

2018 WNA Manual for Approved Provider Units – Part 1 - Overview of Approved Provider Responsibilities

Based on the 2015 ANCC Criteria as adopted by Wisconsin Nurses Association (WNA)
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The order of the information in this WNA APPROVED PROVIDER MANUAL may vary from the order of information in the ANCC MANUAL. This WNA APPROVED PROVIDER MANUAL does not include all information contained in the ANCC MANUAL, such as background information and information pertaining only to accredited providers.

1. To become an Approved Provider of Continuing Nursing Education through WNA, an applicant must:

- Be determined as eligible by WNA, based on specific criteria;
- Have been in operation for six months using the educational planning processes described in the “WNA Manual for Developing Educational Activities Using the 2015 ANCC Criteria”;
- Identify and measure quality outcomes;
- Systematically evaluate itself to assess its effectiveness and document the evaluation process and outcome;
- Discuss APU requirements and the application process with the WNA Nurse Peer Review Leader before completing the self-study application;
- Submit three Individual Educational Activity (IEA) applications to WNA and receive approval for these activities.

2. An Approved Provider Unit (APU) is an eligible organization, approved by WNA provide quality continuing education over an extended period of time, after having submitted to an in-depth analysis to determine its capacity to do so.

- A. Eligibility requirements are outlined in WNA’s “Approved Provider Unit Eligibility” document, available on the WNA website.
- B. An APU must have a Primary Nurse Planner (PNP) that is responsible for ensuring the APU adheres to the ANCC Accreditation Program criteria, as adopted by WNA, to plan, implement, and evaluate continuing nursing education (CNE).

Primary Nurse Planner:

- **Is a registered nurse with a current, unencumbered nursing license (or international equivalent);**
- **Holds a baccalaureate degree or higher (BSN, BAN) in nursing (or international equivalent);**
- **Has authority within the APU to ensure compliance with the ANCC Accreditation Program criteria that pertain to the operations of the organization as an APU;**

- Has responsibility for ensuring that the APU adheres to the ANCC Accreditation Program criteria for all operational aspects of providing **continuing nursing education activities** and criteria that pertain to the operations of the organization as a PU;
- Has responsibility for the orientation of all Nurse Planners in the organization with respect to the ANCC Accreditation Program criteria;
- Has responsibility for ensuring each Nurse Planner is a registered nurse and holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent); and
- Has responsibility for ensuring each Nurse Planner understands the ANCC Accreditation Program criteria and is responsible for appropriately evaluating compliance with those criteria.

The APU may have individuals within the organization other than the PNP who participate in or support the delivery of continuing nursing education and who may or may not be nurses. Nurses within the organization who are designated to assist with planning, implementing, and evaluating educational activities are defined as **Nurse Planners**.

A Nurse Planner must:

- Be a registered nurse who holds a current, unencumbered nursing license (or international equivalent); and
- Hold a baccalaureate degree or higher in nursing (or international equivalent).

3. Other important aspects that define the APU:

- The APU is defined structurally and operationally as “the members of the organization who support the delivery of continuing nursing education activities.”
- The APU may be a single-focused organization devoted to offering continuing nursing education activities or a separately identified unit within a larger organization. If the APU is within a larger organization, the larger organization is defined as a **multi-focused organization (MFO)**.
- The applicant applying for accreditation is the **Provider Unit**. The MFO is not the applicant. Therefore, all criteria that pertain to the applicant are demonstrated by the functions of the **Primary Nurse Planner** and Nurse Planners (if applicable) of the PU...
- Provider Units are responsible for developing individual education activities and awarding contact hours to nurses for use in fulfilling their own goals for professional development, licensure, and certification.
- Each educational activity is led by a Nurse Planner in collaboration with at least one other planner.
- Contact hours may not be awarded for CNE activities developed without the direct involvement of a Nurse Planner.
- **Approved** Provider Units may jointly provide activities with other non-commercial interest organizations.
- Provider Units may **not approve** educational activities that have been planned by other organizations or individuals or without the involvement of a Provider Unit Nurse Planner.
- Applicant and APU organizations must comply with all federal, state, and local laws and regulations that affect the ability of an organization to meet ANCC Accreditation Program criteria as adopted by WNA. Violations of such laws or regulations render an organization ineligible for **approval** or to reapply to maintain **approval**. Accreditation may be suspended or revoked if an APU is found to be in violation of such laws or regulations.
- The APU is responsible for annual reporting of its continuing nursing education (CNE) activities through ANCC’s online “NARS” reporting system.

4. An APU focuses its work on quality and achieving quality outcomes.

The Primary Accreditation Conceptual Framework[®] is based on the quality improvement framework of Donabedian's triad (structure, process, and outcome) (Donabedian, 1966). The accreditation criteria are organized by the domains in this framework. As applied within the Accreditation Program, criteria within the domain of Structural Capacity (structure domain) are used to evaluate the infrastructure of an organization and its capacity to function as an accredited provider. Criteria within the domain of Educational Design Process (process domain) are used to evaluate the quality of educational planning, implementation, and evaluation. Criteria within the domain of Quality Outcomes (outcome domain) are used to evaluate the impact of CNE on the professional practice of nursing and/or patient outcomes.

From ANCC Manual:

ANCC PRIMARY ACCREDITATION CONCEPTUAL FRAMEWORK

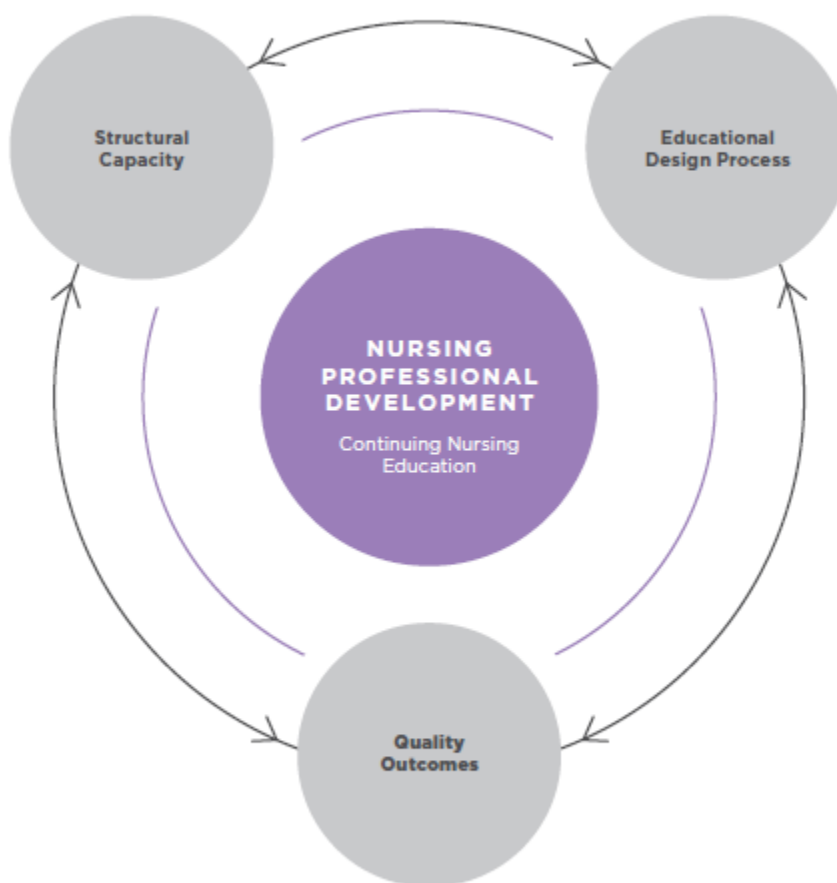


FIGURE 2. Primary Accreditation Conceptual Framework. © American Nurses Credentialing Center. All rights reserved.

5. The APU needs to have at least one quality outcome measure related to the structure and function of the APU and in addition, must have at least one quality measure related to nursing professional development. The quality outcome measures need to be stated in a specific format. The format for quality outcome measures is described in a separate document, "Developing Quality Outcome Measures for an Approved Provider Unit," available on the WNA website.

6. The APU needs to systematically evaluate itself AS A WHOLE to determine its effectiveness. This big-picture, self-evaluation is not the same as activity evaluation. The evaluation is documented formally. Examples of Provider Unit Evaluation documentation are available on the WNA website.

7. Conduct Formal Provider Unit Evaluation at set intervals:

- A. Occurs systematically and intentionally;**
- B. At a minimum, addresses how the APU is meeting its quality outcome measures and improvements to be made (see below B1);**
- C. Should result in changing, adding, or deleting quality outcome measures;**
- D. May include examination of the following:**
 - Alignment of APU goals with organizational goals;
 - How the APU contributes to the organization's strategic plan;
 - The APU's use of resources (material, human, financial);
 - What policy or process changes are needed to maximize effectiveness;
 - How the APU can maximize its ability to make meaningful contributions to nursing professional development;
 - Nurses' ability to use knowledge in practice from educational activities;
 - Nurses' perceptions of the quality of the APU educational activities;
 - Other learner feedback important to the APU;
 - Other stakeholder feedback important to the APU.

B1. Evaluating Outcome Measures as part of formal Provider Unit Evaluation:

To evaluate each Outcome Measure, ask the following questions:

1. Why was the measure developed? (Why) is it meaningful to our APU?
2. What were we trying to achieve (what is the content of and target for the measure)?
3. Did we achieve the outcome we targeted?
4. How do we know we achieved or did not achieve the outcome we wanted? (What data did we collect, what did it show, and how did that compare to our target?)
5. If we achieved the outcome, is the measure still relevant and important enough to collect and analyze data to be sure we stay on track? Or should the measure become a maintenance activity?
6. If we did not achieve or only partially achieved an outcome measure:
 - a. Is the measure still relevant and important? (If not, consider deleting it from your evaluation plan.)
 - b. What are the barriers to achieving the outcome?
 - c. Do we have the financial and other resources needed to accomplish this?
 - d. What strategies have been the most effective and the least effective to help us move toward our target?
 - e. Are we on pace to achieve the outcome (are our current strategies working and we just need more time)?
 - f. Are there new strategies we should try to help us achieve the measure?
 - g. Is the target of the measure realistic or do we need to change our target?
 - h. Should we break the outcome measure down into several achievable measures?
 - i. Are we collecting and analyzing the right data?
7. If several APU outcome measures are unachieved or not on pace:

- a. What are our resources and who might be able to help us achieve our outcome measures?
- b. Do we need to scale down our measures? (Do we have too many or are our desired outcomes unrealistic?)
- c. What are the most important measures that we should work on? (Minimum of two related to structure and function of the APU, and two related to NPD.)

Then, based on this assessment, the PNP sets the new outcome measures, improves outcome measures as needed, or retires outcome measures for the next evaluation period. The strategies to achieve the outcome measures are recorded in the written evaluation plan. Progress on the measures is tracked over time and evaluation is a continuous, ongoing cycle.

8. Ideally, conduct informal, ongoing evaluation

Ideally, the PNP should not wait until a formal, “annual” evaluation to think about APU effectiveness. Using an improvement mindset, the PNP should set aside time during the year at regular intervals to look at current data and conduct an abbreviated version of the above APU evaluation either individually or with one or more NPs. If the PNP discovers that any quality outcome measures are not on pace, he or she can engage the NPs as needed and make improvements quickly.

Ongoing APU evaluation is an abbreviated version of formal APU evaluation that the PNP can conduct quickly to see if the APU is “on track.” Key questions to ask in ongoing evaluation, for each measure:

- A. What does my data currently show to tell me that we are on pace, or that we need to make changes to a quality outcome measure, or our strategies to achieve the outcome?
- B. If we are not on pace:
 1. Do we need to take action now or continue to monitor the data for trends?
 2. If action is needed, what changes in strategies can we try to move the measure forward?
 3. Is this quality outcome measure currently important and realistic or is there a reason the measure or target needs to be changed?
- C. If we are on pace, what can we continue to do well?

It’s easy to want to change a measure if we aren’t achieving the outcome we want. Rather than to make an outcome easier to achieve, first look at why the outcome is not being achieved, what is the impact if it’s not achieved, and what improvements can be made to strategies for achieving the outcome. If an outcome is not being achieved a period of several months, consider the barriers and if those barriers be overcome. If not, then consider a change to the quality outcome measure.

9. Provider Unit Self-Study

Approved Provider Units must conduct a self-study every three years to maintain approved provider status. The WNA Nurse Peer Review Leader will contact the applicant at least three months before the self-study due date to review essential considerations. We recommend starting to write the self-study six months before the due date.

The self-study application for Approved Providers is structured around these domains:

- Structural Capacity;
- Educational Design Process; and
- Quality Outcomes.

The self-study document is designed around the ANCC Accreditation Program criteria. APUs must demonstrate compliance with each criterion through a description of the APU process and by an example illustrating the APU’s compliance. The ANCC Accreditation program criteria, as adopted by WNA, are outlined in the self-study application to become an Approved Provider Unit or to renew APU status. This document is available upon request from WNA.

The criteria are also outlined below.

Evidence must demonstrate how the Provider Unit complies with each criterion.

Structural Capacity:

The capacity of the Provider Unit is demonstrated by commitment to, identification of, and responsiveness to learner needs; continual engagement in improving outcomes; accountability; and leadership.

Commitment. The Primary Nurse Planner demonstrates commitment to ensuring that RNs' learning needs are met by evaluating Provider Unit processes in response to data that may include but are not limited to aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Describe and, using an example, demonstrate the following:

SC1: The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Accountability. The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit implement and adhere to the ANCC accreditation criteria as adopted by WNA.

Describe and, using an example, demonstrate the following:

SC2: How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC accreditation criteria.

Leadership. The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in assessing, planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

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.

Educational Design Process:

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

Assessment of Learning Needs. CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

Describe and, using an example, demonstrate the following:

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

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

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations.

Describe and, using an example, demonstrate the following:

EDP3: The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Design Principles. The educational design process incorporates best available evidence and appropriate teaching methods.

Describe and, using an example, demonstrate the following:

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

EDP 5: How strategies to promote learning and actively engage learners are incorporated into educational activities.

Evaluation. A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. Results from the activity evaluation are used to guide future activities.

Describe and, using an example, demonstrate the following:

EDP 6: How summative evaluation data for an educational activity are used to guide future activities.

EDP 7: How the Nurse Planner measures change in knowledge, skills, and/or practices of the target audience that is expected to occur as a result of participation in the educational activity.

Quality Outcomes:

The Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE.

Provider Unit Evaluation Process. The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

Describe and, using an example, demonstrate the following:

Q01: The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE.

Q02: How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit.

Value/Benefit to Nursing Professional Development. The Provider Unit shall evaluate data to determine how the Provider Unit, through the learning activities it has provided, has influenced the professional development of its nurse learners.

Describe and, using an example, demonstrate the following:

Q03: How, over the past twelve months, the Provider Unit has enhanced nursing professional development.

For detailed information on the CNE Educational Design Process – please see Part 2 of this manual.

For information about NARS, the required activity reporting system for all educational activities, see the WNA website: <https://www.wisconsinurses.org/education/approved-provider/>

WNA GLOSSARY

accountability - Responsibility for adherence to the ANCC accreditation criteria as they apply to providing quality CNE.

approved provider - eligible organization, approved by WNA provide quality continuing education over an extended period of time, after having submitted to an in-depth analysis to determine its capacity to do so.

best available evidence - Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base (Polit and Beck, 2008).

bias - Tendency or inclination to cause partiality, favoritism, or influence.

commercial bias - Favoritism or influence shown toward a product or company in relation to an educational offering.

commercial interest - Any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health-care-related companies.

commercial support - Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Providers of commercial support may not be providers or joint providers of an educational activity.

commission on accreditation (ANCC-COA) - Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of CNE. The COA is composed of at least nine members selected from CNE stakeholder communities and represent expertise from across the field of continuing education, including academia, educational companies, domestic and international nursing associations, and governmental organizations.

commitment - Duty or responsibility of those providing continuing education to meet learner needs, provide quality CNE, and support Provider Unit goals and improvements.

conflict of interest - An affiliation or relationship of a financial nature with a commercial interest organization that might affect a person's ability to objectively participate in the planning, implementation, or review of a learning activity.

contact hour - A unit of measurement that describes sixty minutes of an organized learning activity. One contact hour = sixty minutes.

content - Subject matter of an educational activity that is based on the best available evidence and reflects the desired learning outcomes.

content expert - An individual with documented qualifications demonstrating education and/or experience in a particular subject matter.

content reviewer - An individual selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, bias, and any other aspects of the activity that may require evaluation. The content reviewer is NOT a member of the planning committee.

continuing education unit (CEU) - The ANCC Accreditation Program does NOT utilize this term when referring to the CNE unit of measurement. The CEU is an educational measurement utilizing criteria of the International Association for Continuing Education and Training (IACET).

continuing nursing education (CNE) activities - Learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs' pursuit of their professional career goals.

eligibility - An applicant's ability to meet the requirements established by ANCC as a prerequisite to evaluation for accreditation or re-accreditation in order to be considered qualified to apply for accreditation.

enduring materials - A non-live CNE activity that lasts over time. Examples of enduring materials include programmed texts, audiotapes, videotapes, monographs, computer-assisted learning materials, and other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

evaluation—formative - Systematic evaluation in the process of curriculum construction, teaching, and learning for the purpose of improving any of these three processes (Bloom et al, 1971).

evaluation—summative - Evaluation that samples the entire range of outcomes associated over a long period and assesses student mastery of those skills (Bloom et al., 1971).

evidence-based practice – Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of health care research results) provide information that aids in the process of evidence-based practice (<http://effectivehealthcare.ahrq.gov/index.cfm/glossary-of-terms>).

gap analysis - The method of identifying the difference between current knowledge, skills, and/or practices and the desired best practices.

in-kind support - Nonmonetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker. (In the accreditation community, the "taker" is the provider of CNE.)

interprofessional continuing education - Education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (www.jointaccreditation.org).

interprofessional education - When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010).

joint providership - Planning, developing, and implementing an educational activity by two or more organizations or agencies.

jointly provided activities – Educational activities planned, developed, and implemented collaboratively by two or more organizations or agencies.

primary nurse planner

A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree in nursing (or international equivalent), who has the authority within a Provider Unit to ensure adherence to the ANCC Accreditation Program criteria, as adopted by WNA, in the provision of CNE.

leadership - The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to the ANCC accreditation criteria.

marketing materials / promotional materials - Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email, intranet posting, electronic message, or website.

multi-focused organization (MFO) - An organization that exists for more than the purpose of providing CNE.

needs assessment - The process by which a discrepancy between what is desired and what exists is identified. This term refers to identification of underlying learning needs in relation to a gap, not an annual interest survey sent to staff.

nurse planner - A registered nurse who holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and that processes are consistent with the requirements of the ANCC Primary Accreditation Program.

nursing professional development - A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.

outcome - The impact of structure and process on the organization as a provider and the value/benefit to nursing professional development.

outcome measurement - The process of observing, describing, and quantifying the predefined indicator(s) of performance after an intervention designed to impact the indicator.

planning committee - At least two individuals responsible for planning each educational activity; one individual must be a Nurse Planner, and one individual must have appropriate subject matter expertise (content expert).

process - The development, delivery, and evaluation of CNE activities.

provider unit - Comprises the members of an organization who support the delivery of continuing nursing education activities.

relevant relationship - A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual's spouse/partner's financial relationship with any commercial interest is also considered a relevant relationship.

resources - Available human, material, and financial assets used to support and promote an environment focused on quality CNE and outcome measures.

single-focused organization (SFO) - An organization that exists for the sole purpose of providing CNE.

specialty - A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

structure - Characteristics of an organization, including commitment, accountability, and leadership, that are required to support the delivery of quality CNE.

target audience - The specific registered nurse learners or health care team members the educational activity is intended to impact.

teaching strategies - Instructional methods and techniques that are in accord with principles of adult learning.

WNA COMMON ABBREVIATIONS

APU = Approved Provider Unit

BDF / BIO = Biographical Data Form (optional)

CI = Commercial Interest

CNE = Continuing Nursing Education

COI = Conflict of Interest

COI Form = Conflict of Interest Form (very important in the educational development process)

EARF = Educational Activity Record Form

EDP = Educational Design Process

EM = Enduring Material

EPT = Education Planning Table (optional)

ICPE = Interprofessional Continuing Professional Education

LD = Learner Directed

PD = Provider Directed

PNP = Primary Nurse Planner

NARS = Nurse Activity Record System (implemented 2017 for Provider Annual Reporting)

NP = Nurse Planner

NPRL = WNA's Nurse Peer Review Leader

QO = Quality Outcome

SC = Structural Capacity

QUESTIONS:

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THANK YOU!

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