



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

September 1, 2023

The Honorable Melony G. Griffith
Chair of the Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

The Honorable Joseline A. Peña-Melnyk
Chair of the House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401-1991

RE: Chapter 223 of the Acts of 2023 (SB 960/HB 611) – State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership - Final Report of External Consultant (MSAR # 14872)

Dear Chair Griffith and Chair Peña-Melnyk:

Pursuant to Chapter 223 of the Acts of 2023 (Senate Bill 960/House Bill 611), the State Board of Nursing (the “Board”) is required to hire an external consultant to conduct an independent evaluation of the Board. The external consultant is required to submit a report of its findings and action plan on or before September 1, 2023.

On behalf of Ernst & Young LLP, the external consultants hired by the Board, please find attached the final report (the “Report”). The Maryland Department of Health (“MDH”) acknowledges that the Report highlights areas of opportunity to improve Board operations and constituent services. MDH is committed to working with the Board to implement the recommendations in the Report and the above-referenced legislation to ensure that the Board fulfills its mission to license and regulate this important health care workforce and to protect the citizens of Maryland.

While waiting for EY to complete their evaluation, MDH has used the time to positive and progressive effect. In accordance with SB 960/HB 611, 14 positions for Board members have been posted. This reevaluation of Board membership will allow MDH to ensure a balance between institutional memory and modernizing Board operations and infrastructure.

Many of the issues facing the Board stem from the need to update technology and related practices. Strides have been made to ensure that the Board has the tools necessary to serve its constituents. MDH has reconnected the Board to the State information technology system. Procurements to improve capacity for a more effective phone system, one of the biggest pain points for constituents served by the Board, is also underway. Finally, we are engaging in a review of data to define processing times for new and renewal applicants with the goal of identifying both long and short term measures to improve licensure processing.

If you have any questions or comments concerning the Report, please contact Megan Peters, Acting Director, Office of Governmental Affairs, at megan.peters@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary

cc: Marie Grant, Assistant Secretary of Health Policy
Megan Peters, Acting Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (MSAR # 14872)

Go-Forward Action Plan

State of Maryland

Maryland Department of Health

Independent Evaluation Findings and
Action Plan for the Maryland Board of
Nursing

August 28, 2023

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Disclaimer:

This report (the “Report”) has been prepared by Ernst & Young LLP (“EY”), from information and material supplied by Maryland Department of Health (“MDH”) and Maryland Board of Nursing (“MBON” or “the Board”), for the sole purpose of assisting MDH with an independent assessment of MBON’s operations and infrastructure capabilities.

The nature and scope of our services was determined solely by the Agreement between EY and MDH dated June 28, 2023 (the “Agreement”). Our procedures were limited to those described in that Agreement. Our work was performed only for the use and benefit of MDH and should not be used or relied on by anyone else. Other persons who read this Report who are not a party to the Agreement do so at their own risk and are not entitled to rely on it for any purpose. We assume no duty, obligation, or responsibility whatsoever to any other parties that may obtain access to the Report.

The services we performed were advisory in nature. While EY’s work in connection with this Report was performed under the standards of the American Institute of Certified Public Accountants (the “AICPA”), EY did not render an assurance report or opinion under the Agreement, nor did our services constitute an audit, review, examination, forecast, projection, or any other form of attestation as those terms are defined by the AICPA. None of the services we provided constituted any legal opinion or advice. This Report is not being issued in connection with any issuance of debt or other financing transaction.

In the preparation of this Report, EY relied on information provided by MDH and MBON, in-person interviews and the provision of requested data or publicly available resources; such information was presumed to be current, accurate and complete. EY has not conducted an independent assessment or verification of the completeness, accuracy or validity of the information obtained. Any assumptions, forecasts or projections contained in this Report are solely those of MDH and MBON and its management (“Management”) and any underlying data were produced solely by MBON and its Management.

MDH and MBON management have formed their own conclusions based on their knowledge and experience. There will usually be differences between projected and actual results because events and circumstances frequently do not occur as expected and those differences may be material. EY takes no responsibility for the achievement of projected results.

Foreword:

This report (the Report) was prepared by EY at the request of MDH in response to emergency legislation HB 611 requiring an independent evaluation of MBON’s infrastructure and operations.

MDH and MBON engaged EY to (1) conduct an independent evaluation of MBON’s infrastructure and operations and (2) to develop an action plan for the implementation of the recommendations of the evaluation, as outlined in the RFP for MDH, Solicitation #: MDH OCMP-23-20963 (“RFP”).

The analysis, view and insights expressed in this Report were produced by EY and informed by primary research in the form of 25 interviews with MDH and MBON leadership and staff, and four interviews

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with leadership at peer organizations identified by MDH and MBON. Additionally, EY conducted a benchmarking analysis sourcing relevant data and information through a variety of public databases.

Executive Summary:

Context:

MBON faces longstanding institutional and systemic deficiencies endemic to its operations and leadership. These deficiencies, exacerbated by the COVID-19 pandemic, led the Maryland State Legislature to pass emergency legislation (HB 611), requiring MBON to hire an external consultant to (1) conduct an independent evaluation of its infrastructure and operations and (2) to develop an action plan for the implementation of the recommendations of the evaluation, as outlined in the RFP (MDH/OCMP-23-20963).

Per the contract requirements, a standard deliverable review cycle was elaborated and agreed-upon between the State and EY. This review process was entered into upon EY's completion of a deliverable, an interim memo dated 7/26/23. This Go-Forward Action Plan serves as the final deliverable that satisfies the scope and requirements of the contract, pending acceptance by the Contract Monitor. The Contract Monitor will issue to EY a notice of acceptance or rejection of the deliverable in a Deliverable Product Acceptance Form (DPAF).

Findings:

EY assessed aspects of MBON's infrastructure and operations. The assessment focused on enablement of several key areas, identified in the RFP, (recruitment and engagement, training, organizational structure, standard operating practices in different divisions, and the existing systems in place) by the Board's infrastructure and capabilities (people, processes, and technology).

The assessment identified personnel-related areas for improvement, including recruitment, retention, training, and engagement, which are pervasive throughout many divisions and departments. These issues impact the Board's efficiency and bottleneck key processes.

EY's process-related assessments centered around an analysis of standard practices in various divisions, including license processing, certification processing, background checks, disciplinary investigations, education verification and more. EY identified several opportunities for streamlining of operations, reorganization of process steps, or removal of steps altogether. By addressing these opportunities, employee capacity may be reallocated to focus on other divisions' outputs.

Interviews with IT personnel and in-person observation of various systems highlighted technology issues at MBON pertaining to disparate, outdated, and unsophisticated system infrastructure. The current systems used for telephones, application tracking and management, and reporting are inefficient in completing the necessary tasks to provide a seamless, easy-to-use, and transparent experience for Maryland constituents engaging with the Board.

In this report, EY will further explore the issues identified, and provide recommendations on how to address them. EY will also provide a framework for the general priority for addressing these issues, immediately, over the next 6 months, and over the next 12 months.

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Recommendations:

To remediate current issues in line with EY’s findings, the Board should seek to carry out the following actions in the immediate short-term:

People:

- ▶ Hire an Executive Director with strong management, strategy, and leadership experience.
- ▶ Hire multiple full-time non-nurse investigators to clear investigations backlogs and manage future investigations.
- ▶ Hire temporary non-nurse investigators to clear current backlog in a timely manner.
 - ▶ Put investigation information and tracking on a more robust and secure system with better tracking mechanisms (reporting and notifications).
- ▶ Identify change management tactics for Director of IT to drive sustainability of current IT infrastructure and identify sustainable succession plans.
- ▶ Explore opportunities to enhance ways of working, such as enhanced and regular communications, hosting regular town halls with employees, define clear career paths, and discuss hybrid or remote work options.

Process:

- ▶ Eliminate gap in funding to fulfill Board’s strategic imperatives. Addressing the funding gap will require MBON to collect additional revenue. We note that MBON’s fees are currently well below peers, and MBON may consider increasing fees to be commensurate with peers to directly address revenue gap.
- ▶ Create automatic dashboards to replace paper reports.
- ▶ Assign ‘no action’ to all Priority Level Three cases being investigated.
- ▶ Streamline review of educational institutions for endorsement applications by accepting license approvals from other states as proof that the applicant is qualified for an endorsement.

Technology:

- ▶ Ensure the My License Office (“MyLO”) portal is on a secure IP address.
- ▶ Define technology strategy, key requirements (necessary capabilities for a successful licensing and case management system), and timeline to procure a new licensing system or upgrade existing systems.
- ▶ Investigate and repair the current phone system (i.e., IVR routing) to address the failed calls.

To drive long-term sustainability, the Board should seek to make the following changes in the next 6 to 12 months:

People:

- ▶ Prioritize hiring / naming MBON Executive Director in the near term with accountability for MBON transformation. Reconsider the requirement the Executive Director be an RN as 27% of Boards of Nursing in the United States do not have an RN as their Executive Director, and there is substantial clinical, education, examination, and judicial experience and expertise among MBON leadership currently to support a non-RN Executive Director.
- ▶ Enhance training across all levels, including ability to generate reports for decision-making and enable more effective onboarding and continuing education.
- ▶ Begin standup of an Office of Performance Improvement with detailed governance, responsibilities, and resourcing.
- ▶ Define roles and responsibilities of a Communications specialist; begin recruitment process.

Process:

- ▶ Streamline hiring processes by consolidating application processes of like positions across various divisions to minimize MDH process time and doing work preemptively while parts of the

application process sit with MDH, e.g., establishing interview panels while quality applications are collected.

- ▶ Create and implement communications plan.
- ▶ Educate constituents on best practices while applying to avoid incomplete application bottlenecks.
- ▶ Utilize CJIS rap-back program to streamline background checks.

Technology:

- ▶ Enhance website layout, interface, and architecture to improve user experience and clarity of external communications.
- ▶ Increase integration and utilization of the existing Kofax optical character recognition (OCR) investment within licensing and complaint systems to eliminate manual entry of paper applications.

Background and Context:

MBON faces longstanding institutional and systemic deficiencies endemic to its operations and leadership. These deficiencies, exacerbated by the COVID-19 pandemic, caused the Board to experience a backlog in processing nursing applications. The backlog and underlying challenges remained unresolved by April 2023. As a result, on April 24, 2023, emergency legislation (HB 611) required the Board to hire an external consultant to conduct an independent evaluation of its infrastructure operations and to develop an action plan for the implementation of the recommendations of the evaluation. As an expectation set forth by MDH, the external consultant is required to and shall submit its findings and the action plan to the Maryland Senate Finance Committee and the House Health and Government Operations Committee on or before September 1, 2023.

The mission of the Board is to protect the public through the licensing, regulating, and disciplining of its licensees. While the Board consists of 14 members who are appointed by the Governor, day-to-day Board operations (i.e., oversight of the licensure process, customer services, and investigations) are conducted by executive, administrative, and IT staff. The Board is also responsible for the accreditation of certain academic programs within the State, which Board staff also process. The Board is currently facing significant challenges to meet constituents’ needs and implementing its mission and strategic imperatives (see Figure 1).

Figure 1: MBON Mission and Strategic Imperatives

Mission	To preserve the field of nursing by advancing safe, quality care in Maryland through licensure, certification, education, and accountability for public protection
Strategic imperatives	Engagement: Foster trust and collaboration with constituents and stakeholders through interactive communication, education, and engagement in nursing regulation
	Excellence in regulation: Implement evidence based regulatory standards and best practices in response to emerging national trends
	Technology initiative: Develop an engaging and interactive website for constituents and stakeholders; Modernize technological processes to improve customer service efforts; Adopt an easy to navigate enterprise program for applicants
	Compliance: Maintain compliance with all oversight entities of the Board and achieve measurable results, accountability, efficiency, and continuous improvement in Board operations
	Accountability: Enforce scope of practice standards as outlined by the Maryland Nurse Practice Act (NPA) and the Code of Maryland Regulations (COMAR); Conduct timely investigations of alleged violations of the law and rules; Hold license and certificate holders accountable for statutory and regulatory requirements

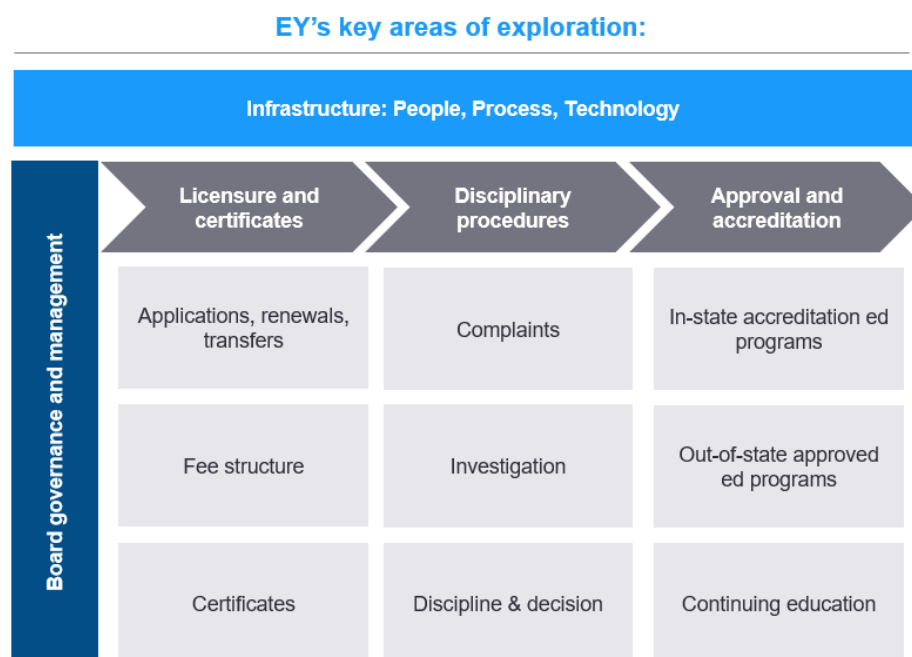
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Engaging EY:

In accordance with emergency legislation HB 611, EY was hired by the MDH and MBON to (1) perform an independent evaluation of the operations of MBON, and (2) develop an action plan for the implementation of the recommendations resulting from the evaluation as outlined in the RFP.

Our Board of Nursing Evaluation Framework (Figure 2) centers on the key activities conducted by Boards of Nursing across the nation and tailored for the independent evaluation criteria that meet the requirements defined in Maryland emergency legislation (Chapter 222 of 2023). This framework facilitated an evaluation rubric of which the findings are shared with MDH in this summary report.

Figure 2: EY Assessment of Several Key Areas



Primary Research: Board Interviews and Observations

EY completed an initial analysis through an investigative data request that sought to gather information and insights into the following areas of MBON.

- ▶ Education
- ▶ Accreditation
- ▶ Enforcement
- ▶ Complaints
- ▶ Investigations
- ▶ Discipline
- ▶ Telephone systems
- ▶ Human resources
- ▶ Recruiting and onboarding
- ▶ IT
- ▶ Website and user interface
- ▶ License management systems
- ▶ Reporting
- ▶ Front desk management
- ▶ Cybersecurity
- ▶ Legislative affairs
- ▶ Licensure
- ▶ Certifications
- ▶ Operations
- ▶ Payment processing

This included, but was not limited to, reviewing relevant laws and regulations including COMAR Title 10 Subtitle 27, the Nurse Practice Act, procedures (licensures and renewals of licenses and certificates,

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approval/accreditation of educational programs, disciplinary), Board Annual Reports, and other documents pertaining to the Board and staff operations (training documents, SOPs, historical data reporting, progress reports, and relevant metrics).

To gain further insight on the findings of the data request, and to properly gauge overall employee sentiment, EY visited the Board on 7/11/2023 and 7/12/2023 to conduct interviews, walkthroughs, and sit-by sessions, in which EY sat next to employees and observed their day-to-day tasks and operations.

EY conducted twenty-five (25) total interviews and sit-by sessions with the following MBON individuals:

Table 1: Consolidated List of Internal Interviews			
Name	Role	Name	Role
Kimberly Link	Senior Advisor to the Secretary for Health Board Matters, MDH	Dr. Camille Forbes-Scott	Director of Education & Exam, MBON
Gary Hicks	MBON President	Dr. Sheila Green	MBON Educational Consultant
Rhonda Scott	Acting Executive Director, MBON	Iman Farid	Health Policy Analyst, MBON
Carolyn Bailey	Director of Licensure, MBON	Michael Conti	Board Counsel, MBON
Sara Tongue	Director of Enforcement, MBON	Howard Braxton*	Facilities/Operations Coordinator, MBON
Shetarah Goodwin	Director of Human Resources, MBON	Jukia McIntyre*	Certification Specialist, MBON
Marvin Bell	Director of IT, MBON	Katria Martin*	Lead Renewal Specialist, MBON
Morinat Kukoyi-Sanyaolu	Director of Operations, MBON	Shaunte' Ingram*	Advanced Practice Lead Advisor, MBON
Jaray Richardson	Certification Manager, MBON	Debra Boyd*	Nurse Investigator, MBON
Rodney Lambson	Supervisor, Database Management, MBON	Quantai Richardson*	Background Renewal Specialist, MBON
Millicent Nwolisa	Former Director of Operations, MBON	Joshua Gregg	Manager of Licensure, MBON
Mike Karolkowski	Director, IT Service Delivery and Network Infrastructure, MDH	Feyella Toney	Chief Portfolio Officer, MDH
Janet Esser, Jennifer McMahon, Melinda Knoll	MDH Office of Human Resources		

* Sit-by session

EY also conducted in-depth external interviews with four (4) individuals at peer organizations to discuss best practices within state Boards of Nursing nationwide.

Table 2: Consolidated List of External Interviews			
Name	Role	Name	Role
David Benton	Chief Executive, NCSBN	Jay Douglas	President, NCSBN; Executive Director, VBON
Christine Farrelly	Executive Director, MD Board of Physicians	Anonymous	Chief Regulation Officer, National Nursing Organization

Public Data: External Findings and Comparisons with Other Boards

To effectively benchmark MBON against other state Boards of Nursing, EY completed an analysis of the operations, capabilities, organizational structure, and fee structures of the 51 state Boards of Nursing in the US, including the District of Columbia, the Maryland Board of Physicians, and nine additional comparable professional boards. The analysis was based on publicly available information.

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The analysis of the operations and constituent review of 51 state Boards of Nursing included the evaluation of the following benchmarks:

- ▶ Education
- ▶ Accreditation
- ▶ Board composition
- ▶ Complaints
- ▶ Investigations
- ▶ ED qualifications
- ▶ Licensure
- ▶ License fees and processing time
- ▶ Reporting
- ▶ Recruiting and onboarding
- ▶ Board activities conducted
- ▶ Discipline
- ▶ Legislative affairs
- ▶ IT
- ▶ Licensing qualifications
- ▶ Departmental structure

Key Findings:

Capability Matrix:

Through interviews and onsite observation sessions, EY identified the following key processes and capabilities at MBON¹:

- ▶ New applications online
- ▶ Renewal paper applications
- ▶ Renewal online applications
- ▶ Endorsement applications
- ▶ Reporting
- ▶ Complaint and investigation
- ▶ Financial reporting

For each process, EY mapped steps necessary to complete the said process, identified with an “x” which department was responsible for each step, and assigned a color score (red, yellow, green) to identify whether the department had the capacity to handle that step at scale and whether the Board provided adequate technology to handle that step:

- ▶ Green = No capacity or technology constraint
- ▶ Yellow = No major disruptions due to capacity or technology, but there is room for improvement
- ▶ Red = Observable constraint with disruption

See Appendix 1 for the full Capability Matrix.

Strategic Goals: [2.3.1.1]

The current strategic goals set forth by MBON, and confirmed by the Board President, are consistent with the mission, vision, and capabilities of the existing Board. There is alignment and recognition of the Board’s ability to deliver against each of the existing strategies, and the challenges the Board has faced in recent years aligned to People, Process, and Technology.

As the current Executive Director is in an Acting-capacity role, and there is anticipated voluntary turnover of multiple Board members as terms expire, we recommend a re-review of the strategic goals and priorities for MBON until such time named Executive Director and new Board personnel are identified and on-boarded to facilitate a strategic planning exercise to guide the future trajectory for MBON.

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Infrastructure and Personnel Gaps: [2.3.1.2 and 2.3.1.3]

The current personnel structure of the Board is suboptimal, creating inefficiencies in many key processes¹:

Figure 3: Inefficiencies identified from on-site interviews

Payment processes	<ul style="list-style-type: none"> ▶ The operations department currently handles physical payment, while the licensure department handles online payment
Pre-licensure and endorsement processes	<ul style="list-style-type: none"> ▶ All pre-licensure applications first go to the education department to manually check if the school is on their approved list, a physical printout
Reporting	<ul style="list-style-type: none"> ▶ IT department currently conducts all data pulls for every department because the other users are unable to self-generate any reporting
Redundancies	<ul style="list-style-type: none"> ▶ Departments operate in silos which results in duplicative tasks and overlapping capabilities that could be streamlined
Manual processes	<ul style="list-style-type: none"> ▶ Poor system integration between LARS and MyLO (license management systems) requires employees to enter the same applicant data into two systems ▶ Paper applications force employees to handwrite and enter the same data into multiple systems
Applicant errors	<ul style="list-style-type: none"> ▶ Applicants send applications to the Board with incomplete information; the Board cannot process incomplete applications ▶ Employees are unaware that applications are pending until IT pulls a report, or the applicant calls to complain
Constituent communication	<ul style="list-style-type: none"> ▶ Current tech does not automatically prevent online applications from submission if they are incomplete ▶ Applicants cannot see where their application is in the system unless they call the Board

In addition to the pinch points listed above, multiple employees indicated in interviews that the phone systems are a major disruption and source of frustration for constituents. Only 64 calls can be handled at a time, there is no queue, and there is no mechanism to estimate the potential wait time for constituents. To test the telephone system, the EY team placed eight calls to the MBON main telephone line, and each time was routed through a series of automated menus or was in a holding queue. The calls were terminated after hold times of five minutes (each), and zero out of eight were transferred to a MBON employee for live discussion. Anecdotally, frequent glitches with the phone system reportedly cause some constituents to be on hold for long periods of time, without the Board ever receiving a notification that someone is on hold.

Through external research, EY found that in many other states, including Virginia, Boards share back-office services such as Information Technology and Human Resources with other Department of Health

¹ MBON/MDH personnel interviews (n=25)

agencies². According to the 2022 NCSBN Board Structure Survey, 25% of states have umbrella departments that make internal hiring and staffing as well as termination decision³. However, these pinch points are not unique to Maryland – a National Public Radio examination in 2022 reported that bottlenecks, poor system communications, and duplicative processes often led to license processing times of 80+ days nationwide⁴.

To improve current infrastructure and resourcing, resources should be identified to enable the Board to modernize the license management software (including self-service capabilities), the complaints case management system, and improve telephony systems. Enhancements to these systems will improve both the constituent and employee experiences in addition to improving workflow and efficiency of operations. The Board should be engaged to define the requirements for each system, and rapidly proceed through to procurement.

Furthermore, the Board must offer training to new hires and experienced personnel to teach individuals how to properly pull and produce progress reports for more informed decision-making.

Executive Director Qualifications: [2.3.1.4]

Hiring a full-time Executive Director is an immediate and time-sensitive priority for the Board. Currently, MBON job descriptions require that Executive Director applicants possess an RN license issued by MBON, a master’s degree in nursing or the equivalent, and a minimum of six years of experience in health services, healthcare administration, or professional experience with three years of experience in top-level management⁵. MD Code, Health Occupations § 8-204 simply states “The Board may employ an Executive Director who shall be a registered nurse with a minimum of a master’s degree in nursing or the equivalent, in the judgment of the Board, in professional education and administrative experience.”⁶

External research showed that ~73% of all state Boards of Nursing in the US have an RN as their Executive Director and an average 26 years of experience⁷. Discussions with representatives from the National Council on State Boards of Nursing stated in their interviews that larger Boards (such as Maryland’s) do not always need a Registered Nurse in the ED position as long there is requisite experience and expertise in the organization, often through leadership through various departments by Registered Nurses that enable awareness and commitment to leading nursing practices².

We recommend the Board prioritize hiring an Executive Director with strong management, strategy, and leadership experience with appropriate nursing credentials. In the future, we recommend reconsideration of the requirement that the Executive Director be a Registered Nurse as there is likely substantial clinical, education, examination, regulatory and judicial experience, and expertise among MBON leadership that would be in position to support a non-RN Executive Director.

¹ MBON/MDH personnel interviews (n=25)

² External interviews (n=4)

³ 2022 NCSBN Board Structure Survey

⁴ National Public Radio examination report containing averages and analysis of 30 State Boards of Nursing

⁵ MBON Executive Director job description

⁶ MD Code, Health Occupations, § 8-204

⁷ Other State Board websites

Hiring of Nurse and Non-Nurse Investigators: [2.3.1.5]

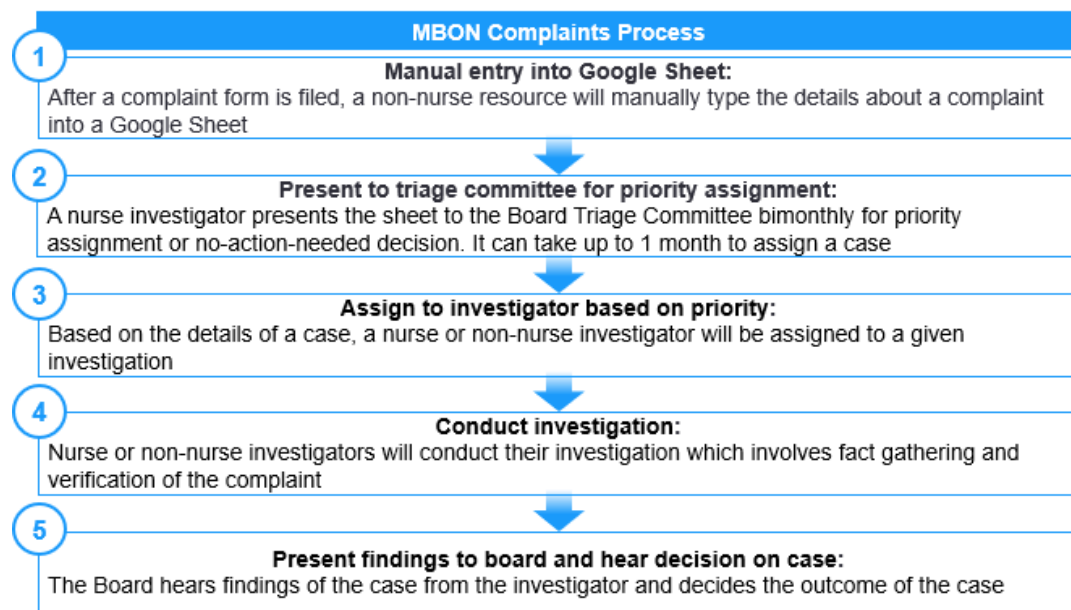
The investigations division of MBON is experiencing a substantial backlog with respect to processing complaints and closing investigations. They estimate the current backlog to be 6,500 cases. Furthermore, each investigator receives approximately 30 new cases each month, but only closing approximately five per month¹. This trend suggests the backlog of investigations will continue to grow, with potential to endanger public safety by allowing potentially harmful nurses to continue to practice while their cases are pending investigation.

Comparable states issue disciplines at higher rates than Maryland^{2,7}:

- ▶ Massachusetts – Approximately 8.5 per month
- ▶ Washington (state) – Approximately 8.5 per month
- ▶ Virginia – Approximately 40 per month²

The current MBON complaints process (see Figure 4) is manual and slow, which frustrates many constituents and creates long lead times for investigations¹.

Figure 4: MBON Complaints Process



The Investigations Division currently operates with two special investigators (nurse) and two non-nurse investigators/support staff employees, to manage investigations into a nurse population of roughly 51,500. For comparison, California has 21 special investigators and seven support employees staffed in their Investigations Division as of 2020, to manage investigations into a nurse population of roughly 321,000⁷.

The Investigations Division currently has four vacant positions (two nurse investigators and two non-nurse investigators)⁸. Assuming similar productivity rates as the existing investigator personnel, filling

¹ MBON/MDH personnel interviews (n=25)

these four vacancies will not result in enough resources to eliminate the backlog of cases. To speed up processing time, the Board should consider recategorizing all Priority Level Three cases as “no action,” retiring all cold cases past a certain date, or hiring additional non-nurse investigators on a temporary basis to speed the processing of investigations.

COMAR 10.27.23.02.B.7 describes investigators as “an individual who investigates complaints received by the Board” indicating that there is no statute requiring a certain proportion of investigators to be Registered Nurses⁹. The National Council on State Boards of Nursing indicated that eliminating this backlog of investigations should be the “number one priority for Maryland.”²

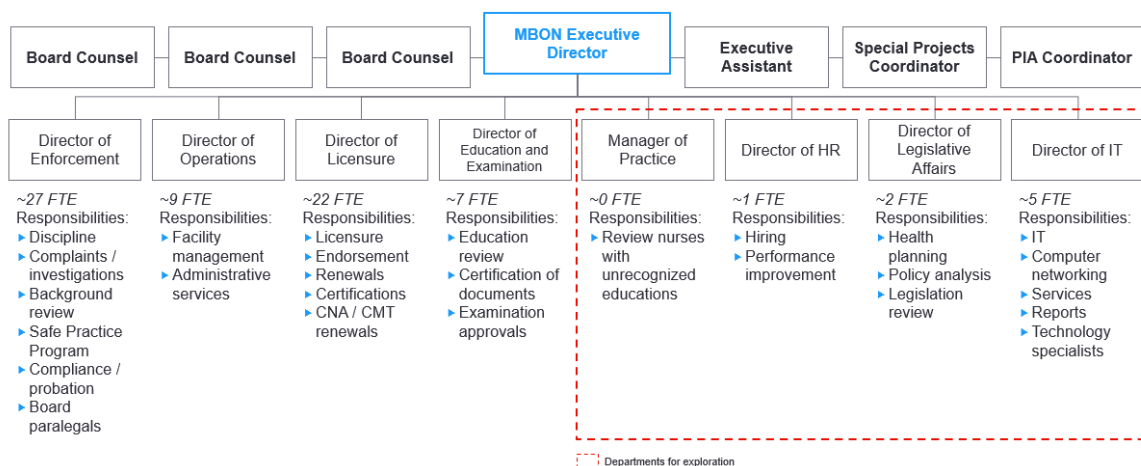
The Board should prioritize hiring non-nurse investigators rather than nurse investigators to increase its applicant pool and decrease its time to hire. Maryland’s time to hire is currently 3-6 months, whereas Virginia’s time to hire is significantly less at 6 weeks. The Board should also re-examine the investigation assignment process and consider assigning ‘no action’ to all Priority Level 3 cases to cut into the existing backlog and free up employees to focus on more severe cases. Additionally, the Board should put investigation information and tracking on a more robust and secure system with better tracking mechanisms (reporting and notifications).

Board Organizational Structure: [2.3.1.6]

MBON currently has approximately 78 full time positions, distributed among the following departments: enforcement, operations, licensure, education and examination, practice, human resources, legislative affairs, IT.

EY’s interviews and observations highlighted that Enforcement, Operations, Licensure, and Education and Examination are all necessary departments for continuing the day-to-day operations of the board, and there is little opportunity to modify them from an organizational design perspective. Practice, human resources, legislative affairs, and IT were all areas that require more investigation and exploration, because there may be opportunities to outsource these departments to a shared service model, consolidating resources to serve other State Boards in addition to just the Board of Nursing.

Figure 5: MBON Organizational Chart



² External interviews (n=4)

⁸ MBON Organizational Chart

⁹ Code of Maryland Regulations 10.27.23.02.B.7

EY recommends that the Board make the following hires listed below with the corresponding prioritization:

- ▶ Full-time Executive Director (High Priority)
- ▶ 2 Nurse Investigators to fill current vacancy (High Priority)
- ▶ 2 Non-Nurse Investigators to full current vacancy (High Priority)
- ▶ 8+ additional Non-Nurse Investigators on a temporary basis (as contractors) to expand current capacity for investigations with specific focus to clear backlog of cases (Medium Priority)

EY also found that MBON is larger than most other Boards. According to Health Occupations Article, §8-202, Maryland mandates that their board be made up of 14 people, nine of whom must be nurses¹⁰. 81% of Boards mandate less than 14 people on their Board and Maryland hosts 12 Board meetings per year, which is more than 88% of Boards³.

Office of Performance Improvement: [2.3.1.7]

Interim Executive Director, Rhonda Scott, and other Board employees highlighted a definite need for a compliance-centered office, which they would like to name the “Office of Performance Improvement” to distinguish it from the discipline-compliance handled in the enforcement division¹.

There are currently 59 Nursing Regulatory Bodies (NRBs) in the United States, responsible for the regulation of nursing practice by outlining the standards for safe nursing¹. Each jurisdiction has a law called the Nurse Practice Act (NPA) which is enforced by relevant NRBs. The ‘Office of Performance Improvement’ would work to ensure that all new and existing requirements are met. Roles in this office may include quality assurance, audits, and compliance¹.

In Virginia’s Board of Nursing, it is the responsibility of the division manager to maintain quality and requirement standards². Virginia has no separate area within the Board for a division of assurance, audit, or performance, but in Maryland it may be more effective to have dedicated employees responsible for driving compliance and performance improvement. EY benchmarked the other 49 state and DC Boards of Nursing and found that nine out of 50 other Boards have a dedicated ‘Office of Performance Improvement’ in some capacity.

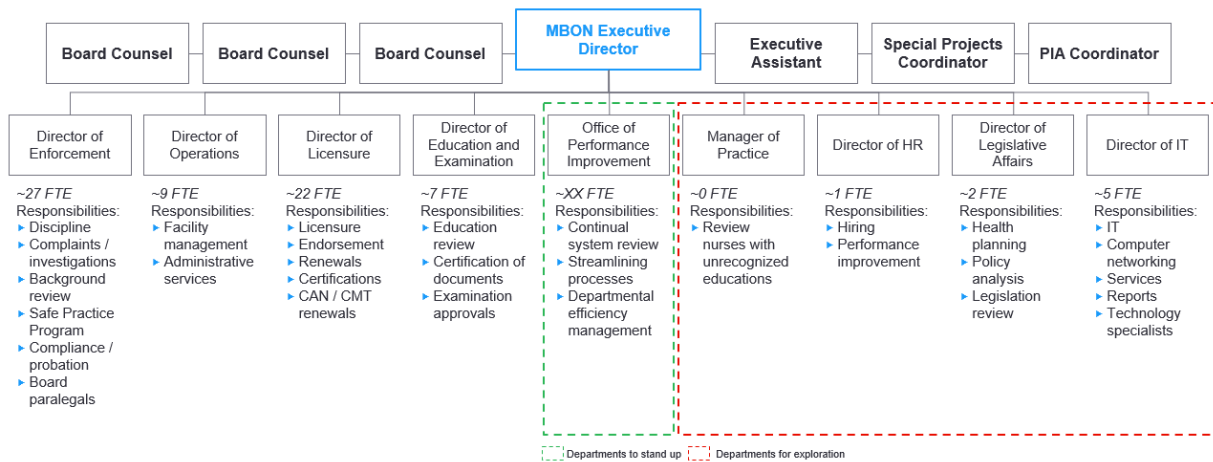
Given the Board’s commitment to performance improvement, we recommend that the Board structure a dedicated office called the ‘Office of Performance Improvement’ in the next 6 months to ensure compliance with regulatory bodies and allow for the long-term stability of the Board.

¹ MBON/MDH personnel interviews (n=25)

² External interviews (n=4)

¹⁰ MD Code, Health Occupations, §8-202, as amended

Figure 6: Potential Future MBON Organizational Chart



Communications Department: [2.3.1.8]

Due to a lack of accessible communications channels between constituents and the Board during the COVID-19 pandemic, emergency legislation and the RFP discussed assessing the need for the Board to have a dedicated Communications Department. The goal of this department would be to engage with the public and communicate important updates to the constituents.

EY's discussions with Board personnel, the NCSBN, and other State Boards of Nursing indicated that a dedicated Communications Department is unnecessary, however, a specialist focused on communications could improve constituent relations. EY's analysis of the 51 Boards of Nursing in the United States found that only four have a dedicated Communications Department.

For comparison, interviews with the Virginia Board of Nursing found that it has its own Communications Department that represents all Virginia Health Boards, including the Virginia Board of Nursing, Board of Medicine, Board of Pharmacy, Board of Optometry, and Board of Physical Therapy. Per MBON interviews, it currently does not employ an in-house communications specialist, and the following responsibilities are managed by various MBON members:

- ▶ Drafting meeting minutes.
- ▶ Publicizing Board meeting dates to constituents.
- ▶ Communications with media members and constituents.
- ▶ Drafting official statements and positions of Board members.

Outsourcing to a team within the Maryland Department of Health or hiring a dedicated communications specialist could improve MBON's relationship with constituents and enhance the education of nurses and applicants to reduce applicant errors, decreasing overall processing time.

Fee Structure: [2.3.1.9]

MBON is currently operating at a loss. According to its FY2022 Annual Report presented to former Governor Larry Hogan on October 1, 2022, MBON reported revenues of \$8,296,781 and expenditures of \$8,760,700. To fulfill its strategic imperatives and implement changes necessary to employ its mission, the Board will likely need to collect additional revenue. EY benchmarked MBON's licensing, endorsement, and renewal fees against all 50 states plus Washington, DC. The District of Columbia,

Massachusetts, New Jersey, New York, and Virginia were selected as peer benchmarks because they were either previously used as health benchmarks during the COVID-19 pandemic or are near Maryland. Maryland’s fees are the lowest of its peers for new licenses and endorsements for Registered Nurses, Licensed Practical Nurses, and Advanced Practice Registered Nurses. Maryland’s Registered Nurse renewal fees are average among its peers and Licensed Practical Nurse and Advanced Practice Registered Nurse fees are low among its peers (See Figures 7-10).

Figure 7: Licensing Fees

State Board	Registered Nurse (RN)	Licensed Practical Nurse (LPN)	Advanced Practice Registered Nurse (APRN)
Maryland	▶\$100	▶\$100	▶\$50
Massachusetts	▶\$230	▶\$230	▶N/A
New Jersey	▶\$200	▶\$200	▶\$100
New York	▶\$143	▶\$143	▶\$80
Virginia	▶\$190	▶\$170	▶\$125
Washington, DC	▶\$237	▶\$237	▶\$230

Figure 8: Endorsement Fees

State Board	Registered Nurse (RN)	Licensed Practical Nurse (LPN)
Maryland	▶\$100	▶\$100
Massachusetts	▶\$305	▶\$305
New Jersey	▶200	▶\$200
New York	▶\$143	▶\$143
Virginia	▶\$190	▶\$170
Washington, DC	▶\$280	▶\$280

Figure 9: Renewal Fees

State Board	Registered Nurse (RN)	Licensed Practical Nurse (LPN)	Advanced Practice Registered Nurse (APRN)
Maryland	▶\$136	▶\$110	▶\$146
Massachusetts	▶\$120	▶\$120	▶\$180
New Jersey	▶\$120	▶\$125	▶\$160
New York	▶\$73	▶\$73	▶\$30
Virginia	▶\$140	▶\$120	▶\$80
Washington, DC	▶\$195	▶\$195	▶\$313

For certifications, however, Maryland’s fees are average for CNA exam, certifications, and renewals (see Figure 10). Several Boards, including New York, DC, and Virginia, have CNA certification fees included in the CNA exam fees and as such do not charge certification fees.

Figure 10: CNA Fees

State Board	Certified Nurse Aide (CNA) Exam Fee	Certified Nurse Aide (CAN) Certification Fee	Certified Nurse Aide (CNA) Renewal Fee
Maryland	▶\$130	▶\$20	▶\$40
New Jersey	▶\$90	▶\$75	▶\$30
New York	▶\$135	▶\$0	▶\$40
Virginia	▶\$140	▶\$0	▶\$60
Washington, DC	▶\$165	▶\$0	▶\$12

Board members indicated in interviews that MBON has not raised fees in the last 8 years¹, while other Boards of Nursing raise their fees regularly every 1-2 years². EY assessed Maryland, Virginia, North Carolina’s budgets; all listed organizations are self-funded with their budgets made up entirely of license and certification revenue. Virginia has ~6% fewer outstanding licenses and certifications than Maryland, yet their budget is 70% larger than Maryland’s. Similarly, North Carolina has ~16% fewer outstanding licenses and certifications yet has a budget that is 33% larger than Maryland’s¹¹ (see Figure 11).

¹ MBON/MDH personnel interviews (n=25)

² External interviews (n=4)

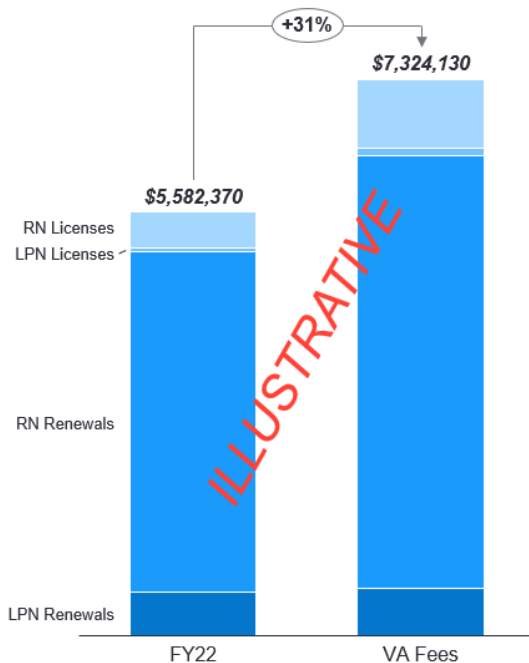
¹¹ MBON, VBON, NCBON FY22 Annual Reports

Figure 11: MBON, VBON, and NCBON Budgets and Outstanding Licenses/Certs

	<u>Maryland</u>	<u>Virginia</u>	<u>North Carolina</u>
Biennial Budget (FY21-22 Total Revenue)	\$16,437,398	\$27,907,466	\$21,806,099
Outstanding Licenses & Certifications (FY22)	241,192	227,327	202,725

Raising fees would allow the Board to have fewer budgetary constraints, as funding could be used to attract and retain talent, integrate a more sophisticated IT system, develop a call center, and achieve other short- and long-term operational goals. EY developed illustrative scenarios reflecting an adjustment to fees, highlighting the impact updating these fees might have on the MBON budget. Revenue from RN and LPN licensures and renewals account for ~67% of MBON FY22 annual budget¹². Assuming there is no decrease in the number of RN and LPN licenses and renewals following any increase in fees is a limitation to this scenario and is for illustrative purposes only. Additionally, this scenario does not estimate a change in APRN fees due to data limitations, nor does it account for any proposed change to certification fees. The illustrative example shown in Figure 12 demonstrates the increase in MBON revenue by matching Virginia’s RN/LPN fee structure.

Figure 12: Illustrative impact matching VA’s fee structure



¹² MBON FY22 Annual Report

If MBON desired more data on fees for licenses, certifications, and the impact any pricing shift might have on volume, a formal pricing analysis should be executed prior to finalizing any changes to fees. A future approach should consider:

- ▶ Pricing and budget analysis to understand impact of fees on constituent licensing, MBON operations, and revenues to fund additional enhancements to MBON operations in support of public safety and regulatory initiatives.
- ▶ Develop scenario analysis for potential fees after increase to understand impact on revenues and operations (with detailed understanding of demand shift). Illustrative ranges derived from the fee structures of 51 Boards of Nursing in the United States are displayed below; these ranges are subject to MBON discretion for scenario planning.
 - ▶ RN License: \$190-230
 - ▶ LPN License: \$170-220
 - ▶ APRN License: \$125-200
 - ▶ RN Endorsement: \$190-250
 - ▶ LPN Endorsement: \$170-250
 - ▶ RN Renewal: \$135-180
 - ▶ LPN Renewal: \$125-175
 - ▶ APRN Renewal: \$130-200

Licensing Management System: [2.3.1.10]

The Board uses two main systems to facilitate the issuance of licenses, certifications, renewals, and endorsements. Their License and Regulatory System (LARS) allows the constituent to apply online, then issues the license to the applicant. Their second system, My License Office (MyLO) serves as the system of record for all licensing and certification details¹.

The LARS system is notably outdated and has a user interface that is “frustrating and confusing” for both constituents and employees, as identified through MBON interviews. Information from the LARS system does not flow automatically into MyLO, the Board’s system of record, so employees must manually type information from the LARS system into the MyLO system. Furthermore, the user experience of MyLO requires convoluted sequences of steps. For example, some users are forced to press the “back” button up to fifteen times just to go through the process of issuing a certification, rather than following a streamlined, sequential flow of steps. The IT Director stated that LARS is currently hosted on a Sun Solaris platform, which is outdated and unsupported, and MBON has gotten approval from MDH to begin the procurement process of migrating LARS onto a Windows platform.

Neither LARS nor MyLO allow for easy extraction of data, reporting, or analytics. If users want to generate a summative report of licenses issued or any other form of progress, they either must manually track themselves in a Google Sheet, or ask IT to pull a report using SQL queries. The manual entry of this information represents a security risk, as social security numbers and other private information is written on paper, left on desks, and stored in filing cabinets regularly. Moreover, the MyLO system is not hosted on a secure IP address, putting constituents at risk even when applications are processed digitally.

Other states use a more updated version of MyLO and have described greater speed complemented by internally developed automation systems that help make their job easier and more efficient. Interviews with the Virginia Board of Nursing revealed that it has a dedicated call-center to handle calls about

licenses, whereas MBON has a rotating schedule in which licensing specialists take turns fielding phone calls for a few hours each day.

To improve operations and create a better user experience for both the constituents and users, MBON should define the technology strategy and timeline to implement a new licensing system or upgrade to a later version of its existing system. The Chief Portfolio Officer at MDH has been engaged to start the procurement process for a new licensing system (not a bespoke system) and is currently working on resourcing a team for the program. However, she does not have business requirements or a comprehensive technology strategy to execute the procurement process.

To procure a new licensing system, the Board must develop the list of business requirements necessary for a new licensing system and work with state procurement to develop an RFP. If the Board opts to invest in an upgraded version of its existing system, MyLicense One, with cloud capabilities, advanced reporting, and analytics capabilities to drive better reporting, it should enter these negotiations as part of its ongoing renewal process with System Automation.

The Board should simplify its website to make information more easily accessible and invest in Optical Character Recognition (OCR) capabilities to scan paper applications and automatically pull information from those applications into a digital format. Investing in more modern technology will allow the Board to better protect the public by ensuring stronger safekeeping of their private information, while simultaneously making the Board more resilient to disruptions or delays due to increased application volume.

Action Plan:

Immediate Actions:

Drawing upon the research conducted and as required by the RFP, EY created an action plan for MBON to consider enacting to drive overall improvement and comply with legislative directives. To elevate overall processes immediately, MBON should consider undertaking a series of actions revolving around people, processes, and technology. MBON should consider focusing on improving retention and mitigating future recruitment needs by enhancing the employee experience and taking steps to improve employee morale. Hiring a qualified, permanent Executive Director as soon as possible is a first step to enabling centralized decision-making within the organization and encouraging increased collaboration between leadership and employees to effectively act upon the Board's mission. In selecting the next Executive Director, the Board should consider adjusting the requirement that the Executive Director be a Registered Nurse as there is substantial clinical, education, examination, and judicial experience and expertise among MBON leadership currently to support.

To expeditiously clear the investigations backlog, MBON should consider prioritizing hiring non-nurse investigators that can assist current staff on resolving what one leader at NCSBN called MBON's "number one priority."

To enhance the processes and technology available to staff, MBON should consider increasing licensure fees to comparable levels with competing states such as MA, NJ, and NY. With higher fees driving increased revenues, MBON should consider deploying excess cash to upgrade technology to modern systems with more capabilities, skill up employees on how to best utilize new tech and create automatic dashboards to replace tedious manual and paper reports. The Board should also consider defining a technology strategy and timeline to procure a new licensing system or upgrade existing

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systems. Additionally, the MyLO portal should be hosted on a secure IP address to properly protect constituents' personal information. To manage call volume, MBON should consider investing in an independent call center dedicated solely to receiving constituent calls, thereby reducing the responsibilities of licensing employees. To improve the backlog of cases, MBON should consider reexamining the investigation assignment process and consider assigning 'no action' to all Priority Level Three cases. Finally, the Board should consider streamlining the endorsement application process: Instead of requesting a transcript and manually reviewing each school's reputation for each endorsement application, MBON should consider accepting license approvals from other states as proof that the applicant is qualified for an endorsement.

To implement all these technology changes and to allow for the sustainability and modernization of the Board's overall infrastructure, EY recommends a succession plan for all leaders, including IT, to ensure the sustainability and longevity of the Board. By systematically identifying, assessing, and developing talent to ensure leadership continuity for all key positions in the IT department, MBON can continue to implement the recommended changes and ensure the Board's future technology sustainability and infrastructure.

Figure 13: Immediate Next Steps

Capability	Key Focus Area	Recommendation
People	Recruitment	▶ Prioritize hiring non-nurse investigators to clear investigations expeditiously
		▶ Hire a qualified, permanent Executive Director as soon as possible
		▶ Allow hybrid or work-from-home options to attract talent and fill vacancies more quickly
	Organization Structure	▶ Consider adjusting the RN requirement for Executive Director as there is substantial clinical, education, examination, and judicial experience and expertise among MBON leadership currently to support
		▶ Identify succession plan for Director of IT to drive sustainability and modernization of current IT infrastructure
	Employee engagement	▶ Define career paths and upward mobility opportunities for employees
▶ Host regular townhalls to gather input from employees and communicate broad decisions		
Process	Licensure	▶ Create automatic dashboards to replace manual and paper reports
		▶ Increase fees to be commensurate with peers (DC, MA, NJ, NY, VA)
	Investigation	▶ Re-examine assignment process of investigations: consider assigning 'no action' to all Priority Level 3 cases
	Education	▶ Streamline review of educational institutions for endorsement applications

Technology	Licensing system	▶ Identify technology strategy, key requirements of a system (case management and licensing), and timeline to upgrade licensing system or procure a new one
	Telephone system	▶ Identify key requirements and invest in updated phone system with remote call center to better handle call volume
	Security	▶ Ensure that MyLO portal is hosted on a secure IP address

6-Month Actions:

To ensure long-term sustainability and success, MBON should consider accelerating key initiatives over the next 6 months. With consideration to the capabilities and needs of MBON, a Communications Department is likely unnecessary. Alternatively, the Board should consider hiring an in-house communications specialist (or engage an external agency) tasked with constituent engagement and education. Before hiring, the Executive Director and HR should consider defining the key responsibilities and initial projects of the communications specialist role.

To define leading practices and drive adherence to state and national standards, initial actions should begin to stand up an ‘Office of Performance Improvement.’ This process should include the identification of the mission of the department and should involve engaging with HR to define roles and hiring. Overall MBON’s recruitment timeline is like other Maryland State Occupational Health Boards, but there are simple process changes to make to streamline and work more effectively with the MDH. The Board can plan to preemptively continue with hiring processes, while they wait for applications to be processed by the MDH to eliminate downtime in the process. Additionally, the Board can consider coordinating and streamlining recruitment efforts across various divisions of the Board to minimize work and process time for the MDH.

To improve internal processes, the Board should consider providing employee training so that employees can pull progress reports themselves, rather than sending ad hoc requests to IT. This could be part of a larger movement toward employee upskilling and continued educational curricula available to new hires and current employees.

12-Month Actions:

Over the next year, MBON should consider taking other, longer-term steps to improve MBON processes in addition to sustaining and continuing the necessary immediate changes. MBON should consider including the development and implementation of constituent education on applications, specifically how to avoid bottlenecks due to incomplete applications. MBON should consider utilizing the CJIS rap-back program to eliminate the need for repetitive background checks. To automatically pull data from scanned documents, the Board should consider investing in automatic optical character recognition (OCR) technology. Finally, the Board should consider completing a website simplification process to ensure that constituents have readily available access to the information they need (See Appendix 2 and 3).

With respect to HR and hiring, MBON should consider selecting hiring panels, lining up interview dates, and performing other preemptive tasks while its hiring application sits with the Maryland Department of Health. Furthermore, the Board should consider coordinating recruitment efforts across

different divisions. For example, they could post one listing for three different assistant positions, rather than three separate listings, to streamline the process for the Maryland Department of Health.

Figure 14: 6-12 Months Actions

Capability	Key Focus Area	Recommendation
People	Organization Structure	<ul style="list-style-type: none"> ▶ A communications department is not necessary; however, an in-house communications specialist may be desired for constituent engagement and education. <ul style="list-style-type: none"> ○ Role needs to be defined with ED and HR. ○ Hiring process to take place in the next 3-6 months if desired. ○ Key responsibilities and initial projects defined for new hire. ▶ Begin standup of ‘Office of Performance Improvement’ to define best practices and drive adherence to state and national standards. <ul style="list-style-type: none"> ○ Identify mission of the department. ○ Engage HR to begin defining roles and hiring.
		<ul style="list-style-type: none"> ▶ Train employees of all departments to pull reports themselves, rather than relying on IT. <ul style="list-style-type: none"> ○ Work with IT and individual departments to develop onboarding curriculum and continuing education. ○ Create continuing education training plan to assign upskilling sessions to employees.
	Training	
Process	HR	<ul style="list-style-type: none"> ▶ Do pre-emptive work in parallel with Office of Human Resources to streamline MBON’s hiring process (select hiring panels, interview dates, etc.). ▶ Coordinate recruitment efforts across different divisions (i.e., one job posting to source three positions at a similar rank).
		<ul style="list-style-type: none"> ▶ Education constituents on best practices while applying to avoid bottlenecks for incomplete applications.
	Licensure	<ul style="list-style-type: none"> ▶ Utilize CJIS rap-back program to eliminate need for repetitive criminal background checks.
	Enforcement	
Technology	Automation	<ul style="list-style-type: none"> ▶ Invest in automatic optical character recognition (OCR) to automatically pull data from scanned documents.
	Website	<ul style="list-style-type: none"> ▶ Simplify website layout to allow constituents to easily find information.



EY US LLP
1201 Willis St Suite 310
Baltimore, MD 21231

Tel: +1 410 539 7940
Fax: +1 410 783 3832
ey.com

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Appendix:

Appendix 1: Capability Matrix

For each process, EY mapped steps necessary to complete the said process, identified with an “x” which department was responsible for each step, and assigned a color score (red, yellow, green) to identify whether the department had the capacity to handle that step at scale and whether the Board provided adequate technology to handle that step:

- ▶ Green = No capacity or technology constraint
- ▶ Yellow = No major disruptions due to capacity or technology, but there is room for improvement
- ▶ Red = Observable constraint with disruption

Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
New Application Online (RN)										
Application is submitted by applicant online	x							G	R	User interface needs improvement; limited data validation
Application is reviewed for completion	x							G	Y	
School transcript is checked against list of prohibited schools	x							Y	R	Manual process
If application is incomplete, applicant is notified	x							Y	R	No data validation on forms. Done via e-mail, applicant often does not respond
If application is complete, it is sent for license creation	x							G	G	
License is distributed								G	G	



Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
Renewal paper application										
Renewal application received in mail							x	Y	R	
Physical payment is checked and recorded in MyLO							x	Y	R	Manual entry
Application is sent for review (from Operations to Licensing)							x	G	R	
Application is reviewed for completion							x	G	R	
If incomplete, applicant is notified							x	G	R	Via email - applicant often does not respond
If complete, information is documented in LARS and renewal is issued							x	G	Y	Updating two separate systems (LARS and MyLO) manually
Employee manually changes license status in MyLO							x	Y	G	



Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
Renewal online application										
Renewal application is submitted by applicant and feeds into LARS				x				G	R	There is no data validation on the application portal which causes errors or manual re-work for the staff.
Application is automatically placed in a workbasket							x	G	G	
Licensing manager reviews workbasket and distributes applications among licensing specialists								G	Y	
Application is reviewed in LARS for completion								G	Y	
IT pulls daily report showing applications that are incomplete and delivers it on paper to licensing department				x				Y	R	Manual process - report is not user-friendly. Confidential information about employees is stored on paper and left on desks.
Licensing specialists follow up with applicant via phone or e-mail to get complete information								Y	R	
Once complete, specialist clicks in LARS to issue license renewal								G	Y	
Employee manually changes license status in MyLO								G	G	



Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
Endorsement Application										
Endorsement application is submitted by applicant online				x				G	R	User interface is complex to use and full of unnecessary information. There is no data validation on the application portal, which causes errors or manual rework for the staff.
Application is automatically placed in a workbasket							x	G	G	
Licensing manager reviews workbasket and distributes applications among licensing specialists							x	G	Y	
Application is reviewed in LARS for completion							x	G	Y	
School transcript is checked against list of prohibited schools							x	G	R	Transcripts are received on paper, and manually checked. Investing in optical character recognition (OCR/ML) to pull info and automatically populate it would speed processes up immensely.
If school is not verified by MBON, full-scale assessment of program and curriculum is conducted	x						x	R	Y	
If background check is pending, licensing specialist follows up with enforcement division		x					x	G	R	Pending background checks are tracked and recorded in a google sheet.
If complete, but background or school verification is pending, licensing department issues a temporary license							x	G	Y	
Once application is complete and background check is verified, licensing specialist manually changes license status in MyLO							x	G	G	



Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
Reporting										
Business activity monitoring (i.e., case status, productivity, etc.)	x	x		x			x	Y	R	Manual data collection. Employees track in Google Sheets. Accuracy is questionable because it is manually collected
Historical data/reporting	x	x		x			x	Y	R	Limited and/or manual
Adhoc reporting (request initiated)	x	x					x	G	R	No reporting tool for Board members. Dependent on IT department for all adhoc reporting.
IT employee runs a SQL query in LARS or MyLO				x				Y	R	There is no reporting tools (manual coding in SQL is necessary). Need to query two systems.
IT employee prints the SQL query output and delivers to the desk of the requestor				x				Y	R	Printing still in use; extra steps

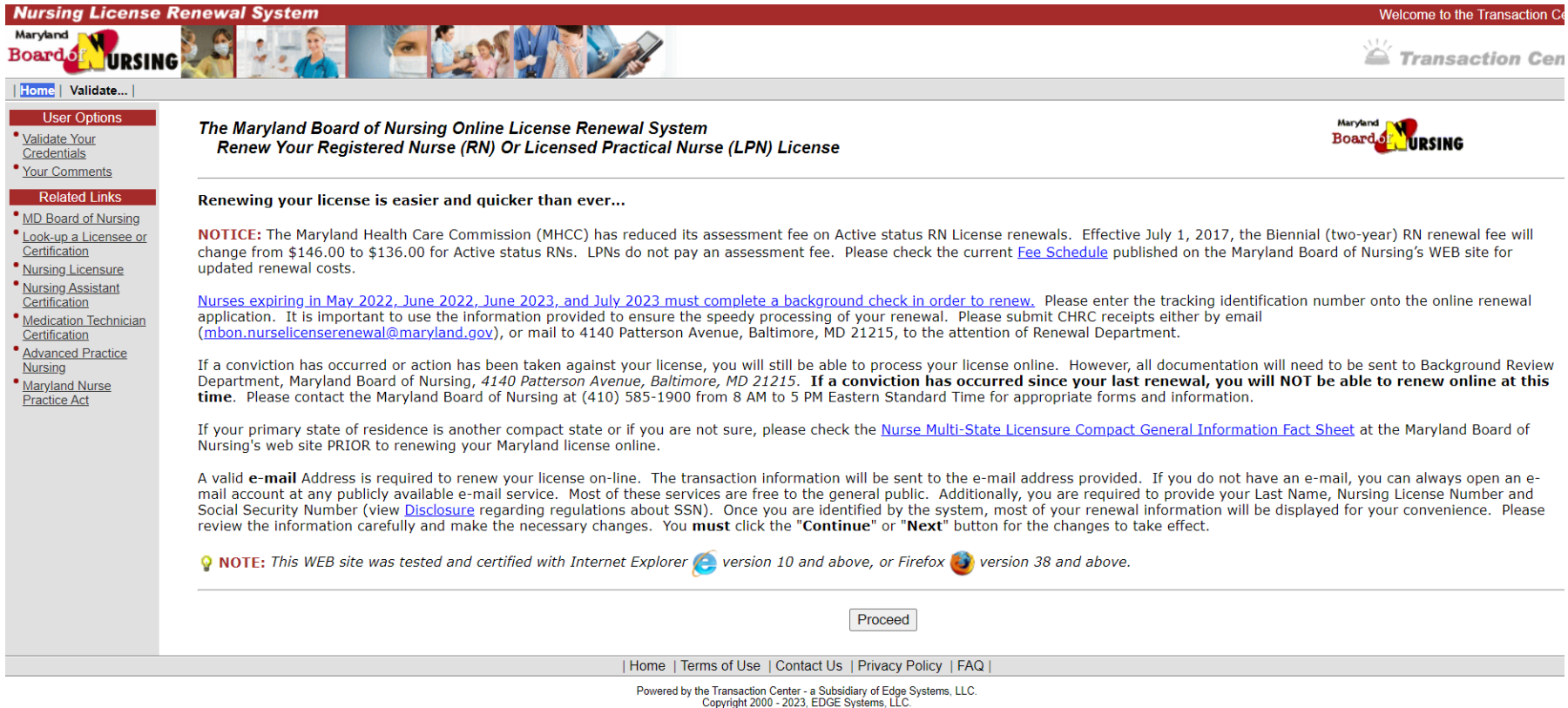


Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
Complaint and investigation										
Complaint is filed against a registered nurse		x						G	Y	Constituent is required to enter via laptop (no mobile) manual process, downloading of forms, must have adobe, and email to complaints department. Better system would allow them to fill it in and submit in one web portal.
Complaint is reviewed for completion		x						G	R	If the form is not complete, they cannot work the case. Dead ends. No technology support to get corrections
Complaint is documented and distributed to lead nurse investigator		x						Y	R	Data manually re-entered into Google Sheets
Lead nurse investigator provides initial tagging of case to present to triage committee		x						Y	Y	Columns manually entered on Google Sheets which dictates the priority and workflow recommendations.
Triage committee finalizes priority or action status of a case		x						G	Y	Print outs are reviewed and manually reviewed.
Based on priority tagging, cases are distributed to investigators		x						Y	G	
Investigation begins		x						R	R	The case is managed in another/separate in Microsoft Excel (not Google Sheet).
Facts are gathered		x						R	R	Data is collected in MS Excel. Security concern of private information. Separation of data for investigations?
Involved parties are interviewed		x						R	Y	
Case information is documented		x						R	Y	Manual created report in MS Word. Shared drive use (security?)
Case facts are presented to MBON		x						R	Y	Reporting and aggregating information difficult across separate documents (Sheets, Excel, Word)
MBON makes their decision on the case		x						G	Y	System of record for investigations is not best practices for data privacy, security, and processing.



Processes	Department							R/Y/G on capacity constraint	Technology Capability to Support	Notes
	Education	Enforcement	HR	IT	Legislative Affairs	Licensing	Operations			
Financial Reporting										
Physical payment data is manually inputted into FMIS							x	G	Y	Manual data entry. Archaic system; no intuitive
Online payment data is transferred from LARS to FMIS							x	G	Y	
Monthly report pulled from FMIS				x			x	G	Y	Operations needs training. Not all reporting needs are satisfied.
Analyze monthly financial data							x	G	G	
Present on current month budget tracking to ED							x	G	G	

Appendix 2: MBON Website User Interface



The screenshot displays the user interface for the Maryland Board of Nursing Online License Renewal System. At the top, there is a navigation bar with the text "Nursing License Renewal System" and "Welcome to the Transaction Center". Below this is a banner image showing healthcare professionals. The main content area is titled "The Maryland Board of Nursing Online License Renewal System" and "Renew Your Registered Nurse (RN) Or Licensed Practical Nurse (LPN) License". A sub-header reads "Renewing your license is easier and quicker than ever...". The main text contains a notice about fee changes, instructions for renewing licenses, and a note about background checks. A "Proceed" button is visible at the bottom of the main content area. The footer includes navigation links and copyright information.

Nursing License Renewal System Welcome to the Transaction Center

Home | Validate... | Maryland Board of Nursing | Transaction Center

The Maryland Board of Nursing Online License Renewal System
Renew Your Registered Nurse (RN) Or Licensed Practical Nurse (LPN) License

Renewing your license is easier and quicker than ever...



NOTICE: The Maryland Health Care Commission (MHCC) has reduced its assessment fee on Active status RN License renewals. Effective July 1, 2017, the Biennial (two-year) RN renewal fee will change from \$146.00 to \$136.00 for Active status RNs. LPNs do not pay an assessment fee. Please check the current [Fee Schedule](#) published on the Maryland Board of Nursing's WEB site for updated renewal costs.

[Nurses expiring in May 2022, June 2022, June 2023, and July 2023 must complete a background check in order to renew.](#) Please enter the tracking identification number onto the online renewal application. It is important to use the information provided to ensure the speedy processing of your renewal. Please submit CHRC receipts either by email (mbon.nurselicenserenewal@maryland.gov), or mail to 4140 Patterson Avenue, Baltimore, MD 21215, to the attention of Renewal Department.

If a conviction has occurred or action has been taken against your license, you will still be able to process your license online. However, all documentation will need to be sent to Background Review Department, Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, MD 21215. **If a conviction has occurred since your last renewal, you will NOT be able to renew online at this time.** Please contact the Maryland Board of Nursing at (410) 585-1900 from 8 AM to 5 PM Eastern Standard Time for appropriate forms and information.

If your primary state of residence is another compact state or if you are not sure, please check the [Nurse Multi-State Licensure Compact General Information Fact Sheet](#) at the Maryland Board of Nursing's web site PRIOR to renewing your Maryland license online.

A valid **e-mail** Address is required to renew your license on-line. The transaction information will be sent to the e-mail address provided. If you do not have an e-mail, you can always open an e-mail account at any publicly available e-mail service. Most of these services are free to the general public. Additionally, you are required to provide your Last Name, Nursing License Number and Social Security Number (view [Disclosure](#) regarding regulations about SSN). Once you are identified by the system, most of your renewal information will be displayed for your convenience. Please review the information carefully and make the necessary changes. You **must** click the "**Continue**" or "**Next**" button for the changes to take effect.

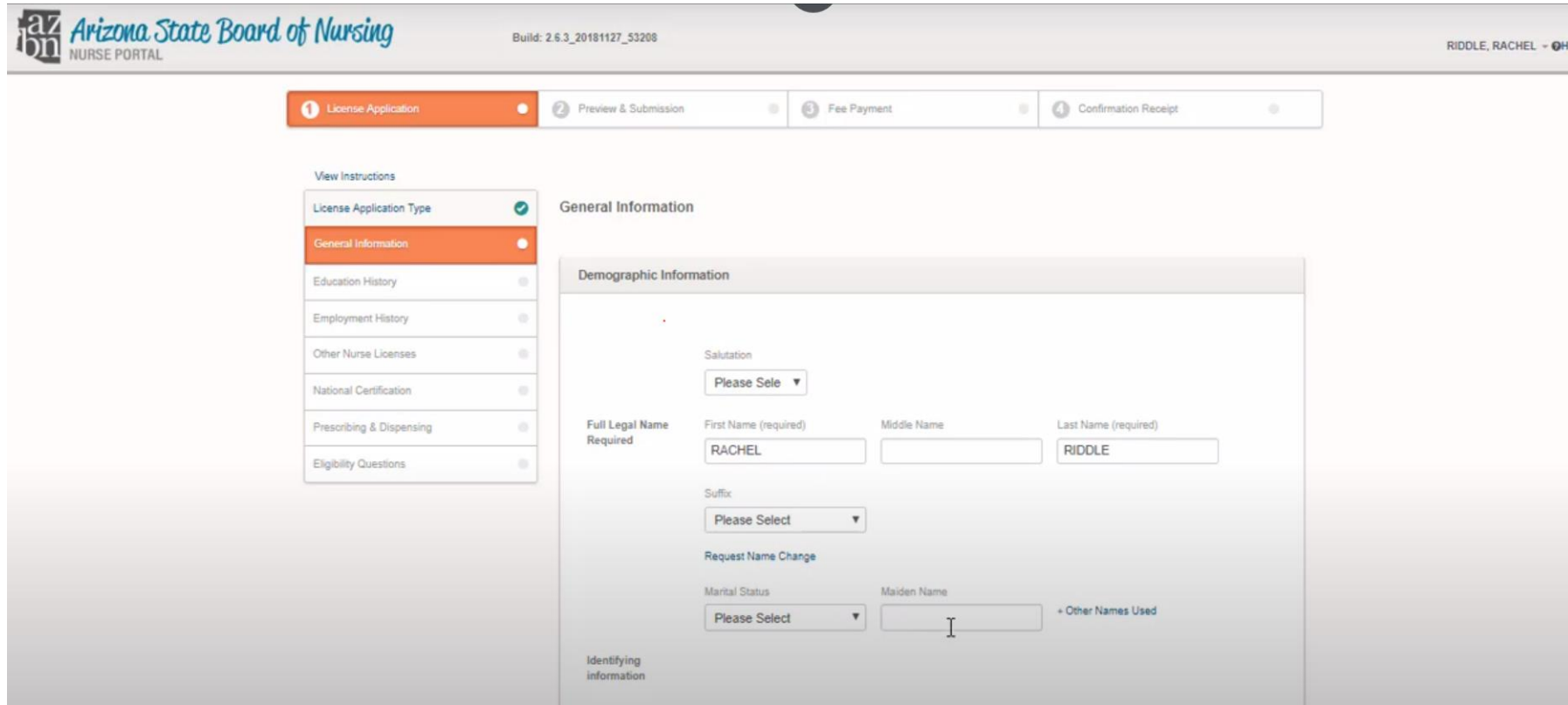
NOTE: This WEB site was tested and certified with Internet Explorer  version 10 and above, or Firefox  version 38 and above.

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Appendix 3: Arizona State Board of Nursing Website (Simpler User Interface)



The screenshot displays the Arizona State Board of Nursing Nurse Portal. At the top, the logo and name "Arizona State Board of Nursing" are visible, along with the text "NURSE PORTAL" and "Build: 2.6.3_20181127_53208". The user's name "RIDDLE, RACHEL" is shown in the top right corner. A progress bar at the top indicates four steps: 1. License Application (active), 2. Preview & Submission, 3. Fee Payment, and 4. Confirmation Receipt. On the left, a sidebar menu lists various sections: "View Instructions", "License Application Type" (checked), "General Information" (selected), "Education History", "Employment History", "Other Nurse Licenses", "National Certification", "Prescribing & Dispensing", and "Eligibility Questions". The main content area is titled "General Information" and contains a "Demographic Information" section. This section includes a "Salutation" dropdown menu set to "Please Sele", a "Full Legal Name Required" section with three input fields for "First Name (required)" (containing "RACHEL"), "Middle Name", and "Last Name (required)" (containing "RIDDLE"), a "Suffix" dropdown menu set to "Please Select", a "Request Name Change" section, a "Marital Status" dropdown menu set to "Please Select", and a "Maiden Name" input field. There is also a link for "+ Other Names Used". At the bottom left of the form, the text "Identifying information" is visible.