



## 2009 PROVIDER APPLICATION PROCESS



## CONTINUING NURSING EDUCATION

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The Indiana State Nurses Association has long been concerned about and involved in continuing education. Indiana was one of the first states in the nation to develop and implement a process to assure that continuing education activities in nursing meet high educational standards. A statewide plan for continuing education in nursing in Indiana was developed in 1972-73 through a grant from the US Public Health Service and implemented during 1973-76 through a grant from the W.K. Kellogg Foundation. The Indiana Statewide Program for Continuing Education in Nursing (ISPCEN) functioned cooperatively with the Indiana State Nurses Association. Effective January 1, 1977, ISPCEN officially became a part of the Indiana State Nurses Association. The ISNA continuing education approval program is driven by the requirements stipulated by the American Nurses Credentialing Center's Commission on Accreditation for organizations accredited to approve nursing continuing education. ISNA has been accredited as an approver of continuing nursing education since 1977. The ISNA approval system is administered through the ISNA Committee on Approval of Nursing Education (COA).

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## **ISNA's Continuing Nursing Education Philosophy**

The Indiana State Nurses Association is the voluntary professional association for registered nurses in this State. Membership is an individual responsibility and reflects a commitment to a belief that:

1. Nursing is a humanistic, socially essential service which is instrumental in providing quality health care to all people;
2. The Association can contribute to the provision of quality nursing care by facilitating professional growth;
3. Registered nurses benefit from an Association which promotes the individual's social, educational, political, and economic development and/or advancement;
4. The promotion of professional growth through a variety of Association activities is important to facilitate the advancement of nursing as a profession;
5. Nurse participation in ISNA approved continuing nursing education benefits the individual and the recipient of care.

## **Philosophy, Purpose and Goals for Approver Unit**

### **Philosophy**

The Committee on Approval is an integral part of the Indiana State Nurses Association and, as such, adheres to the philosophy of the Indiana State Nurses Association about the profession, the nature of nursing, and the importance of quality continuing education for nurses. In addition, the Committee adheres to the American Nurses Association definition of nursing from the Nursing Policy Statement: "Nursing is the diagnosis and treatment of human responses to actual or potential health problems."

Today's contemporary world is in an unrelenting, constant process of change. To respond effectively to the demands of change, the nursing profession believes that learning needs to be a continuous process throughout the lifespan. Learning is individual and diversified for each person. As such, the professional organization must recognize and respond to a commitment to registered nurses as unique persons, as individual learners, and as citizens.

Individual nurses are responsible for their own learning and should participate in the identification of their own learning needs to meet these identified needs. Providers of continuing nursing education must have a commitment to involve learners in the learning process from the initial stages of planning through the evaluation of organized learning experiences.

Continuing nursing education should be provided in a well-planned, organized educational environment. Strong support and leadership is expected from all groups providing continuing education. Continuing nursing education should assist individual practitioners in the continued acquisition of knowledge, the extension of professional responsibilities, the expansion of interpersonal skills, and the improvement of problem solving approaches to professional practice.

Continuing nursing education should serve as a viable means of improving the professional competence of the practitioner with the outcome of improved health care. Continuing nursing education also should include such important concerns as: the realization of

the health potential of each individual, the quality of life, and the understanding of the current health problems of modern society.

Through its role as an approval body for continuing nursing education, the Indiana State Nurses Association should promote quality continuing nursing education for its membership as well as for the profession. This assurance of quality is needed to provide the citizens of Indiana with nursing practitioners who are accountable for developing, implementing and maintaining standards of nursing practice.

### **Purpose**

The purpose of the approver unit is to provide for a system of peer review of continuing education events by applying the American Nurses Credentialing Center's Commission on Accreditation approved criteria for continuing education activities and providers and to provide for maintenance of records regarding the system of peer review.

### **Goals**

1. Provide a system of approval of continuing nursing education in the State of Indiana for activities and for providers.
2. Maintain American Nurses Credentialing Center accreditation as an approver of continuing nursing education.
3. Publish a calendar of ISNA approved continuing education events.
4. Evaluate the effectiveness of the approval unit's activities.
5. Assess the need, availability, and accessibility of quality continuing education opportunities for nurses.
6. Utilize the American Nurses Association's Scope and Standards of Practice for Nursing Professional Development as a means for assuring the quality of continuing nursing education.
7. Maintain a mechanism for identification and resolution of problems and issues related to continuing education in nursing.
8. Maintain appropriate communication with membership of state regulatory agencies who have an impact on continuing education in nursing.
9. Maintain contact with providers and inform them of ANCC updates.
10. Conduct inter-rater reliability evaluation at least biennially.
11. Utilize evaluation data to improve the approval process.
12. Provide orientation session for new members of the ISNA Committee on Approval each year.

## Approved Provider Unit Process

### Introduction

This manual includes information about operation of an approved provider unit for continuing nursing education. An approved provider unit has the authority to plan, implement, and evaluate its own continuing education activities during the three-year period of provider unit approval. Criteria of the American Nurses Credentialing Center's (ANCC) Commission on Accreditation (COA) form the basis of the manual and its associated forms. The Committee on Approval of CNE of the Indiana State Nurses Association (ISNA) is responsible for approving provider units at ISNA.

Our goal is to help you be successful in completing the provider application and providing quality continuing education. Please contact the Director of Nursing Education at ISNA at 317/299-4575 or [ce@IndianaNurses.org](mailto:ce@IndianaNurses.org) at any time if you have questions or need further information.

### Definitions

**Continuing nursing education (CNE)** consists of planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, and administration. Continuing education promotes professional development to improve health care.

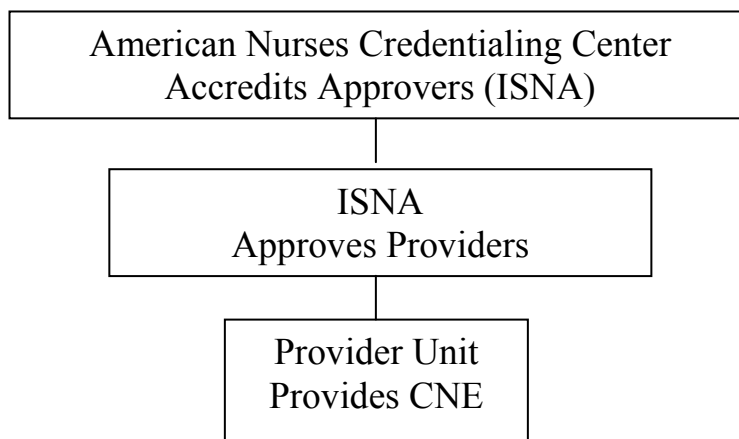
**Inservice education** consists of planned instruction or training to assist the nurse to perform in a particular work setting. It is designed to maintain or increase competency to promote compliance with facility policy and procedures, demonstrate use of facility-specific equipment, or practice previously learned skills. Basic CPR, first aid, and orientation to work settings are considered inservice. Inservice activities are NOT eligible for contact hours.

**Personal development** activities are learning experiences designed to enhance personal knowledge of the learner. Examples may include courses on topics like personal finance or retirement planning. Personal development activities are NOT eligible for contact hours.

## ISNA's Authority as an Approver

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

The Commission on Accreditation accredits approver units which have demonstrated the capacity to approve and monitor the educational activities of individual activity providers and provider units. Accreditation is national in scope.



## Difference between Providing and Approving

ISNA is authorized through national accreditation to be an approver of continuing nursing education. Your organization, upon achieving approval as a provider unit, is authorized to plan, implement, and evaluate continuing education activities according to the criteria and rules and award contact hours for those activities. *Provider units never have the authority to approve their own or anyone else's activities.* The words “approved”, “application”, “applicant”, or “submitted” should never be used in connection with any activity your provider unit plans and presents.

## Who Can Be A Provider Unit?

### A. In order to be eligible, your provider unit must:

1. Have a clearly defined unit or department administratively and operationally responsible for continuing nursing education
2. Have nurse planner(s) who meet(s) qualifications of:
  - a. Minimum of BSN
  - b. Knowledge of adult learning, ANCC COA criteria. (see Note 1 below)
3. Have been functioning for at least six months. During that time, at least three separate activities must have been planned, approved by ISNA, implemented, and evaluated with direct involvement of a qualified nurse planner. Each activity must be at least 60 minutes in length. Co-provided activities are not acceptable.
4. Target audience: Your organization must be based in Indiana and you must target more than 50% of your learning activities to nurses within the states of Ohio, Pennsylvania, West Virginia, Kentucky, Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, North Dakota, South Dakota and Wisconsin. (See Note 2 below)

5. Be separate from any commercial entity that produces, markets, re-sells or distributes a product used on or by patients (See Note 3 below for further clarification)

**NOTE 1:** Additional information about the Nurse Planner. The nurse planner must be a registered nurse with a minimum of a baccalaureate degree in nursing. In some organizations there may be more than one designated nurse planner. One nurse planner should then be selected/identified as the primary or lead nurse planner. All nurse planners must meet the educational criteria of a minimum of a baccalaureate degree in nursing. Nurse planners may work for the Provider Unit as staff members, consultants or volunteers.

In addition to meeting the minimum educational requirement, nurse planners must maintain expertise in educational design and adult learning theories, receive orientation to, and maintain responsibility for implementing criteria and rules in their performance of the nurse planner role. The essence of the nurse planner requirement is twofold:

1. To ensure that a qualified nurse planner is involved in the entire process of delivery – from needs assessment through planning, implementation, evaluation and follow-up – for every continuing nursing education activity offered by the provider unit; and
2. To guarantee that ANCC Accreditation Program criteria guide the development and implementation of every continuing nursing education activity offered by a provider unit.

Other nurses may serve on an individual activity planning committee along with one of the designated nurse planners. These other nurses do not have the same responsibilities, accountabilities or educational requirements as the designated nurse planners. They are only responsible for participating in the planning of one particular educational event. (ANCC Application Manual, 2009)

**NOTE 2:** If your target audience is broader than the areas identified above in #4, you are not eligible to apply to be an approved provider unit through ISNA. You are, however, eligible to contact the ANCC Accreditation Program to apply for accreditation as a provider unit.

Activities offered over the internet are usually considered to be targeted to nurses in multiple regions covering more states than listed here.

**NOTE3:** Your organization is ineligible for approval as a provider unit if it is a commercial interest as defined in the Standards for Commercial Support.

A “commercial interest” is any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used, on patients or that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients.

This definition allows a provider to have a “sister company” that is a commercial interest, as long as the approved provider had and maintained adequate corporate firewalls to prohibit any influence or control by the “sister company” over the continuing education program of the approved provider. In this case ISNA would expect that the approved provider would have an adequate corporate firewall in

place to prohibit any influence or control by the “sister company” over the continuing education program. (Adapted from ANCC Application Manual, 2009)

## Application and Related Policies and Processes

### Application Process

#### **For individuals interested in first time approval as a provider unit:**

Step 1: Review the eligibility criteria as listed above. If you feel that you meet these criteria, please contact the Director, Continuing Nursing Education, at ISNA at least three months prior to when you plan to submit the provider application.

Once the Director of Continuing Nursing Education notifies you that you are eligible, prepare and submit the provider application. Applications are due March 1 or September 1.

#### **For currently approved provider units through ISNA:**

Step 1: To ensure continuity of your provider unit's activities, submit the provider application at least three months before your current provider approval expires. All criteria must be met before approval is granted. If approval expires, your provider unit may not award contact hours.

Step 2: Submit three complete typed copies of the provider unit application packet and the application fee. Each copy of the application must include a table of contents and have pages clearly numbered consistent with the table of contents. Bind your application securely. Comb binding is recommended. Please do not use 3-ring binders, rubber bands, or clips.

To be accepted for review, all applications MUST be submitted on current ISNA forms and completed in the format defined in this manual. Applications not submitted on correct forms or in the proper format will be returned with directions about what changes are needed before the review can take place. To ensure you are using the most current forms visit our Provider Application link:

<http://www.indiananurses.org/papplications.php>

Step 3: Provider applications are reviewed at the May (submission deadline March 1) and November (submission deadline September 1) meetings of the Committee on Approval (COA).

#### **Fees:**

Provider application for 3 Year Approval: \$1,200 Non-refundable fee submitted by the postmark deadline

<b>EFFECTIVE JANUARY 2012: Provider application for 3 year approval</b>	
Provider with one facility/site:	\$1200 Non-refundable fee submitted by the postmark deadline
Additional facilities:	\$500 Non-Refundable fee for each additional facility up to a maximum of \$4200.00. (no additional charge for more than 6 facilities)

Late fee: \$500 will be charged if the application is submitted after the postmark deadline.

Withdrawal fee: If an application is withdrawn before the start of the review cycle, the fee will be returned minus \$250.

**Extension fee\*:** The approved organization's date for submission of its re-application may be extended for a period of six (6) months. A fee of \$150.00 shall accompany the request.

**\* Only available for renewal applications.** Each approved organization will be sent a reminder notice that its application must be submitted for review at the next application cycle. The approved organization may request a one-time extension of the application submission date. The request must be in writing, except in extenuating circumstances, submitted to the ISNA Director of Continuing Nursing Education office no later than three months prior to the scheduled expiration date, and must specify the reason the extension is requested. Based on the reasonableness of the request, the Director of CNE, in consultation with the Chairperson of the Committee on Approval, may (a) approve the request for extension, (b) deny the request for extension, or (c) refer the request for extension to the full COA for a decision.

If the request is referred to the full COA for a decision the following will occur:

- The staff will provide each COA member a copy of the request for extension submitted by the approved organization
- The COA will consider this request on a conference call.
- The decision of the COA will be provided to the approver organization within five (5) working days following the decision.

There is no appeal of the decision.

Checks should be made payable to the Indiana State Nurses Association. If paying by credit card, call the ISNA office 317/299-4575. No application will be reviewed without receipt of the correct fee.

## **Review Process**

Step 1: You will be notified by email that your application has been received at ISNA. A preliminary review will be conducted, and you will be advised that the application is complete or that additional information is needed. You will be assigned an

application number. This application number is very important and **MUST** be included on any subsequent correspondence or additional material related to your provider application. Once you have been approved as a provider, this application number becomes your provider number.

- Step 2: Your provider application is sent to two members of the COA for review. Reviewers independently assess your provider application and prepare comments for discussion at the COA meetings in May and November.
- Step 3: The two reviewers who have assessed your provider application discuss their findings at the COA meeting and present a recommendation for action to the full committee. The committee takes action as noted below. You will be notified in writing as to the action of the committee. If further information is needed, a specific due date will be set for return of the information.
- Step 4: One copy of your entire application, all correspondence to and from you related to the application, the COA review forms, and meeting minutes reflecting discussion and action on your application are kept on file at ISNA for six years. Only authorized personnel have access to the files. ANCC Accreditation program may review files.

As you proceed through the approval process, help is available. Phone calls or email to the ISNA staff are encouraged. Consultation can be arranged. The goal is for you to be successful at providing quality continuing education.

### **Types of action taken by COA**

There are four types of action possible on an application for provider unit approval.

1. Approval for three years occurs when your written application materials indicate that the criteria and rules are met.
2. Provisional Approval occurs when your written application materials indicate limitations in meeting criteria and rules that are expected to be resolved within six months or less. You will be required to submit a written progress report. After review of the progress report, the COA can confer approval for the remainder of the three year approval period or deny approval.
3. Denial of Approval occurs when written application materials indicate that your provider unit:
  - a. Is not in adherence with the criteria of the ANCC Commission on Accreditation requirements of the ISNA approval process and will not be able to adhere within an identified period of time; or
  - b. Has not demonstrated adherence to or improvement in relation to COA documented areas of concern on the provisional approval progress report.

## **Approval of Individual Activities during the Initial Application Process**

If a first time applicant wishes to award contact hours for an activity while the initial provider application is in process, individual CNE applications must be submitted to ISNA following the appropriate criteria and accompanied by the required application fee.

## **Withdrawal and Resubmission of an Application**

A provider unit applicant has the right to withdraw an application at any time prior to completion of the approval process without prejudice to any future applications. The provider unit applicant must notify the ISNA in writing of the decision to withdraw the application. One complete application and a copy of all correspondence will be kept on file in the ISNA office for six years. Fees will not be refunded if the review process has begun. If the review process has not begun, the application fee, minus an administrative fee, will be returned to the applicant.

If your organization requests to withdraw, then wishes to apply again later, the process can be resumed within six months of the original application submission. If more than six months has elapsed, you must again meet eligibility criteria as a new applicant (submit 3 activities, etc). If the fee was returned, then a new fee must accompany the request to continue with the application process.

## **Length of Approval**

The maximum approval period for provider units is three years. During the approval period, the provider unit is authorized to award contact hours for CNE activities without submitting documentation to ISNA. However, the ISNA criteria must be met by the provider unit for each individual CNE activity. Documentation of meeting the criteria must be done on the CNE planning documentation forms included with this manual.

## **Reconsideration and Appeal**

If your organization does not agree with the COA action decision, you may request in writing that the Committee reconsider the decision. If the result of reconsideration is not acceptable, a written appeal may be made. See Appendix F for the reconsideration and appeal procedure.

## **Suspension and Revocation of Approval**

Approval may be suspended and/or revoked from an approved provider unit as a result of **ANY** one of the following:

1. Failure to remain in adherence with relevant criteria, rules and requirements defined in this manual;
2. Investigation and verification by the COA of written complaints or charges by consumers or others;
3. Refusal to comply with an investigation by the COA.
4. Misrepresentation.
5. Failure to submit required information such as the annual survey or follow-up information.

Suspension and revocation are effective on the date the certified letter of notification is received by the organization. In cases of suspension, the provider unit may not award contact hours until

all conditions relative to the suspension have been met. In cases of revocation, all statements regarding provider unit approval status must be removed from publicity material and certificates of attendance printed and/or distributed after that date. If provider unit status is revoked, the provider unit may not award contact hours.

## **Reporting of Data**

Approved provider units will be asked to submit semi-annual survey data (ISNA Form #7) and periodic monitoring requests in order to help evaluate and monitor the ISNA approval system and/or ANCC Commission on Accreditation requirements. ***Failure to respond to monitoring requests will result in suspension of approval as a Provider Unit.***

## **Provider Unit Changes**

The approved provider unit must maintain communications with ISNA during the period of approval. At a minimum the following must be reported:

1. Reports of data requested by ISNA within the time frame specified when the data is requested.
2. Within 30 days, information about change in:
  - a. name, ownership or structure of the organization, or
  - b. the lead nurse planner, or
  - c. name of the contact person.
3. Information about termination of approved provider unit activities within 30 days of the decision to terminate. Once approval is terminated, the provider unit may no longer use statements concerning approved provider unit status on publicity material or certificates of attendance and may not award contact hours.

## **Once Provider Unit is Approved**

### **Awarding Contact Hours to Faculty**

In activities with multiple topics and presenters, the faculty may be awarded contact hours for the parts of the program presented by others and in which they participate as learners.

### **Major Changes in Learning Activities**

If a learning activity has met the criteria and there is a significant change in the content, then another planning documentation form must be completed and reviewed by the approved provider unit. For example, significant change could be substituting a new one hour segment for one that previously met criteria, changing objectives and content, etc.

If the speaker changes, but the new speaker will continue to present the same content, and use the same objectives and time frames, place a memo in the activity file regarding this change and include the biographical data form including conflict of interest statement for the new speaker. If you have any questions about whether you should write another planning documentation form or just a memo, please contact ISNA staff.

## Repetition of Portions of Classes

If, during the planning process, it is identified that certain session(s) out of a larger presentation may potentially be repeated on their own, the provider unit should:

1. Identify each section of the larger presentation as a potential, separate session (e.g. Session 1: Acute Respiratory Distress; Session 2: Chronic Respiratory Distress, etc.)
2. Identify in Key Element 3, item F-1 of the CNE form that learners may attend one or more sessions. (Just as a note: You might also wish to include the information on the advertising material.)
3. On the certificate, identify the sessions the learner attended, the date and the contact hours awarded for those sessions (e.g., “Learner name successfully completed Critical Care Course Sessions 1 Acute Respiratory Disease, 5 Congestive Heart Failure, & 7 MI on date.”).

## Courses Addressing Complementary or Alternative (Therapeutic) Modalities

The following requirements were developed by the American Holistic Nurses Association regarding therapeutic modalities (complementary or alternative modalities) (2005). The ISNA Committee on Approval (COA) recommends that provider units follow these guidelines.

1. Therapeutic modality is clearly supported by theory or research published in professional literature in the last five years if there is research available. The research must be made available to the nurse planner/planning committee upon request. This would be required if the modality is in question by staff, nurse planners, reviewers or COA members.
2. The learning activity clearly discriminates between use of the modality for self-care or personal development as opposed to appropriate use of the modality with a client population.
3. The learning activity defines and assures a recognized minimum of training when modalities taught are intended for professional use with a client population.
4. The learning activity is consistent with the standards of the appropriate professional association related to the topic. For example, the AHNA has the Holistic Nurses Association Standards of Holistic Nursing Practice that address holistic nursing. (These can be found at their website [www.ahna.org](http://www.ahna.org)).
5. Presenter has the appropriate credentials and experience to deliver the learning activity.
6. Note: The provision of contact hours by the provider unit is based on an assessment of the educational design criteria for the learning activity and does not constitute endorsement of the use of a specific modality in the care of clients. (Some organizations chose to include this statement on advertising or the handouts.)

## Repetition of a Learning Activity by a Co-provider

If an approved provider unit and an outside entity (individual, company, etc.) plan a CNE activity together (co-provide), the approved provider unit should process the Planning Documentation form within their internal peer review system with one of its designated nurse planners as part of the planning process. **If the co-provider then wishes to repeat the CNE activity separately from the approved provider unit, the co-provider must submit an application through an approver such as ISNA.** The approved provider unit may not approve the activity for the organization that was previously a co-provider for that activity, nor may the approved provider allow the outside entity to use the provider unit’s contact hours for repetition of the activity.

Example, Hospital X is an approved provider unit. An outside company or a specialty nursing organization wants to plan a CNE activity with this hospital. Hospital X, if it is in the interests of its provider unit, can plan and implement the activity with active involvement of the designated nurse planner and a representative of the outside group. However, if the co-provider wishes to repeat this activity in various locations, having no direct relationship with Hospital X, it must submit an application to an approver such as ISNA.

## **Keeping Up to Date**

It is the responsibility of the nurse planners to stay up to date the ANCC Commission on Accreditation criteria. You can do this by:

1. Participating on the CNE conference calls.
2. Reviewing the most current Provider Manual.
3. Contacting the Director, Nursing Education, at ISNA with any questions.

## **Additional questions or concerns**

If other issues arise that generate questions, please contact ISNA's 317-299-4575 or [ce@IndianaNurses.org](mailto:ce@IndianaNurses.org).

## **Criteria for Approval as A Provider Unit for Continuing Education**

### **Submitting Your Application**

1. Follow the instructions on the application form. Complete all areas. When additional pages need to be attached (for the organizational chart(s), for example), add the pages right after the application form. Number the pages sequentially.
2. Attach three complete samples of educational activities you have planned, reviewed, implemented, and evaluated. For new provider applicants, submit materials as indicated in the provider application.
3. Bind your application securely. Comb binding is recommended. Please do not use 3-ring binders, rubber bands, or clips.
4. Enclose the required fee of \$1,200. Your fee is not refundable once the review process has begun.

### **Meeting ANCC Criteria**

Following the requirements specified in your provider application ensures that you are meeting the ANCC Criteria. Remember that you need to continue to do so throughout your entire three-year period of approval. The information below supplements the provider application by providing specific information about selected requirements. If you have a question about something not listed below, please contact the ISNA Director of Nursing Education for further information.

1. LANGUAGE ON MARKETING MATERIALS, CERTIFICATES, WEB SITES, AND ANY OTHER PLACES WHERE YOU STATE THAT CONTACT HOURS WILL BE AWARDED FOR AN ACTIVITY

You are required to use the following language as your official provider statement. The statement must always be written exactly this way. No information may appear on the same line as any part of the provider statement.

*(Name of your provider unit, provider number ISNA-###, and its provider expiration date) is an approved provider of continuing nursing education by the Indiana State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

**Example:**

*XYZ Hospital (ISNA-532, 3/1/12) is an approved provider of continuing nursing education by the Indiana State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

**Recordkeeping**

You are required to keep the following documentation for six years. Information should be secure, confidential, and retrievable.

- a. Provider documents:
  - Provider application
  - Associated correspondence with ISNA regarding your provider application and approval
  - Additional correspondence with ISNA during your period of approval, if applicable. This includes notification of changes in the name or address of your provider unit, name(s) of new nurse planners, or changes in the structure of your organization.
  
- b. Individual activity documentation (note that most of this information is contained on your faculty directed or individual activity documentation form plus required attachments)
  - Title / date / location of the activity, or title and dates activity to be available to learners for an independent study
  - Description of the target audience
  - Method and findings of your needs assessment
  - Names, titles, and appropriate expertise of planners and presenters/content specialist(s) – on biographical data forms
  - Conflict of interest disclosure and resolution information from planners and presenters/content specialist(s) – on biographical data forms
  - Learning activity purpose, objectives, and content
  - Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
  - Method for determining the number of contact hours to be awarded
  - Methods / processes to verify participation
  - Disclosures to learners regarding (a) purpose, objectives, and requirements for successful completion, (b) presence or absence of conflict of interest of planners/presenters/content specialist(s) and its resolution, (c) presence or absence of commercial support and/or sponsorship, (d) non-endorsement by the provider, ISNA,

- or ANCC of any of products that may be displayed in conjunction with the activity,  
(e) discussion of off-label use of medications
- Marketing and promotional materials, including copies of brochure, flyer, email announcement, intranet/internet page, or any other vehicle used to inform learners of the availability of the learning activity
  - Co-provider agreement, if applicable, specifying division of responsibilities and including required provider unit responsibilities (see co-providership section of this chapter)
  - Method for insuring content integrity in the presence of any commercial support or sponsorship, if applicable
  - Commercial support and/or sponsorship agreement, if applicable, including required provider unit responsibilities (see commercial support/sponsorship section of this chapter)
  - A copy of the evaluation tool used for the activity, including summative evaluation data after the activity has occurred
  - Evidence of any changes made prior to implementation of the learning activity based on reviewer feedback (independent study)
  - Learner names and unique identifier information
  - Sample certificate of completion
  - Number of contact hours awarded to each learner
  - Nurse planner Quality Improvement tool completed at the end of the activity

## Co-Providership

Your provider unit may choose to co-provide an activity with one or more other organizations. This means that one of your designated nurse planners and representatives from the other organization(s) **work together** to plan and implement a continuing education learning activity. If you co-provide with others who are not approved providers, your provider unit must be accountable for:

- a. Determination of objectives and content
- b. Selection of planners and presenter(s)/content specialist(s)
- c. Awarding of contact hours
- d. Recordkeeping procedures
- e. Evaluation methods and categories
- f. Management of commercial support/sponsorship agreements, if applicable

As the provider for this event, your organization must be prominently mentioned in marketing materials, your provider unit statement must appear on marketing materials, and your provider unit name and address must appear on the learner's certificate of completion.

You may choose to co-provide with other organizations that are also approved or accredited providers. In that case, any one of the organizations may become the provider of record and will assume responsibility for the above items.

Any time an activity is co-provided, you must have a written agreement attached to the activity's documentation form. The agreement must be signed by all involved parties, including the provider unit's nurse planner. A sample co-provider agreement is shown in Appendix B.

### **Commercial Support/Sponsorship**

You may choose to accept commercial support or sponsorship for a learning activity planned and implemented by your provider unit. See Appendix E for detailed information and requirements related to commercial support and sponsorship.

**Commercial support** is defined as financial or in-kind contribution from a non-governmental organization that produces, markets, re-sells, or distributes healthcare goods or services consumed by or used on patients. Examples would include drug companies or manufacturers of hospital equipment, wound care supplies, etc.

**Sponsorship** is defined as financial or in-kind contribution from an organization that does not fit the category of a commercial support entity. A sponsor does not produce, market, re-sell or distribute healthcare goods or services consumed by or used on patients. Examples might include a nursing home that provides a room and refreshments for an educational activity or an organization that provides reference books for learners related to the topic of a learning activity.

Either commercial support entities or sponsors have the potential to bias a CNE activity. The difference between the two is that commercial support relates to items that are used directly on patients; sponsors do not.

When you accept commercial support or sponsorship, your provider unit must:

- a. Maintain the integrity of the learning event, ensuring that there is no bias in the educational content
- b. Have a signed agreement with the commercial entity or sponsor, specifying the fact that adherence to all criteria and rules will be solely your responsibility as provider of the event. Sample agreements are shown in Appendix E.
- c. Disclose to learners what commercial support/sponsorship has been received

### **Conflict of Interest**

Conflict of interest is defined as any relationship of a financial, professional, or personal nature that might bias a person's ability to objectively participate in the planning or implementation of a learning activity. All planners and presenters/content specialists are required to complete conflict of interest disclosures, as noted on the biographical data form. The nurse planner for the event is accountable for reviewing these disclosures, validating that no conflict of interest exists, or determining how resolution of the conflict will be achieved, if appropriate. Having a conflict of interest does not preclude a person from serving as a planner, presenter, and/or content specialist. However, disclosure and resolution assure that the learner will receive unbiased information.

## Peer Review and Quality Improvement

It is suggested that there is a process of internal review to determine that all rules are met prior to implementation of a learning activity. This is not an approval process; it is a critique of your planning documentation to ensure that all items have been appropriately addressed.

The ANCC Accreditation process does not permit providers to approve activities. For that reason, it is important that you not use the words “approve”, “approval”, “applicant” or “application” in conjunction with your review process. It is appropriate to indicate, as noted on the review forms provided with your provider materials, that reviewers have completed their review and determined that all required items have been addressed so contact hours can be awarded.

## Subsequent review / Quality Improvement

A quality improvement process must be conducted after each activity to ensure that the activity initially presented or provided to learners was on target with the assessed needs of the target audience, had appropriate objectives and content, had appropriate speakers/content specialists, etc. The nurse planner is required to complete this review at the conclusion of a learning activity and add the QI tool to the activity file. When submitting your provider application, be sure to include the QI form completed at the end of the activity.

A sample QI tool (Form #8) is available for providers to use.

## Example of Evaluation Plan and Changes

The following is an example of a completed evaluation plan (Key Element 1) and response to Key Element 3:

### Key Element 1: Provider unit evaluation process

Our 4-column evaluation plan as completed below includes:

- What is evaluated
- When evaluation occurs
- Who participates
- Findings (results) of most recent evaluation, including what needed changed. If no changes were needed, the rationale is stated.
- The date of the most recent evaluation.

### PROVIDER UNIT EVALUATION PLAN

WHAT IS EVALUATED	WHEN IT IS EVALUATED	WHO PARTICIPATES	FINDINGS OF MOST RECENT EVALUATION & DATE DONE
Goals of the provider unit	Annually	Nurse Planners Director of Education	12/15/09 See response under Key Element 4
Resources	Annually	Nurse Planners Direction of Education	10/1 – Human resources: 2 nurse planners resigned; need to replace them. Material Resources: Have increasing

			number of participants; need more equipment to provide these classes Financial resources: Multiple requests have been made to have a conference on topic X; best person to be faculty charges \$500 plus expenses for a one day conference.
Activities	Annually and as needed	Nurse Planners Faculty Content Specialists	Learners asking for more on-line activities on topics A, B & C Three activities very popular and have been requested again Two activities are outdated & have been discontinued.

**Key Element 3: Provider unit evaluation results**

Describe how the information in column 4 of your evaluation form (findings/results) has been used to confirm, expand, and improve the operations of your provider unit. (What changes have you made based on these findings?) If no changes were made, explain why not.

**Key Element 4: Provider unit goals for improvement**

Describe the provider unit's goals for improvement over the past three years (or 6 months for first time applicants) have been addressed by, progress made in achieving the goals, goals for improvement over the next three years and plans to achieve these goals.