

Licensure

Consequences of Not Funding this Program

Public protection would be jeopardized if there were not licensure qualifications that all applicants must meet before a license was issued. The Board of Nursing checks applications to determine if the licensure qualifications have been met. Licensure is one component that helps establish competency of the nurse and mental health technician.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific K.S.A 65-1115, 65-1116, 65-1130, 65-1152, 65-4203	Mandatory	No	1

Program Goals

- A. Provide licenses and license renewals to eligible practical nurses, registered nurses, advanced practice registered nurses, registered nurse anesthetists, and mental health technicians.
- B. Issue a license to practice or authorization to practice within 3 business days after receipt of all required information 95% of the time.
- C. Enter information into the licensing software with 95% accuracy.

Program History

Licensure is required for all nurses (LPN, RN, APRN) and licensed mental health technicians to practice in Kansas. Authorization to practice is required for registered nurse anesthetists to practice in Kansas. The licensure of professional nurses (RNs) is required by K.S.A. 65-1115 (authorized in 1949). The licensure of practical nurses (LPNs) is required by K.S.A. 65-1116 (authorized in 1949). The licensure of advanced practice registered nurses is required by K.S.A. 65-1130 (authorized in 1983). The authorization for practice as a registered nurse anesthetist is required by K.S.A. 65-1152 (authorized in 1986). The authorization for licensure of mental health technicians is K.S.A. 65-4203 (authorized in 1973). This licensure program has always been with the Board of Nursing. Two major legislative changes have impacted the licensure program, the requirement of fingerprints for a criminal background report before licensure and the implementation of the Nurse Licensure Compact (NLC). K.S.A. 74-1112 authorizes the Board of Nursing to require an applicant to be fingerprinted and submit to a state and national criminal history record check before being licensed to practice in Kansas. This was authorized in 2008. We performed the fingerprints in our agency until March 2020 at which time we stopped because of the COVID-19 pandemic as we were unable to social distance and obtain fingerprints. Since that time, the equipment outdated and would require the purchase of new, costly equipment. The applicants can obtain fingerprints at the KBI or most law enforcement agencies and then submit the fingerprints to us. This change also assisted to increase the efficiency of our licensing division in processing applications and responding to applicants. The Board of Nursing receives the fingerprint cards and waives the applicants submit, processes them, and sends them to the KBI. We receive the criminal background report that is generated by the KBI and we process that report. The other major change for licensing was the implementation of the NLC on July 1, 2019. This change allowed LPN and RN applicants the option of another license type, a multistate license. This multistate license would allow the LPN or RN to work on this multistate license in another other jurisdiction that is part of the NLC (presently 37 other states and one U.S. territory). This change was authorized in 2018 and implemented on July 1, 2019. This multistate license increases the mobility of the nurses with a multistate license. This license has proven to be very beneficial during the pandemic.

Board of Nursing

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>	<i>3-yr. Avg.</i>
		<i>Actuals</i>	<i>Actuals</i>	<i>Actuals</i>	<i>Previous Est.</i>	<i>Actuals</i>	<i>Est.</i>	<i>Est.</i>	
1. Percentage of renewal licensure applications processed within 3 business days after receipt of required information	B	97.0%	98.8%	100.0%	98.0%	100%	95%	95%	99%
2. Percentage of initial through examination licensure applications processed within 3 business days after receipt of required information	B	100.0%	100.0%	99.8%	98.0%	99/8%	95%	95%	100%
3. Percentage of reinstatement licensure applications processed within 3 business days after receipt of required information	B	100.0%	88.9%	100.0%	98.0%	100%	95%	95%	94%
4. Percentage of endorsement licensure applications processed within 3 business days after receipt of required information	B	98.0%	100.0%	100.0%	98.0%	99.8%	95%	95%	100%
5. Percentage of advanced practice licensure applications processed within 3 business days after receipt of required information	B	100.0%	100.0%	100.0%	98.0%	100%	95%	95%	100%
6. Percentage of licensure application information entered accurately into the licensing software	C	99.0%	93.1%	99.9%	96.0%	99.9%	99%	99%	97%
7. Cost per license	A	\$7.72	\$9.00	\$8.55	\$10.03	\$6.90	\$6.07	\$7.28	\$8.15

Output Measures

8. Number of licensees	A	75,683	75,142	79,617	70,702	70,716	72,000	72,000	75,158
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Funding

<i>Funding Source</i>	<i>FY 2019</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>	<i>3-yr. Avg.</i>
	<i>Actuals</i>	<i>Actuals</i>	<i>Actuals</i>	<i>Approved</i>	<i>Actuals</i>	<i>Est.</i>	<i>Est.</i>	
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds	583,963	674,647	680,930	488,204	480,204	437,642	524,273	611,927
Federal Funds	-	1,752	-	-	-	-	-	584
Total	\$ 583,963	\$ 676,399	\$ 680,930	\$ 488,204	\$ 480,204	\$437,642	\$524,273	\$ 612,511
FTE	5.0	5.0	4.0	4.0	4.0	4.0	4.0	4.3

Education

Consequences of Not Funding this Program

Public protection would be jeopardized if there were not licensure qualifications that all applicants must meet before a license was issued. The Board of Nursing checks applications to determine if the licensure qualifications have been met. Licensure is one component that helps establish competency of the nurse and mental health technician.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific K.S.A. 65-1117, 65-1119, 65-1136	Mandatory	No	1

Program Goals

- A. Review and approve continuing education providers and programs that meet the Board's rules and regulations
- B. Oversee the nursing programs, which includes surveying each nursing program once every 5 - 10 years
- C. Receive an annual report from each nursing program by June 30, 2021 (as per regulation)
- D. Receive an annual report from each continuing education provider by July 31, 2021 (as per regulation)
- E. Ensure continuing nursing providers submit five-year renewals as per schedule
- F. Review single nursing continuing education provider applications within 2 weeks of date received in agency

Program History

The authority to oversee the nursing programs in Kansas is in K.S.A. 65-1119 (authorized in 1945). The authority to oversee the mental health technician programs is in K.S.A. 65-4206 (authorized in 1973). Overseeing the programs includes reviewing faculty, curriculum and annual reports submitted by the program. Each program is surveyed every 5 - 10 years to verify the program is in compliance with our regulations for approval of the programs. The first-time licensure examination pass rates are monitored by the Board of Nursing and communicated to the Board and the programs. The Board of Nursing administers the mental health technician licensure examination. Education is provided to the program administrators. The authority to require continuing nursing education for our licensees is in K.S.A. 65-1117 (authorized in 1949) and 65-4205 (authorized in 1973). Annual reports and five-year renewal applications are received from the approved continuing nursing education providers. In the event a continuing nursing education provider wants to provide only one offering multiple times in a two year period, they apply for a single program provider. The authority for IV Therapy providers is in K.S.A. 65-1136 (authorized in 1994). They must submit course rosters, faculty and annual reports that must be reviewed. COVID travel restrictions have impacted the ability to do all the nursing program surveys per schedule and we were able to work with the nursing programs and change most to a virtual survey.

Board of Nursing

Performance Measures

Outcome Measures	Goal	FY 2019	FY 2020	FY 2021	FY 2022	FY 2022	FY 2023	FY 2024	3- yr. Avg.
		Actuals	Actuals	Actuals	Previous Est.	Actuals	Est.	Est.	
1. Percentage of programs surveyed per schedule	B	100.0%	75.0%	87.5%	100.0%	94%	95%	95%	81.3%
2. Percentage of nursing programs submitting an annual report as per regulation	C	100.0%	100.0%	100.0%	100.0%	97%	100%	100%	100.0%
3. Percentage of continuing-nursing education providers submitting an annual report as per regulation	D	75.0%	76.4%	92.0%	85.0%	79.5%	85%	90%	84.2%
4. Percentage of continuing nursing education providers submitting a five-year renewal application as per schedule (started with this measure in FY 20)	E	-	64.7%	100.0%	85.0%	85%	85%	90%	82.4%
5. Percentage of applications for single continuing education provider reviewed within 2 weeks of receiving (started with this measure in FY 19)	F	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100.0%
6. Cost per approved programs (nursing, IV Therapy and CNE programs)	A	\$2,732	\$3,341	\$2,795	\$3,175	\$2,351	\$2,016	\$2,412	\$3,068
Output Measures									
1. Number of approved nursing & mental health technicians programs	A	60	60	60	59	71	72	72	60
2. Number of approved continuing education providers	A	120	114	151	140	111	115	115	132.5
3. Number of approved IV therapy providers	A	22	23	24	24	25	25	25	23.5

Funding

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds	551,935	656,479	656,724	486,853	486,853	427,531	511,490	600,019
Federal Funds	-	1,752	-	-	-	-	-	584
Total	\$ 551,935	\$ 658,231	\$ 656,724	\$ 486,853	\$ 486,853	\$ 427,531	\$ 522,490	\$ 600,603
FTE	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0

Investigations of Possible Violations of the Nurse Practice Act and Legal History on Applications

Consequences of Not Funding this Program

Public protection would be jeopardized if complaints received in the agency were not investigated and licensees who violated the Nurse Practice Act were not disciplined. All complaints received in the office must be reviewed and a priority assigned. Anyone submitting a complaint to the Board of Nursing has the expectation that a thorough investigation will occur and the licensee will be disciplined if a violation occurred. Applicants with a legal history on their criminal background report must be reviewed to determine if it is safe to issue a license to the applicant.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific K.S.A. 74-1112, 65-1120, 65-1122	Mandatory	No	1

Program Goals

- A. Review complaints received in the agency for possible violations of the Nurse Practice Act and assign a priority within 2 weeks of date received.
- B. Review applications with legal history before license is granted
- C. Investigate possible violations of the nurse practice act in a timely manner and present to the Board

Program History

K.S.A. 65-1120 contains the grounds for disciplinary action against licensees that have a license with the Board of Nursing (authorized in 1949). It contains a provision that states the board may designate and authorize an employee or employees of the board to conduct an investigation on complaints filed with the board. The board has authorized the RN Practice Specialist, RN Investigators and Special Investigator to conduct the investigations. After the investigation is completed, a summary of the findings are presented to the Investigative Committee, a sub committee of the board, that consists of three Board members. The Investigative Committee determines if there has been a violation of the Nurse Practice Act by the licensee based on the findings of the investigation.

Board of Nursing

Performance Measures

Outcome Measures	Goal	FY 2019	FY 2020	FY 2021	FY 2022	FY 2022	FY 2023	FY 2024	3- yr. Avg.
		Actuals	Actuals	Actuals	Previous Est.	Actuals	Est.	Est.	
1. Percentage of complaints received in the agency and reviewed by Professional Staff within 2 weeks of date received. (new for FY 2020 - this process was changed in July 2021 and the percentage through the first two months of FY 22 is up to 86%)	A	-	36%	7%	75%	92%	90%	90%	22%
2. Percentage of investigations completed within 9 months of opening the case (this timeline is being researched for national benchmarks and will be discussed with our Board)	C	65%	66%	29%	35%	48%	55%	60%	48%
3. Cost per investigation (investigations opened and applications with legal history reviewed)	C	\$504	\$268	\$472	\$496	\$402	\$388	\$421	\$370
<i>Output Measures</i>									
1. Number of complaints received in the agency and reviewed by Professional Staff (new for FY 20)	C	-	685	419	500	513	550	575	552
2.. Number of applications with legal history reviewed	B	-	3,192	1,908	2,000	1,902	2,000	2,000	2,550
3. Number of investigations opened	C	2,198	1,197	597	550	715	700	700	897
4. Number of nurses practicing without a current nursing license (typically lapsed licenses)	C	86	91	44	45	121	40	40	68
5. Number of individuals presenting themselves as a nurse but no nursing license (imposter)	C	0	3	1	1	5	5	5	2

Board of Nursing

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds	1,107,880	1,176,076	1,183,210	1,051,960	1,051,960	1,047,852	1,137,159	1,137,082
Federal Funds	-	1,752	-	-	-	-	-	584
Total	\$ 1,107,880	\$ 1,177,828	\$ 1,183,210	\$ 1,051,960	\$ 1,051,960	\$ 1,047,852	\$ 1,137,159	\$ 1,137,666
FTE	10.0	10.0	10.0	10.0	10.0	10.0	10.0	\$ 10.0

Discipline

Consequences of Not Funding this Program

Public protection would be jeopardized if licensees who violated the Nurse Practice Act were not disciplined. All complaints received in the office must be reviewed and a priority assigned. Anyone submitting a complaint to the Board of Nursing has the expectation that a thorough investigation will occur and the licensee will be disciplined if a violation occurred. Applicants with a legal history on their criminal background report must be reviewed to determine if it is safe to issue a license to the applicant. If the Investigative Committee (a sub committee of the Board) determines a violation has occurred, the case may be transferred to Disciplinary Counsel (an AAG assigned to the Board of Nursing) for further review and action.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
Specific K.S.A. 65-1120	Mandatory	No	1

Program Goals

A. Discipline licensees who violate the Nurse Practice Act via initial orders, consent orders, evidentiary hearings, denied licenses, revoked licenses, limited and/or suspended licenses or diversion agreements

Program History

K.S.A. 65-1120 contains the grounds for disciplinary action against licensees that have a license with the Board of Nursing (authorized in 1949). It contains a provision that states the board may designate and authorize an employee or employees of the board to conduct an investigation on complains filed with the board. The board has authorized the RN Practice Specialist, RN Investigators and Special Investigator to conduct the investigations. After the investigation is completed, a summary of the findings are presented to the Investigative Committee, a sub committee of the board, that consists of three Board members. The Investigative Committee determines if there has been a violation of the Nurse Practice Act by the licensee based on the findings of the investigation. If the Investigative Committee (a sub committee of the Board) determines a violation has occurred, the case may be transferred to Disciplinary Counsel (an AAG assigned to the Board of Nursing) for further review and action.

Board of Nursing

Performance Measures

Outcome Measures	Goal	FY 2019	FY 2020	FY 2021	FY 2022	FY 2022	FY 2023	FY 2024	3- yr. Avg.
		Actuals	Actuals	Actuals	Previous Est.	Actuals	Est.	Est.	
1. Number of initial orders, consent orders and evidentiary hearings (<i>new for FY 20</i>)	A		168	29	30	18	30	30	72
2. Number of denied licenses	A	21	12	6	10	10	10	10	9
3. Number of revoked licenses	A	14	21	8	10	7	10	10	12
4. Number of limited and/or suspended licenses	A	72	80	27	30	31	30	30	46
5. Number of Diversion agreements	A	61	52	20	30	13	25	25	28
6. Cost per discipline (includes #1 through 5 above)	A	\$3,203	\$1,928	\$7,268	\$6,663	\$6,477	\$4,482	\$5,305	\$5,224

Output Measures

7. Total fines deposited in state general fund for violations of the Nurse Practice Act	A	\$54,390	\$33,384	\$17,546	\$40,000	\$2,000	\$15,000	\$15,000	\$17,643
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Funding

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds	538,099	640,370	654,145	511,754	511,754	470,681	557,028	602,090
Federal Funds	-	1,752	-	-	-	-	-	584
Total	\$ 538,099	\$ 642,122	\$ 654,145	\$ 511,754	\$ 511,754	\$470,681	\$557,028	\$ 602,674
FTE	3.0	3.0	3.0	3.0	3.0	3.0	3.0	\$ 3.0

Administration

Consequences of Not Funding this Program

The Administrative Division oversees the administration of the agency. The Administrative division ensures the financial stability of the agency and identifies resources necessary for the agency to function and obtains those resources. The Administrator of the agency is the liason with the 11 member Board. The Administrative Division ensures the quarterly committee and board meetings occur seamlessly for the committee and board members. The Administrator is responsible for legislative initiatives requested by the Board and submitting various required reports to the Legislature. If it was not funded, there would be no oversight of the entire agency.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific K.S.A. 74-1106	Mandatory	No	1

Program Goals

- A. Provide a transparency report regarding the performance and activities of the Board and agency each fiscal year via an annual report that is posted on our website.
- B. Annual review with the Board regarding the agency performance regarding outcomes identified on the strategic plan developed by the Board
- C. Update of the Nurse Practice Act when legislation is enacted that impacts nursing practice in Kansas or information updated

Program History

The Kansas Board of Nursing was developed via the legislature in 1915 and has statutory authority to license nurses and licensed mental health technicians. The Board has statutory authority to approve the nursing education programs in Kansas. They also have statutory authority to investigate complaints received and present the investigative findings to the Board to determine if a violation of the Nurse Practice Act has occurred. If a violation has occurred the Board can determine the discipline that should occur. K.S.A. 74-1106 includes statutory authority for an eleven member board that constitutes a board of nursing, with the duties, power and authority set forth in the Nurse Practice Act. The Board has the authority to adopt rules and regulations consistent with the Nurse Practice Act. The Board has the authority to employ and executive administration and this staff member shall employ such other employees to carry on the work of the Board. The Board develops a strategic plan for a three year period that also helps to direct staff as to the priorities of the Board. Transparency regarding the activities and performance of the agency staff is important.

Board of Nursing

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Annual report is developed and available on our website for each fiscal year	A	100%	100%	100%	100%	100%	100%	100%	100%
2. Performance assessment on outcomes measures identified on strategic plan is reported to the Board annually	B	100%	100%	100%	100%	100%	100%	100%	100%
3. Five year review completed on rules and regulations in Nurse Practice Act	C	100%	100%	100%	100%	100%	100%	100%	100%

Output Measures

1. Annual Report is published	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Strategic plan is reviewed by the Board annually and contains updated performance assessment on outcomes measures	B	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Number of rules and regulations reviewed as per the scheduled five year review	C	14	20	30	30	33	28	14	28
4. Number of rules and regulations revised (due to changes in legislation or updated information)	C	1	5	0	0	17	10	0	7

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds	-	-	-	574,707	574,707	538,889	623,527	191,569
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ -	\$ -	\$ -	\$ 574,707	\$ 574,707	\$ 538,889	\$ 623,527	\$ 191,569
FTE	-	-	-	2.5	2.5	2.5	2.5	0.8

Operations / IT

Consequences of Not Funding this Program

The Operations/IT Division oversees the administration of the agency's technology systems and eGovernment services, the agency's information security program, KSBN human resources, all agency procurements and the KSBN office facilities. Not funding these critical areas of operations would severely impact all divisions within the agency and public protection would be jeopardized due to the unavailability of the 24 X 7 eGovernment service offerings.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
Specific K.S.A. 75-7240	Mandatory	None	1

Program Goals

- A. Maintain a superior and secure information technology infrastructure.
- B. Sustain electronic storage of records in the agency per agency record retention schedule.
- C. Annual review with the Board regarding the agency information security program posture and Continuity of Operations Plan (COOP) identified in the strategic plan developed by the Board.
- D. Recruit, develop and retain qualified staff and develop succession plans for key agency leadership positions.

Program History

The Operations/IT Division oversees the administration of the agency's 24 X 7 technology systems and eGovernment services, the agency's information security program, KSBN human resources, all agency procurements and the KSBN office facilities. The Board of Nursing is a highly automated agency that provides services to the KSBN Board and committee members, all internal staff and the 71,000+ licensed nurses of Kansas. KSBN was an early adopter of online technologies and was the first Kansas regulatory agency to fully automate online government services and verification technologies since the inception of eGovernment in the early 2000's. These systems interface with various educational and national entities. Over the past fifteen years, KSBN has processed over 500,000 applications, renewals, and reinstatements via our automated systems and increased the volume of licensed nurses, all while continuing to maintain near the same level of staffing within the agency. Our board has accomplished many of these goals by investing in advanced technologies and aggressively pushing towards further automation. These goals can only be accomplished by having updated technology offerings within our portfolio and maintaining competent and qualified staff within the board of nursing to produce these streamlined operations. The department's primary vision is to be "Citizen and Customer Focused - Technology Driven." The Operations/IT division ensures the operational stability of the agency technology resources, information security and human resources for the board of nursing.

Board of Nursing

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Information Technology strategy and architecture plans align with business strategy.	A	100%	100%	100%	N/A	100%	100%	100%	100.0%
2. Information security program is reviewed and update per state guidelines.	C	Untracked	Untracked	60%	N/A	80%	100%	100%	70.0%
3. Image licensing files and maintain per agency record retention schedule.	B	80%	80%	80%	N/A	80%	100%	100%	80.0%
4. Image investigative and discipline case files and maintain per agency record retention schedule.	B	0%	0%	0%	0%	20%	50%	80%	6.7%
5. Include funds allocated for staff development in each budget year, based on feedback from the departmental Supervisors and/or to support an agency strategic initiatives.	D	Untracked	Untracked	Untracked	0%	50%	75%	100%	50.0%
<i>Output Measures</i>									
1. Submitted KSNB 3 Year Information Technology Plan to CITO for publication.	A	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes
2. Review and Update Annual Cybersecurity Self-Assessment (CSA)	C	Untracked	Untracked	Yes	Yes	Yes	Yes	Yes	Yes
3. Critical machines are backed up daily and patched monthly.	A & C	100%	100%	100%	N/A	100%	100%	100%	100%
4. Number of licensing files indexed in the imaging system.	B	Untracked	Untracked	Untracked	N/A	294,127	310,000	325,000	294,127
5. Number of investigative and discipline records indexed in the imaging system.	B	0	0	0	N/A	7858	9000	10,000	2,619
6. Review and update the agency Continuity of Operations Plan (COOP)	C	No	Yes	No	Yes	Yes	Yes	Yes	Yes
7. Review the salary & staff structures and pay bands of other fee funded and state governmental agencies, and explore how to incorporate a competitive and sustainable program within the board of nursing	D	Untracked	Untracked	Untracked	N/A	No	Yes	Yes	Yes
8. Identify key agency leadership positions that require succession plans	D	No	No	No	N/A	No	Yes	Yes	Yes

Board of Nursing

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds	-	-	-	551,578	551,578	567,298	653,030	183,859
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ -	\$ -	\$ -	\$ 551,578	\$ 551,578	\$ 567,298	\$ 653,030	\$ 183,859
FTE	2.5	2.5	2.5	3.5	3.5	4.5	4.5	2.8