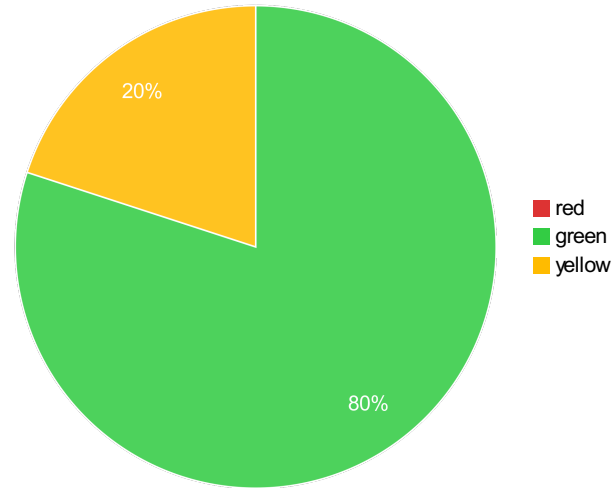


# **Dentistry, Board of**

Annual Performance Progress Report

Reporting Year 2018

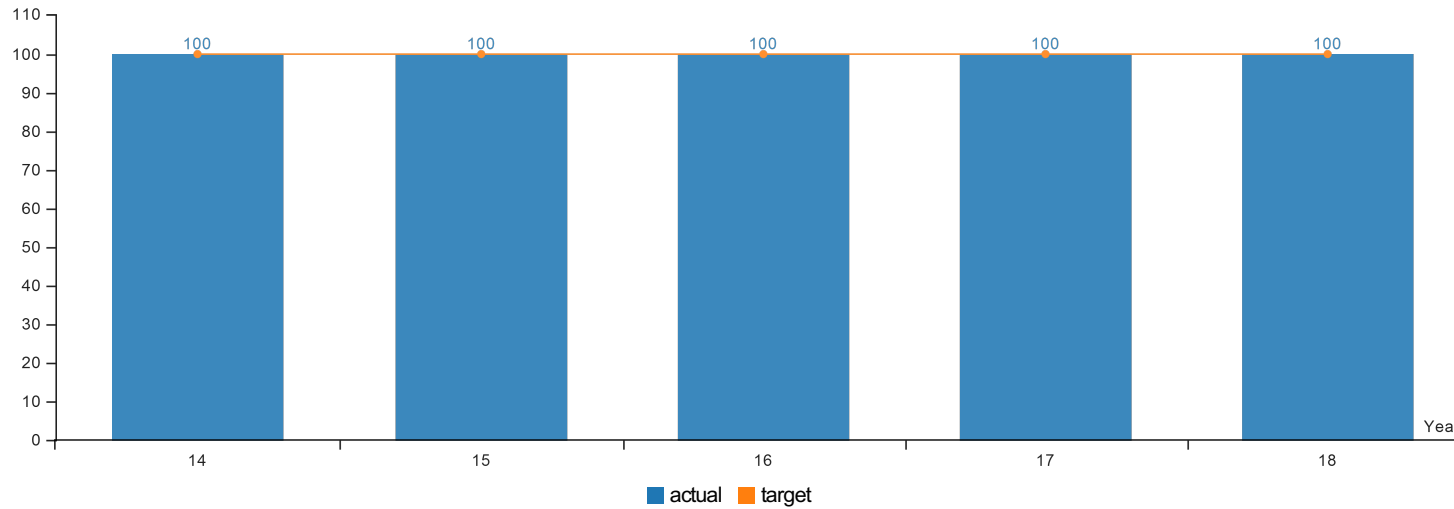
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	80%	20%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Percent of Licensees in Compliance with Continuing Education Requirements</b>					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

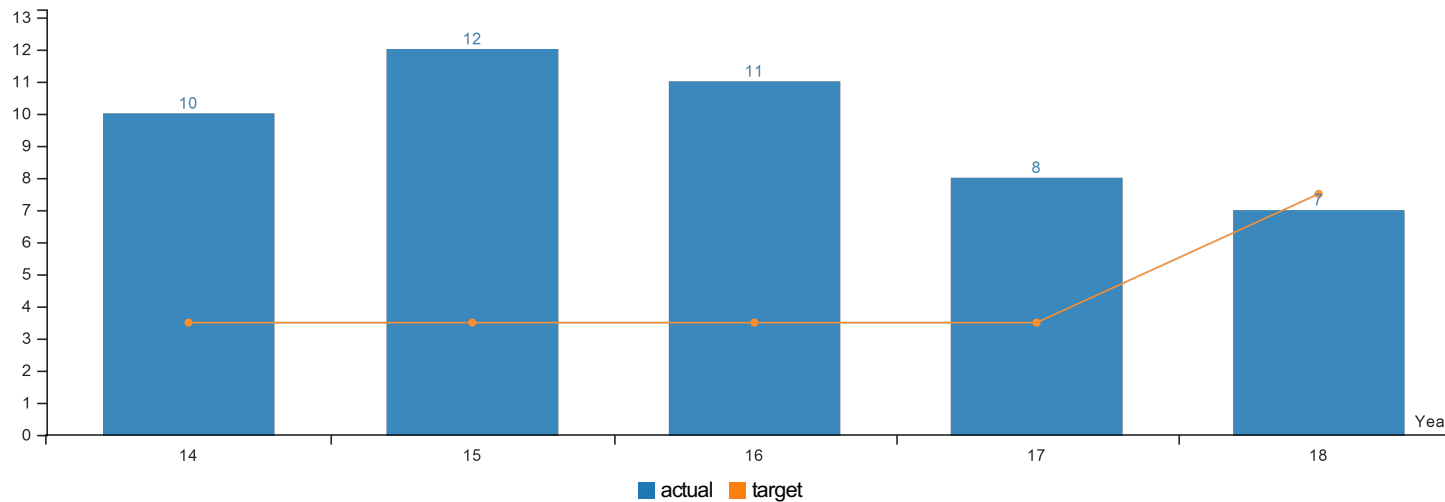
For FY 2018 we accomplished this goal by requiring our Licensees complete continuing education requirements. We monitor their compliance with questions on their license renewal forms and with audits. Staff follows up with Licensees as needed to ensure all requirements are met.

#### Factors Affecting Results

Experienced staff work with our Licensees to communicate effectively regarding the continuing education requirements.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = negative result



Report Year	2014	2015	2016	2017	2018
<b>Average time to Investigate Complaints</b>					
Actual	10	12	11	8	7
Target	3.50	3.50	3.50	3.50	7.50

#### How Are We Doing

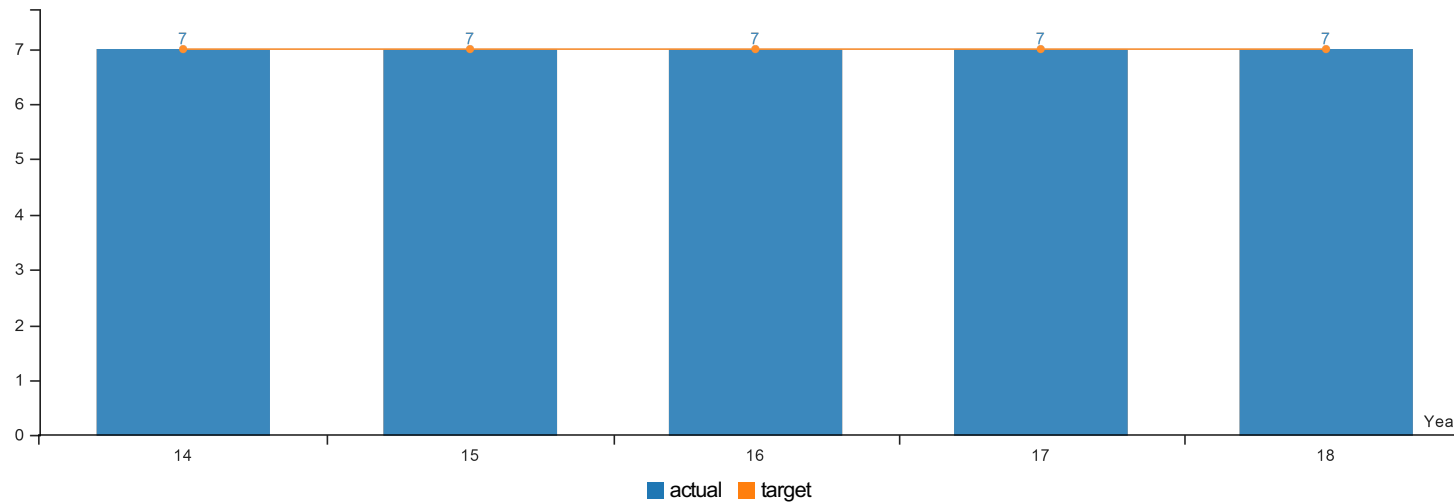
For FY 2018 we achieved this goal. Since adding a new dental investigator position in 2016 and continued refinements in our investigative process, we have been able to reduce our average time to complete an investigation to approximately 7 months.

#### Factors Affecting Results

The total number of investigations for FY 2018 was 272, compared to 199 in FY 2017, and still our investigators were able to complete investigations and for the Board to act in time, to achieve this goal, speaks to the effectiveness and hard work of our staff.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Average Number of Working Days to Issue license after Paperwork is Completed.</b>					
Actual	7	7	7	7	7
Target	7	7	7	7	7

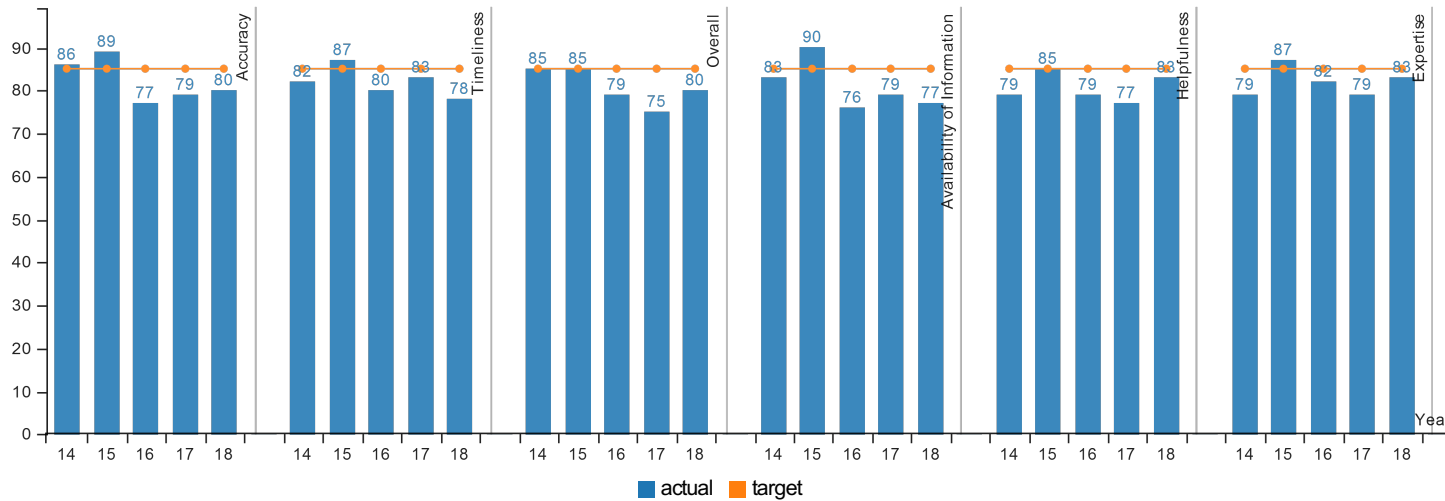
#### How Are We Doing

For FY 2018 we achieved this goal. The Board's strategy is that the processing of accurate and complete paperwork for the issuance of a new or renewed license, should take place in a reasonable period of time to fulfill one of our statutory requirements of those desiring to work in Oregon in a timely fashion.

#### Factors Affecting Results

It is one of our top priorities that applications and renewals be processed accurately and efficiently and that we not create any barriers for someone to practice once they met all applicable statutes and rules.

KPM #4 CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.  
 Data Collection Period: Jul 01 - Jun 30



Report Year	2014	2015	2016	2017	2018
<b>Accuracy</b>					
Actual	86%	89%	77%	79%	80%
Target	85%	85%	85%	85%	85%
<b>Timeliness</b>					
Actual	82%	87%	80%	83%	78%
Target	85%	85%	85%	85%	85%
<b>Overall</b>					
Actual	85%	85%	79%	75%	80%
Target	85%	85%	85%	85%	85%
<b>Availability of Information</b>					
Actual	83%	90%	76%	79%	77%
Target	85%	85%	85%	85%	85%
<b>Helpfulness</b>					
Actual	79%	85%	79%	77%	83%
Target	85%	85%	85%	85%	85%
<b>Expertise</b>					
Actual	79%	87%	82%	79%	83%
Target	85%	85%	85%	85%	85%

How Are We Doing

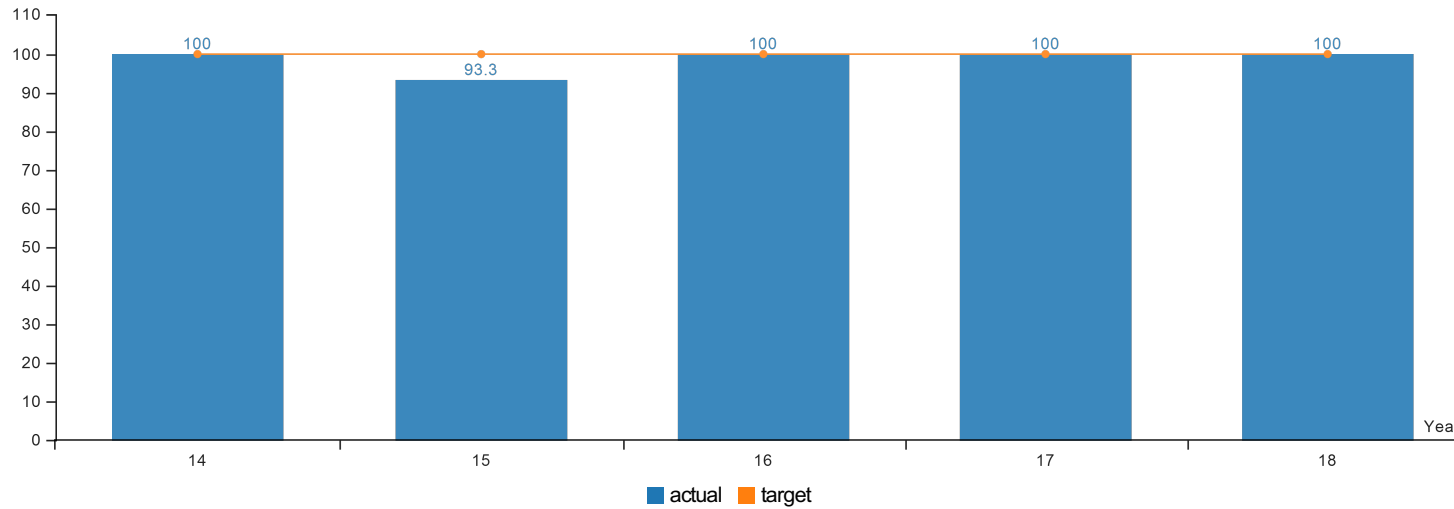
For FY 2018 we did not achieve this goal. Although targets were not met, the overall response is positive and we will continue to encourage people to submit feedback and we do review the comments received, to assess the feedback received. It is anticipated that once our new website is redesigned and implemented with new survey tools, that FY 2019 report will include both more results and encourage more feedback.

**Factors Affecting Results**

People choose to respond to surveys and we will continue to promote the survey and encourage feedback.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Compliance with Best Practices Performance Measurement</b>					
Actual	100%	93.30%	100%	100%	100%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

For FY 2018 we achieved this goal. The Board is in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

#### Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices at its August 24, 2018 Board meeting.



## Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

### Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.	✓	
2. Executive Director receives annual performance feedback.	✓	
3. The agency's mission and high-level goals are current and applicable.	✓	
4. The Board reviews the Annual Performance Progress Report.	✓	
5. The Board is appropriately involved in review of agency's key communications.	✓	
6. The Board is appropriately involved in policy-making activities.	✓	
7. The agency's policy option budget packages are aligned with their mission and goals.	✓	
8. The Board reviews all proposed budgets.	✓	
9. The Board periodically reviews key financial information and audit findings.	✓	
10. The Board is appropriately accounting for resources.	✓	
11. The agency adheres to accounting rules and other relevant financial controls.	✓	
12. Board members act in accordance with their roles as public representatives.	✓	
13. The Board coordinates with others where responsibilities and interest overlap.	✓	
14. The Board members identify and attend appropriate training sessions.	✓	
15. The Board reviews its management practices to ensure best practices are utilized.	✓	
<b>Total Number</b>	<b>15</b>	
<b>Percentage of total:</b>	<b>100%</b>	

At the August 24, 2018 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.