

DNA Approved Providers

Policies and Application Manual

Delaware Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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Continuing Education Committee
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2015 Standards
Updated June 2017

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INTRODUCTION

The Delaware Nurses Association (DNA) approves programs for continuing nursing education (CNE) and Approved Providers through its Continuing Education Committee (CE Committee). This committee is made up of volunteer DNA members who have experience in nursing education and a baccalaureate degree or higher in nursing.

DNA is a constituent member of the American Nurses Association (ANA).

MISSION

The mission of the Continuing Education Committee is to:

- Furnish Providers of continuing nursing education in Delaware with a peer review mechanism to assure the provision of quality continuing nursing education for nurses.
- Work with Providers of continuing nursing education to maintain adherence to the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA) criteria and that of the Delaware Nurses Association.

GOALS

- Provide a continuing nursing education peer review approval system which complies with continuing nursing education criteria of the American Nurses Credentialing Center's Commission on Accreditation.
- Through consultation, encourage the development of quality continuing nursing education activities.

PHILOSOPHY

Nursing is the diagnosis and treatment of human responses to actual or potential health problems. It is both a science and an art. Nursing is seen as holistic, encompassing the promotion of health, prevention of disease, restoration of health, and the care of the ill and the dying. Nursing is a dynamic profession manifested by expanding roles and responsibilities. Rapid scientific and technological advances and continuing social changes require continued learning.

Nursing professional development, the lifelong process of active participation in learning activities to enhance professional practice, builds upon educational and experiential bases to enhance nursing practice and thereby maintain and improve quality health care.

Continuing education refers to those professional learning experiences designed to enrich nurses' contributions to quality health care and their pursuit of professional career goals. Through continuing education, nursing competencies can be maintained and expanded to meet the increasing health care needs and expectation of the consumers.

A learner-centered approach in continuing education recognizes individual differences in experiences, knowledge, and styles of learning. Continuing nursing education activities seek to be challenging, stimulating, and flexible enough to accommodate differences in learners. Education and learning involve a partnership between the adult learner and the instructor. Learning is promoted through mutual planning, sharing, and evaluation of the learning experience. The approval of continuing nursing education activities is best accomplished by a peer review process. Education is a continuous process wherein evaluation is used to determine effectiveness and to plan for future needs.

STANDARDS

DNA uses the national voluntary system established by American Nurses Credentialing Center (ANCC). This system is based on a peer review process in which members of the nursing profession, using designated standards and criteria, review, and approve individual educational activities and Approved Providers. This process is based on the *Nursing Professional Development: Scope and Standards* (ANA 2010).

The national system is administered by the American Nurses Credentialing Center Commission on Accreditation (ANCC-COA). The Commission on Accreditation is responsible for developing and administering the operational policies, procedures and criteria that govern both the accreditation and approval processes and accredits Approvers and Providers of continuing nursing education.

Delaware Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

FOUNDATIONAL DOCUMENTS

The Delaware Nurses Association Continuing Education Committee bases its review process on the documents that form the foundations of the ANCC Accreditation Program. Foundational Documents include (but are not limited to):

American Nurses Association (ANA). (2010). *Nursing Professional Development: Scope and Standards*. Washington, D.C.: American Nurses Publishing.

American Nurses Association (ANA). 2010. *Code of Ethics for Nurses with Interpretive Statements*. Silver Springs, MD.: American Nurses Publishing.

Bloom, B.S. et. Al. (1956). *Taxonomy of Educational Objectives: Handbook 1: Cognitive Domain*. New York, NY: David McKay.

Krathwohl, D. R. et. Al. (1964). *Taxonomy of Educational Objectives: Handbook II: Affective Domain*. New York, NY: David McKay.

Mager, R.F. (1975). *Preparing Instructional Objectives*. Belmont, CA: Fearon Publishers.

Merriam, S.B. (Ed.). (2001). *A New Update on Adult Learning Theory: New Directions for Adult and Continuing Education Series* (No.89). San Francisco, CA: Jossey-Bass.

ASSESSING ELIGIBILITY

The CE Committee approves Approved Providers that have demonstrated the ability to meet all DNA Approval Program criteria. The period of approval for Approved Providers is a maximum of three years and is determined by the CE Committee.

Approved Providers must target the majority (>50%) of their CNE activities to nurses in a single HHS region and its contiguous states (based on the HHS regions: <http://www.hhs.gov/about/agencies/regional-offices>) to be eligible to apply as an Approved Provider. Applicants whose target audience is in multiple regions or in states that are not confined to a single region and its contiguous states for more than 50% of its activities may not be Approved Providers. Instead, they must apply to ANCC as an Accredited Providers through the accreditation process.

An organization interested in becoming approved as an Approved Provider must define both the structural and operational components of a Provider Unit.

To be eligible to apply for approval as an Approved Provider, an applicant must

- Be one of the following:
 - ANA organizational affiliate;
 - College or university;
 - Constituent and State Nurses Association (C/SNA) of the ANA;
 - Federal Nursing Service (FNS);
 - Health care facility;
 - Health-related organization;
 - Multidisciplinary educational group;
 - Professional nursing education group;
 - Specialty nursing organization (SNO), or
 - National nursing association/organization;
- Not be a commercial interest as defined in the glossary and the ANCC Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities.
- Be administratively and operationally responsible for coordinating the entire process of
 - planning, implementing, and evaluating CNE activities in compliance with DNA Approval Program criteria;
 - have the infrastructure in place to operate as an Approved Provider;
 - be in compliance with all applicable federal, state, and local laws and regulations that affect the Approved Provider's ability to meet the DNA Approval Program criteria; and
 - be operational for a minimum of six months prior to application.

An Approved Provider must have a Primary Nurse Planner (PNP) who

- is a registered nurse with a current, unencumbered nursing license and holds a baccalaureate degree or higher in nursing;
- has authority within the organization to ensure compliance with the DNA Approval criteria and Approver Unit requirements in the provision of CNE;
- is responsible for the orientation of all Nurse Planners in the organization to the DNA Approval Program criteria and Approver Unit requirements;
- ensures each Nurse Planner is a registered nurse and holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing;
- ensure that each CNE activity has a qualified Nurse Planner who is an active participant in the planning, implementation, and evaluation process; and
- serves as the liaison between the Delaware Nurses Association and the Approved Provider.

The Approved Provider may have individuals within the organization other than the Primary Nurse Planner 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; and
- hold a baccalaureate degree or higher in nursing (or international equivalent).

The Approved Provider is defined structurally and operationally as the members of the organization who support the delivery of continuing nursing education activities. The Approved Provider may be a single-focused organization devoted to offering continuing nursing education activities or a separately identified unit within a larger organization. If the Approved Provider is within a larger organization, the larger organization is defined as a multi-focused organization (MFO).

The applicant applying for approval is the Approved Provider. 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 Approved Provider. Approved Providers assess learners' needs and plan, implement, and evaluate CNE activities.

Approved Providers 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 Providers may jointly provide activities with other non-commercial interest organizations. Approved Providers may not approve educational activities that have been planned by other organizations or individuals or without the involvement of the Approved Provider's Nurse Planner.

NEW APPLICANTS

The applicant organization has planned, implemented, and evaluated at least three educational activities using the DNA Approval Program Criteria and approved within the last twelve months by the DNA Continuing Education Committee:

- with the direct involvement of a Nurse Planner;
- that adhered to the DNA Approval Program criteria;
- that were each a minimum of one hour (sixty minutes) in length (contact hours may or may not have been offered); and
- that were not jointly provided.

Evaluate Readiness

- The Primary Nurse Planner has the authority within the organization to ensure adherence to DNA Approval Program criteria.
- Nurse Planners (if any) within the applicant organization are currently licensed registered nurses with a baccalaureate degree or higher in nursing.
- The applicant organization has position descriptions for the Primary Nurse Planner (required) and Nurse Planner (if applicable) that accurately reflect job responsibilities according to DNA Approval Program criteria.
- The applicant organization has the resources to maintain records for seven years.
- The applicant organization understands and has the resources to pay all approval-related expenses including application, annual and other associated fees.
- The applicant organization understands and has the resources to submit all required approval documents to DNA in a timely manner.

APPLICATION POLICIES

FEES

Approved Providers will be charged an annual fee to be billed during years two and three of the approval period. Visit the DNA website, www.denurses.org, for the current fee schedule.

LATE FEE

- Application fee is doubled for all late applications.
- Paying a late fee does not guarantee approval by the Approved Provider expiration date.
- Late applications will only be accepted if two Nurse Peer Reviewers are available.

APPROVAL PERIOD

Provided the applicant meets the DNA Approval Program criteria for Approved Providers set forth herein, approval is awarded for a period of 3 years. To maintain approval status, organizations must submit an annual Demographic Information Form, participate in the ANCC Nursing Activity Reporting System (NARS), submit requested files for the Midcycle Review, and any additional documents requested by the CE Committee.

APPLICATION

Applications for Approved Providers will only be accepted on the current DNA Approved Provider application. Supporting forms must include current DNA/ANCC standards and criteria. Do not submit additional information outside of what is requested in the application unless instructed by the Nurse Peer Reviewers to do so.

Responses should be clear, concise, and complete. A minimum of one paragraph per item (process and example) is required (one to two sentences is not enough evidence and will constitute a missing response). Examples must be in narrative format. Only one example per criteria is needed. Refencing attachments or activity files is not an acceptable response.

The self-study package should include four files: the application, Activity 1, Activity 2, Activity 3. Self-study packets must be submitted in the following formats:

- 2 hard copies
 - Each copy should be typed and the pages clearly numbered.
 - The application packet should be bound or held together to facilitate review. Do not use heavy binders.
- 1 copy on a USB/flash drive in pdf format
 - Each file should be clearly labeled (e.g., Approved Provider Application, Activity 1, Activity 2, Activity 3)
 - The provider application should be one comprehensive PDF file with PDF bookmarks.
 - The application must be pdf bookmarked with appropriate sections (OO, SC, EDP, QO).
 - Each individual activity should be one comprehensive PDF file with PDF bookmarks.
 - Each pdf bookmark should list, in order, the bullet points for recordkeeping as defined by ANCC (i.e. Title and Location, Summative Evaluation, Participant List, etc.)
 - All evidential information MUST be included (i.e. marketing materials, forms, needs assessment data, etc.)

Current labeling requirement can be found on the DNA website.

APPLICATION DEADLINES FOR RENEWING PROVIDER UNITS

Three copies of the application and the appropriate fee must be received in the DNA office based on the following:

- Renewal Provider applications for current approved providers must be received in the DNA office at least eight weeks before the expiration of the current approval.
- Approved Providers that expect their renewal application to be received in the DNA office less than eight weeks prior to the expiration date must request and be approved for an extension to continue to offer CNE.
- No notice of pending expiration will be sent to Approved Providers.

Approved Provider applications must be mailed to the DNA office. Emailed applications are not accepted.

Mail to:

Delaware Nurses Association
4765 Ogletown-Stanton Road, Suite L10
Newark, DE 19713

RETROACTIVE APPROVAL

Approved Providers applications must be approved prior to providing individual educational activities for contact hours. Educational activities held during the review process for initial applicants or expired DNA Approved Providers may not be awarded contact hours unless the educational activity has been individually approved through an accrediting body. Retroactive approval of educational activities during review process by an initial applicant or expired DNA Approved Provider is not permitted.

WITHDRAWAL OF APPLICATION

Applicants may withdraw from the approval process at any time. The applicant must notify the DNA office or the primary Nurse Peer Reviewer in writing of the decision to withdraw the application. If the review process has not begun, the application fee, minus a \$25 administrative fee will be refunded to the applicant. Once the application has started in the review process the application fee is non-refundable. Copies of the application will not be returned.

REVIEW POLICIES

REVIEW PROCESS

- Applications are mailed to two volunteer Nurse Peer Reviewers within one week of receipt. The Nurse Peer Reviewers critique the application to ensure compliance with ANCC standards. The primary reviewer will communicate directly with the designated primary contact for clarification of the application or to request additional information/corrections.
- Upon final approval, a formal approval letter will be sent electronically to the designated primary contact. The letter will include the approval expiration date and DNA approval code number to be included on all marketing materials and certificates.
- If the application is denied, the Continuing Education Committee Chair or designee will communicate with the designated primary contact. The communication will state the specific deficiencies.

REVIEW ACTIONS

The CE Committee may take the following actions upon completion of its review:

- Approval: Application met the criteria and is granted approval for the specified length of time
- Deferred: Applicant has missing materials and is granted a specified time to submit items before determination of a final review action
- Denied: Applicant did not meet approval criteria

SUSPENSION AND REVOCATION

An individual applicant of enduring material or an Approved Provider may be suspended and/or revoked due to any of the following:

- Violation of any federal, state, or local laws or regulations that affect the organization's ability to adhere to DNA Approval Program criteria;
- Failure to maintain compliance with DNA Approval Program criteria;
- CE Committee investigation and verification of written complaints or charges by consumers or others;
- Refusal to comply with CE Committee investigation; or
- Misrepresentation.
- Misuse of the approval statement

Suspension or revoked organizations must immediately cease:

- Offering contact hours.
- Referring to themselves or their programs as approved by DNA.
- Using the DNA approval statement.

The notice of suspension or revocation of approved will be in writing by the DNA Executive Director. Suspension is not a prerequisite to revocation. At its sole discretion, the CE Committee may revoke approval without first suspending approval.

Suspended organizations may apply for reinstatement within 120 days of the suspension date. To apply for reinstatement of providership, the Approved Provider must submit documentation demonstrating violation correction and the applicable reinstatement fee. Reinstatement may be granted if the suspended organization adequately demonstrates that it will fully adhere to the DNA Approval Program criteria and requisites upon reinstatement. Approved Providers that have been reinstated may be required to submit progress reports to DNA. Suspended organizations that fail to apply for reinstatement within 120 days shall have their provider status revoked.

Approved Providers that have had their approval status revoked may not apply for DNA approval for two years from the date of revocation. Organizations seeking approval after revocation are considered new applicants.

If an Approved Provider believes that suspension or revocation is improper, the organization (appellant) may submit an appeal in writing. Pending the final decision on appeal, the appellant will retain the Approved Provider status held prior to the CE Committee decision that it appeals.

APPEALS PROCESS

If the applicant is denied approval, the applicant may appeal the decision in writing. The applicant must submit a written request for appeal to the CE Committee within thirty days of receipt of the denial letter.

An Appeals Committee will be appointed by the Chair of the CE Committee. The Appeals Committee will consist of Nurse Peer Reviewers who have not reviewed the application. The Appeals Committee will review the application and notify the applicant of the decision in writing within thirty days of receipt of the appeal request.

If the applicant is not satisfied with the decision of the Appeals Committee, a written appeal may be submitted to the DNA Executive Committee (or the designees) within thirty days of its notification from the CE Appeals Committee. Any member of the Executive Committee who is also a member of the CE Committee or who has a conflict of interest will be replaced by another member of the DNA Board of Directors.

Upon receipt of a request for a second level appeal, the DNA Executive Committee schedules a meeting within thirty days and notifies the applicant and the CE Committee in writing. The CE Committee Chair and the applicant may be present at this appeal meeting. No additional materials may be submitted. A decision is rendered by the DNA Executive Committee and sent to the CE Committee and the applicant in writing, no later than fifteen days following the meeting. This decision is final.

If the applicant chooses to have legal representation at any stage of the appeal, DNA must be notified of this intent in writing prior to the meeting.

VOLUNTARY TERMINATION

Approved Providers may voluntarily terminate their approval at any time. Approved Providers that elect to terminate approval must notify DNA, in writing, at least thirty days in advance.

The written notice of voluntary termination must contain the

- effective date of voluntary termination (which must be at least thirty days after the date that appears on the written notice);
- reason for voluntary termination; and
- transition plan.
 - A detailed explanation of how learners can obtain activity participation records after the date of termination, suspension, or revocation, including contact information and length of time that records will be available; and
 - A complete list of all activities scheduled to take place after the date of termination, suspension, or revocation, including Activities that have been planned but not yet implemented;
 - All enduring materials;
 - A detailed explanation of how such activities will be canceled; and
 - A detailed explanation of how participants will be notified, prior to the activity, that contact hours will not be awarded.

This notice may be sent by email with confirmation of receipt to sarah@denurses.org. It may also be sent by certified mail or common carrier with signature confirmation addressed to:

Delaware Nurses Association
4765 Ogletown-Stanton Road, Suite L10
Newark, DE 19713

On or before the date on which voluntary termination is effective, the organization must cease

- Offering contact hours;
- Referring to itself in any way as a DNA Approved Provider; and
- Using the DNA approval statement.

APPROVED PROVIDER RESPONSIBILITIES POLICIES

LEGAL AND REGULATORY COMPLIANCE

Applicant and Delaware Nurses Association must comply with all federal, state, and local laws and regulations that affect the ability of an organization to meet the DNA Approval Program criteria. Violations of such laws or regulations render an organization ineligible for approval or to reapply to maintain approval. Approval may be suspended or revoked if an Approved Provider is found to be in violation of such laws or regulations.

NOTIFICATION OF EVENTS

Approved organizations and organizations with pending applications must notify DNA within seven business days of the occurrence or discovery of:

- Significant changes or events that impair their ability to meet or continue to meet the DNA Approval Program requirements or make them ineligible for approval or re-approval;
- Any event that might result in adverse media coverage related to the delivery of CNE; and
- Change in commercial interest status.

The Primary Nurse Planner or designee must notify the DNA office within thirty days of any change in the Approved Provider affecting approval including but not limited to:

- Change in Primary Nurse Planner;
- Change in Nurse Planners;
- Suspension, lapse, revocation, or termination of the nursing license of the Primary Nurse Planner or Nurse Planner(s);
- Change in ownership; and
- Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy).

This notice may be sent by email with confirmation of receipt to sarah@denurses.org. It may also be sent by certified mail or common carrier with signature confirmation addressed to:

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4765 Ogletown-Stanton Road, Suite L10
Newark, DE 19713

RECORDKEEPING

Activity records or files must be kept by the provider of the activity for at least seven years in a secure, confidential and retrievable manner, even if the DNA Approved Provider no longer holds approval status. Learners must be able to contact the provider should they require verification of attendance or a replacement certificate of completion in the future. The Nurse Planner is responsible for assuring that an adequate system is in place.

REPORTING POLICIES

REPORTING

To monitor compliance with the DNA Approval Program criteria, all Approved Providers are required by February 1st to submit

- Demographic Information; and
- Continuing Education Summary (for the calendar year) via the ANCC NARS system.

The ANCC's Nursing Activity Reporting System (NARS) is a web-based portal designed to streamline and support the collection of program and activity data. The ANCC uses the information in NARS to evaluate/support provider accreditation criterion and to produce annual reports as a service to ANCC Accredited Organizations and other stakeholders. All DNA Approved Providers are required to use the NARS system for reporting.

Individuals who are designated as a Primary Contact of an organization approved by the Delaware Nurses Association may access NARS with a unique login ID and password. NARS allows users to upload their activities continuously throughout the year OR use the batch upload function to add or update multiple activity records from a single file containing data that has been exported from another tracking system.

Using the NARS system eliminates the requirement of sending in the Continuing Education Summary form. Additionally, DNA Approved Providers will be able to run customized reports based on their activities. To access the NARS User Manual and FAQs, visit the ANCC 'Reporting to Maintain Accreditation' webpage (<http://www.nursecredentialing.org/Accreditation/Primary/Maintain-Accreditation>).

If, for any reason, an Approved Provider is unable to submit the required documentation within the required time frame, it must contact the DNA office as soon as possible. If the DNA office does not receive the required documents by the required due date and the organization fails to notify the DNA office regarding the delay, approval status may be suspended or revoked. The Approved Provider will receive written notification from the DNA Executive Director.

MIDCYCLE REVIEW

Each DNA Approved Provider will be required to participate in the NARS system for reporting on individual educational activities. DNA will select two educational activities for the midcycle review. The Approved Provider will submit the complete files to be reviewed by the CE Committee for compliance to the DNA Approval Program. DNA reserves the right to request additional documents/information from the DNA Approved Provider.

DATA USE

By applying for provider status, applicants give the CE Committee permission to use their demographic and outcome data for reporting, and research purposes, such as

- describing characteristics of individual applicants anonymously and in the aggregate; and
- analyzing trends or addressing other CE Committee-defined or approved research questions.

All data received by DNA will remain confidential and will be reported only in aggregate form unless permission is granted by the individual applicant to share data specific to an organization.

EDUCATION POLICIES

APPROVED PROVIDER STATEMENT

DNA Approved Providers are required to provide the official DNA approval statement to learners prior to the start of each educational activity and on each certificate of completion. The official approval statement must be used as follows:

[Name of Approved Provider] is approved as a provider of continuing nursing education by Delaware Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

AWARDING CONTACT HOURS

Contact hours are determined in a legal defensible manner. Contact hours are awarded to participants for whose portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour equals sixty minutes. If rounding is desired in the calculation of contact hours, the Approved Provider must round down to the nearest 1/100th (e.g. 2.758 should be 2.75, not 2.8 or 2.76). Educational activities may also be conducted 'asynchronously' and contact hours awarded at the conclusion of the activities.

Contact hours may not be awarded retroactively except in the case of pilot studies.

Participants in the pilot study assist in determining the length of time required for completing an educational activity for contact hour calculation. Those participants may be awarded contact hours once the number is determined.

'Contact hours', not 'CEUs' are awarded for continuing nursing education (CNE) activities. The use of 'CEU', 'ANCC contact hours', 'DNA contact hours' and the like is not acceptable. Simple use the term 'contact hours' in all educational documents.

DOCUMENTATION OF COMPLETION

The DNA Approved Provider is responsible for ensuring that participants are given written verification of their successful completion of an activity, which includes, at a minimum:

- title and date of the educational activity
- name and address of provider of the educational activity (web address acceptable)
- number of contact hours awarded
- approval statement
- DNA approval code
- participants name or space for participants name

APPROVING CONTACT HOURS

DNA Approved Providers may not approve educational activities that have been planned by other organizations or individuals.

Use of words such as 'application', 'approve', 'approval', and 'applicant' should not be used in the Provider Unit's plans, documentation, or presentations.

JOINT PROVIDING CONTINUING EDUCATION ACTIVITIES

The DNA Approved Provider is referred to as the provider of the educational activity. The other organization(s) as the joint provider(s) of the educational activity. The joint provider may not be a commercial interest or sponsor. The DNA Approved Provider's Nurse Planner must be on the planning committee and is responsible for adherence to the DNA Approval Program criteria.

If collaborating with an ANCC Approved Provider, the ANCC Approved Provider retains the provider responsibilities.

COMMERCIAL SUPPORT AND SPONSORSHIP

The DNA Approved Provider must adhere to the American Nurses Credentialing Center's *Content Integrity Standards for Industry Support in Continuing Nursing Education Activities* at all times.

The DNA Approved Provider must have a written policy or procedure and a signed, written agreement if commercial support or sponsorship is accepted.

Organizations providing commercial support or sponsorship may not provide or jointly provide an educational activity.

CONFLICT OF INTEREST

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse themselves from the role of Nurse Planner for the educational activity.

DISCLOSURE RESPONSIBILITIES

Learners must receive disclosure of the required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or web-based activities, disclosures must be visible to the learner prior to the start of the educational content.

Required disclosures may not occur or be located at the end of an educational activity. Evidence of disclosures to the learner must be retained in the activity file. If a disclosure is provided verbally, an audience member must document both type of disclosure and the inclusion of all required disclosure elements.

Required disclosures:

- Notice of successful completion of the educational activity.
- Presence or absence of conflict of interest for planners, faculty, authors, and content reviewers.
- Expiration of enduring materials (if applicable)
- Commercial support (if applicable)
- Sponsorship (if applicable)

DNA APPROVED PROVIDER UNIT

PRIMARY NURSE PLANNER

The Primary Nurse Planner is required to be a registered nurse with an active, unencumbered license. This person is required to have a baccalaureate degree or higher in nursing. Additionally, the Primary Nurse Planner should have education and/or experience in adult education and must be knowledgeable about the functions and expectations of an Approved Provider Unit and the Primary Nurse Planner role.

Primary Nurse Planners are accountable for operation of their Approved Provider Units.

- **Leadership:** accountability for all processes and outcomes of the Provider Unit;
- **Advocate:** ensures the Provider Unit has the structural capacity and resources to carry out its functions to achieve its goals;
- **Educator:** may serve directly in the educator role or may assist and mentor others in that role and is expected to be knowledgeable in adult learning and to be able to assess needs; analyze gaps in knowledge, skill, or practice; plan and implement learning activities; and evaluate outcomes. The Primary Nurse Planner needs to be aware of changes in the learning and practice environments that affect learning and learning needs and must be supportive of organizational changes that promote implementation of new learning in practice. The Primary Nurse Planner needs to be creative in developing learning activities in modalities that most effectively meet the needs of the target audience served by the Provider Unit;
- **Evaluator:** engaged in review of evaluation data from learning activities conducted by the Provider Unit and in the evaluation of the Provider Unit itself.

Responsibilities of the Primary Nurse Planner include:

- maintaining active licensure;
- keeping current with criteria;
- keeping current with state board of nursing rules; and
- ensuring that the Provider Unit operates according to the DNA Approval Program criteria.

ADMINISTERING THE PROVIDER UNIT

All administrative functions of the Provider Unit, within the parameters established by the employer, are the responsibility of the Primary Nurse Planner. The Primary Nurse Planner

- has the accountability to orient new Nurse Planners and to intervene when someone in the Provider Unit is not adhering to criteria in carrying out assignments;
- can advocate for a change in a position description that is not consistent with DNA Approval Program criteria and standards; and
- is accountable to the DNA Approval Program to ensure effective operation of the Provider Unit.

ASSESSING STRUCTURAL CAPACITY

Structural capacity of the Approved Provider Unit refers to the organizational structure within which the Provider Unit operates, the resources and support provided by the organization for Provider Unit functions, and the ability of the Provider Unit to achieve its desired outcomes.

Questions the Primary Nurse Planner needs to ask in conducting this assessment include:

- How do I, as the leader of the Provider Unit, demonstrate commitment to the needs of the learners we serve?
- How has our Provider Unit modified our processes based on evaluation and feedback from learners?
- How am I supported by my organization's leadership in achieving our goals?

- How do I orient new Nurse Planners and other key people in the Provider Unit?
- How do I make sure everyone in my Provider Unit adheres to DNA Approval Program criteria?
- How do I resolve issues and challenges in the Provider Unit?
- How do I keep up-to-date on the DNA Approval Program criteria?
- How do I make sure the Provider Unit has the resources it needs?

These are the types of questions that the Primary Nurse Planner will need to answer when completing the approval self-study, and they should be questions that guide the work of the Provider Unit on an on-going basis.

GOAL SETTING: DETERMINING QUALITY OUTCOMES

The Primary Nurse Planner has responsibility for setting the goals for the Provider Unit. The focus here is on establishing goals for the Provider Unit itself, not for the individual learning activities that are developed and implemented by the Provider Unit. Collectively, the learning activities should all be carried out to help the Provider Unit achieve its overarching goals.

The purpose of continuing nursing education is to enhance the professional development of the registered nurse and to contribute to quality patient care. Unique goals will exist for different types of Provider Units, but they all should be compatible with this overall purpose. Goals should be expressed as outcome statements, indicating measurable standards to demonstrate the successes of the Provider Unit's endeavors.

A Provider Unit's Primary Nurse Planner might consider several quality outcome measures.

- Cost savings for customers
- Cost savings for the Approved Provider
- 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 Provider staff and volunteers
- Professional development opportunities for staff and volunteers

Note that these are outcomes for the Provider Unit, not for individual learning activities. However, the Provider Unit may need to design or evaluate learning activities with these outcome measures in mind to ensure that the Provider Unit stays "on track" in working to achieve its goals.

For example, a Provider Unit has identified two goals for the year: increasing the volume of educational activities by 30% and offering 15% more learning activities as enduring materials to meet requests of learners. Keeping these outcome measures in mind, the Provider Unit will need to develop learning activities that are amenable to the enduring material format. In particular, the Provider Unit might further clarify this goal by validating the enduring material format preferred by its learners – webinars, written materials, or intranet, for example. Throughout the period of approval, the organization will monitor progress in relation to its identified quality outcome measures and will report those in its next approval self-study or, if asked, through submissions to DNA during the period of approval.

As the Primary Nurse Planner assesses the current status of the Provider Unit, goals for the future can be developed and plans made to achieve these goals. There should be a way to quantify goal achievement on an annual basis. Goal setting based on quality outcome measures is not a one-time activity. As needed, outcome measures can and should be revised to meet evolving needs of the Provider Unit.

ORIENTING PROVIDER UNIT PERSONNEL

The Primary Nurse Planner is accountable for orientation of new people in the Provider Unit. This may include those who have been appointed or assigned as Nurse Planners and those who perform support functions, such as assistants or audiovisual technicians. All new members of the Provider Unit need to be informed of the purpose and functions of the Provider Unit and their roles within it. To this end, the Primary Nurse Planner may be actively engaged in writing, reviewing, or revising position descriptions for those who work in the Provider Unit.

Orientation of other Nurse Planners is critical to the success of the Approved Provider Unit. As noted above, the Primary Nurse Planner has overall accountability for the operation of the Provider Unit. Additional Nurse Planners may carry out functions specifically related to planning, implementing, and evaluating the learning activities produced by the Provider Unit.

A new Nurse Planner must have a thorough orientation to all criteria, and special focus needs to be placed on understanding and application of the educational design process. One part of the orientation should include providing a copy of the Provider Unit Manual and/or related information to the new person for review. A subsequent discussion will allow for clarification of issues and review of the expected Nurse Planner functions. After this document review and discussion, it might be helpful to partner this new person with an experienced Nurse Planner or with the Primary Nurse Planner for two or three activities that are in the planning stage. Working with an experienced person will give the new Nurse Planner insight into the process and allow him or her to develop knowledge and skills to assume independent functioning. Assigning the new Nurse Planner a mentor is another way of assuring that someone with expertise is available to help as needed.

MONITORING AND EVALUATING PROVIDER UNIT PERSONNEL

Once a new Nurse Planner has been oriented and is functioning independently, the Primary Nurse Planner has the responsibility of monitoring periodically to be sure that all Nurse Planners in the Provider Unit are consistently operating according to criteria and documented educational design processes. Monitoring can occur in several ways. The Primary Nurse Planner may do “chart audits” of educational activity files to determine that all required documentation is completed. He or she may sit in on a planning meeting conducted by the Nurse Planner to ensure that all planning steps are being covered. Another possibility is to have regular meetings of all Nurse Planners so everyone on the team can share issues, concerns, and best practices.

The Primary Nurse Planner is also accountable for evaluating the performance of other Nurse Planners. Monitoring activities noted in the previous paragraph may be part of this evaluation process.

OBTAINING AND USING RESOURCES

The Primary Nurse Planner is responsible for regularly assessing the availability of resources needed to carry out the work of the Provider Unit. These resources may be human, material, or financial.

GUIDING THE EDUCATIONAL DESIGN PROCESS

The Primary Nurse Planner in a small Provider Unit might be actively involved in planning, development, and evaluation of learning activities. In a larger Provider Unit, there may be other Nurse Planners who carry out this function under the leadership of the Primary Nurse Planner. Regardless, the ultimate accountability for quality educational programming to meet criteria and address defined learning needs of a target audience is with the Primary Nurse Planner.

Questions for consideration in the educational design process include:

- How are needs assessments conducted? How does the Nurse Planner ensure that needs assessment data is current? How does the Nurse Planner ensure that needs assessment data is relevant to the target audience for a given learning activity?
- How does the Nurse Planner identify the gap in knowledge, skill, or practice for the target audience? How does identification of that gap help in development of a planned learning activity?
- How is a Planning Committee selected for a learning activity? Who are the best people to have on the committee? What contributions are expected of these people?
- How are conflicts of interest identified and resolved for members of the Planning Committee and speakers/authors? Who is accountable for ensuring that this process is carried out diligently?
- How does the Planning Committee decide the requirements for learners' successful completion of a learning activity? How are these requirements reflective of the needs assessment and gap analysis?
- How are objectives developed for the educational activity? Are they measurable? Do they reflect the identified needs of the target audience? Are they designed to help learners achieve the desired outcome of the learning activity?
- How is content selected? What evidence is used? How do planners and faculty know this is the best available evidence? Is a content reviewer ever used to help validate appropriateness of content? What action is taken if the Nurse Planner becomes aware that a speaker/author is not using best available evidence for a learning activity?
- How is bias prevented? How does the Nurse Planner ensure that activities will be conducted with integrity? What precautions are taken to prevent speakers/authors from promoting themselves and/or their preferred products/services?
- How are teaching methods selected? Are they reflective of the needs assessment, gap analysis, desired outcomes, and objectives? Are learners actively engaged in the learning process?
- If commercial support and/or sponsorship is obtained for a learning activity, how is content integrity maintained? Are all Nurse Planners familiar with the document regarding content integrity in the presence of commercial support and/or sponsorship? Do Nurse Planners know where to find and how to navigate the Provider Unit's template for the commercial support or sponsorship agreement?
- How are learning activities evaluated? How is evaluation data summarized, and how is that data used to guide planning of future activities and/or changes in the current activity? Who participates in this evaluation discussion?
- How is evaluation data collected in relation to the outcome of the continuing nursing education activity? Did it make a difference? Was nursing practice improved? How did nurses learn and grow as a result of participating in this learning activity?

EVALUATING OUTCOMES OF THE PROVIDER UNIT

There are several steps involved in Approved Provider Unit evaluation: evaluation of processes, engagement of appropriate stakeholders, reflection on achievement of quality outcomes, and providing evidence of the value of the Provider Unit in enhancing the professional development of registered nurses. All these occur under the leadership of the Primary Nurse Planner.

The Primary Nurse Planner is expected to address each of these components when submitting a self-study for initial or continuation of approval status. It may be difficult, though, to remember what was done during the past year or the past four years. The following table is one option that might help an organization identify quality indicators, document the related goal, specify the reason this goal is relevant to the Provider Unit, document progress steps toward goal achievement, and provide evidence of the outcome.

Quality Measures to Outcomes: Documenting the Process

Quality Outcome Measure (from OO4)	Related Provider Unit Goals (OO4)	Reason/Need/Gap	Approaches to Goal Achievement (related to QO1)	Outcomes (related to QO 2 & 3)
Clinical units with Nurse Planners	Increase number of Nurse Planners (NP) to have at least one planner on each clinical unit	Areas with Nurse Planners have 40% greater learning participation than those that don't	Send personal invitations to qualified nurses on appropriate units; hold meeting with those interested to discuss the role; develop preceptor program to support new NPs	8/12: Five new Nurse Planners have been added to PU; all representing areas previously without a NP
		Staff satisfaction scores are 23% higher on units with Nurse Planners	Use data to encourage nurse managers to support NP role	12/12: Staff satisfaction scores on units with new NPs are 15% higher than for the same units last year; data shared with nurse managers & administration
Use of technology to enhance learning	Implementation of at least 2 technology-based approaches to learning by 12/12	Over 50% of learners have requested more exposure to sim lab learning	Work with sim lab techs and Nurse Planners to develop active learning approaches to clinical challenges	11/12 – One learning activity related to patient safety included a sim lab module; currently evaluating application in practice
		Evidence from research supports value of learner engagement in enhancing outcomes	Investigate purchase of audience-response system for didactic presentations	12/12: Cost of audience response system is \$854 – have submitted request to administration, with rationale
		Young nurses who are technology “savvy” have expressed frustration with “old” mode of lecture/PowerPoint presentation	Increase number of learning activities available via the hospital intranet	9/12: Currently have 12 online activities; plan to have 20 by 12/12

Note that this tool starts with identification of the quality outcome measures that were documented in the Provider Unit's self-study (OO4). Identification of the need or gap is helpful in addressing QO2-how the evaluation process resulted in the need for a particular goal. The column on approaches to goal achievement will help answer QO2 and QO3. The final column provides the outcome, or the evidence that the Provider Unit has made progress in relation to the quality outcome measure identified in column one. Keeping track of this data on an on-going basis will provide evidence when writing the self-study.

REPORTING

The Primary Nurse Planner is accountable for reporting information to the DNA Approval Program. Data that need to be reported include change in name or business structure of the Approved Provider Unit and change in other Nurse Planners. It is important for the DNA Approval Program to have this information to maintain contact with the Approved Provider and know that the organization still meets eligibility criteria.

An annual report is required of all Approved Providers. This report contains demographic data updates for the Provider Unit and information specific to the number and types of learning activities provided. Specific information requested may change from time to time, so regular communication between the Primary Nurse Planner and the DNA office is important.

ANCC Nursing Activity Reporting System (NARS)

The ANCC Nursing Activity Reporting System (NARS) is a web-based portal designed to streamline and support the collection of program and activity data from Accredited Providers, Accredited Approvers, and Approved Providers (Providers approved by DNA, an ANCC Accredited Approver Unit). ANCC uses the information in NARS to evaluate/support provider accreditation criterion which is a part of the educational design process for initial accreditation, reaccreditation, and progress report reviews.

In addition, ANCC will use data from NARS to produce annual reports as a service to the Delaware Nurses Association and other stakeholders. All DNA Approved Providers are required to use NARS. Further information may be found in the Nursing Activity Reporting System (NARS) User Manual available on the DNA website.

GUIDELINES FOR WRITTEN NARRATIVES

Applicants are required to write narratives to address each criterion. Narratives should be accompanied by one or more examples to illustrate how the criterion is operationalized. Applicants may also supplement the narrative with data in graphs and tabular forms, as appropriate, to support or amplify findings.

The applicant must clearly identify the criterion being addressed in each narrative. Narrative statements should be straightforward and concise and include minimal extraneous information. The goal of the narrative is to explain as clearly as possible how the criterion is met and operationalized within the organization.

Narrative statements and examples should refer to data for the twelve months prior to the submission of the self-study written documentation. Evidence older than twelve months may be submitted sparingly for specific purposes, such as showing a long-term commitment to monitoring data, documenting trends, highlighting best practices, or illustrating continuation of long-term projects.

WRITING TO THE CRITERIA

A narrative description of how the organization operationalizes each criterion is required for the sections on Structural Capacity, Educational Design Process and Quality Outcomes.

Narrative documentation is an opportunity to tell how the organization is adhering to the DNA Approval Program criteria and requires both a description (describe) and an example (demonstrate) for each criterion.

Narrative documentation with supporting evidence/examples:

- “Telling a story”
- “Description of the wonderful work done by your organization for registered nurses”

Examples may be chosen from supplemental activity files but examples may also come from other activities or work done within the organization.

- “Describe” – tell the story
- “Demonstrate” – provide evidence to substantiate the story

Some Tips for Writing

- Pause and reflect on the intent of the question.
- Answer the question directly.
- Do not add unnecessary extraneous information.
- If an individual’s name is used in the narrative, indicate the position/title of the individual to ensure the reader can follow the response.
- Give enough background/context for the reader to understand the response.
- Ask several colleagues to read the responses and tell you if they make sense.
- Remember to answer all parts of the criterion requirement in each response.

Note

- Process description should be a general overview of the process used by the Approved Provider applicant to meet the criterion requirement.
- Example should be a specific and detailed description demonstrating how the Approved Provider applicant operationalized the process. Examples should include details such as who, when, where, how and why.

APPROVED PROVIDER APPLICATION

The following six sections are required written documentation for all Provider Unit applicants (both new and existing Provider Units):

- Eligibility and Attestation Form
- Demographic Information
- Organizational Overview (OO)
- Approved Provider Criterion 1: Structural Capacity (SC)
- Approved Provider Criterion 2: Educational Design Process (EDP)
- Approved Provider Criterion 3: Quality Outcomes (QO)
- Approved Provider Activity files

Note: All documents will be reviewed for adherence to the DNA Approval Program criteria at the time educational activities were planned, implemented, and evaluated.

DEMOGRAPHIC INFORMATION

The Demographic Information page includes name and address of the Provider Unit, contact information for the Primary Nurse Planner, approval status, and location of records for the Provider Unit.

APPROVED PROVIDER ORGANIZATIONAL OVERVIEW

The Organizational Overview (OO) is an essential component of the application process that provides a context for understanding the Provider Unit. The applicant must submit the following documents and/or narratives.

STRUCTURAL CAPACITY

OO1. DEMOGRAPHICS

- Submit a description of the features of the Provider Unit, including, but not limited to the size, geographic range, target audience(s), content areas, and the types of educational activities offered.
- If the Provider Unit is part of a multi-focused organization, describe the relationship of these dimensions to the total organization.

OO2. LINES OF AUTHORITY AND ADMINISTRATIVE SUPPORT

- Submit a list of the names, credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planner(s) (if any) in the Provider Unit.
- Submit position descriptions of the Primary Nurse Planner and Nurse Planners (if any) in the Provider Unit. (Position descriptions should describe the functions specific to the role of Primary Nurse Planner and Nurse Planners that relate to the Provider Unit.)
- Submit a chart depicting the structure of the Provider Unit, including the Primary Nurse Planner and other Nurse Planner(s) (if any).
- If part of a larger organization, submit an organizational chart, flowchart, or similar kind of image that depicts the organizational structure and the Provider Unit's location within the organization. (If the Provider Unit is decentralized (made up of Nurse Planners from various departments) use dotted-line connections to show the Provider Unit in context with the other departments).

EDUCATIONAL DESIGN PROCESS

OO3. DATA COLLECTION AND REPORTING

Approved Provider organizations report data, at a minimum, annually to DNA. Required submissions include all of the following:

- A.** Submit a complete list of all CNE offerings provided in the past twelve months, including activity dates, titles, target audience, total number of participants, number of contact hours offered for each activity, joint provider status, and any commercial support, including monetary or in-kind amount. (Note: This is the report data that Approved Providers are required to submit as part of the annual report to DNA.)

New applicants: Submit a list of the CNE offerings approved by DNA and provided within the past twelve months. Include the items listed above and the assigned DNA number.

QUALITY OUTCOMES

OO4. EVIDENCE

A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for registered nurses participating in its educational activities.

- A.** Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to the Provider Unit. Outcomes must be written in measurable terms.

Examples of categories of outcome measures include, but are not limited, to the following:

- Cost savings for customers
- Cost savings for Provider Unit
- Volume of participants in educational activities
- Volume of educational activities provided
- Satisfaction of staff and volunteers
- 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 Provider Unit staff and volunteers
- Professional development opportunities for staff and volunteers

- B.** Submit a list of the quality outcome measures the Approved Provider collected, monitored, and evaluated over the past twelve months specific to Nursing Professional Development. Outcomes must be written in measurable terms.

Examples of categories of outcome measures include, but are not limited to, the following:

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

- Improvement in nursing care delivery

Note: New applicants should develop and submit with their self-study a list of quality outcome measures that will be collected, monitored, and evaluated.

APPROVED PROVIDER CRITERION 1: STRUCTURAL CAPACITY (SC)

The capacity of an Approved Provider Unit is demonstrated by commitment to, identification of and responsiveness to learner needs; continual engagement in improving outcomes; accountability; and leadership. Applicants will write narrative statements that address each of the criteria under Commitment, Accountability, and Leadership to illustrate how structural capacity is operationalized.



Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Commitment. The Primary Nurse Planner demonstrates commitment to ensuring registered nurses 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 data.

Accountability. The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit adhere to the DNA approval criteria.

Describe and, using an example, demonstrate the following:

SC2. How the Primary Nurse Planner ensures that all Nurse Planner(s) of the Provider Unit are appropriately oriented/trained to implement and adhere to the DNA approval criteria.

Leadership. The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to DNA approval 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 DNA approval criteria.

APPROVED PROVIDER CRITERION 2: EDUCATIONAL DESIGN PROCESS (EDP)

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.



Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

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

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).

EDP2. How the Nurse Planner identifies the educational needs (knowledge, skills and/or practice(s)) 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.

EDP5. 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:

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

EDP7. 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 participating in the educational activity.

APPROVED PROVIDER CRITERION 3: QUALITY OUTCOMES (QO)

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.



Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

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 each of the following:

QO1. The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE.

QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes listed in OO4a.)

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:

Q03. How, over the past twelve months, the Provider Unit has enhanced nursing professional development.
(Refer to identified quality outcomes list in OO4b.)

APPROVED PROVIDER ACTIVITY SUBMISSION REQUIREMENTS

As a component of the educational design process, the Approved Provider applicant must submit three activity files that have been prepared within twelve months of the Approved Provider application date and comply with ANCC criteria.

EXAMPLE OF A PROCESS DESCRIPTION AND SUPPORTING EXAMPLE

EDP5. The process for resolution of an actual or potential conflict of interest and the outcome achieved.

Process description:

The process used by our Provider Unit to resolve an actual or potential conflict of interest is the one outlined in the 2015 DNA Application Manual for Approval of Approved providers and Individual Continuing Nursing Education Activities. Although there are five potential options for resolving an actual or potential conflict of interest outlined in the manual, our Provider Unit has chosen to use one of the following options: 1.) removing the individual with the actual or potential conflict of interest from all parts of the activity; 2.) having a content reviewer review the educational activity 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; or 3.) having a content reviewer review the educational activity 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 activity.

Example:

Using the process of resolution as described above, the following is an example of how our Provider Unit resolved an actual conflict of interest for an educational activity that we provided.

We were planning an activity on triaging and evacuating patients during a hurricane emergency. As part of the planning process, we identified a nationally recognized expert in hurricane disasters. He has published extensively on the subject and has conducted research in the best methods of triage and evacuation. On his Bio/COI form, he indicated that he conducted a research study that was funded with a grant from a company that makes splinting equipment for trauma patients. We recognized that this type of company would be classified as a commercial interest organization based on the ANCC definition. His research was conducted within the past twelve months therefore would be considered an actual conflict of interest as defined by ANCC. Resolution was required. We chose to implement resolution #3 as described above and we took the following actions:

- A content reviewer evaluated the presentation to ensure the content was evidence-based, balanced, and bias-free
- We notified participants in both written materials they received for the program as well as verbally at the start of the presentation that our Provider Unit is committed to ensuring all educational activities include only evidence-based content or content based on the best-available evidence and that all activities are presented in a balanced manner and bias-free. Participants were instructed to immediately contact a member of the Provider Unit (names of the Nurse Planner and other PU members at the conference were given) if they felt that the educational activity was presented in a manner that violated these principles.

The content reviewer found that the content was evidence-based and the presentation was balanced and bias free. There were two reports of bias following the presentation that were reported to the Nurse Planner (approximately 150 individuals participated in the activity). The Nurse Planner discussed the concerns that were brought to her attention and determined the reports were unfounded, i.e. did not demonstrate commercial bias in the activity. Both reports came from participants who thought that because the speaker mentioned his place of employment (a hospital system) and was a reflected as a bias.

Assessment, measurement, and documentation of quality outcomes validate the work of an Approved Provider Unit. Close attention to the goals of the Provider Unit as a whole will enable the Lead and other Nurse Planners to be effective in enhancing the professional development of their nurse learners and contributing to quality patient care.

APPROVED PROVIDER APPLICATION TIPS

(Ohio Nurses Association-Continuing Education Approver Council, 2017)

The following are tips to completing the Approved Provider Application.

STRUCTURAL CAPACITY

OO1. DEMOGRAPHICS

How does the Provider Unit fit within the structure of a college of nursing or a state health department? In a hospital, how does the Provider Unit fit within the context of the hospital's other departments and services?

If the Provider Unit is a free-standing organization whose sole business is continuing education, mark 'not applicable'.

OO2. LINES OF AUTHORITY AND ADMINISTRATIVE SUPPORT

Position description: The position descriptions should include functions specific to the role of Primary Nurse Planner and Nurse Planners that relate to the Provider Unit.

Charts: Be sure the Provider Unit is clearly evident. If the Provider Unit is decentralized (Nurse Planners from various departments), use dotted-line connections to show the Provider Unit in context with the other departments.

EDUCATIONAL DESIGN PROCESS

OO3. DATA COLLECTION AND REPORTING

Current Approved Providers: The list of all CNE offerings provided in the past twelve months can be pulled from the NARS reporting system.

New applicants: Submit a list of the CNE offerings approved by DNA and provided within the past twelve months. Include the items listed above and the assigned DNA number.

QUALITY OUTCOMES

OO4. EVIDENCE

A. Quality Outcome Measures: Quality outcome measures are used to evaluate performance of the Provider Unit as an entity and to evaluate its impact on nursing professional development and/or patient outcomes. It is these outcome measures that form the basis of the Provider Unit's purpose and defines what the Provider Unit wants to accomplish.

Consider quality outcome measures such as more diversity in types of learning activities offered, greater number of activities, more variety in learning options to address varied learning needs, cost savings for the Provider Unit or for learners, number of participants in learning activities, and operational improvements to make the Provider Unit more effective/efficient. This is not an exhaustive list – consider other quality outcomes measures as they relate to the Provider Unit.

It is recommended to choose two or three quality outcome measures for the Provider Unit each year. Develop the Provider Unit's desired outcomes around the items on the list below. Then create an action plan of how they will be achieved. At the end of the year, evaluate the Provider Unit's progress in achieving the identified goals and decide whether new outcome measures are appropriate for the following year.

Examples of categories of outcome measures include, but are not limited, to the following:

- Cost savings for customers
- Cost savings for Provider Unit
- Volume of participants in educational activities
- Volume of educational activities provided
- Satisfaction of staff and volunteers
- 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 Provider Unit staff and volunteers
- Professional development opportunities for staff and volunteers

Examples of measurable outcome measures for the Provider Unit might be:

- Increase the number of fully functioning Nurse Planners so that there is at least one Nurse Planner for each department within twelve months.
- Develop at least one independent study pertaining to ethics for each unit by the end of the year.

B. Collected, Monitored, and Evaluated Quality Outcome Measures:

Consider possible outcome measures related to professional practice behaviors, use of evidence-based standards, leadership skills, critical thinking/clinical judgment skills, competency, improvement in nursing practice, or improvement in patient outcomes.

Just as was done with the quality outcomes for the Provider Unit, select two or three outcome measures that will be the goals for the year. Create an action plan, design educational activities and Provider Unit processes in a way that enables progress tracking in meeting those goals, and then evaluate the progress at the end of the year. For the following year, the quality outcome measures and related goals may be kept or revised.

Examples of categories of outcome measures include, but are not limited to, the following:

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

Examples of measurable outcome measures related to nursing professional development might be:

- Preceptors will report that 100% of new graduates are using critical thinking skills by the end of the 8th week of employment.
- 80% of nurse managers will present a balanced budget to the administrative team by the end of the 3rd quarter of 2018.
- All new employees will exemplify leadership behaviors of advocacy, assertiveness, clinical judgment, and reflective practice by the end of 1-year of employment.

Note: New applicants should develop and submit with their application a list of quality outcome measures that will be collected, monitored, and evaluated.

Approved Provider Criteria

To provide a complete answer, narratives should address the who, what, why, where, when, and how of each criterion. The processes of the Provider Unit should be outlined in the Provider Unit's Policy and Procedures or Operations manuals.

Key words are provided in the heading of each section to help with responding to the question. For example, SC1 requires a description and example of how the Primary Nurse Planner is committed to learner needs. The focus is on commitment to learners as part of the Provider Unit's operations, not on how needs assessment data for a learning activity was collected.

The prompt questions will help in considering how to respond to a question. These are NOT the specific questions that need to be answered in the description. Consider each question and discuss with team members on the processes and examples. Each description should be approximately half-page with the other half-page for the example.

One or two sentence answers do not provide adequate descriptions or examples.

APPROVED PROVIDER CRITERION 1: STRUCTURAL CAPACITY (SC)

SC1. The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on data.

Key words: Primary Nurse Planner, commitment, learner needs (in aggregate), and revised processes

This criterion relates to the overall functioning of the Provider Unit and the Primary Nurse Planner's commitment to learner needs, not specifically to the individual activity planning. Examples might include educational activity requests or discussions to increase attendance opportunities at CE events by offering more classes convenient to the night shift; offering podcasts; obtaining financial support for national speakers, etc.

Consider:

- How does the Primary Nurse Planner use feedback from learners to change or improve Provider Unit processes or learning activities?
- How does the Primary Nurse Planner know what styles of learning fit learners best or what learning modalities (live, webinars, independent study documents, etc.) do they prefer?
- What does the Primary Nurse Planner do with this information?

Start by describing the process specific to the Provider Unit, then provide a specific example.

Example: "Over the past six months, our hospital has hired a significant number of new registered nurses. Our RN demographic mix is now 36% millennial generation, 35% generation X, 25% baby boomers, and 4% traditionalists. Based on this data, we surveyed all RNs to determine their preferred learning styles. We had an 82% response rate to our survey, and based on this data we found that..."

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

Key words: Primary Nurse Planner, Nurse Planners, oriented/trained, implement/adhere

Examples might include orienting new Nurse Planners, then have them work with a preceptor, and then monitor their performance to ensure adhering to the criteria; sharing Provider Newsletters; becoming certified as a Nursing Professional Development Specialist; description of how keep up to date with the criteria and rules; etc.

Consider:

- How does the Primary Nurse Planner orient new Nurse Planners to the Provider Unit?
- How does the Primary Nurse Planner keep new Nurse Planners updated on changes?
- How does the Primary Nurse Planner monitor to be sure new Nurse Planners are following the criteria and processes on a consistent basis?

SC 3. 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.

Key words: Primary Nurse Planner, direction and guidance, compliance

Consider:

- How does the Primary Nurse Planner role-model maintenance of standards?
- How does the Primary Nurse Planner make expectations clear to other Nurse Planners and others involved with CNE activities?
- What process does the Primary Nurse Planner implement to support others who participate on planning committees or engage in the work of providing CNE?
- How does the Primary Nurse Planner help Nurse Planners problem-solve when challenges or questions arise?
- What leadership skills does the Primary Nurse Planner use to guide Nurse Planners and others in their work?

APPROVED PROVIDER CRITERION 2: EDUCATIONAL DESIGN PROCESS (EDP)

Each Provider Unit is expected to have a clearly defined process for developing continuing nursing education activities in accordance with adult learning principles, professional education standards, and standards related to ethical practice and behavior.

Returning Approved Providers are required to include three sample activities with the provider application.

New Approved Providers must submit three activities that have been approved by DNA within the last 24-months. Examples provided in the EDP criteria may relate to these activities, but other examples may also be used.

Examples must be clearly written in narrative form. It is not acceptable to refer to an educational activity file (i.e. see identified gap in our activity on emergency preparedness). Remember, responses should include who, what, when, where, why, and how components to help nurse peer reviewers get a clear picture of how the Provider Unit plans, implements, and evaluates learning activities.

Descriptions should clearly illustrate the process used to conduct each step of the activity planning and evaluation processes for any given learning activity (this section is specific to learning activities, whereas the SC and QO sections are more general). Examples should be related to how the Provider Unit implemented the process in a specific instance.

Separate examples may be used to explain the Provider Unit's processes and should come from multiple educational activities, not just one. It is acceptable to use examples from educational activities other than those submitted with the provider application.

EDP 1. The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

Key words: process, identify, problem or opportunity

A professional practice gap can be considered the “distance” (gap) between where a learner is now (point A) and where a learner should be (point B) in relation to a particular piece of knowledge, skill set, or ability to apply knowledge and skills in the practice setting. An educational activity is designed to move the learner from point A to point B. The activity will not be effective unless and until the professional practice gap is clearly identified, so this is a critical first step in developing an educational activity.

Consider:

- How is a professional practice gap defined?
- How is it determined that one exists?
- How is it determined that an issue needs attention?
- What sources of data might alert the Nurse Planner to the existence of a professional practice gap?

The example provided should describe how this criterion is address through one of the Provider Unit’s educational activities.

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

Key words: nurse planner, identifies, educational needs, contribute to

Consider:

- What evidence is used to determine why the professional practice gap exists?
- How does the needs assessment data support the gap analysis? Or, conversely, how does identifying the gap help the Provider Unit do a more targeted assessment of the needs of the learners expected to participate in an activity?
- What resources are used to identify underlying needs (example: new national standards issued for blood pressure monitoring or stroke care; hospital quality data indicates a department has an above-benchmark rate of infection)
- How is it determined whether the gap is in knowledge, skills, or application in practice?
- How is evidence used to determine whether an educational need exist versus an individual compliance or competency issue?

EDP 3. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Key words: process, identify, resolve, conflicts of interest, control educational content

Consider:

- How does the Primary Nurse Planner and other Nurse Planners in the Provider Unit define ‘conflict of interest’? Do all Nurse Planners have a clear definition of a conflict of interest?
- Who assesses the Nurse Planner’s conflict of interest for the activity?
- What happens if the Nurse Planner has a conflict of interest?
- What sources of evidence is included when assessing for conflict of interest?
- How is it determined who has the ability to ‘control content’ for an activity?
- How is data analyzed to determine whether there is a conflict of interest for anyone involved with the learning activity?
- What happens if someone declines to provide evidence related to conflict of interest for self or spouse?
- What if the person states that he/she does not have a conflict of interest, but the Nurse Planner thinks there may be one?

- What if the person states that he/she has a conflict of interest, but the Nurse Planner does not evaluate the situation as a conflict?

Identification of the presence or absence of conflicts of interest is always required. 'Not applicable' is not an acceptable response.

- What occurs when a conflict of interest is identified while collecting data on a person involved with an activity?
- What options are considered in resolving the conflict?
- In the example, why did you select the option you did, and what happened as a result?

If the Provider Unit has not had to resolve a conflict of interest, the example should be based on a situation where a Nurse Planner reviewed the COI data and determined no resolution was necessary. 'Not applicable' is not an acceptable response.

EDP 4. How 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).

Key words: content, best available current evidence, desired outcomes

Consider:

- Who selects content for the activity?
- How does the content selected relate to the professional practice gap and evidence supporting the need for the activity (data from EDP 1 and 2)?
- How is 'best available current evidence' defined?
- What sources of evidence are typically used to meet identified educational needs?
- How does the planning committee work with the speaker/author to assure that content and references/resources relate to closing the identified practice gap?
- How is it validated that the presenter/author is using best-available evidence to present the information?
- What is the remedy if it is suspected that content was not based on best available evidence?
- Has the Provider Unit used Content Reviewers to evaluate content to be sure it is based on best available evidence?

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

Key words: strategies, promote learning, actively engage learners

Consider:

- Why is it important that learners be actively engaged?
- What evidence from adult learning principles and other theoretical foundations supports the importance of this approach in helping learners translate knowledge into practice?
- What are common strategies used in the Provider Unit to engage learners? How are strategies selected for specific educational activities?
- How does the planning committee evaluate the effectiveness of learner engagement strategies in educational activities?
- What if learners don't 'engage'?
- How do the selected teaching methods relate to the identified professional practice gap and contribute to the learners' ability to achieve the desired outcome of the activity?

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

Key words: summative, guide future activities

Consider:

- How is evaluation data collected? (NOTE: Think carefully about what data to collect to assess whether a practice gap has been closed and how it should be done for each activity.)
- How are evaluation strategies selected based on whether the identified gap is in knowledge, skill, or application in practice?
- How is evaluation data summarized?
- Who is responsible for this process?
- How is it shared, and with whom?
- What is the purpose of sharing summative evaluation data?
- How does this data help in planning future learning 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 participating in the educational activity.

Key words: measures change, result of educational activity

Consider:

- The purpose of continuing nursing education is to enhance the professional development of the nurse and/or improve patient care. What data does the Provider Unit review to indicate that educational activities have contributed to that purpose?
- What evaluation data is collected to indicate that the previously identified gap has been filled for a given learning activity?
- How is change measured?
- When is change measured? (Consider both short term and long-term strategies)
- What resources are used to help measure change? (Consider quality improvement, risk management, or other existing sources of evidence)
- What evidence has been reviewed to indicate whether a learning activity changed nursing practice?
- How are learners held accountable for implementing what they have learned?

APPROVED PROVIDER CRITERION 3: QUALITY OUTCOMES (QO)

QO1. The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE. (Note: This is not just about evaluating individual activities. Look at the bigger picture of the Provider Unit.)

Key words: evaluating effectiveness, Provider Unit, delivering quality CNE

Consider:

- What is the evaluation plan for the Provider Unit?
- What does 'effectiveness' include for the Provider Unit?
- What topics, besides individual activities, are considered in the evaluation of the effectiveness of the Provider Unit? What about personnel, finances, material resources?
- How often does the Provider Unit evaluation process occur?
- Who engages with the Provider Unit in the evaluation process?
- Why is it important to conduct this type of evaluation?

QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes listed in OO4a.)

Key words: evaluation process, development/improvement of quality outcome measure

(NOTE: This criterion refers directly back to OO4a. Be sure to review the quality outcome measures for the Provider Unit before addressing this criterion. Remember that QO2 relates to the effectiveness of the Provider Unit and is specific to Provider Unit operations – not learner outcomes.)

Consider:

- What outcomes measures (identified in OO4a) are being used to evaluate the Provider Unit?
- What data was collected around these outcomes measures?
- How is data analyzed to determine the Provider Unit's effectiveness?
- Based on that data, what changes have been made to an existing outcome measure? Why?
- What new outcome measures, if any, have been added? Why?
- What outcome measures, if any, have been deleted from priorities? Why?

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

Key words: past twelve months, enhanced nursing professional development

(NOTE: This criterion refers directly back to OO4b. Be sure to review quality outcome measures for nursing professional development before addressing this criterion. Remember that QO3 relates to how the Provider Unit has contributed to improving the practice of nursing.)

Consider:

- How were learning activities designed to help nurses learn and grow?
- What evidence shows that nurses could implement what they learned?
- How did what nurses learned improve their professional development or the care they provided for their patients? What supports this response?
- What metrics provide supporting evidence that professional growth or change in practice occurred and that professional practice gaps were closed?
- How are quality outcomes data reported and/or shared with others within the Provider Unit's organization?
- Why does it matter? How do outcomes benefit the organization?

REFERENCES

Ohio Nurses Association-Continuing Education Approver Council. (2017, June 28). *2015 ONA Provider Manual*. Retrieved from Ohio Nurses Association: <http://www.ohnurses.org/education/become-an-approved-provider-2/2016-ona-provider-manual/>

GLOSSARY

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

Accredited Approver An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to assess and monitor other organizations' compliance with ANCC accreditation criteria that support the provision of quality CNE activities, and to assess and monitor applicants' compliance with ANCC accreditation criteria as Approved Providers (C/SNA and FNS only) and Individual Activity Applicants (C/SNA, FNS, and SNO).

Approved Provider An eligible organization approved by an ANCC Accredited Approver after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

Approver Unit Comprises the members of an organization who support the approval of other organizations and/or continuing nursing education activities.

Best Available Evidence Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base.

Bias Tendency or inclination to cause partiality, favoritism, or influence.

Biographical Data Information required from Nurse Planners and Content Experts for Individual Activity Applications. The data provided should document these individuals' qualifications relevant to the continuing education process or a specific activity with respect to their education, professional achievements and credentials, work experience, honors, awards, and/or professional publications.

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 (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 or approving 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.

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 reaccreditation 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

Evaluation—Summative Samples the entire range of outcomes associated over a long period and assesses student mastery of those skills.

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).

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.

Marketing 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.

Multifocused 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.

Nurse Peer Review Leader A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within the organization to evaluate adherence to the ANCC Primary Accreditation Program criteria in the approval of CNE.

Nurse Peer Reviewer A registered nurse who holds a current, unencumbered license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in evaluating each Approved Provider or Individual Activity Applicant to evaluate adherence to the ANCC criteria.

Nurse Planner A registered nurse who holds a current, unencumbered nursing license (or international equivalent) 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 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.

Organizational Chart A diagram or other schematic used to depict informal and formal lines of communication and relationships within the

overall organization, as well as within the Provider Unit.

Outcome The impact of structure and process on the organization as an approver and the value/benefit to nursing professional development. Also applies to Approver Unit assessment of an approved provider.

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).

Position Description (approved provider unit) Description of the functions specific to the roles of Primary Nurse Planner and Nurse Planners (if any) that relate to the Approved Provider Unit.

Primary Nurse Planner A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent), and who has the authority within an Approved Provider Unit to ensure adherence to the ANCC Accredited Approver Unit and Accreditation Program criteria in the provision of CNE.

Process For Approved Providers, process is the development, delivery, and evaluation of CNE activities. For Accredited Approvers, process is the evaluation of providers of CNE and/or individual 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.

Specialty Nursing Organization (SNO) A national nursing body that has a majority of voting members who are RNs practicing in a specialized nursing area, as so defined in the organization's governing documents.

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

Target Audience The group for which an educational activity has been designed.

Teaching Strategies Instructional methods and techniques that are in accord with principles of adult learning.

Appendix: Standards for Disclosure and Commercial Support

These Standards have been adapted from the Accreditation Council for Continuing Medical Education (ACCME), which articulates its policies¹ for disclosure and commercial support in:

- (1) *The Standards for Commercial Support: Standards to Ensure Independence in CME Activities*, as adopted by ACCME in September 2004; and
- (2) ACCME policies applicable to commercial support and disclosure.

STANDARD 1: INDEPENDENCE

1.1 An entity has a commercial interest if it is:

1. An entity that produces, markets, sells, or distributes health care goods or services consumed by or used on patients OR
2. An entity that is owned or operated, in whole or in part, by any entity that produces, markets, sells or distributes health care goods or services consumed by or used on patients.

An entity is NOT a commercial interest if it is:

1. A government entity
2. A non-profit (503(c) organization; or
3. A non-healthcare related entity.

This definition permits an Approved Provider to be owned by an entity that is not a commercial interest. It also allows a Provider to have a 'sister company' or parent company that is a commercial interest, as long as the approved Provider has and maintains adequate corporate firewalls to prohibit any influence or control by the sister or parent company over the continuing education program of the Approved Provider. In this case, DNA would expect that the Approved Provider would have adequate corporate firewall in place to prohibit any influence or control by the 'sister company' over the continuing education program.

DNA and ANCC do not consider Providers of clinical service directly to patients to be commercial interests.

1.2 A continuing nursing education Provider must ensure that the following decisions were made free from the control of a commercial interest.

- (a) Identification of continuing nursing education needs
- (b) Determination of educational objectives
- (c) Selection and presentation of content
- (d) Selection of all persons and organizations that will be in a position to control the content of the continuing nursing education.
- (e) Selection of educational methods, and
- (f) Evaluation of the activity

1.3 An entity with a commercial interest cannot take the role of non-approved partner in a joint provided relationship.

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

2.1 An individual must disclose any financial relationships with an entity with a commercial interest (see STANDARD 1).

2.2 The Provider must be able to show that each individual who is in a position to control the content of an education activity has disclosed all financial relationships with any entity with a commercial interest in the Provider. ANCC defines "financial relationships" as those relationships in which the individual benefits by receiving

a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include ‘contracted research’ where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ANCC considers relationships of the person involved in the continuing nursing education activity to include financial relationships of a spouse/partner. Financial relationships must be disclosed to the learners during the time when the relationship is in effect and for twelve months afterward.

With respect to personal financial relationships, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.

2.3 An individual who refuses to disclose relevant financial relationships will be disqualified from being a Planning Committee member, a teacher, or an author of continuing nursing education and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CNE activity.

2.4 The Provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

2.5 ANCC defines a “conflict of interest” to exist when an individual has an opportunity to affect continuing nursing education content with products or services from a commercial interest with which he/she has a financial relationship.

ANCC considers “opportunity to affect continuing nursing education content” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interests, when a person divests himself/herself of a relationship, it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

3.1 The Provider must make all decisions regarding the disposition and disbursement of commercial support.

ANCC defines “commercial support” as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity.

ANCC does not consider Providers of clinical service directly to patients to be commercial interests. For the purposes of eligibility, ANCC considers the following types of organizations eligible for accreditation/approval and free to control the content of continuing nursing education (Standard 1):

- Liability insurance Providers
- Health insurance Providers
- Group medical practices
- Acute care hospital (for-profit and not-for-profit)
- For-profit rehabilitation centers
- For-profit nursing homes

- Universities with nursing development and continuing nursing education programs
- Specialty Nursing Organizations
- Constituent Member Associations
- Federal Nursing Services
- National nurses' organizations based outside the United States
- A single-focused organization devoted to offering continuing nursing education. (See Glossary)

3.2 A Provider cannot be required by an entity with a commercial interest to accept advice or services concerning teachers, authors, or other education matters, including content, from the entity as conditions of contributing funds or services.

3.3 All commercial support associated with a continuing nursing education activity must be given with the full knowledge and approval of the Provider.

Written Agreement Documenting Terms of Support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes the Provider and its educational partner(s). The agreement must include the Provider, even if the support is given directly to the Provider's educational partner or a Joint Provider.

3.5 The written agreement must specify the entity that is the source of commercial support.

3.6 Both the entity and the Provider must sign the written agreement regarding the support to be provided/accepted.

Expenditures for an Individual Providing Continuing Nursing Education

3.7 The Provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.

3.8 The Provider, the Joint Provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the Provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, Planning Committee members, teachers or authors, Joint Provider, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for Learners

3.11 Social events or meals at continuing nursing education activities cannot compete with or take precedence over, the educational events.

3.12 The Provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a continuing nursing education activity. The Provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the Provider, Joint Provider, or educational partner. This element applies only to nurses whose official residence is in the United States.

Accountability

3.13 The Provider must be able to produce accurate documentation detailing the receipt and expenditure of commercial support.

STANDARD 4. APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

Commercial exhibits and advertisements are promotional activities and not continuing nursing education. Therefore, monies paid by commercial interests to Providers for these promotional activities are not considered to be 'commercial support.' However, Approved Providers are expected to fulfill the requirements of Standard 4 and to use sound fiscal and business practices with respect to promotional activities.

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for continuing nursing education activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing nursing education activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from continuing nursing education.

- **Print advertisements** and promotional materials shall not be interleaved within the pages of the continuing nursing education content. Advertisements and promotional materials may face the first or last pages of printed continuing nursing education content as long as these materials are not related to the continuing nursing education content they face and are not paid for by the entities with commercial interests in the continuing nursing education activity.
- **Computer-based advertisements** and promotional materials shall not be visible on the screen at the same time as the continuing nursing education content and not interleaved between computer 'windows' or screens of the continuing nursing education content
- **Audio and video recording advertisements** and promotional materials shall not be included within the continuing nursing education. There will be no 'commercial breaks.'
- **Live, face-to-face continuing nursing education advertisements** and promotional materials shall not be displayed or distributed in the educational space immediately before, during, or after a continuing nursing education activity. Providers shall not allow representatives of an entity with commercial interests to engage in sales or promotional activities while in the space or place of the continuing nursing education activity.

4.3 Educational materials that are part of a continuing nursing education activity, such as slides, abstracts, and handouts, shall not contain any advertising, trade name, or a product-group message.

4.4 Print or electronic information distributed about the non-continuing nursing education elements of a continuing nursing education activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4.5 A Provider shall not use an entity with a commercial interest as the agent providing a continuing nursing education activity to learners, e.g., distribution of self-study continuing nursing education activities or arranging for electronic access to continuing nursing education activities.

STANDARD 5. CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS

5.1 The content or format of a continuing nursing education activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the continuing nursing education educational material or content includes trade names, when available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS

Relevant financial relationships of those with control over continuing nursing education content.

Disclosure of information about Provider and faculty relationships may be disclosed verbally to participants at a continuing nursing education activity. When such information is disclosed verbally at a continuing nursing education activity, Providers must be able to supply ANCC with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

A. A representative of the Provider who was in attendance at the time of the verbal disclosure must attest, in writing:

- that verbal disclosure did occur; and
- itemize the content of the disclosed information (Standard 6.1) or that there was nothing to disclose (Standard 6.2).

B. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

6.1 The Approved Provider is responsible for ensuring that learners are aware of any relevant financial relationship(s), to include the following information:

- The name of the individual
- The name of the commercial interest(s), and
- The nature of the relationship the person has with each commercial interest

6.2 For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

Commercial Support for the Continuing Nursing Education Activity

The Provider's acknowledgment of commercial support as required by Standard 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product-promotional in nature.

6.3 The source of all support from entities with commercial interests must be disclosed to learners. When commercial support is other than monetary support, the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of Disclosure

6.5 A Provider must disclose the above information to learners prior to or at the time of the beginning of the educational activity.

¹These materials can be found at www.accme.org under Accreditation Requirements – ACCME Essential Areas & Elements (Element 3.3). ACCME provides additional information about commercial support and disclosure in the form of frequently asked questions under the "Ask ACCME" tab on its web site.