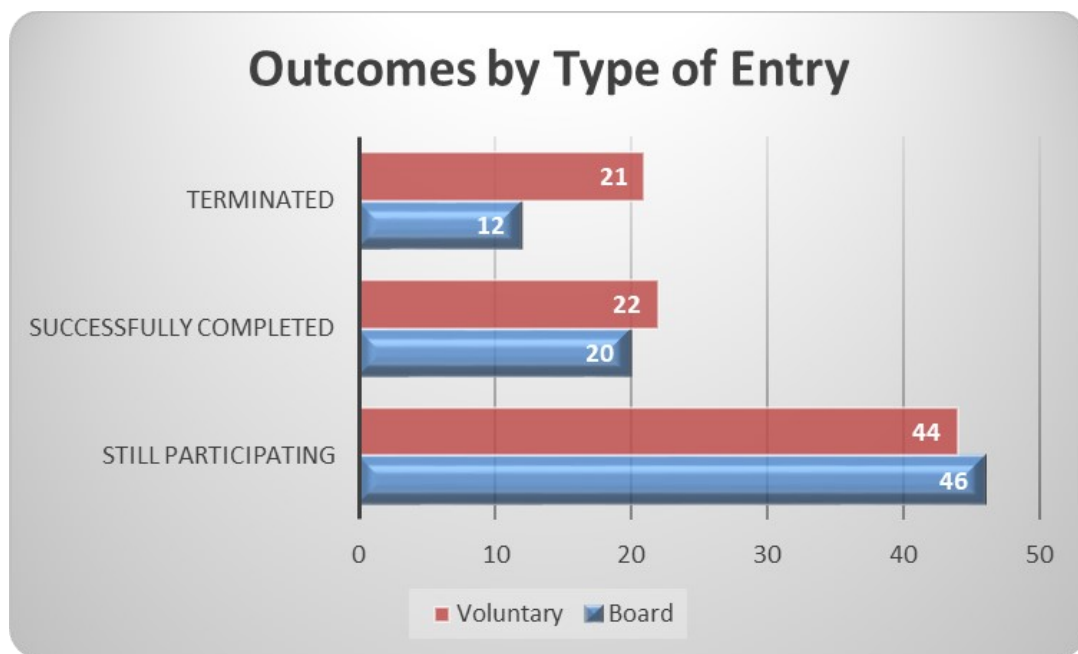
Nurses Entering the Program without Board Action

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5 Year Total	Variances 1 Year & 5 Year
Entering	55	52	26	27	31	191	↑ 15% & ↓ 44%
Participants on 6/30	91	88	68	54	44	--	↓ 19% & ↓ 52%
Participants Discharged	22	27	23	26	22	120	↓ 15% & --
Participants Terminated	30	29	22	14	21	116	↑ 50% & ↓ 30%
Total Participation	143	144	113	94	87	*280	↓ 7% & ↓ 39%

(*5 year total participation equal number of participants on 6/30/2020 + discharges and terminations between 7/1/2016 – 6/30/2020)

Fifty- two percent of the nurses in the program this year entered without Board Action. In the last five years, nurses entering the program without Board Action have been in the majority. Forty-one percent of the 280 nurses participating in the program without Board Action in the last five years have been terminated for noncompliance or withdrawn from the program without completing. Forty-three percent of the 280 nurses participating without Board Action in the past five years have been discharged for successful completion. Sixteen percent are still in the program

Outcomes by Type of Entry





All Nurses Entering the Program

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5 Year Total	Variances 1 Year & 5 Year
Participants on 6/30	146	147	122	105	90	610	↓ 14% & ↓ 38%
Participants Discharged	44	47	41	41	42	215	↑ 0.2% & ↓ 5%
Participants Terminated	47	39	38	30	33	187	↑ 10% & ↓ 30%
Total Participants	237	233	201	176	165	492*	↓ 6% & ↓ 30%
Applicants not Entering	13	9	4	7	7	40	-- & ↓ 46%
**Total Cases	250	241	205	183	172	†532	↓ 11% & ↓ 31%

(*5 year total participation equal number of participants on 6/30/2020 + discharges and terminations between 7/1/2016 – 6/30/2020.

**Total cases are the number of total participants in the program during the year plus the number who went through the application process and then did not sign a contract with the program.

† 5 year totals equal the 5 year total participants + 5 year total applicants not entering)

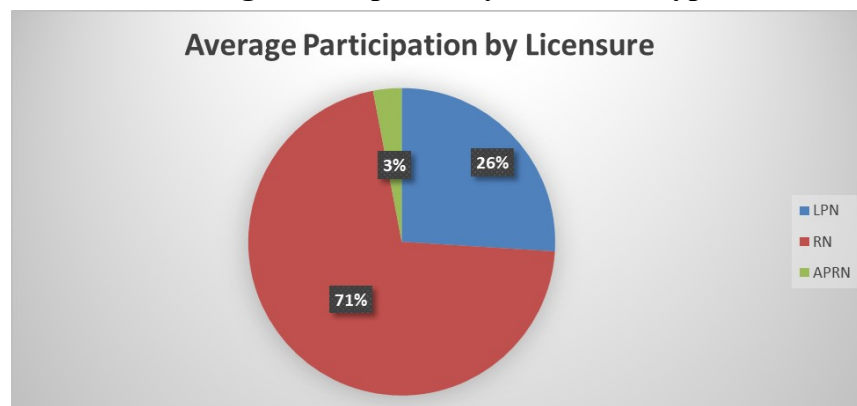
Nurses referred to the program through Board Action account for forty-three percent of the nurses participating the program in the last five (5) years, thirty-eight percent of those terminated from the program, and forty-four percent of those successfully completing.

Nurses referred to the program without Board Action account for fifty-seven percent of the nurses participating in the program in the past five (5) years, sixty-two percent of those terminated from the program, and fifty-six percent of the nurses successfully completing the program in the last five years.

Participation by Licensure

Licensed nurses, including LPN, RN, and APRN, may be considered for participation in the program, provided they meet the eligibility requirements as set forth in the *Rules of the Oklahoma Board of Nursing* (OAC 485:10-19-5). Average participation by license level for the past five years is illustrated in the following chart.

Average Participation by Licensure Type





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Participation by Gender

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5 Year Total	Variances 1 Year & 5 Year
Participants on 6/30	18	19	21	17	14	89	↓ 17% & ↓ 22%
Participants Discharged	7	8	4	7	8	34	↑ 14% & ↑ 14%
Participants Terminated	7	4	4	7	4	26	↑ 43% & ↓ 43%
Total Participation	32	31	29	31	26	*74	↓ 16% & ↓ 19%

Summary of Male Participation FY 2016–FY 2020

(*5 year total participation equal number of participants on 6/30/2020 + discharges and terminations between 7/1/2016 – 6/30/2020)

Males comprised fifteen percent of participants in the program during the past five years. They account for sixteen percent of the nurses discharged for successful completion and fourteen percent of those terminated from the program.

Summary of Female Participation FY 2016–FY 2020

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5 Year Total	Variances 1 Year & 5 Year
Participants on 6/30	128	129	101	88	76	522	↓ 14% & ↓ 41%
Participants Discharged	37	39	37	34	34	181	-- & ↓ 8%
Participants Terminated	40	35	34	23	29	161	↑ 26% & ↓ 28%
Total Participation	205	203	172	145	139	*418	↓ 4% & ↓ 32%

(*5 year total participation equal number of participants on 6/30/2020 + discharges and terminations between 7/1/2016 – 6/30/2020)

Females comprised eighty-four percent of the nurses participating in the program during the past five years. Eighty-three percent of nurses successfully completing the program were female. Eighty-five percent of the nurses terminated from the program were female.

Relapse Rates

Relapse is defined as unauthorized use of mind-altering, intoxicating, potentially addictive drugs after a period of sustained abstinence. During FY 2020, the total relapse rate was 3%, compared to 6% in FY 2019.



Office Activity

Office Activity by Type

Activity	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Variances 1 Year & 5 Year
Reports Monitored	5,635	5,270	5,265	4,172	3,990	↓ 4% & ↓ 29%
Educational Presentations	3	5	7	9	8	↓ 11% & ↑ 16%
Applicant Interviews	144	136	73	74	84	↑ 14% & ↓ 42%
Average Time From Application to Entry	5.4	6.2	7 days	6 days	10 days	↑ 66% & ↑ 85%
Average Time to Address	4.4	2.5	.21	< 1 day	< 1 day	-- & ↓ 77%
Average Time to Remove from Nursing Practice when Relapse is Identified	1 day	1 day	<1 day	< 1 day	< 1 day	-- & --

Forty-eight percent of the participants in the program at the end of the fiscal year had been in for less than one year. Participants in the first year of participation require more intensive monitoring as this is when there is the greatest of risk of relapse.

Addressing noncompliance quickly is an additional safeguard. Noncompliance with the contract may indicate a safety issue with the nursing practice of the individual and be a signal of relapse. For FY 2020, it took an average of <1 day for the program to address noncompliance issues, exceeding the performance measure. The trending decrease in time to address noncompliance with the contract is attributable to the advances in the Program's electronic monitoring software, specifically, push technology and e-communication. The program directs nurses with identified safety issues, relapse behaviors and/or identified relapse to cease nursing practice within one day of identification.

Peer Assistance Program staff made contact with other Alternative-to-Disciplinary programs across the country who utilize committees in order to determine how these programs utilize such committees. Additionally, a five year retrospective review of program data was done to compare/contrast past committee utilization models to the proposed model to determine best use of agency resources. As a result, the Peer Assistance Program decreased the number of committee meetings by eight per year from 48 to 40 and changed the strategy of scheduling program participants to meet with the committees from an every two or four month review cycle to an as needed cycle. Realignment of committee scheduling and utilization led to a 16% reduction in committee meetings per year.

Due to the March 15, 2020 declared emergency caused by the impending threat of COVID 19 to the people of the State of Oklahoma, all Program staff shifted to a teleworking model. With this shift, the Program staff quickly and efficiently put systems in place to conduct 100% of business electronically and telephonically, including Peer Assistance Committee meetings and intake appointments. During the end of FY2020 3rd Quarter through FY2020 4th Quarter, the Program conducted: 18 intake appointments, 9 Committee meetings, and a total of 110 Participant reviews. The FY 2020 4th Quarter agency dashboard indicators, average number of days from termination to licensure action and, average number of days to address noncompliance, continued to meet the quarter target.



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Nurses who voluntarily enter the program do not require a Board hearing, thus utilizing fewer resources within the Agency. This year 87 (53%) of the 165 nurses who participated in the program entered voluntarily. This supports the Board's goal to operate efficiently and effectively.

Office Activity Per Participant

Average Activity Per Participant Per Year	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5-Year Average
Reports	24	27	26	24	24	25
PAC Reviews	3	3	3	2.7	2.5	3



Investigative Division



Introduction

The Investigative Division conducts investigations for allegations of violations of the Nursing Practice Act. The work is accomplished through a priority system and performed by objective fact finding during the investigative process. Evidence is presented during Board hearings by investigative staff. The Division is responsible for monitoring compliance to Board Orders and reporting Board actions to Federal databanks. The Investigative Division is comprised of six Nurse Investigators and three legal secretaries.

The Oklahoma Nursing Practice Act (ONPA) gives the Oklahoma Board of Nursing (Board) the power to: 1) deny, suspend, or revoke any licensure to practice as an Advanced Practice Registered Nurse, Registered Nurse single-state or multistate, or Licensed Practical Nurse, single-state or multistate, or certification as an Advanced Unlicensed Assistant or authorization for prescriptive authority or authority to order, select, obtain and administer drugs; 2) assess administrative penalties; and 3) otherwise discipline applicants, licensees or Advanced Unlicensed Assistants. The Act further states the Board shall impose a disciplinary action pursuant to the above upon proof that the person:

1. Is guilty of deceit or material misrepresentation in procuring or attempting to procure:
 - a. a license to practice registered nursing, licensed practical nursing, and/or a license to practice advanced practice registered nursing with or without either prescriptive authority recognition or authorization to order, select, obtain and administer drugs, or
 - b. certification as an Advanced Unlicensed Assistant;
2. Is guilty of a felony, or any offense reasonably related to the qualifications, functions or duties of any licensee or Advanced Unlicensed Assistant, or any offense an essential element of which is fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed, or any conduct resulting in the revocation of a deferred or suspended sentence or probation imposed pursuant to such conviction;
3. Fails to adequately care for patients or to conform to the minimum standards of acceptable nursing or Advanced Unlicensed Assistant practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm;
4. Is intemperate in the use of alcohol or drugs, which use the Board determines endangers or could endanger patients;
5. Exhibits through a pattern of practice or other behavior actual or potential inability to practice nursing with sufficient knowledge or reasonable skills and safety due to impairment caused by illness, use of alcohol, drugs, chemicals or any other substance, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills, mental illness, or disability that results in inability to practice with reasonable judgment, skill or safety; provided, however, the provisions of this paragraph shall not be utilized in a manner that conflicts with the provisions of the Americans with Disabilities Act;
6. Has been adjudicated as mentally incompetent, mentally ill, chemically dependent or dangerous to the public or has been committed by a court of competent jurisdiction, within or without this state;
7. Is guilty of unprofessional conduct as defined in the rules of the Board;
8. Is guilty of any act that jeopardizes a patient's life, health or safety as defined in the rules of the Board;
9. Violated a rule promulgated by the Board, an order of the Board, or a state or federal law relating to the practice of registered, practical or advanced practice registered nursing or advanced unlicensed assisting, or a state or federal narcotics or controlled dangerous substance law including, but not limited to prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes;



10. Has had disciplinary actions taken against the individual's registered or practical nursing license, advanced unlicensed assistive certification, or any professional or occupational license, registration or certification in this or any state, territory or country;
11. Has defaulted and/or been terminated from the Peer Assistance Program for any reason;
12. Fails to maintain professional boundaries with patients, as defined in the Board rules; and/or
13. Engages in sexual misconduct, as defined in Board rules, with a current or former patient or key party, inside or outside the health care setting

Investigation and Disciplinary Process

The number of ONPA alleged violations reported to the Board during FY 2020 that resulted in opened cases for investigation decreased twenty-two percent (22%) compared to FY2019. The number of alleged violations received against licensees/applicants represents 0.5% of the total licensee/applicant population regulated by the Board. Board staff, legal counsel, and/or other governmental agencies complete investigations of alleged violations reported to the Board. During any investigation, the staff emphasizes the Board's commitment to the due process afforded each individual under the provisions of the ONPA and the Administrative Procedures Act as well as the Board's legislative mandate to safeguard the public's health, safety, and welfare.

Investigative Cases Opened

Categories of data compiled about opened investigative cases include the Classification of License/Certification/Applicant, Type of Case, and Location of Case.

Number/Percent of Licensees/Applicants with Cases That Were Opened During FY 2020 Compared to Total Regulated Population

Classification	*Number of Licensees/Applicants with Cases Opened	Number of Licensees Regulated or Applications Received	Percentage of Licensees Regulated or Applications Received with Cases Opened
RN	140	51,590	0.3%
LPN	107	16,452	0.7%
APRN	31	5,127	0.6%
AUA	2	453	0.2%
NCLEX-RN	29	2,198	1.3%
RN Endorsement	21	1,261	1.7%
NCLEX-LPN	25	1,000	2.5%
LPN Endorsement	4	326	1.2%
Other	4		
Total	363	78,407	0.5%

*Number reflects the number of individuals with cases opened, not the number of cases opened in subsequent tables as 1 individual could have more than one alleged violation reported to the Board during the course of the fiscal year.



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Type of Cases Opened

FY 2020	Drug	Nursing Practice	Abuse/Neglect	Felony	Viol. of Order	*Other	Reinstatement Return to Active	PAP Related	Worked Lapsed License	Deceit	Total
Number	60	72	4	19	0	125	23	3	18	39	363
Percentage	17%	20%	1%	5%	0%	34%	6%	1%	5%	11%	100%

*Other types of administrative procedure cases were: hearing on temporary suspensions, request to amend, request to terminate probation, request for inactive status, voluntary surrender or court order surrender of license, misdemeanor, reappear before the Board as ordered, peer assistance related, request for reconsideration of Board decision, lawsuit, renewal application, etc.

Location of Cases Opened

FY 2020	Hospital	Nursing Home	Home Health	*Other Nursing	**Other Non-Nursing	Total
Number	66	53	12	54	178	363
Percentage	18%	15%	3%	15%	49%	100%

*Other nursing settings are physician's office, clinic, hospice, state correction facility, etc.

** Other non-nursing settings are felonies, reinstatements, probation violations, etc.

Types of Cases Opened in Clinical Settings in FY 2020

Type	Hospital	Nursing Home	Home Health	Other Nursing/Non-Nursing
Drug	28	11	4	17
Nursing Practice	23	27	0	22
Abuse/Neglect	2	0	0	2
Worked Lapsed License	1	1	0	1
Other	12	14	8	190
Total	66	53	12	232

Resolution and Closure of Investigative Cases

Investigative cases are resolved when the Board takes action on the case through Formal Hearings or Informal Disposition Panel Conferences. Investigative cases are closed when Board staff closes a case for no violation of the ONPA, for insufficient evidence, etc. During FY 2020, 47% of the cases were resolved/closed within six months.



FY 2020 Resolution/Closure Based on Length of Time Opened

Board Resolved	Total	Board Staff Closed	Total	Grand Total
Within 6 months	70	Within 6 months	101	171
After 6 months	97	After 6 months	93	190
Totals	167	Totals	194	361

Reasons for Closure by Board Staff

FY 2020	Insufficient Evidence	No Violation	*Other	Total
Total	80	8	212	300
Percentage	27%	3%	70%	100%

*Other reasons for closure of open cases are: no jurisdiction, lapsed license, on advice of legal counsel, resolution of court case, appropriate action by employer, self-referrals to the Peer Assistance Program, etc.

Formal Hearings and Informal Disposition Panel (IDP) Conferences are conducted bi-monthly to resolve open investigative cases. The Board experienced a 33% decrease in the total number of hearings in Fiscal Year 2020 compared to Fiscal Year 2019.

Total Number of Informal Disposition Conferences and Formal Hearings

Fiscal Year	Total Number of Informal Disposition Cases	Total Number of Formal Hearings (Full Board)	Total Hearings
2019	156	92	248
2020	94	73	167
Variance	↓ 40%	↓ 21%	↓ 33%

During the 2015 legislative session, Corrective Actions for violations of the Nursing Practice Act and/or Rules was added to the Nursing Practice Act. Emergency rules for implementation of Corrective Actions were approved by the Governor on October 26, 2015 allowing the Board to implement Corrective Actions on the November 1, 2015 effective date. During FY 2020, forty-three (43) Corrective Action Orders were issued.

Also during the 2015 legislative session, the Nursing Practice Act was amended granting authority to the Executive Director to accept identified Agreed Disciplinary Orders on behalf of the Board. The law became effective November 1, 2015. The table below indicates the type and number of Agreed Disciplinary Orders issued by the Executive Director during FY 2020.



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Agreed Disciplinary Orders Accepted by Executive Director on Behalf of Board

Type of Executive Director Order	Number of Executive Director Orders
Agreed entry into the Peer Assistance Program disciplinary orders	16
Agreed reinstatement/endorsement disciplinary orders when the applicant has practiced without an active Oklahoma license/certificate/recognition	0
Agreed disciplinary orders for the voluntary surrender of a license/certification/recognition	11

Rate and Number of Individuals Disciplined

The Board takes actions on open cases involving licensees or applicants in order to protect the health, safety, and welfare of the public. Those actions include denying licensure/certification (for example upon renewal, application for endorsement, application for licensure/certification by examination), revoking, suspending or otherwise disciplining a licensee or an advanced unlicensed assistive person. The number and rate of nurses disciplined in FY 2020 by type of licensure is shown below.

Number of Individuals Disciplined in FY 2020 by Type of License

Type	Total Number Disciplined	Total Number of Licenses	Rate of Nurses Disciplined
All Individuals	186	77,732	0.2%
RNs	113	51,590	0.2%
LPNs	69	16,452	0.4%
APRNs (licensure & prescriptive authority recognition)	3	9237	0.03%
AUAs	1	453	0.2%



Nurse Population Data

The nurse population report (APRN, RN and LPN) in Oklahoma for FY 2020 is compiled from information provided by licensees at the time of licensure or renewal of licensure through June 30, 2020, for Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses.

The summary shows the current fiscal year (2020) and the data for the preceding four years.

Questions or comments regarding this information should be directed to the Executive Director of the Oklahoma Board of Nursing.

Licensure Count by Type for FY 2020	
RNs	51,590
LPNs	16,452
APRNs	5,127
Prescriptive Authority	4,110
AUAs	453
Nursing Education Programs	63
AUA Education Programs	7
Total Records	191,967

Summary Report										
	2020 Report		2019 Report		2018 Report		2017 Report		2016 Report	
	RN	LPN	RN	LPN	RN	LPN	RN	LPN	RN	LPN
Residing in Oklahoma										
Employed	39,501	13,523	38,306	13,693	37,335	13,377	36,427	13,367	35,614	13,269
Not Employed in Nursing	4,179	1,252	3,176	1,377	3,780	1,350	3,642	1,407	3,709	1,534
Employment Status Unknown	3,069	1,275	3,181	1,047	4,024	2,784	4,294	2,208	3,783	2,860
Total	46,749	16,050	44,663	16,117	45,139	17,511	44,363	16,982	43,106	17,663
Residing out of State										
Employed	3,523	256	3,566	551	5,815	702	7,079	717	6,551	737
Not Employed in Nursing	356	89	317	114	508	164	582	168	554	170
Employment Status Unknown	962	57	1,095	119	4,926	494	4,466	514	3,482	601
Total	4,841	402	4,978	784	11,249	1,360	12,127	1,399	10,587	1,508
Grand Total	51,590	16,452	49,641	16,901	56,388	18,871	56,490	18,381	53,693	19,171



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Degree and Average Age of Registered Nurses and Licensed Practical Nurses—FY 2020		
Degree	No. of Nurses	Average Age
Diploma or Associate Degree	8	54
Associate Degree—Nursing	30,982	47
Diploma —Nursing	1,929	62
Baccalaureate—Nursing	13,506	41
Baccalaureate—Non-Nursing	121	57
Board Request/Re-Entry	16	48
Master’s—Nursing	3,149	45
Master’s—Non-Nursing	858	54
Doctorate—Nursing (PhD)	82	57
Doctorate—Non-Nursing	122	60
Doctorate—Nursing Practice (DNP)	436	45
Doctorate—Nursing Other	46	54
Advanced Practice Certificate	80	63
Post-Master’s Certificate	131	49
Post-Master’s Certificate 2nd	8	51
PN Equivalency	219	33
PN Program	16,166	45
Unknown	23	35
Total Registered Nurses	51,487	46
Total Licensed Practical Nurses	16,402	44

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