

Approved Provider Application Training:

Utilizing the 2015 ANCC Standards

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Cyndie Koopsen, BSN, MBA, HNB-BC, RN-BC, HWNC-BC
WMSD Associate Nurse Peer Review Leader (NPRL)

Purpose

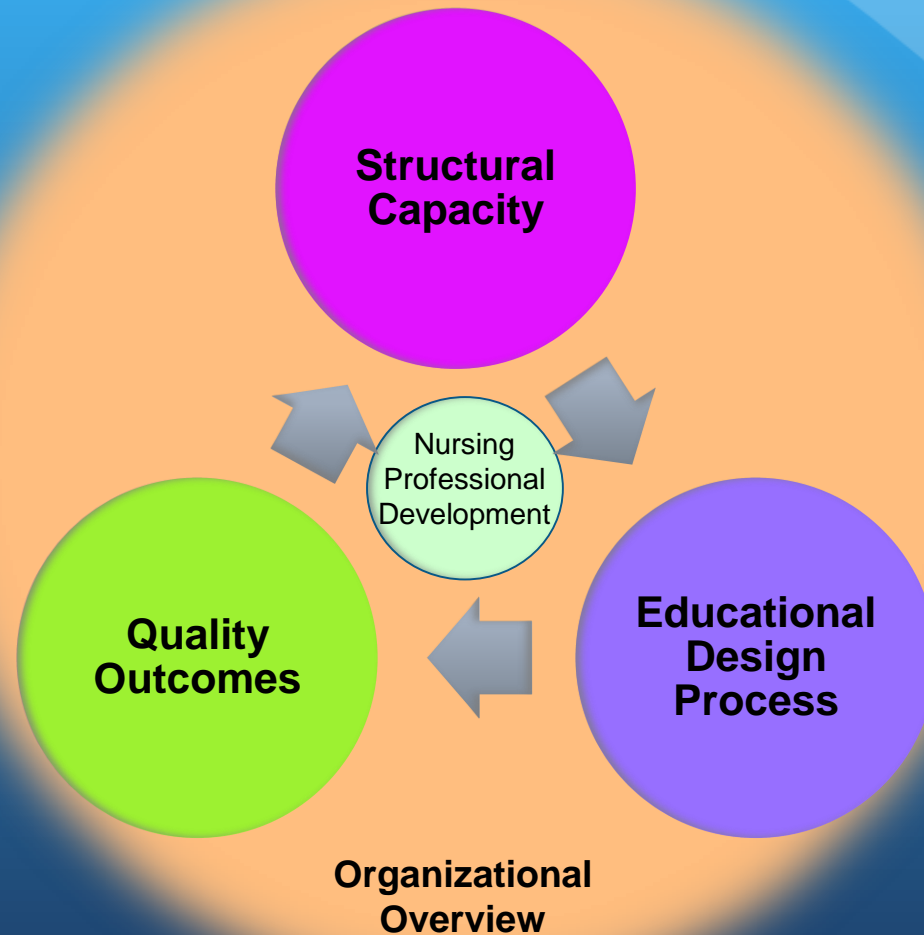
To ensure that Primary Nurse Planners have the necessary skills, resources, and tools to understand and effectively operationalize the ANCC criteria for Approved Provider Units.

Objectives

At the conclusion of this webinar, participants will be able to:

- ❖ Describe compliance with, and documentation for, the accreditation criteria in the 2015 ANCC Primary Accreditation Application Manual for Providers and Approvers.
- ❖ Identify characteristics of strong documentation (description and example).
- ❖ Identify WMSD resources for Primary Nurse Planners in the to support accreditation knowledge and skill in operationalizing criteria.

Primary Accreditation Conceptual Framework



WRITING TO THE CRITERIA

- 2 parts:
 - “**Describe**” – tell the story; similar to a “procedure”
 - No ‘data dumps’
 - If an individual’s name is provided, writer should describe the position/title of the individual to ensure reader can follow the response
 - “**Example**” – provide evidence to substantiate the story; *ideally, mirrors what was said* in the description
 - Can be chosen from activity files or other examples

CRITERION
“HELPFUL
HINTS”

ORGANIZATIONAL OVERVIEW

OO1—Demographics

- Ensure **this is about PU** and not the larger organization
- Need to **include all of the following** re: PU (recommend that each addressed as a bulleted item)
 - Scope of services
 - Size of PU (# of staff, # of facilities, etc.)
 - Geographic range
 - Target audience(s)
 - Content areas
 - Type of educational activities offered (ex. Online, live, webinars, conferences, etc.)

OO1b—IF the Approved Provider Unit is part of a multi-focused organization, describe the relationship of these dimensions to the total organization.

- How does the **PU** relate to the larger organization
- Need to **include all of the following** re: PU (recommend that each addressed as a bulleted item)
 - Scope of services
 - Size of PU (# of staff, # of facilities, etc.)
 - Geographic range
 - Target audience(s)
 - Content areas
 - Type of educational activities offered (ex. Online, live, webinars, conferences, etc.)

OO2—Lines of Authority and Administrative Support

- **List** of names, credentials, positions and titles of PNP and other NPs (if any)
 - PNP
 - Other NPs
 - Can include a table (with names, credentials, educational levels, and licensure info)
- **Position descriptions**
 - HR descriptions (not narrative) are ideal
 - Should include:
 - Educational requirements
 - Expertise requirements
 - Info about obligation to adhere to ANCC (or national) accreditation standards and guidelines
- **Organizational chart**
 - PU
 - Larger organization (if applicable)
 - **Clearly identifies the names, credentials, positions of all key personnel**

OO3—Data Collection and Reporting

- Ensure a complete **list** of all CE offerings within last 12 months
- As of 1-1-18 will be submitted via NARS process
- Includes:
 - Name
 - Date
 - Target audience
 - # of participants
 - # contact hours
 - Joint provider status
 - Commercial/sponsorship status and \$

OO4—Quality Outcomes

- Helpful to think of the PU as an entity
 - “**Macro**” (unit-based) goals related to how and what the PU is trying to accomplish related to its overall performance
 - “**Micro**” (educational activity-based) goals that are related to the “product” which the PU produces and delivers (i.e. CNE)
- Goals should be
 - Measurable (i.e. SMART goals)
 - **Related to the PU** (not the larger organization)
 - **Ones the PU can impact and have control over** (not goals that are controlled largely by other departments or the organization as a whole)

- OO4a—Quality Outcomes the PU has collected, monitored, and evaluated over the past 12 months (specific to PU)
 - List PU strategic goals w/respect to CNE activities for past 12 months
 - Retrospective

• OO4—Quality Outcomes

- List QO measure that PU collects, monitors, and evaluates specific to PU (going forward...next 12-24 months)
- **Examples:**
 - Cost savings for customers
 - Cost savings for Approved PU
 - Volume of participants in educational activities
 - Volume of educational activities provided
 - Satisfaction of staff and volunteers
 - Satisfaction of learners
 - Satisfaction of faculty
 - Change in format of CNE activities to meet the needs of learners
 - Change in operations to achieve strategic goals
 - Operational improvements
 - Quality/cost measures
 - Turnover/vacancy for Approved PU staff and volunteers
 - Professional development opportunities for staff and volunteers

• OO4b—Quality Outcomes

- List QO measures that PU collects, monitors, and evaluates specific to nursing professional development (for past 12 months)
- **Examples:**
 - Professional practice behaviors
 - Leadership skills
 - Critical thinking skills
 - Nurse competency
 - National certifications
 - High-quality care based on best-available evidence
 - Improvement in nursing practice
 - Improvement in patient outcomes
 - Improvement in nursing care delivery
 - Improvement in nursing professional development re: CNE

STRUCTURAL CAPACITY

IMPORTANT

The role of the Primary Nurse Planner is essential throughout the PU and should be well-documented throughout the self-study.

SC1--The Primary Nurse Planner's commitment to learner needs including how Approved PU processes are revised based on data.

FOCUS

- How the PNP utilizes principles of adult learning, standards of nursing professional development, and pertinent data from a variety of sources to determine learner needs **specifically related to the PU**
- Can discuss how needs assessments are related to the creation of a gap in knowledge, skills, and competence; the purpose/goal of an activity; the creation of learning objectives, content, and teaching strategies; and activity evaluation
- Discuss how the needs assessment data shapes PU processes and how the PNP works with other members of the PU to create processes.
- This commitment needs to be tied to how the PU processes are **revised** based on this data.

SC2—How the Primary Nurse Planner ensures that all Nurse Planner(s) of the Approved PU are appropriately oriented/trained to implement and adhere to the ANCC Accreditation criteria.

FOCUS

- How PNP **orients/trains, follows up, and evaluates** the performance of other nurse planners and key personnel related to accreditation standards and criteria
 - how the staff are educated
 - what they educated on
 - where this information is obtained
 - what is done by the PNP if staff do not follow criteria
 - what the PNP does for follow up on staff who need additional training
- How the PNP **documents** orientation, ongoing training, and follow-up (including the use of checklists and other systems to ensure compliance and adherence) should be described.

SC3—How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria

FOCUS

- How the PNP educates himself/herself as well as every other nurse planner on accreditation standards
 - examples can include—but are not limited to...
 - using the ANCC web site for updates
 - using the state nursing website resources page
 - review of, and familiarity with, the ANCC accreditation manual for Approved Providers
 - participation in nursing professional development and adult education programs
 - receiving national certification in Nursing Professional Development;
 - networking and collaborating with other accredited providers, nursing faculty, etc.
- A description of the PNP's role in the planning committee and how he/she guides the planning, implementation, and evaluation of activities should be included.
 - How the PNP is accountable for resolving issues (such as COI, inappropriate learning objectives, follow up on less-than-perfect evaluations, etc.)
 - Can include a description about the PNP's accessibility to other nurse planners and key personnel, how he/she acts as a resource to staff, how much decision-making autonomy is permitted, etc.

EDUCATIONAL DESIGN PROCESS (EDP)

EDP1. The process used to identify a problem in practice or opportunity for improvement (professional practice gap).

FOCUS

- This criterion addresses **WHAT**.
- *What is the issue that has created the stimulus for the request for the educational activity?* There might be a problem in practice – the nurse is not doing something that he/she should be doing, or perhaps is doing something that should not be done. There might be a new opportunity for professional development – a national organization has issued new guidelines and nurses are not familiar with them.
- Ask “what is the current state” – where is the learner now – and “what is the desired state” – where should the learner be in relation to the issue at hand.
- While differentiating the current and desired states is not required in order to identify a professional practice gap, many nurse planners find it helpful. A gap analysis worksheet is one resource that might be used to critically analyze a professional practice gap.

**EDP1. The process used to identify a problem in practice or opportunity for improvement (professional practice gap).
(Cont'd)**

Gap Analysis Worksheet

| Desired State (What is currently happening) | Current State (What should be happening) | Identified Gap (Difference between what is and what should be) | Gap (knowledge, skill, or practices) Why do you think the current state exists? What is the underlying or root cause? | Purpose What do you want learners to be able to do as a result of participating in the activity) | Outcome Measure(s) How are you going to measure (evaluate) the change? |
|---|---|--|--|--|---|
| 100% of patients discharged from the hospital will have discharge instructions provided by a registered nurse | 70% of patients discharged from the hospital have discharge instructions provided by a registered nurse | 30% of patients discharged from the hospital do not have discharge instructions provided by a registered nurse | Gap may be due to (planning committee should assess): ? Knowledge –Registered nurses do not know that they are responsible for discharge instructions ? Skills –Registered nurses do not know how to deliver discharge instructions ? Practices - Registered nurses are not delivering discharge instructions to all patients (why) | Ensure that all patients are given discharge instructions by a registered nurse | Increase the number of patients given discharge instructions by a registered nurse/number of all patients discharged from the surgical floor during the first week in April (by chart audit) from X to X. |

EDP1. The process used to identify a problem in practice or opportunity for improvement (professional practice gap). (Cont'd)

- Description can include:
 - examples of questions the nurse planner asks,
 - types of surveys or data analyses that are done, or
 - an explanation of the critical thinking process used by the nurse planner to evaluate a request for an educational activity.

The related example should provide a specific instance illustrating the steps taken by the nurse planner to determine what professional practice gap exists.

EDP 2. How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap.

FOCUS

- How the PNP “connects the dots” between the identification of a gap, and the development of the activity’s purpose and outcome measures.
- This criterion addresses **WHY**.
 - *Why does the gap exist between where the learner is now and where he/she should be in relation to the issue?*
 - *What factors are contributing to this gap? Are there knowledge deficits? Skills deficits? Difficulty in transferring what the nurse knows and is able to do into the practice setting?*



EDP 2. How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap.

FOCUS

- Once the professional practice gap has been identified, the nurse planner, often in conjunction with the planning committee, **completes a focused needs assessment** to determine the cause for the disconnect between where the learner is and where he/she should be. This process is tailored to the gap and may involve
 - observing practice behaviors
 - collecting data from risk managers
 - learner feedback
 - patient safety surveys
 - customer satisfaction surveys
 - reviewing the literature for evidence of best practices
 - doing pre-tests
- Collecting and analyzing data helps to identify whether the immediate need for the learner is
 - **knowledge** (gaining new knowledge or perhaps letting go of knowledge that is no longer current),
 - **skills** (improving the ability to demonstrate competent performance), or
 - **application in practice.**

This critical step helps to assure that the educational intervention is targeted at the appropriate level to address the gap and therefore improve practice.

EDP3—The process used to identify and resolve all actual and potential conflicts of interest (COI) for all individuals in a position to control educational content.

FOCUS

- **NOTE: ANCC's Content Integrity Standards For Industry Support in Continuing Nursing Education Activities**
 - Contains vital information regarding how to address this criterion (Section F. Conflicts of Interest Evaluation and Resolution—p. 7-8)
- Ideally includes:
 - Description of what a COI is (per ANCC), how a potential for COI exists and what a relevant financial relationship is
 - The process always begins with an evaluation of the PNP's bio form, followed by evaluation of the bio forms of other committee members
 - **3 Questions:**
 - Does the person have the ability to control content?
 - Does the person have a relationship with a commercial entity?
 - Does the content of the activity relate to a product/service of a commercial entity?
 - The role of the PNP should be described in relationship to how the potential relevant financial relationships are evaluated and including the following:
 - *No relevant relationship with a commercial interest organization exists—**No resolution is required.***
 - *Relevant relationship with a commercial interest organization exists—The relevant relationship with the commercial interest organization is evaluated by the PNP and is evaluated to not be specific to the content of the educational activity—**No resolution is required.***
 - *Relevant relationship with a commercial interest organization exists—The relevant relationship with the commercial interest organization is evaluated by the PNP and is determined to be specific to the content of the educational activity—**Resolution is required.***

EDP3—The process used to identify and resolve all actual and potential conflicts of interest (COI) for all individuals in a position to control educational content. (Cont'd)

FOCUS

- Includes:
 - The leadership of the PNP is important to describe and options for the PNP include the following:
 - *Removing the individual with the conflict of interest from participating in all parts of the educational activity*
 - *Revising the role of the individual with the conflict of interest so the relationship is no longer relevant to the educational activity*
 - *Not awarding continuing education contact hours for a portion or all of the educational activity*
 - *Review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity and absence of bias AND monitoring the educational activity to evaluate for commercial bias in the presentation*
 - *Review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity and absence of bias AND reviewing participant feedback to evaluate for commercial bias in the presentation*

EDP4—How the content of the educational activity is developed based on best available current evidence to foster achievement of desired outcomes (e.g. clinical guidelines, peer-reviewed journals, experts in the field, etc.)

FOCUS

- Include description of how the Provider Unit ensures content developed for activities is current and based on best-available evidence. A brief summary of why current information is important to the CE activity and nursing practice is useful.
- Description of
 - How best-available evidence is chosen to create high quality CNE
 - How various types of evidence are used
 - current references that are not more than 5-7 years old
 - content experts (how they are “vetted” and what the provider unit does to ensure presenters meet this criterion i.e. required to provide at least one reference to the nurse planner for their content)
 - expert opinions
 - peer-peer-reviewed journals
 - peer-reviewed textbooks
 - case reports
 - clinical guidelines
 - randomized controlled studies
 - systematic reviews
 - government reports

EDP5—How strategies used to promote learning and actively engage learners are incorporated into educational activities.

FOCUS

- How the PU “connects the dots” between the purpose/goal of the educational activity, the outcomes, and the teaching format (live vs. online)
- How teaching strategy types (such as role playing, asynchronous discussions, case studies, pre- and/or post-tests, return demonstrations, etc.) are determined and selected based on outcomes/objectives, and activity format (live vs. online), etc.
 - For live activities—description of how the planning committee determines whether the learner needs to attend all or part of the activity is useful.
 - For online activities—description of how successful completion will be achieved and why
 - Discussion of eval format (items evaluated, including the issue of bias and how learners are asked to identify how their practice/profession might be changed based on the activity)
- Passing score for any tests
- How participants register as well as sign in for the activity based on the format

EDP6—How summative evaluation data for an educational activity were used to guide future activities.

FOCUS

- Discussion include:
 - What summative data is used (about PU and CNE activities)?
 - What is the role of the PNP in this process?
 - What data is collected (customer satisfaction surveys, individual CNE activity evaluation form data, presenter feedback, etc.)?
 - When is the data collected and reviewed (after the event, weekly, monthly, quarterly)?
 - Who receives this data? Who aggregates it?
 - What process is used to distribute the data (staff meetings, online access, strategic planning sessions, etc.)?
 - Who is involved in the process of evaluating the data and creating future activities based on the data?

EDP7—How the Nurse Planner measures change in knowledge, skills and/or practices of the target audience that are expected to occur as a result of the educational activity.

FOCUS

- How the data obtained via the process described in EDP 6 is collected to measure changes in nursing practice.
 - What method is chosen and why? (For example, online feedback from an activity will be different than direct observation of clinical practice. Why is the method chosen considered appropriate for the CE activity or the PU's resources?)
 - Is there direct observation of nursing practice to see if the CNE activity changed the practice?
 - Does a quality management department assist with follow up of patient outcomes?
 - Do nurses report (on an evaluation form) how they will change their practice as a result of the CNE activity?
 - What is done with this data? Who receives it?
 - How does it impact the PU and how it is perceived by C-suite leaders? (if applicable)
 - How does the PU use the information to support its ongoing education efforts?

QUALITY OUTCOMES (QO)

QO1—The process utilized for evaluating effectiveness of the Approved PU in delivering quality CE.

FOCUS

- On **the PU effectiveness** (not the effectiveness of individual activities) for evaluation.
 - Individual activities are just one aspect/measurement of effectiveness (including learner feedback and changes in practice). This criterion should address a more "global" perspective of the PU effectiveness and other aspects of the PU's evaluation process must be discussed.
- Can include discussions about 360-degree evaluation methods, strategic planning sessions, monthly staff meetings, aggregate activity evaluation data, faculty feedback, annual employee surveys, evaluation of revenues, evaluation of complaints, etc.
- Important element --**what** is done with the information received, **how** it is used to evaluate and improve PU processes, **how trends are identified**, etc.

QO2—How the evaluation process for the Approved PU resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes listed in OO4).

FOCUS

- When writing this response, the importance of measurable outcomes in 004a is vital.
- How does the PU uses data from its evaluation process (described in QO1) to develop quality outcome measures(such as the one listed in 004a).
 - What is done with the data?
 - Who examines it?
 - When is it reviewed?
 - How regularly is the data reviewed?
 - How is it reported and to whom?
- The example for the criterion **must be** one of the outcomes listed in OO4. **Do not** introduce another quality outcome measure in the example.

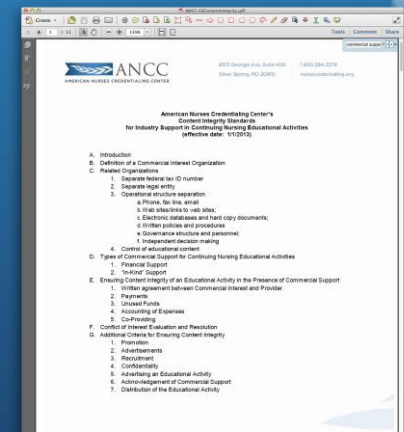
QO3—How, over the past 12 months, the Approved Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b).

FOCUS

- The focus in this criterion is how the PU has enhanced the professional practice and professionalism of nurses **in the past 12 months**
- When writing this response the importance of **measurable** outcomes in OO4b is clear.
- Describe how the PU has enhanced the professional practice of nurses.
 - Examples can include observation of nursing practice, learner feedback on evaluation forms with self report of intent to change practice, or use of quality outcome monitoring processes
- Discuss how the PU receives the feedback about how nursing professional practice has been enhanced is useful (i.e. via evaluation forms, visual confirmation of practice changes, quality management measurement of patient outcomes, etc.).
- **The example used for this criterion must be one of the outcomes listed in OO4b. Do not introduce a new quality outcome measure.**

Resources

- ANCC application manual
- ANCC Content Integrity Standards
 - <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>
- Western MSD website
 - <http://www.westernmsd.org>
- ANCC website
 - Resource page
<http://www.nursecredentialing.org/Accreditation/ResourcesServices>
 - FAQs
<http://www.nursecredentialing.org/AccreditationFAQ.aspx>



QUESTIONS?

Susan Gonda, DNP, MSN, RN

WMSD Nurse Peer Review Leader (NPRL)

susan@westernmsd.org

Cyndie Koopsen, RN, BSN, MBA, HNB-BC, RN-BC, HWNC-BC

WMSD Associate NPRL

Cyndie@aznurse.org