

NARS Frequently Asked Questions

Q. When do all the reporting changes go into effect?

A. Immediately. The NARS reporting spreadsheet should be utilized for all activities provided between January 1, 2017 and December 31, 2017.

Q. How do I obtain a copy of the PowerPoint from the webinar?

A. The PowerPoint will be emailed to all providers following the webinars and available to download on the Midwest MSD website under the AP Forum.

Q. Is the spreadsheet you provided by email and referenced in the PowerPoint the one we will be using for reporting?

A. Yes it is. It is also available for download from the AP Forum on the Midwest MSD website.

Q. Where do I access the NARS reporting spreadsheet and does it require any type of log in to get to it?

A. The spreadsheet is available for download on the Midwest MSD website. It is provided on the Approved Provider Forum page and does require login information to access it.

Q. Is it my understanding that I will no longer have to fill out the CNE Activity Summary Form which is essentially what NARS is now, correct?

A. You are correct that the information compiled in the NARS spreadsheet replaces the previous Word document titled "CNE Activity Summary" which was submitted with the annual report.

Q. Do we need to turn in both the CNE Summary form and the new spread sheet or just the new spread sheet?

A. No you will not be asked to turn in both the old CNE Summary sheet and the new NARS reporting spreadsheet. One is replacing the other. What you might have to turn in, in addition to the new spreadsheet, would be an Annual Report Form noting changes, demographics, possibly goals or outcomes info, etc. But you will not be asked to submit two forms listing the activities you provide in 2017.

Q. Is NARS currently available for us to begin inputting activities that have already occurred?

A. The spreadsheet is available to begin documenting data from the activities APUs provided after January 1, 2017 both during the webinar in the handouts tab and for download from the AP Forum on the Midwest MSD website.

Q. Are we to keep this information on a spreadsheet only or will we be expected to login to the NARS system to enter the data?

A. At this point in time, all Approved Provider Units are entering their data onto the spreadsheet and submitting it to the Midwest MSD by January 31, 2018. The Midwest MSD will be uploading it to the ANCC. This spreadsheet replaces the CNE Activity Summary you completed in the past. If you have

already started completing this Word document for activities this year, you will need to transfer that data to the new NARS spreadsheet.

Q. Is there any way we can get an unprotected version of this spreadsheet? This protected spreadsheet does not allow us to freeze the top pane which makes it difficult to work with when we have so many activities. I do want to ensure you get a clean spreadsheet at the end of the year, but still need one we can work with.

A. It appears to be 'unprotected' if you click yes to enable editing as the file opens.

You can add additional lines that will preserve the formatting and drop down menus if you highlight a row (in between the two example rows) and click insert row.

Q. I'm not excel savvy- but have a feeling I will be learning soon. I gave the spreadsheet file to our secretary who said the way it's saved or formatted or something, she couldn't print it?

A. The spreadsheet is a template that is meant to be saved and utilized; however, I have had no issues with printing it except that it may be hard to enlarge at times. If you continue to have issues let the Midwest MSD office know.

Q. I thought the Nurse is the target audience in all CNE activities we provide? Why are others listed? I would not plan a program w/o the Nurse being the target audience? Please clarify.

A. Many of the education departments that Approved Provider Units are a part of provide education for a variety of disciplines. While the ANCC/Midwest MSD criteria requirement are specific to nursing, it is understandable that the education may be valuable to other healthcare providers. Interdisciplinary events are highly encouraged to promote the fact that we all work together to one common patient outcome. Therefore, the target audience may also include students, or other healthcare disciplines as well.

Q. If the CNE events are occurring in consecutive days can we have a start and end time to encompass all the offerings or do they still need to be listed as separate entries?

A. When you have a repeat activity, each offering of that activity, no matter if it is offered twice in the same day, on consecutive days, once a week, once a month – that it is a separate activity ID and entry into the spreadsheet.

Q. We offered "Let's Talk Stroke" twice in a live lecture mode. Offered May 9 and repeated May 16. What is the start date for the 2nd program when we give it a few times during the year knowing we use the same end date for all? Would the 2nd iteration of the program has a start date that the 2nd program was given on or the date the very 1st iteration in 2017 it was given.

A. 1st time offered - start date would be May 9, end date would be May 9; 2nd time offered - start date would be May 16, end date would be May 16. They would need separate/unique Provider Activity numbers.

Also, make sure you don't confuse course types. Once a **live** event is offered - it only lasts that one day; so the event start & end are the same. If the event is repeated - it again is only offered that one day; so the event start & end are that same date.

However, an event offered online - may first be opened on Jan. 2, 2017 (start date) but is available for anyone to take the same course until Dec. 31, 2017 (end date). So it technically is available more often during the reporting year.

Q. Do we place the information on the NARS spreadsheet and turn it in with our annual report or is the spreadsheet somewhere on the website and we are to document each event there? Also, if I am understanding correctly, we need to a number such as 1,2, 3 behind the activity # if we are offering an activity more than once so staff from multiple areas have an opportunity to attend, is that correct?

A. Yes the spreadsheet is available on the website – in the AP Forum. It will be one of the pieces required for the Annual Report you submit. In the past we had you complete a CNE Activity Summary – but this new spreadsheet will replace that form.

And yes to your numbering question. Each activity, each time it is offered, will need to be numbered in some way. We are leaving it up to the Approved Provider Unit to select a numbering system that works best for them.

Q. Provider Activity ID – Could we keep it simple and use a number such as 2017-1, 2017-2, etc.?

A. That is totally up to your Approved Provider Unit, as long as the number does not repeat.

In the case of a repeat activity, the Approved Provider Unit could add another dash and another letter, or number, etc. For example, 2017-1-A or 2017-1-15, or 2017.1.01. It just needs to be consistent so everyone in the Approved Provider Unit understands the system you come up with.

Q. Will the Provider Activity ID be required to be listed elsewhere such as the CNE certificate?

A. No. The Provider Activity ID is solely for the purposes of reporting in the NARS system. The ANCC needs the number to help distinguish between different activities, and each time they are offered.

If your Approved Provider Unit sees value in listing the number in other areas such as in the registration system, on certificates, etc., to assist staff in identifying one activity from another, it is perfectly fine to use it. But there is no requirement to do so.

Q. Does the Provider Activity ID need to be disclosed to participants?

A. No. It is simply for the purposes of the NARS reporting.

Q. In the NARS materials we see that ALL activities need to have a unique number (Provider Activity ID). For classes such as PALS/BLS/PEARS, etc. do they need to be grouped/bundled together with the same number root and then additional unique identifier such as:

- PALS June 8th 1001.1 OR 1001
- PALS June 20 1001.2 OR 1002

A. What you assign for the unique Approved Provider Activity ID – is totally up you and your Approved Provider Unit. There are no rules or regulations – other than each activity has to have a unique ID. If it helps your APU to group them – go for it.

For example, because I have to enter class data into a permanent database courses are numbered and then each time it is offered it is a different section number.

- LS100 = BLS Provider Course
- LS100.01 BLS on 6/6/17 at 8:30 am
- LS100.02 BLS on 6/6/17 at 12:30 pm

That way we know at a glance that any course roster, etc. marked LS100 is a BLS Provider Course.

Whatever system works try it out. There has been nothing said that we must continue using the same system next year – they are using this unique identifier to separate out offerings so that numbers are not duplicated. For example, if I had 2 BLS classes on 6/6/17 both at 8:30 am but in different locations – listing it twice without a unique identifier would have one wondering is this the same class, just entered twice?

Q. Can we retroactively assign Provider Activity IDs to courses that have already been offered multiple times?

A. Yes. Please revisit those activities provided since January 1, 2017 and assign numbers to meet the NARS reporting requirements.

Q. To accommodate the different shifts our APU already offered programs at different times this year and we assigned a course code to them; however, we did not include a .01, or .02 at the end so they all have the same course code number. If the participants are audited by their state board of nursing would this become a discrepancy if the numbers were different in the activity planning file and what was listed on their certificate?

A. The Provider Activity ID is for the purposes of the NARS reporting system only. It is not necessary to disclose it to learners or list it on the certificate; it is an internal number completely and should not impact anything with the state board of nursing.

Q. Can we recycle the provider activity numbers each year? For BLS CPR we have a number for registering on line – so can we start over each year? Or should we continue on with the numbers?

A. It should be fine to recycle the provider activity numbers since they are different reporting years.

Q. Just to clarify- we put activity #'s on our certificates. Example: Compassion Fatigue Class is #93. It's offered many times throughout the year, so in NARS, I will write 93.1, 93.2, 93.3, etc. for each activity offered (each date); but the activity number on the certificate will always be 93. Does that sound right?

A. That is correct – it is an internal Approved Provider Unit policy if activity numbers are on certificates – what you type of numbering system you utilize there is up to your APU. What needs to be reported into the NARS system is a specific Provider Activity ID for each time an event is offered.

Q. If we have already offered a course more than one time this year, do we need to go back and assign each session a different number now?

A. If the offerings occurred after January 1, 2017, yes you will need to assign each activity a unique number. The and unless the Approved Provider Unit sees value in including the number within their paperwork or elsewhere in their files, the number will only serve the purpose of completing the NARS reporting spreadsheet. There is a spot on the CNE Activity Planning Guide to include the Activity#. If the APU wishes to re-visit the Activity Planning Guide for each of the activities offered this year so far

and add the Activity# that is fine, but it is not required. Moving forward, for consistency and organization, it may help the APU to record the activity number on the CNE Activity Planning Guide to document the activity number that was assigned in addition to their provider approval number.

Q. What about Provider Activity IDs that have already been issued on certificates? For example, an APU already has an Activity ID in place and they printed those on certificates.

A. That is perfectly fine that these have been listed if that is your internal process. For the purposes of the NARS reporting, you would just need to ensure that each offering was assigned a unique ID. So if you have offered one activity multiple times but each offering has the same Activity ID, you would need to add another numbering sequence to the ID already in place, to account for the different offerings. Each offering is considered a separate activity in the NARS system and must have a unique ID number assigned.

Q. Since our new Provider Approval number did not go into effect until February 1st, do we record programs from the February 1st date or the January 1st date, even though there will be a different Provider Approval number?

A. The Provider Approval number you were issued by the Midwest MSD has nothing to do with the NARS system, and you should not be using it for your Provider Activity ID number. The Provider Approval number is the number designating that your Unit has met criteria to continue to provide continuing nursing education. We do not recommend that you use this number to identify the specific educational activities you provide, or include the number in the numbering sequence you select for your individual offerings. The Provider Activity ID is some type of a numbering system the APU develops that works for the types of events they are providing.

Q. So to be clear, a program ID can be 164 on all certificates, but on NARS, we will report it as 164.1, 164.2, etc., correct?

A. Yes. There are a number of Approved Provider Units that do not list the Activity number on their certificates. Just realize this is your own internal process and is not required. It is required that you list your Provider Approval number on certificates to demonstrate the approval you achieved through the Midwest MSD.

Q. If an event is offered live (in person) and also live streamed via the intranet – is it a Course (C) or and Internet Live Course (IL)? At this point it is only available in real-time.

A. This should be listed as a course.

Q. Is the main point regarding Regularly Scheduled Series (RSS) that it is planned as a series, offered multiple times? APU's are struggling if the series topics change each month – they are planning it as a series, but are under the impression when designating a RSS for CME purposes that every session of the series need to be interrelated and geared toward the same identified outcome.

A. Even though the topic changes each month it still falls under the category of regularly scheduled series.

Q. Grand Rounds – Topics are not similar and the schedule is not regular. Should they document those as a Course or an RSS (Regularly Scheduled Series)?

A. If you are holding the courses every now and then and there is no set schedule for the course i.e. offered every Thursday of the week or first Tuesday of the month, then the activity should be listed as a course. If there is a regular schedule to the activity, i.e. weekly, monthly, quarterly, it doesn't matter if the topics change each month, this activity would be an RSS (Regularly Scheduled Series).

Q. If there is a live event that is live event that is offered simultaneously by a blackboard collaborate to a distant audience is this considered two separate events?

A. If the event is live and there are individuals in the audience, it is a course. The distance audience is part of the same event. If there is not an in-person audience and if the event is being live streamed (blackboard or similar live stream technology) and is only being held on that particular night, and participants can only view it that particular night, it would be considered an internet live course. If you record it and make it available for individuals to access at a later date, then the activity becomes an internet activity enduring material.

Approved Providers must think about the different delivery formats for the activities they provide. Many providers are expanding their reach for the educational activities they provide by offering activities live and then recording the activity, developing an enduring activity and providing it using their learning management system. Please know, the live program becomes one event and the recorded program becomes a second event, both in the activity documentation that is maintained as well as in the NARS system.

Q. I'm doing an activity that does not fit into any of the categories – it's a blended activity with some live and some enduring. There is no category for this type! What do I do??

A. Our understanding is that if any portion is live with an in-person audience then it is a course. If it is live with an internet audience (offered one time, on one specific date & time) it is an Internet Live Course.

Even a flipped classroom format - study materials first done at home, and possibly on-line - then a classroom/workshop format - would be considered a course.

Q. What about an event that has a live audience and also an audience at an off-campus site attending live; the live activity is not offered again?

A. The default is that it is a course. An internet live course is live, but there are no bodies gathered somewhere participating. If you have live bodies participating in the activity, whether you are streaming it live or not, then the activity would be categorized as a course.

Q. If a course is held live and streamed to another location, is this listed as a course?

A. This would be considered a course because learners are participating in person. It is available on a certain date at a certain time, in real time; some participants are there live and others viewing from afar.

Please know that each APU should do their best to classify each course based on the information in front of them. As things evolve and we learn more about the differences between each type, APUs may classify things differently down the road. There will be no penalties. Ultimately the contact hours

will be listed, the number of participants will be provided, and other such details, which are key elements of the reporting.

Q. What about a live event that is teleconferenced to other locations – live at the same time?

A. If there are bodies in a room this is a course. It doesn't matter if the activity is teleconferenced or shown live over the internet to other audiences it is considered a course. Technology will continue to evolve and the APU may run into additional questions. The key is to try and be consistent with your classification of activities and reporting. Please continue to reach out if you have questions and if we are unsure we will ask the ANCC for clarification.

Q. If we host a program and have attendees in one venue, but also broadcast via Skype in real time to another location, how would this be classified? It has both live bodies and virtual attendees.

A. This type of format is occurring more and more. If the activity is a live event, and it is only being offered on that date and time, it would be classified as a course. If you were to take this program and make it available on the internet or learning management system, and is no longer live but recorded, this is a totally different educational activity that requires a separate activity file and separate listing on the NARS spreadsheet since the activity has now become an enduring activity, or an internet live enduring material. At the time the event is live and there are bodies in the chairs – then it is a course.

Q. Hours of instruction versus contact hours – When you have breakout sessions, would it be safe to say that the hours of instruction would be larger than the number of contact hours?

A. If there are breakout sessions, participants would not be attending the two different courses offered at the same time, it comes down to the total number of hours of instruction. Even though the time frame is from 1-2:00 p.m. and there are three sessions offered during this time frame, the hours of instruction would be the 60-minute hour.

Q. Hours of Instruction – What about required pre-work and/or required tests or post-work that are required to meet the successful completion requirements that are not done in a classroom?

A. We are assuming that you have a defensible way of documenting how many hours it takes to complete these 'outside-the-classroom' activities, through a pilot study or other method. And therefore, this would be included in the total number of hours of instruction.

The key is that for any of the required pre- and post-work (time not spent in the classroom; activities required to meet successful completion requirements) the APU needs to quantify through a pilot study or similar method, how much time is spent on each of those activities and include that in the hours of instruction. The APU needs to be able to defend why they allocated that amount of time to that part of the educational event, and of course record it on the Educational Planning Form. If the APU is providing contact hours for these additional activities then they need to be included in the overall hours of instruction.

Q. When we get to the number of nurses who completed the activity it stresses 'completed'. For our larger conferences, we award credit by each session completed, so how will we report this? For instance, a 5-hour conference, but an individual only stayed for 3 of the 5 sessions and was awarded only 3 hours of credit.

A. This is a great question. It comes down to what the successful completion requirements are to receive credit, that is what is meant by 'completing' the course. Even though you may have nurses who have received a varying number of contact hours, they have still met the successful completion requirements; assuming of course that it is allowed for nurses to participate in 3 out of the 5 sessions as outlined in this example. Our understanding is that the number of contact hours awarded is the maximum number of contact hours participants could achieve. Therefore, when you are entering the total number of contact hours for the activity on the spreadsheet, you would enter the maximum number of hours awarded, rather than varying numbers based on what was issued to learners.

Q. If you have 6 hours of instruction but you allow 0.5 contact hours for completion of the evaluation, would the total hours of instruction be 6 but the contact hours be 6.5?

A. Evaluation time is considered part of the instruction time and therefore should be included in the total hours of instruction. Many times, completion of the evaluation is part of the successful completion requirements. To demonstrate completion of the course they would need to participate in that segment of the educational activity. What you would not include would be the welcome, meals, break times, etc.

Q. Where do you list participants who attend but do not meet successful completion requirements?

A. They are not recorded on the spreadsheet. You can keep this information internally, but it is not reported on the spreadsheet.

Q. In reference to Column #19, Description of Content (Optional): Is this truly optional? Rather than cutting and pasting from the promotional brochures for every program into this column, could we just say "see activity ID #XXXX program brochure?"

A. As of right now Column 19 it is an optional field and you do not need to provide a content description. The ANCC would like to either see a content description or learning outcomes listed or nothing at all. I would not recommend saying 'see XYZ program brochure' because that would cause them to have to have the brochure in hand to review the data. If you do not want to copy and paste, then simply leave it blank. We will let you know if the 'optional' status ever changes.

Q. Currently our APU records the number of nurses who complete the activity, as well as the number of non-nurses. For the nurses group, successful completion is often completing the evaluation. Therefore, nurses who do not complete the evaluation do not receive credit. Do they count the number of nurses who did not complete the evaluation (those who did not meet the successful completion requirements) in the 'Other Learners' column? How do we utilize the 'Other Learners' column on the spreadsheet?

A. The 'Other learners' column is a column where you identify the category of other potential learners at the activity i.e. student, radiology technologist, nutritionists. It is a field where you would be listing the names of the other disciplines in attendance. This is not a place where you would enter in the number of nurses who did not complete the activity.

The number of nurses completing the activity would be recorded elsewhere on spreadsheet. The number recorded should be the number of nurses who met the successful completion requirements set forth by the planning committee in the development of the activity.

Q. If an organization having an annual conference invites us to plan and provide CE, is this recorded on the NARS report as in-kind support? No money was exchanged between the organization and our Approved Provider Unit, and the activity was free to learners.

A. The in-kind support column is only to be used and completed if the agency providing the support was a commercial interest organization. If you are working with an association, then they would not be a commercial interest organization. We are no longer reporting on sponsorship received. Therefore, the APU would not need to record anything in this column.

Q. If an Approved Provider Unit is part of an Educational Department that also awards CME, should they leave field 28 "# of AMA PRA Category 1 Credits designated" at zero - as the CME Provider should be reporting this data for the same reporting year. I don't want to be duplicating data.

A. Yes, the Approved Provider Unit can leave field 28 blank.

Q. If an Approved Provider Unit plans a course and is responsible for the continuing nursing education (CNE) and another group takes responsibility for the continuing medical education (CME) do we list them as a joint-provider?

A. The APU must determine exactly how the event is being planned and whether the group responsible for the CME is functioning as a joint-provider or not. This is a topic that we are going to be exploring a little more in detail. But it comes down to the planning process. As a jointly-provided activity, everyone must be at the table, working together to plan the activity. The two groups cannot plan their 'portions' of the activity in silos separate from one another. The Midwest MSD will be providing additional resources on jointly-provided activities soon.

Do realize that on the NARS spreadsheet there is a column asking for the number of CME credits provided, but please leave this column blank. Even though your APU may also do CME, the CME credits are being recorded and reported using the Program and Activity Reporting System (PARS) and we don't want to duplicate data.

Q. Will you be adding new terms to the glossary?

A. Not at this time. The terms related to the NARS system came from ANCC and we have tweaked them to add clarification for our APUs. These are the terms that are listed on the NARS spreadsheet. If you have questions or concerns or you want more information or specific examples, please reach out to the Midwest MSD.