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**Approved Provider Unit (APU)**

**“Self-Evaluation” Quick Reference & Toolkit**

**There is no one way to evaluate your APU for overall effectiveness and no one way to document this evaluation and ongoing follow up. This quick reference provides examples of processes and tools that may be used to conduct APU “self-evaluation.”**

**NOTE: WNA refers to “APU self-evaluation” to distinguish this process from other types of evaluation used in** **Nursing Continuing Professional Development. The American Nurses Credentialing Center (ANCC) does not specifically call this process “APU self-evaluation.” The process is described in** [**ANCC**](https://www.wisconsinnurses.org/wp-content/uploads/2022/11/ANCC-2935-NCPD-Providers-Writing-Guide-FINAL-v.1.0-11.2.2021.pdf) **(2021) p. 10.**

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* Sample APU Self-evaluation Process Steps Including Actions and Tools

**Sample Tools for Assessing & Documenting**

Collecting data to determine Opportunities for Improvement **(OFIs)**:

* Sample Process & Tool #1 – Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis
* Sample Process & Tool #2 – Resource & Impact Assessment
* Sample Process & Tool #3 – Logic Model

Documenting Ongoing Progress on APU Outcome Measures:

* Sample APU Self-Evaluation – Process Tracking & Documentation (Form 1)
* Sample APU Self-Evaluation -- Process Tracking & Documentation (Form 2)
* Sample APU Self-Evaluation – Process Tracking & Documentation (Form 3)

**References**

American Nurses Credentialing Center. (2015) ANCC primary accreditation provider application manual. Silver Spring, MD: Author.

American Nurses Credentialing Center. (2021) Writing to the ANCC NCPD Accreditation Criteria for Approved Providers. Silver Spring, MD: Author.

American Society For Quality, Management Division website. (2023). www.ASQ.org.

Dickerson, P. (2018). Analyzing gaps to design educational interventions. The Journal of Continuing Education in Nursing, 50, 245-247.

**What do we mean by “APU self-evaluation?”**

A structured process led by the APU Primary Nurse Planner (PNP) used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of Nursing Continuing Professional Development**.**

**What is the ANCC requirement for APU evaluation?**

“The Approved Provider unit must evaluate the effectiveness of its overall functioning as an Approved Provider Unit, in the areas of structure/processes and nursing professional development.” (ANCC, 2015)

**What is the purpose of APU self-evaluation?**

The APU needs a process to assess if it is meeting learner needs and achieving expected goals or outcomes. This process of assessing effectiveness identifies OFIs related to APU operations and impact on nursing professional development. Developing, measuring, documenting, and analyzing QOMs helps the APU improve.

**What is the connection between APU QOMs and APU self-evaluation?**

APUs must develop, measure, document, and analyze results for two QOMs. At a minimum, the APU has:

* One QOM for operational processes (structure/function of the APU) [“Process”]
* One QOM for nursing professional development – the impact of APU programming on nursing knowledge, skills, practice, or on patient outcomes. [“People”]

*Notes:*

A*.* QOMs are also referred to as “Quality Outcomes” and “quality outcome goals.”

B. QOMs may be written in a specific format, explained below.

**How will I write to the APU evaluation and quality outcomes in the narrative self-study application?**

For what you will need to know and explain in your self-study application, see [ANCC](https://www.wisconsinnurses.org/wp-content/uploads/2022/11/ANCC-2935-NCPD-Providers-Writing-Guide-FINAL-v.1.0-11.2.2021.pdf) (2021) p. 10-11.

**Summary of Key Points – Quality Outcome Criteria Section of Narrative Self-Study (from ANCC, 2021)**

In the APU self-study narrative, the APU must describe:

QO1: The process that the Provider Unit (PU) uses to determine if it is meeting learner needs and achieving expected goals or outcomes for the PU. This may include:

• How often the PU evaluates effectiveness.

• What resources are used to measure effectiveness. Resources may include:

* Hard data (patient satisfaction surveys, aggregate evaluation data, human resource data, budget data, etc.)
* Feedback (comments from learners or discussion with key stakeholders)
* Demonstrating how the PNP and PU staff evaluate the data to isolate an opportunity for improvement.

***Key Concept:*** This criterion is related to overall PU effectiveness and should not be related to one individual activity.

QO2a (Operational) and QO3a (Nursing Professional Development) – List of the APU quality outcome measures.

* The outcomes should be related to overall PU operations and not to a specific educational activity.
* The outcomes should be created in alignment with the PU strategic goals and should be thoughtful and impactful to the PU.
* The outcomes should be written in a measurable format, with a target to achieve.
* Suggestion: Use the “SMART” format to develop this outcome: Specific, Measurable, Achievable, Relevant, and Time-Bound.

QO2b (Operational) and QO3b (Nursing Professional Development) – The PU describes:

* Why the organization identified this quality outcome goal as a result of the evaluation plan (QO1).
* Strategies used by the PU to achieve this goal
* How the outcome was measured
* Whether the goal was achieved
* (WNA suggestion – if a goal is not met, it’s helpful to provide a brief rationale and next steps for the measure and/or strategies).

**How do I conduct APU self-evaluation?**

**WNA’s Summary of Sample Process Steps for APU Self-Evaluation**

WNA uses the Plan-Do-Study-Act (PDSA) model to describe the APU self-evaluation process.

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***Key Concept:***

There is no one way to evaluate your APU and no one way to document the evaluation and follow up. ANCC is not prescriptive in the APU evaluation process, tools to conduct the process, or ongoing monitoring.

Below are a few **examples** of processes, tools, and documentation. These examples are not exhaustive and there is no requirement to use a particular process or documentation format for APU self-evaluation.

**Sample APU Self-evaluation Process Steps Including Actions and Tools**

|  |  |  |
| --- | --- | --- |
| **Step of APU Evaluation Process** | **Actions**  | **Tools**  |
| Reviewing or creating APU overarching goals | Use organizational mission, APU mission, and/or organizational initiatives to create or review overarching APU goals.  | -Blank paper. -Organizational mission.-APU mission.  |
| Articulating or reviewing how you will know if your APU is effective | Develop a statement of how you will know if your APU is effective.  | -Overarching goals. -Organizational mission.-APU mission.  |
| Sharing with team or reviewing yourself your data collected on your 2022 outcome measures | Share with team or review yourself 2022 APU outcome measures and data collected.  | -List of outcome measures.-Summary of data collected. (Visual cues help.)  |
| Sharing your analysis of the data or analyzing/reviewing your analysis of the data collected on your 2022 measures   | Share your analysis of the data with your team or analyze the data / reflect on analysis.  | -List of outcome measures.-Summary of data collected.(Visual cues help - checklist, evaluation plan, charts, etc.).-Asking yourself, did we accomplish the outcome measure? Why or why not?-Asking yourself, what are the next steps? (Options include - retire measure, modify measure, or keep original measure and modify strategies).  |
| Completing documentation of 2022 quality outcome measure tracking | Complete your documentation of progress and results for 2022 outcome measures.  | -Evaluation plan or list of outcome measures, strategies, and results. |
| Discovering your current APU priorities for improvement | Pick an approach / form to use from those attached or use your own. If you are not sure what approach to pick, you may want to try conducting a SWOT analysis yourself or with your team.   | -SWOT Analysis Form -Brainstorming time-Other tools or forms  |
| Developing new or updated QOMs based on what you have discovered about your APU priorities | Develop QOMs based on what you have discovered about your APU priorities.  | -Analyze the results of your improvement discoveries: What is a high priority? What is achievable?  |
| Sharing with team or reviewing yourself your data collected on your current outcome measures so far | Share with team or review yourself your current APU outcome measures and data collected so far.  | Review the outcome measure and other items being assessed (if applicable). Solicit team feedback on what they see from the data. (“Quarterly check-in”) |

**Sample Tools for Assessing & Documenting…**

**…The overall effectiveness of the Provider Unit to determine if it is meeting learner needs and achieving expected goals/outcomes.**

**Collecting data to determine Opportunities for Improvement (OFIs):**

Sample Process & Tool #1 -- SWOT Analysis

Sample Process & Tool #2 – Resource & Impact Assessment

Sample Process & Tool #3 – Logic Model

**Documenting Ongoing Progress on APU Outcome Measures:**

Sample APU Self-Evaluation – Process Tracking & Documentation (Form 1)

Sample APU Self-Evaluation -- Process Tracking & Documentation (Form 2)

Sample APU Self-Evaluation -- Process Tracking & Documentation (Form 3)

Sample APU Self-Evaluation -- Process Tracking & Documentation (Form 4)

**S****WOT Analysis: Strengths, Weaknesses, Opportunities, Threats**

* A SWOT analysis is a way to assess opportunities for improvement (OFIs) related to operational processes and the APU’s impact on nursing professional development.
* A SWOT analysis can be done many different ways, in a group or individually.
* Participants need to be familiar with the entity being assessed.
* May be helpful to review organizational strategic goals prior to SWOT exercise.
* The desired product is a list of strengths, weaknesses, opportunities, and threats which the Primary Nurse Planner (PNP) can analyze for APU improvement opportunities.

LIVE:

* Round Robin brainstorming one category at a time (S, W, O, T). Late additions to a category are okay.
* Can be divided into “Operations” and “Nursing Professional Development” (NPD) categories during the process (see tool) or, if easier for a group, the S,W,O,T responses can just all be listed together and the PNP can categorize them later. Either way, the PNP would designate if the statement related to operations or NPD impact.

VIRTUAL:

* Can be the carried out the same as live with a virtual notetaker showing a shared document or can be done individually by participants and compiled by a notetaker later, eliminating duplicates.

POST-MEETING PNP ACTION ITEM:

* Analyze list of strengths, weaknesses, opportunities, and threats to determine OFIs the APU can work on.
* The PNP can choose to share the OFIs at a follow-up meeting and have staff provide input on what they think are the highest priorities.

**APU SWOT ANALYSIS**

Complete the tables. Add rows as necessary.

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| **APU STRENGTHS** |
| **Operations / Processes** | **Nursing Professional Development** |
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| **APU WEAKNESSSES** |
| **Operations / Processes** | **Nursing Professional Development** |
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| **APU POTENTIAL OPPORTUNITIES**  |
| **Operations / Processes** | **Nursing Professional Development** |
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| **THREATS to APU**  |
| **Operations / Processes** | **Nursing Professional Development** |
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| **POST-MEETING: PNP analysis and OFIs Identified:** **Quality Outcome Measures created:**  |

**RESOURCE & IMPACT ASSESSMENT**

* Assessing APU resources and impact is a way to identify opportunities for improvement (OFIs) related to APU processes.
* The exercise can be conducted in a group or individually.
* Participants need to be familiar with the entity being assessed.
* May be helpful to review organizational strategic goals prior to exercise.
* The desired product is a list of organized information that the PNP can analyze for APU improvement opportunities:

A. APU resources that affect APU structure and process, and related issues.

B. Items important to the APU that impact Nursing Professional Development (NPD), and related issues.

LIVE:

* Round Robin brainstorming of column 1. Primary Nurse Planner (PNP) leads input for column 2.

VIRTUAL:

* Can be conducted the same as live with a virtual notetaker showing a shared document or can be done individually by participants and compiled by a notetaker later.

POST-MEETING PNP ACTION ITEM:

* Analyze information about APU resources and important NPD areas to determine OFIs the APU can address.
* The PNP can choose to share the OFIs at a follow-up meeting and have staff provide input on priorities.

**APU RESOURCE & IMPACT ASSESSMENT**

**Resource Assessment: Structure/Processes of Provider Unit**

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| **Review progression of meeting the quality outcome measures (QOMs) for the current period.** *List current QOMs pertaining to structure/process of APU:*  |

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| --- |
| **Human Resources**  |
| **What is important to the APU:**  | **Impact of current resources on APU structure / processes** | **Potential Improvements**  |
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| **Material Resources**  |
| **What is important to the APU:**  | **Impact of current resources on APU structure / processes** | **Potential Improvements**  |
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| **Financial Resources**  |
| **What is important to the APU:**  | **Impact of current resources on APU structure / processes** | **Potential Improvements**  |
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**POST-MEETING:**

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| --- |
| **Primary Nurse Planner analysis and OFIs Identified:** **Quality Outcome Measures created:**  |

**Impact Assessment: Nursing Professional Development**

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| --- |
| **Review progression of meeting the quality outcome measures (QOMs) for the current period.** *List current QOMs pertaining to structure/process of APU:*  |

|  |
| --- |
| **Impact of APU Nursing Knowledge, Skill, Practice related to Organizational Initiatives / Goals** |
| **What is important to the APU:**  | **Current State** | **Potential Improvements**  |
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| **Impact of APU Nursing Knowledge, Skill, Practice related to Overall APU Goals** |
| **What is important to the APU:**  | **Current State** | **Potential Improvements**  |
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| **Additional Impact Information from Stakeholders** |
| **What is important to the APU:**  | **Current State** | **Potential Improvements**  |
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**POST-MEETING:**

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| **Primary Nurse Planner analysis and OFIs Identified:** **Quality Outcome Measures created:**  |

**LOGIC MODEL**

* A Logic Model is a simplified picture of a program.
* It shows the logical relationships among the resources that are invested, the activities that take place, and the benefits or changes that result.
* Parts of a simple logic model:
	+ **Inputs** are the resources invested that allow us to achieve the desired outputs.
	+ **Outputs** are activities conducted or products created that reach targeted participants. Outputs lead to outcomes.
	+ **Outcomes** are changes or benefits for learners.
* Participants need to be familiar with the entity being assessed.
* May be helpful to review organizational strategic goals prior to Logic Model exercise.
* The desired product is a diagram of the APU inputs, outputs, and potential outcomes that the Primary Nurse Planner (PNP) can analyze for APU improvement opportunities.

LIVE:

* Round Robin brainstorming one category at a time. Late additions to a category are okay.

VIRTUAL:

* Can be conducted the same as live with a virtual notetaker showing a shared document.

POST-MEETING PNP ACTION ITEM:

* Analyze list of potential desired outcomes to determine opportunities for improvement (OFIs) the APU can address.
* The PNP can choose to share the OFIs at a follow up meeting and have staff provide input on what they think are the highest priorities.

**APU Logic Model**

**External Influences: [List] \_**

**Situation:** Identify APU Program Elements and Opportunities for Improvement (OFIs).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APU Inputs** | **APU Carries Out This Work**  | **APU Outputs**  | **Potential Operational Outcomes** | **Potential NPD Outcomes** |
| **Our resources:** | **What we do:** | **Who we reach and with which educational products / services:**  | **Improve [what]:** | **Improve [what]:** |

**APU Self-Evaluation – Process Tracking & Documentation (Form 1)\***

Use or modify this form to track and document your own APU Self-Evaluation process as a whole.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Sample Step of APU Evaluation Process** | **Date Completed** | **Comments on Progress** |
|  | Reviewing or creating APU overarching goals |  |  |
|  | Articulating or reviewing how you will know if your APU is effective |  |  |
|  | Sharing with team or reviewing your data collected on your (prior YEAR) outcome measures. (Quarter 4)  |  |  |
|  | Sharing your analysis of the data or analyzing/reviewing your analysis of the data collected on your measures. (Quarter 4) |  |  |
|  | Completing documentation of (YEAR) quality outcome measure tracking (Quarter 4) |  |  |
|  | Discovering your current APU priorities for improvement. (Quarter 4 / 1)  |  |  |
|  | Developing Quality Outcome Measures (QOMs) based on what you have discovered about your APU priorities (Quarter 4 / 1) |  |  |
|  | Reviewing quality outcome format: A. “SMART” formatB. Is your Nursing Professional Development (NPD) measure really an NPD measure (measures K, S, or P of nurses). (Quarter 4 / 1)  |  |  |
|  | Choosing and documenting strategies to implement quality outcome measures (Quarter 4 / 1)  |  |  |
|  | Sharing with team or reviewing yourself your data collected on your (CURRENT YEAR) outcome measures so far. (“Quarterly Check-in” Quarter 1)  |  |  |
|  | Sharing with team or reviewing yourself your data collected on your (CURRENT YEAR) outcome measures so far. (“Quarterly Check-in” Quarter 2) |  |  |
|  | Sharing with team or reviewing yourself your data collected on your (CURRENT YEAR) outcome measures so far. (“Quarterly Check-in” Quarter 3) |  |  |

**APU Self-Evaluation – Process Tracking & Documentation (Form 2)\***

**Outcome Measures Related to Structure/Process Improvements – Sample Documentation Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcome Measure | Strategies to Achieve this Outcome | When and how evaluated; by whom | Quarterly Status Update – what have we accomplished? | Next PDSA Cycle – what do we do in the next quarter to achieve the outcome? | End-of-Year Analysis:Met or Not Met |
| Operational Improvement Measure #1 |  |  |  |  |  |
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**Outcome Measures Related to Nursing Professional Development (NPD) – Sample Documentation Form**

* You are measuring knowledge, skills, and/or practice behaviors of nurses. You can also measure “patient, student, membership” outcomes.
* These outcomes are not related to one educational activity. The outcomes are related to overall APU effectiveness.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcome Measure | Strategies to Achieve this Outcome | When and how evaluated; by whom | Quarterly Status Update – what have we accomplished? | Next PDSA Cycle – what do we do in the next quarter to achieve the outcome? | End-of-Year Analysis:Met or Not Met |
| Operational Improvement Measure #1 |  |  |  |  |  |
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\*Template provided by Metro Health University of Michigan Health West Approved Provider Unit, 2022. Lisa Dewhurst-Walker, PNP.

**APU Self-Evaluation – Process Tracking & Documentation (Form 3)\***

**Outcome Measures Related to Structure/Process Improvements – Sample Documentation Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER/ TYPE** | **OVERARCHING APU GOAL** | **STRATEGIES** | **RESOURCES** | **CHALLENGES** | **TIMELINE** | **QUALITY OUTCOME** | **TRACKING** |
| **1** **Operational** |  |  |  |  |  |  | [ ]  **Met**[ ]  **Partially Met**[ ]  **Not Met (Explain):**  |
| **2****Nursing Professional Development** |  |  |  |  |  |  | [ ]  **Met**[ ]  **Partially Met**[ ]  **Not Met (Explain):** |

\*Template Provided by McLaren Northern Michigan Approved Provider Unit, 2023. Rene Bieganowski, PNP.

**APU Self-Evaluation – Process Tracking & Documentation (Form 4)\***

**Self-Evaluation of Approved Provider Unit**

 **Frequency**: During quarterly Provider Unit meetings

**Participants:** Nurse Planners within the APU

**Structure/Process of Provider Unit:**

□ Human Resources: Number of Nurse Planners (NPs) sufficient to meet the needs of the APU and identified Professional Practice Gaps (PPGs)?

**□** Financial support needs? (i.e., funds for technology to provide offerings, honorariums, etc.).

□ Resources/support needed to function as NP

□ Offerings in alignment with organizational/nursing strategic plan?

□ Innovative engagement strategies to share

□ Effectiveness in methods of instruction (i.e., virtual, enduring material, live, recorded)

□ Is the volume of offerings and participants increasing, decreasing, or sustaining?

□ Frequency of APU meetings sufficient [List frequency]?

□ Implementation of new forms and/or criteria, as applicable.

□ Other?

Review progression of meeting the Quality Outcome Measures (QOMs) for the current period.

*Current QOMs pertaining to structure/process of APU:*

**Nursing Professional Development (NPD)**

□ Do the programs being offered meet the learner needs? Look at annual educational needs assessment survey data, quality improvement data, input from target audience and stakeholders, observations in practice, etc.

□ What is the impact to NPD with educational activities provided by our APU? OFIs based on participant evaluations, data, etc.?

□ Organizational/Nursing strategic goals: Certifications, leadership development, critical thinking, improvement in nursing practice, quality improvement initiative, improvement in patient outcomes, etc.?

□ Other?

 Review progression of meeting the QOMs for the current period.

 *Current QOM’s pertaining to NPD:*

\*Template Provided by Trinity Health Approved Provider Unit, 2023. Susan Karasinski, PNP.