

Quality Outcome Measures: Provider Unit Level

ANCC Accreditation criteria require that accredited organizations identify, measure, and evaluate quality outcomes at both the level of the individual activity as well as for the Provider Unit as an entity.

This article describes the process of establishing, measuring, and documenting quality outcome measures at the *Provider Unit Level*. A separate article describes the process of establishing, measuring, and documenting quality outcome measures at the individual activity level (Quality Outcome Measures: Individual Activity Level).

Introduction

ANCC Accredited Providers (Provider Units) must establish quality outcome (QO) measures that 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. The Lead Nurse Planner and other Nurse Planners (if applicable) of the Provider Unit are key in determining appropriate quality outcome measures for the organization. Once measures have been determined, the Provider Unit must regularly assess, measure, and document performance to evaluate whether it has achieved its goals and to determine whether it needs to implement corrective actions or establish new measures for the future.

This article describes the process of establishing, measuring, and documenting quality outcome measures at the level of the Provider Unit.

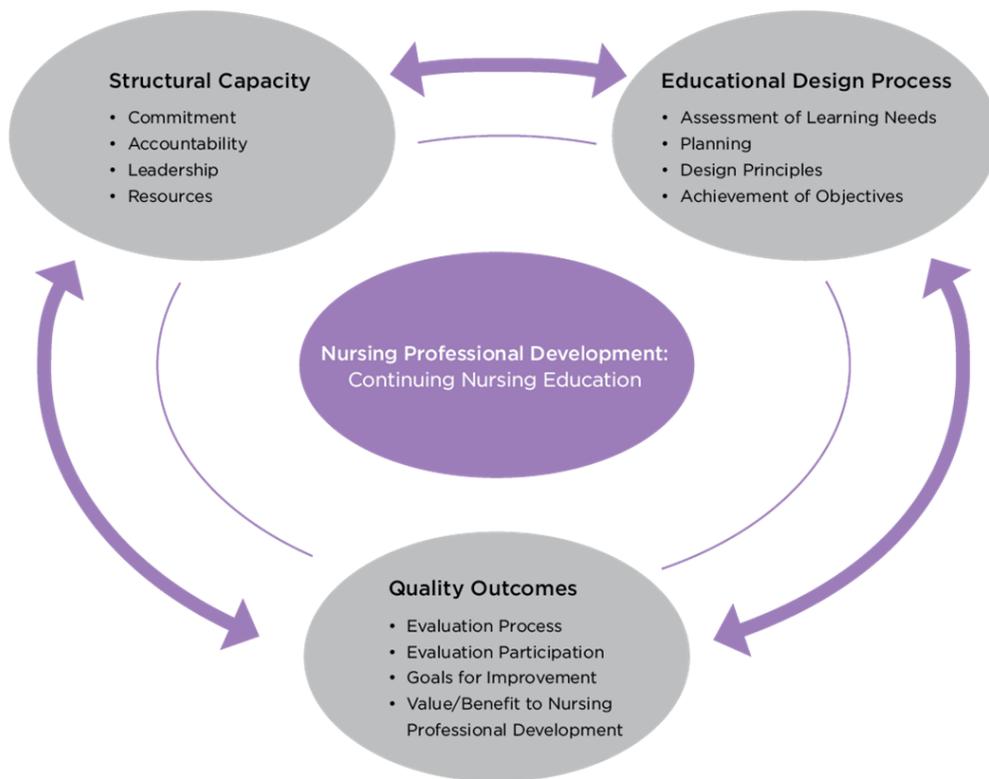
What Is An Outcome?

The dictionary defines *outcome* as a result or final consequence (Random House Dictionary, 2013). The *2013 ANCC Primary Accreditation Application Manual for Providers and Approvers* (American Nurses Credentialing Center (ANCC), 2011, p. 108) defines outcome as “the impact of structure and process on the organization as a provider or approver and the value/benefit to nursing professional development.” Additionally, *outcome measurement* is defined in both the *Nursing Professional Development: Scope and Standards of Practice* and the Accreditation Manual as “the process of observing, describing, and quantifying predefined indicators of outcomes of performance” (American Nurses Association (ANA) & National Nursing Staff

Development Organization (NNSDO), 2010, p. 45). Within the ANCC accreditation system, a Provider Unit must identify quality outcome measures that will be used to evaluate both performance of the Provider Unit as an entity as well as its overall impact on nursing professional development and/or patient outcomes.

The ANCC Accreditation Model

The ANCC Accreditation model is based on the Donabedian model of structure, process and outcomes. Nursing Professional Development is at the core of the ANCC Accreditation model and is the primary outcome that accredited organizations impact through provision of continuing nursing education. In the process of applying to be (or to remain) an Accredited Provider, the applicant must address criteria related to each component, validating that structure and processes are in place to achieve the identified quality outcomes.



Why Do Outcomes Matter?

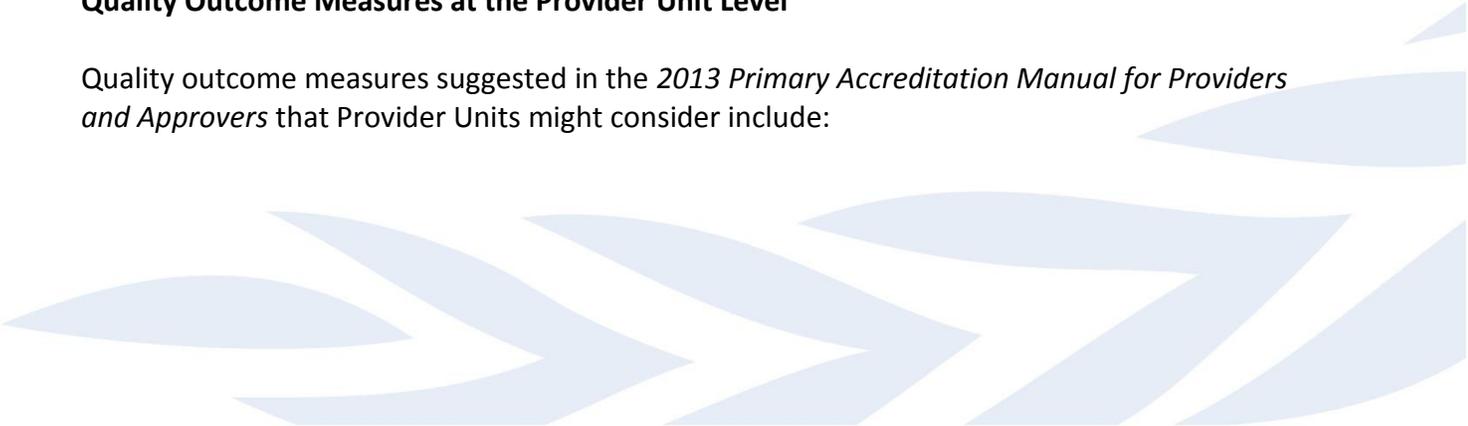
It is critical that Provider Units demonstrate value to stakeholders who may include but are not limited to Chief Nursing Officers, Chief Financial Officers, Nurse Planners, registered nurse learners and patients or clients. Pursuing accreditation as a provider of CNE demonstrates that the organization has voluntarily pursued adherence to rigorous standards in planning, implementing, and evaluating continuing education activities (ANCC COA, 2012). This voluntary pursuit of excellence is a reflection of the Provider Unit and the quality of educational activities it produces. A Provider Unit that provides high quality educational activities that positively impact registered nurses and the patients/clients they serve is more likely to be sustainable. In other words, if the Provider Unit is doing work that enhances the professional development of nurses, contributes to quality patient care, facilitates RN recruitment and retention, and other quantifiable factors, it is significantly more likely that the organization will demonstrate value to its stakeholders.

How Does A Provider Unit Determine Quality Outcome Measures?

A Provider Unit must keep several things in mind when considering possible outcome measures. What is the mission and vision of the organization and/or the Provider Unit? What is the purpose of the Provider Unit, congruent with the strategic plan for the organization? What organizational goals are expected to be addressed or met by the Provider Unit? For a free-standing Provider Unit, what does it need to accomplish to be sustainable as a business? How does the Provider Unit contribute to the professional development of its nurse learners? Does the Provider Unit educate nurses who work in a specific healthcare setting or those who come from several different areas of practice? Typically, patient and/or system outcomes are more feasible to directly measure when the Provider Unit operates within a specific setting such as a hospital as compared with a Provider Unit that is community based and draws learners from a multitude of different practice areas. The community-based Provider Unit is typically focused on broader perspectives related to the professional development of its nurse learners and sound business decisions that guide the strategic initiatives of the Provider Unit. Keeping multiple factors in mind, the Provider Unit first selects its quality outcome measures. Then, specific goals for the Provider Unit can be developed to address desired achievements in relation to each of the specified outcomes.

Quality Outcome Measures at the Provider Unit Level

Quality outcome measures suggested in the *2013 Primary Accreditation Manual for Providers and Approvers* that Provider Units might consider include:

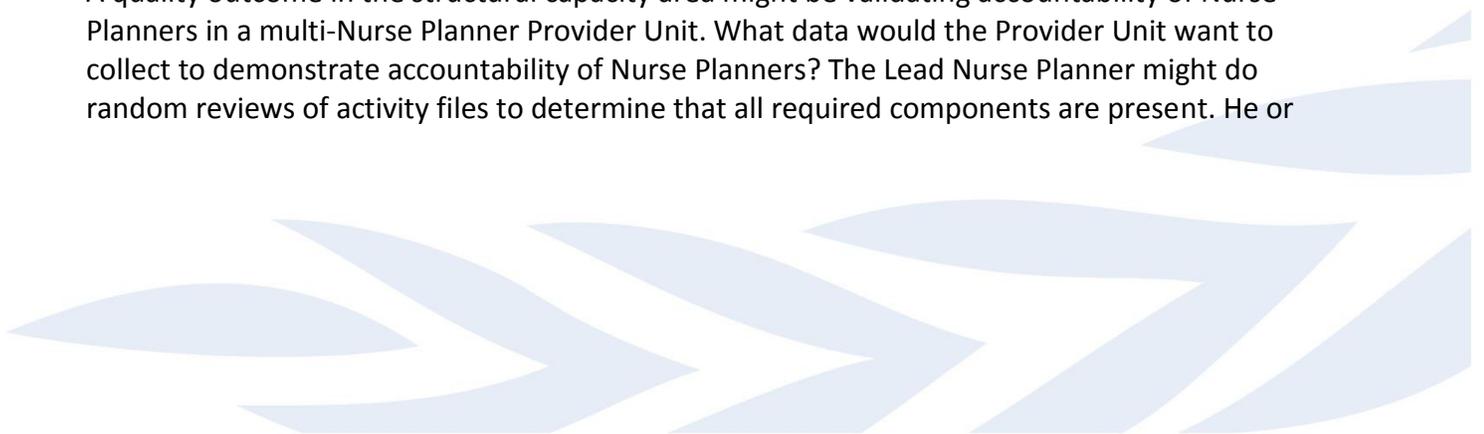


- Cost savings for customers
- Cost savings for Provider Unit
- Volume of participants in educational activities
- Volume of educational activities provided
- Satisfaction of staff and volunteers
- Satisfaction of learners
- Satisfaction of faculty
- Change in format of CNE activities to meet the needs of learners
- Change in operations to achieve strategic goals
- Operational improvements
- Quality/cost measures
- Turnover/vacancy for Provider Unit staff and volunteers
- Professional development opportunities for staff and volunteers (ANCC, 2011, p. 7)

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 accreditation, the organization will monitor progress in relation to its identified quality outcome measures and will report those in its next accreditation self-study or, if asked, through submissions to ANCC during the period of accreditation.

Quality outcome measures that are selected for the Provider Unit can represent any of the components of the model or may be reflective of overall operations of the Provider Unit, depending on the desired areas of progress or growth of the Provider Unit. These are typically determined on an annual basis, but may be revised as needed based on evidence collected.

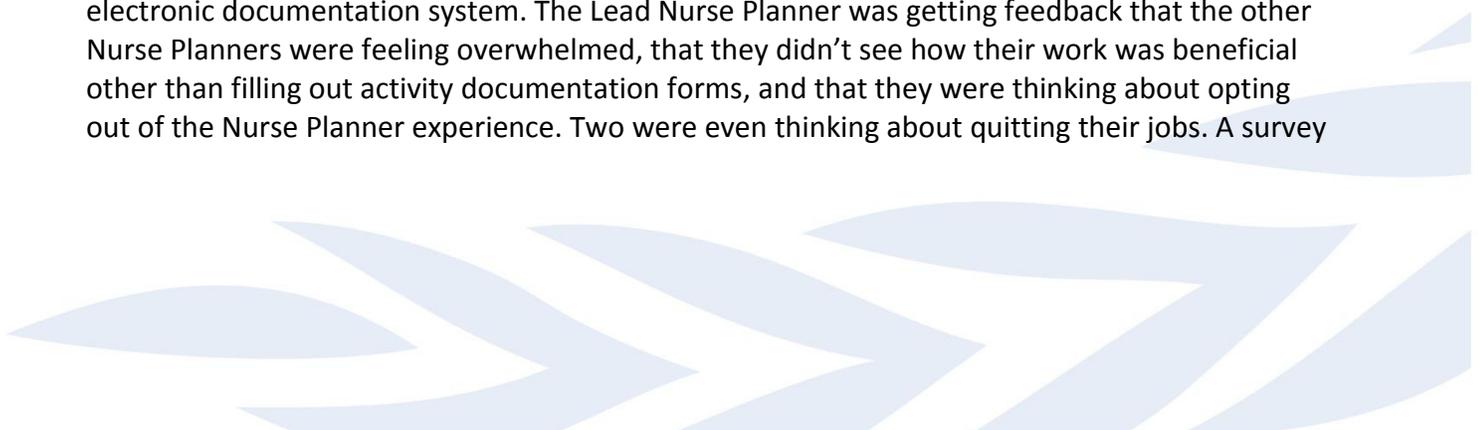
A quality outcome in the structural capacity area might be validating accountability of Nurse Planners in a multi-Nurse Planner Provider Unit. What data would the Provider Unit want to collect to demonstrate accountability of Nurse Planners? The Lead Nurse Planner might do random reviews of activity files to determine that all required components are present. He or



she might periodically attend a planning meeting chaired by a Nurse Planner to observe the process used to ensure that all criteria are met. The Lead Nurse Planner might hold quarterly meetings for all Nurse Planners to get input and feedback from everyone and to keep current Nurse Planners up-to-date. He or she could then monitor to ensure that all Nurse Planners were using up-to-date materials and processes to complete their work. The quality outcome measure might then be % compliance with recordkeeping requirements, and the tactic to evaluate % compliance might be conducting random audits of activity files to determine documentation compliance.

Another example of a quality outcome in the area of structural capacity might be an increase in volume of activities provided. In particular, looking at the needs of learners in one Provider Unit, the Lead Nurse Planner has determined the quality outcome measure to be increasing the number of available learning activities by 30% in one calendar year. Within that 30%, the plan is that at least half of them will be web-based or other forms of enduring materials that learners have requested. Increasing the number of these activities demonstrates commitment to learners in the Provider Unit and may require different allocation of resources for development of the enduring materials. During the year, the Lead Nurse Planner will monitor planning of learning activities, ensuring that the desired proportion of these activities are developed in the format requested by the learners. Metrics will clearly indicate whether or not these two outcomes have been achieved. In this scenario, the Lead Nurse Planner reported in her end-of-year summary that there were actually 32% more activities developed this year than in the previous one and 65% of those new activities were web-based or other forms of enduring materials. In addition, the Lead Nurse Planner found that employee use of these learning resources was up 46% over the previous year. The Lead Nurse Planner has clear evidence that anticipated outcomes have been achieved, management has evidence that the Lead Nurse Planner has worked effectively to meet the established goals, and learners have evidence that the Provider Unit is responsive to their needs. These factors support the credibility and sustainability of the Provider Unit.

A more general example of a quality outcome might be increasing professional development opportunities for the Provider Unit's Nurse Planners. Last year, the 23 Nurse Planners met once a quarter to get updates from the Lead Nurse Planner. Other than that, they fulfilled their Nurse Planner roles while also carrying out other responsibilities in the education department, including in-service education, new employee orientation, and helping staff transition to a new electronic documentation system. The Lead Nurse Planner was getting feedback that the other Nurse Planners were feeling overwhelmed, that they didn't see how their work was beneficial other than filling out activity documentation forms, and that they were thinking about opting out of the Nurse Planner experience. Two were even thinking about quitting their jobs. A survey



completed by the Nurse Planners showed that only 30% of them were mostly or highly satisfied with their current Nurse Planner roles. The Lead Nurse Planner, reflecting on this feedback, considered the possibility that the Nurse Planners might appreciate the opportunity to enhance their own professional development while also learning about the critical role they play in sustaining the quality of the Provider Unit. A focused questionnaire to Nurse Planners validated this perception. Therefore, she requested and received funding to send three of the Nurse Planners to the Association for Nurses in Professional Development (ANPD) conference and five to the Continuing Nursing Education Symposium. The senior Nurse Planners were offered the first opportunities to participate in these experiences, and all accepted. At the end of the year, a follow-up survey indicated that 84% of the Nurse Planners were mostly or highly satisfied with their roles. The two who were thinking about resigning had chosen to remain in their positions, saving over \$120,000 in costs of hiring and orienting replacement personnel. The cost of sending these eight people to these activities was \$8,000, including travel, lodging, and registration fees. Anecdotally, the Lead Nurse Planner sensed a greater energy and commitment from the Nurse Planners, and the ones who had not been able to attend professional development activities this year were looking forward to the opportunity to do so next year. One Nurse Planner who attended the ANPD conference planned to submit an abstract for the following year's conference. Both the Lead Nurse Planner and the manager of the education department felt that the expenditure had been a worthwhile investment in the professional development of the Nurse Planners and in the sustainability of the Accredited Provider Unit.

Although not required by ANCC accreditation criteria, some sort of tool might help a Provider Unit keep track of progress in meeting quality outcome measures during the period of accreditation. This can be developed based on the quality outcome expectations in the Accreditation Manual (ANCC, 2011). These include:

Organizational Overview (OO)

OO4:

- List the Provider Unit's strategic goals with respect to CNE for the past 12 months.
- Submit a list of the quality outcome measures the Provider Unit collects, monitors, and evaluates specific to the **Provider Unit**.
- Submit a list of the quality outcome measures the Provider Unit collects, monitors, and evaluates specific to **Nursing Professional Development** (p. 37)

Quality Outcomes (QO)

Describe and, using an example, demonstrate the following:



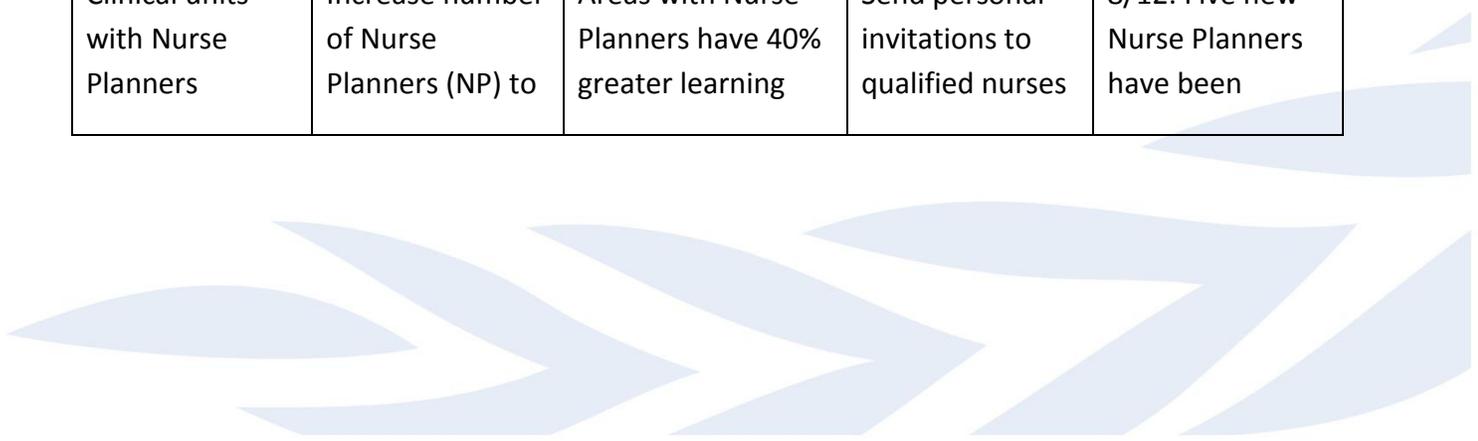
- QO1. The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE.
- QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4.)
- QO3. Why the Provider Unit selects specific stakeholders to participate in the evaluation process.
- QO4. How input from stakeholders resulted in development of or an improvement in quality outcome measures for the Provider Unit. (Refer to identified quality outcomes list in OO4.)
- QO5. How, over the past 12 months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4.) (p. 42)

The Lead Nurse Planner is expected to address each of these components when submitting a self-study for initial or continuation of accreditation status. It may be difficult, though, to remember what was done during the past year or the past 4 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.

A tool might look something like this:

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 4 & 5)
Clinical units with Nurse Planners	Increase number of Nurse Planners (NP) to	Areas with Nurse Planners have 40% greater learning	Send personal invitations to qualified nurses	8/12: Five new Nurse Planners have been



	have at least one planner on each clinical unit	participation than those that don't	on appropriate units; hold meeting with those interested to discuss the role; develop preceptor program to support new NPs	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

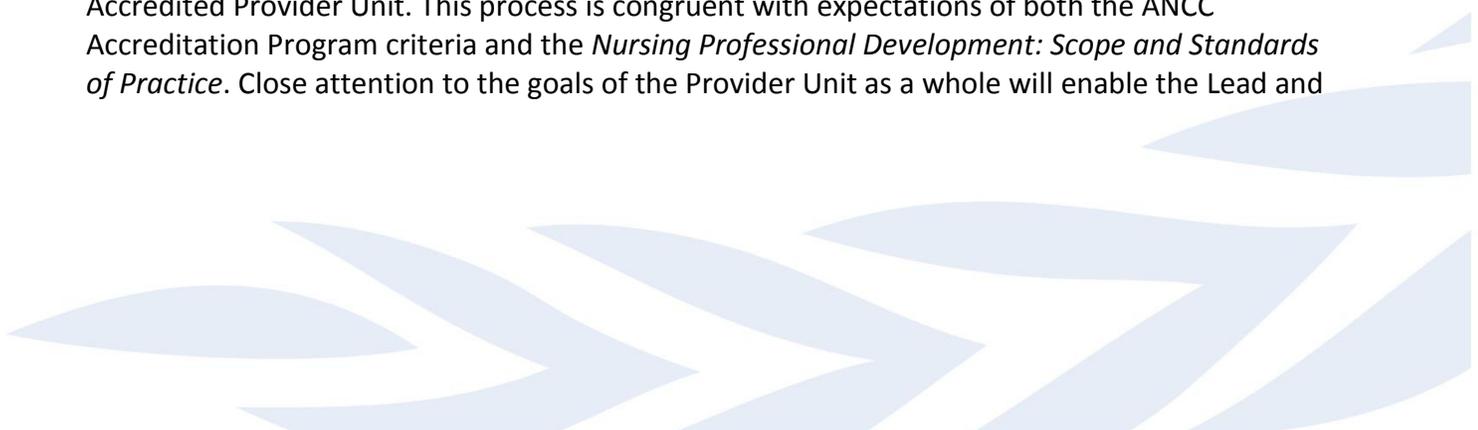


		Evidence from research supports value of learner engagement in enhancing outcomes	Investigate purchase of audience-response system for didactic presentations	12/12: Cost of audience response system is \$854 – have submitted request to administration, with rationale
		Young nurses who are technology-“savvy” 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 QO1 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. This data can then be used to provide the responses to QO4 and QO5. Keeping track of this data on an on-going basis will provide evidence when writing the self-study.

Summary

Assessment, measurement, and documentation of quality outcomes validate the work of an Accredited Provider Unit. This process is congruent with expectations of both the ANCC Accreditation Program criteria and the *Nursing Professional Development: Scope and Standards of Practice*. 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.

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