

TNA Provider Update 2011

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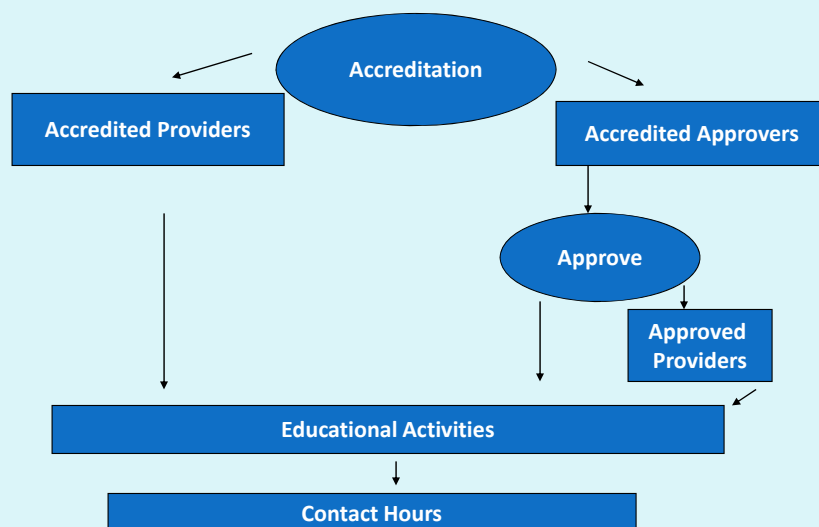
Disclaimer / Disclosures

- Criteria for successful completion: Attend 95% & complete an evaluation form and a verification of attendance/certificate form. Partial credit may be awarded.
- COI: no planners or presenters have conflict of interest related to this session. The presentation will be unbiased.
- No commercial support / sponsorship has been provided for this session.
- This session is provided for educational purposes only and is not intended to provide facility-specific information or legal advice.

Objectives

- Describe ways revised criteria can be implemented to enhance provider unit processes and outcomes.
- Explore strategies to address common concerns encountered by approved provider units.

Structure of the System: ANCC



Updates

- Accreditation Program
- Institute of Medicine / Robert Wood Johnson Foundation Report, *The Future of Nursing*
- *Nursing Professional Development Scope and Standards of Practice, 2010*

Accreditation

- ANCC COA
 - Programs
 - Primary accreditation
 - Joint accreditation (ANCC, ACCME, ACPE)
 - Nursing skills competency program
 - Accreditation
 - New criteria to be released later this year
 - Two accredited approvers piloted new accreditation criteria

The Future of Nursing

- IOM / Robert Wood Johnson Foundation, 2011
- Key Messages:
 - Practice to full extent of education and preparation.
 - Achieve higher levels of education with “seamless” academic progression
 - Full partners in redesigning U.S. health care
 - Better data collection and improved information infrastructure

IOM / RWJF Recommendations

- Remove scope of practice barriers
- Expand leadership opportunities for nurses
- Implement nurse residency programs
- Increase % of nurses with BSN to 80% by 2020
- Double number of nurses with doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change
- Build infrastructure for data collection

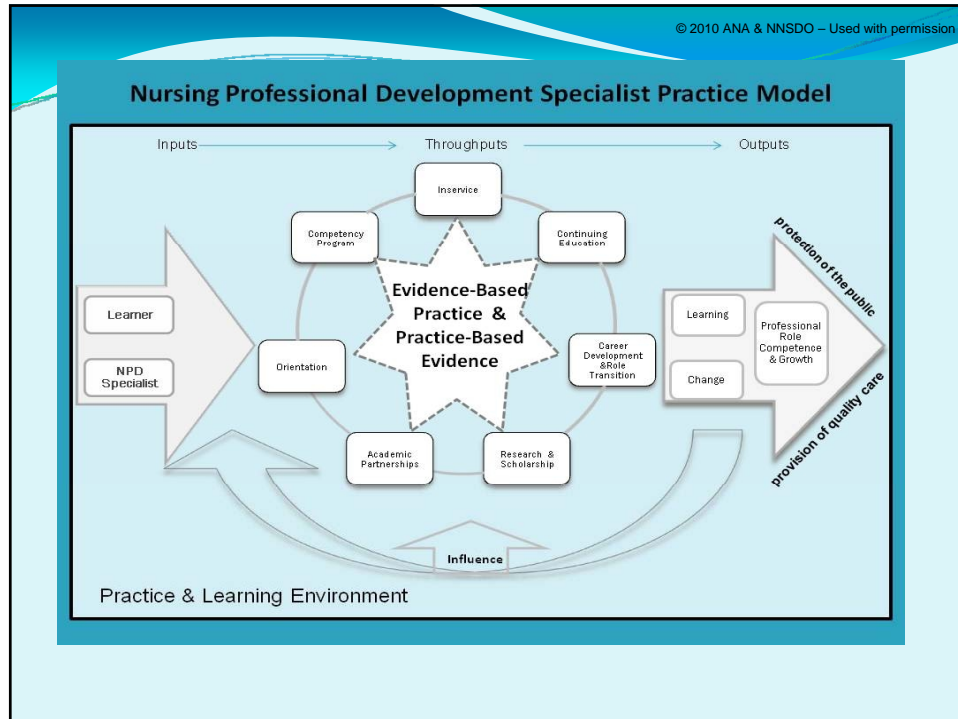
Implications for CE Providers

- Provide educational opportunities in leadership, change agency, interprofessional collaboration
- Advocate for nursing's engagement in performance improvement and other quality initiatives
- Collect data to demonstrate outcomes of education that contribute to quality patient care
- Provide learning opportunities for advanced practice nurses (if appropriate in your target market)
- Support development of preceptors and residency program leaders
- Other...

References

- Institute of Medicine (2011). *The future of nursing: Leading change / advancing health*. Washington DC: Author.
- Yoder-Wise, P., and Esquibel, K. (2011). The future of nursing and continuing education. *Journal of Continuing Education in Nursing* 42(3), 99-100.





Nursing Professional Development Scope and Standards of Practice, 2010

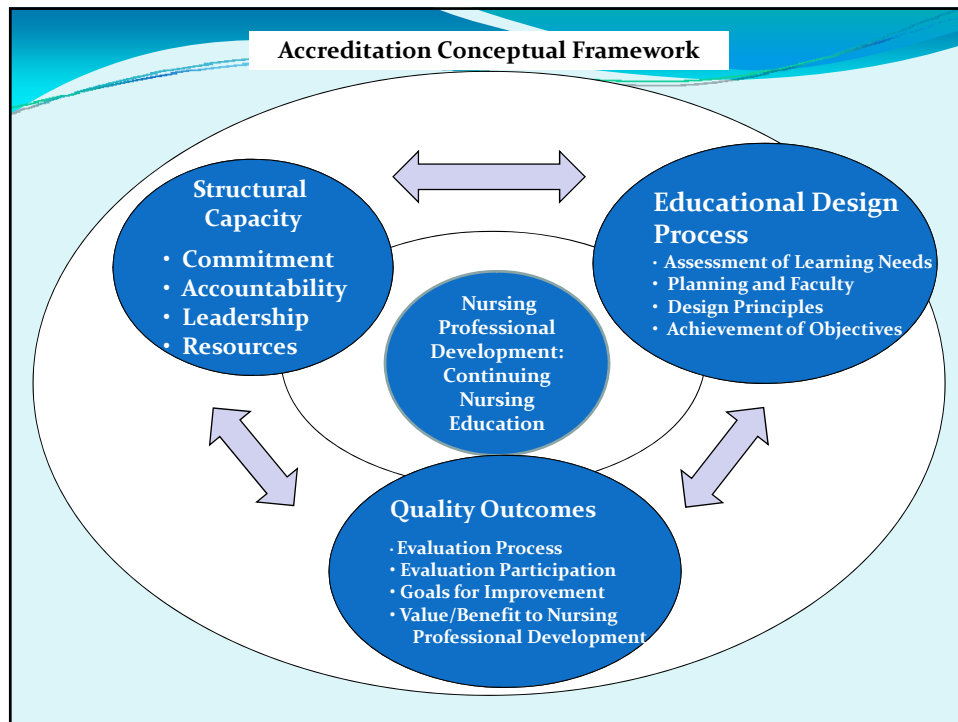
- Standards of Practice
 - Assessment
 - Identification of issues and trends
 - Outcomes identification
 - Planning
 - Implementation
 - Coordination
 - Learning and practice environment
 - Consultation
 - Evaluation

NPD Scope and Standards

- Standards of Professional Performance
 - Quality of NPD practice
 - Education
 - Professional practice evaluation
 - Collegiality
 - Collaboration
 - Ethics
 - Advocacy
 - Research
 - Resource utilization
 - Leadership

Your Role

- The nursing professional development educator is a **SPECIALIST!**
- You play a critical role in needs assessment, design, development, implementation, and evaluation of learning activities.
- Your contributions significantly enhance the quality of nursing care **AND** the quality of patient care!



Pilot Experiences

- Accredited provider, accredited approver, approved provider “tests”
- Completing the application requires more thought & reflection – it’s not checking a box
- There needs to be internal consistency – examples given in one section should support comments made in other sections
- Reviewing the application enables the reviewer to “get inside the brain” of the nurse planner – extremely valuable in understanding the process used by the PU

Three Key Focal Areas

- *Structure*: Structural Capacity (SC)
 - what you look like
- *Process*: Educational Design Process (EDP)
 - what you do
- *Outcomes*: Quality Outcomes (QO)
 - why it matters

Introduction: The “OOs”

- Organizational Overview
 - Eligibility
 - Demographic information for the unit
- OO1: Demographic data – scope of services, types of activities, target audience, etc.
- OO2: Lines of authority and administrative support
- OO3: Data collection and reporting
- OO4: Quality outcomes evidence – goals *and* list of quality outcomes measures for the provider unit AND for nursing professional development.

Goals – List goals for past 12 months

- Are goals measurable? Are goals written with outcomes in mind?
- Are goals specific to the scope of your provider unit's service? (see 001)



What About These “Goals”?

- Provide 24 contact hours of continuing education during each licensure period.
- Write 5 independent studies for intranet learning.
- Enhance learner engagement by developing better ways to deliver education through technology.
- Empower healthcare professionals to be agents of change in an evolving health care environment.

Keys to Developing Provider Unit Goals

- Think about the “why”, not the “what”.
- Think about what data you will collect:
 - to indicate whether or not the goal has been met.
 - to show whether the provider unit has made a difference.



Quality Outcome Measures

- Provider Unit Possibilities:
 - Cost savings for “customers”
 - Cost savings for provider unit
 - Volume of participants in educational activities
 - Overall satisfaction of learners
 - Change in format of CNE activities
 - Change in operations to achieve strategic goals
 - Quality / Cost measures

Quality Outcome Measures

- Nursing Professional Development Possibilities
 - Professional practice behaviors
 - Leadership skills
 - Critical thinking skills
 - Nurse accountability
 - Nurse competency
 - High quality care based on best available evidence
 - Change in nursing practice
 - Improvement in patient outcomes

Caution!

- Give careful thought to the strategic goals and outcomes measures you want to focus on for your provider unit.
- You will be asked to address these in criterion 3!
- You will need to describe the evidence to support what you're doing, why you're doing it, and what difference it has made.

Criterion 1: Structural Capacity

**Commitment
Accountability
Leadership
Resources**

Commitment

- **Primary** Nurse Planner's commitment to learner needs (note name change)

Describe and **using an example** demonstrate:

How provider unit (PU) processes are revised based on evaluation and feedback from learners and activities (key: this helps you transition from activity evaluation to PU evaluation)

Example Response

- The PNP is actively engaged in dialogue with learners at all educational sessions. This provides an excellent opportunity for data collection about perceived needs, perceptions of the current activity, and requests for future learning activities. For example, during one class, the facilitator shared information about the potential impact of the NCSBN LACE model and recommendations of the IOM/RWJF report on potential changes to Board of Nursing law/rules, nursing education, and nursing practice. Participants voiced interest in more information about these topics, so a specific course on “The Future of Nursing Education and Practice” was developed.

Commitment

- How the organization’s leadership supports the goals of your provider unit
- (Only applicable if your PU is part of a larger organization.) What is the difference between a single-focused organization and a multi-focused organization?

Accountability

- How nurse planners and others in the provider unit are oriented;
- How the primary nurse planner makes sure the PU adheres to all criteria;
- How the nurse planner(s) resolve issues related to providing CNE

Leadership

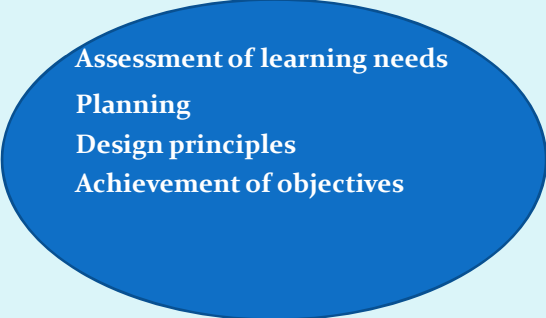
- How the nurse planner maintains accreditation standards and guides the planning committee for an individual activity
- How the Nurse Peer Review Leader is used as a resource for the Nurse Planner(s) of the PU
 - Who is this?
 - How do you use this person's expertise?
 - Why is this important?

Resources

- How the Primary Nurse Planner advocates for resources to help the provider unit achieve its goals related to quality outcome measures

Hint: Go back and look at list of goals and quality outcome measures – the human, material, and financial resources you use / need are the things that will help you achieve these goals and measure your outcomes.

Criterion 2: Educational Design Process



Assessment of learning needs
Planning
Design principles
Achievement of objectives

- Submit complete activity files; examples in your application may come from these or may reflect other activities you have done

Assessment

- What is your method of *assessing current learning needs* of the target audience?
- How do you use the data collected to develop an educational activity that addresses the *identified gap* in nursing practice or nursing professional development?

Planning

- What is your process for selecting a planning committee for an educational activity? Provide an example of why one person was selected for a particular planning committee.
- What is the process you use to determine the criteria for successful completion for each learning activity? Note: this is a critical component of the planning phase.

Planning

- How is *content integrity* maintained? What precautions do you take to prevent bias? Give an example of how this is implemented.
- How is content integrity maintained if commercial support or sponsorship is accepted? (Commercial entity: organization that makes, sells, distributes a product used on or by a patient)

Planning

- How do you resolve an actual or potential conflict of interest? What was the outcome of a situation where COI was an issue?
- *What is a conflict of interest? (Hint: Does the planner / presenter / author have the ability to bias the educational content?)*
- *Addressing this is the nurse planner's responsibility – not that of the planner or presenter/author*



Design Principles

- How are measurable objectives developed to address the desired change in nursing practice or professional development?
- How is content selected *based on best available evidence*? (note: this is new, and important!)
- How are teaching methods selected to achieve the purpose and objectives of the learning activity?

Example Response

- The advance directives seminar was based on needs of learners relative to living will, healthcare powers of attorney, and DNRCC/DNRCCA clarification. Evidence from other sources, such as the Oncology Nursing Society and the National Hospice and Palliative Care Organization, added to the discussion about ways to assist patients/families in making end-of-life decisions. Current data collected as part of the needs assessment was integrated into the content for the session.

Achievement of Objectives

- How are summative evaluations used to guide future activities?
- How is evaluation data collected to measure change in nursing practice or nursing professional development?

Criterion 3: Quality Outcomes

Provider unit evaluation process
Provider unit evaluation participants
Provider unit goals for improvement
How input from stakeholders resulted in an improvement in process, outcome, or goals for the PU

Provider Unit Evaluation Process

- What is the process you use to evaluate the effectiveness of your provider unit in delivering quality continuing nursing education? (*Hint: refer back to the organizational overview where you indicated your quality outcome measures*)
- How did your evaluation process result in development or improvement of one of these quality outcome measures?

Provider Unit Evaluation Participants

- Why did you select specific stakeholders to participate in your evaluation process?
- What input did you want from these people?

Example Response

- **Learners** are the drivers for the success of the provider unit. **Nurse educators** and other **nurse planners** throughout the organization are critical resources to provide feedback, offer suggestions, and maintain on-going engagement with learners and the lead nurse planner. **Guest faculty** are always asked for feedback and suggestions regarding ways to improve processes. The PU's **advisory committee** is a group of the organization's leadership and outside volunteers who know the facility and the CE world and can offer both "internal" and "external" perspectives.

Provider Unit Goals for Improvement

- How did input from stakeholders result in an improvement in process, outcome, or goals for your provider unit? (In other words, how are you continuing to strengthen your provider unit, using input from your key people?)

Value / Benefit to Nursing Professional Development

- Over the past 12 months, how has your provider unit enhanced nursing professional development? (Again, refer to the list of quality outcome measures you listed in 004.)

Outcome Example - Activity

- A program was held to educate nurses about helping families dealing with perinatal loss. The staff incorporated suggestions from the program in new processes. They now offer to provide mementos and take pictures of the child, with the family's permission. Three families have now used this service, which was not previously available to them.

OH-071 St. Rita's Medical Center, Amy Bok, McKenzie Orr

Outcome Example - Activity

- A course was held in July of 2010 with a focus on improving medication safety. From January to July, there were 14 medication administration incidents affecting 22 clients; from July through December, there were 5 medication administration incidents affecting 5 clients.

OH-075 Columbus Public Health, Mary Adams

Outcome Example - Activity

- Hospital offered two Certified Emergency Nurse certification prep courses in 2010; the percent of certified nurses in the emergency department increased from 1% to 26% in one year

OH-035, Robinson Memorial Hospital, Laura Dornhecker

Outcome Example – Provider Unit

- A school nurse participant in an educational program on school health subsequently wrote and received a grant to implement classroom activities to increase physical activity in middle school students. This population-based change has the potential to affect lifestyle risk factor modification for up to 670 students and 53 staff members in the school.

OH- o84 Health UC- AHEC, Sue Basta

Outcome Example – Provider Unit

- Offered a certified pediatric nurse exam review course. Average pass rate in 2010 was 94%, while the national average was 89%.

OH-046, Children's Cincinnati, Carolon Jones

Outcome Example – Provider Unit

- Did a 3-phase educational program with clinical assessment/education/reassessment. They doubled the number of early response team activations & have had zero cardiac arrests in the target population since July, 2010.

OH-057 Ohio State University Medical Center, Paula Garvey, Tanya Trotter, Stacey Vacchiano, Taletha M. Askew

Outcome Example – Provider Unit

- Implemented the ELNEC (end of life) curriculum modules. Using the Evaluation of Hospice Care survey, they compared 1st & 3rd quarters of 2010. For the item “receiving excellent care,” the score improved from 60.5 to 71.4, & there was a 38.5% improvement in perceptions of quality of care.

OH-108 Visiting Nurse Association of Ohio, Cynthia Struk

Attestation

- Adherence to required responsibilities
 - Awarding of contact hours
 - Approved provider statement
 - Certificate
 - Disclosures (successful completion requirements and COI always required)
 - Recordkeeping
 - Co-provider relationship
 - Follow laws, rules / behave ethically

Attestation continued

- Every Nurse Planner has a minimum of a bachelor's degree in nursing
- A Nurse Planner is involved in each activity from the beginning to the end
- Accredited approver will be notified of changes as appropriate
- Provider unit will participate in all required monitoring activities (e.g. Annual Provider Survey)

