Bits and Pieces

Like our next newsletter format? A new graphic artist has joined the staff of MONA/Midwest MSD, and we tapped his skills to update our look going into the new year. Enjoy!

Don’t wait until the last minute for NARS compilation! See Sara’s Slant and the FAQ addendum from Judi Dunn for more information and helpful hints to get this first submission done in a timely way. We’ll be providing feedback on the first NARS process in first quarter 2018 – no stress, please! “Doing your best” is going to be completely acceptable this first submission.

No Rockin’ with the Reviewers this month – instead, we’ve assembled some of the best and most relevant questions from APUs received this year, along with the responses provided by the Midwest MSD team members. We hope you’ll find them helpful – our gift to you!

Remember the MONA/Midwest MSD office will be closed from December 25th through January 2nd – happy holidays to all!

Quality Quotes

I think as you grow older, your Christmas list gets smaller. The things you really want for the holidays can’t be bought.
- Unknown

Your New Year’s resolutions should be meaningful, not superficial. Next year, don’t be the same. Be better.
- Jason Maddox

Quality is not an act, it is a habit.
- Aristotle
By now you should have received two emails detailing how to submit the Annual Report and pay the Annual fee, both due by January 31, 2018. If you reviewed the Annual Report requirements for this year you will see a few changes from previous reporting periods. Below are some things to keep in mind as you work on pulling the data for the report:

- Submissions will be handled a little differently this year: 1) All submissions must be submitted electronically – by email to AnnualReports@midwestnurses.org or sara@midwestnurses.org; and 2) Annual Report requirements must be collated together as one PDF with the exception of the 2017 NARS Annual Reporting Spreadsheet – this piece must be submitted as an Excel file.
- Final submissions will consist of one email containing two attachments:
  1) PDF containing the completed Annual Report form, a list of your Unit’s Quality Outcome Measures, progress toward meeting those outcomes, and the three pieces of activity documentation requested in the report
  2) 2017 NARS Annual Reporting Spreadsheet as an Excel file.
- It is important that each Approved Provider Unit complete all applicable sections of the 2017 NARS Annual Reporting Spreadsheet and submit it as an Excel file. Everyone using the same form ensures consistency in the data received. Having the file as an Excel document, will allow Midwest MSD staff to upload a tab-delimited file into the national reporting system and comply with ANCC’s submission requirements. If you use “hide columns” or change the width of columns to minimize the unused columns, please restore them to their original size and placement prior to submission. Failure to do so may result in a request for revision.
- Changes within the APU – If your Unit experiences a change in name, structure, Primary Nurse Planner and/or Nurse Planner around the time the Annual Report is due, please do not notify the Midwest MSD office within the Annual Report. Please submit the required documentation separately to ensure timely processing.
- Activity documentation:
  - Please submit ONLY the items requested in the Annual Report Form. Additional evidence may be requested after review.
  - For the Professional Practice Gap Analysis – please submit either a completed Gap Analysis Worksheet, if this is a form your Unit utilizes, or whatever alternative method was used to document the gap analysis process. When submitting documentation of the gap analysis process please keep in mind that the documentation must describe the entire process, not just the resulting gap identified.
  - When submitting documentation of how disclosures were delivered to learners, please remember the Review Team needs to see how ALL required and applicable disclosures for that particular activity were delivered. For those who disclose all elements using one method this will be as easy as providing a copy of that handout, slide, or other method used. For those who disclose each required/applicable element using a different method please ensure that you include a copy of each method, so the Review Team can see how each element was disclosed to learners.
- 2017 NARS Annual Reporting Spreadsheet – This form is the new reporting form where you will enter information on activities you held in 2017. As mentioned in the webinars held this summer, during our monthly conference calls, and in our newsletters, the ANCC increased the number of data fields Approved Providers must track for the activities they provide to provide a more accurate snapshot of the types of activities provided by each Unit. Here are a few tips:
  - Don’t wait until two days before the due date – start the spreadsheet early! The amount of time it will take an APU to complete the spreadsheet is dependent on the number of activities submitted for the year.
provided during the calendar year. Some APUs began documenting the various fields for their activities after learning in May of the new requirements. This is awesome and will save a great deal of time at the end of the year. However, this was not possible for everyone. To those just starting the process, begin carving out time now to complete the spreadsheet.

- Please make sure to add the name of your Provider Unit and your official Provider Approval Number to the top of the spreadsheet. We have a large number of Approved Providers and this helps us distinguish between reports.
- You will begin entering data into Column C. Column A (Template) and B (ANCC Activity ID) are internal columns for ANCC to use after the report is received.
- Please make sure you scroll to the right when you are in the spreadsheet to make sure you are populating each of the applicable fields. Do not just complete the ones visible to you on your monitor.
- Yes, Column 19 is truly optional
- Yes, there may be several columns that do not apply to your activities, especially if you do not provide interdisciplinary education

Should you have any questions about the spreadsheet, please remember there are valuable resources on the AP Forum to assist you in completing this spreadsheet, specifically:

- What is Reported in the Nursing Annual Reporting System (NARS)?
- Nursing Annual Reporting System - Types of Educational Events
- 2017 NARS Annual Reporting Spreadsheet
- NARS Frequently Asked Questions

And as always reach out to the Midwest MSD office if you have questions.

Please also note a few changes in the Annual Fee payment process this year:

- Payments can be made by credit card or check through the online payment portal. When you select to pay by check, an invoice will automatically generate for you to print and include with your payment. Please note, this invoice will arrive by email. Be sure to check your spam/junk folder in case the email is routed there instead of to your inbox.
- If you have any questions as to whether your organization is classified as a Single Agency or a System Provider, please review pages 3-4 of the Application Instructions document for definitions or contact the Midwest MSD office.
- We experienced a change in address again this year. In the email notifying you about the upcoming payment due date, we provided a new W-9 to assist you with updating vendor records with your accounting department to reflect the Midwest MSD name, address and EIN number. Please see that this information is passed on to your accounting departments.

Please reach out to the Midwest MSD office if you have any questions!

**Q & A**

**Q:** Can you tell me how I can better understand and put into place our Provider Unit’s Quality Outcome Measures? I’ve squeaked by on this for years, and struggle with how to put into words our goals and how we measure them. I’m sure we are already doing what we need to do, but don’t really have a formal evaluation process. I’d like to be able to speak to it, of course.

**A:** From what you’ve described, it sounds as though you may be struggling with narrowing down strategic goals into Quality Outcome Measures (QOMs). In the past, APUs were required to develop strategic goals each year, but they weren’t specifically tied to the Unit’s self-evaluation process, nor did they need to be structured in a particular format.
Now, in order for APUs to develop meaningful and measurable QOMs, the expectation is that your self-eval will reveal areas of improvement and that those areas that the Unit chooses to work on in the coming year will be expressed in measurable outcomes.

As you know, your Unit should have a structured and scheduled self-evaluation process in place that looks at the Unit resources, personnel, processes and completed activities at least annually, with input from your Unit’s stakeholders around the facility, so that weak areas can be identified, or improvements needed to meet facility goals are noted. If this process is the one you mean when you say you “don’t really have a formal evaluation process”, you’ll need to revise that asap. Most Units do an end-of-year meeting for all staff that looks at aggregate activity data, feedback from stakeholders (usually surveyed earlier) and resources as a group. Others do this throughout the year, but at some point, all Units have to determine what works and what needs improvement.

Once you’re found some areas to improve, it’s important to keep in mind that the more focused your QOMs are, the easier they are to express as measurable outcomes and the easier it is for you and your staff to work toward achieving them.

For example, let’s say you want to encourage evidence-based practice for your nurses, since feedback from your stakeholder nursing managers have noticed a lot of “that’s how we’ve always done it” behaviors among staff. “Encourage evidence-based practice” obviously won’t do – it’s not measurable by any standards. But you could say “Provide 2 nursing research and/or evidence-based practice activities in 2018”. It’s common for the reviewers to see the rationale – the ‘why’ – embedded in QOMs (like “Encourage evidence-based practice by providing 2 nursing research and/or evidence-based practice activities in 2018”), but that isn’t really necessary. It’s better practice to include just the specific actions that the Unit will work on in the specified time frame. Keep it focused.

For another example, let’s say that your hospital Administration wants 30% of nurses to be critical care certified in the next 2 years. Right now, your ICU staff is sitting at 22%. So obviously there is some work to do (We see this type of QOM fairly often “Increase the number of certified nurses by XX% in 2017”, but don’t forget that it is not possible for an APU to be the sole responsibility for a strategic goal such as this. Lots of other factors other than what you can provide can influence that percentage and it’s up to you to make sure Admin knows it!). So rather than say “Increase the number of CCRNs by 4% in 2018” (assuming half of the goal each year), you should try for an achievable QOM that your Unit can do, like “Provide one CCRN review course and two critical care focused activities in 2018”. You don’t have to include anything about an increase in certification rates – all you need is to determine what part of that strategic goal you can impact with your Unit.

For another example, in the past you would have been able to say: “Streamline the registration process for outside attendees to increase non-employee revenues”. That is a strategic goal, meant to increase revenue while also improving a Unit process. But it’s not easy to measure – how would you know that any changes you made to the registration process really resulted in more outside attendance?

But if this is your Unit goal, you could develop two QOMs to successfully measure it: “Reduce the required steps for the non-employee online registration process by at least 50% by third quarter 2018” and “Include a question on evaluations for activities that include non-employee attendees for input on the effectiveness and ease of the online registration process”. Now you’ve taken a vague verb “streamline” and instead built an outcome that is specific, focused and easily measurable.

That is the key to good QOMs – specific, focused and easily measurable. Your Unit doesn’t have to think big – changes that you make are more often small and focused rather than big and global, anyway. Your QOMs should reflect that.
### More Q & A

**Q:** The only activity we've offered this year that might be considered “enduring material” is an activity that was planned with a pre-recorded video on healthcare violence and safety that we used with permission from the producers. The posttest attached to the activity was created by the planning committee. Does the MSD consider this a “canned” event? And if so, I’m worried that the reviewers will see the enduring material on our NARS report and perceive that the APU ignored the request to submit the enduring material. How should I make a note of this to communicate that this activity didn’t qualify for the report to the reviewers?

**A:** That’s a good observation! I would suggest adding a note right after the “Activity Title” section of the Annual Report which states something like “The one enduring material event provided in 2017 also utilized previously developed content and was not eligible for submission. Therefore, this educational event was chosen.”

**Q:** I see on the MWMSD website information about enduring content that the course must be reviewed/updated at least every 3 years – this makes sense. What about a live event that is repeated? For example, we have a preceptor course that is offered 4 times/year. Right now, we review/update the content every 2 years – is that appropriate or should this be on an every 3-year schedule too?

We also have a course that was live, and we videotaped it and added a posttest for credit. The enduring content would be reviewed/updated every 3 years then – correct?

**A:** Your APU must decide how often it is appropriate to review a repeated live activity, or an enduring material format activity. For clinically-dense content, every 1 to 2 years may be indicated, due to the flux inherent in clinical topics. For non-clinical, every 3 years would do (although interestingly, most preceptor courses we see get revised every 1 or 2 years anyway based on facility needs!). But regardless of the content type, repeated courses should be reviewed for accuracy and current resources not less often than every 3 years.

**Q:** I know there was mention that we could not use the combination BIO/COI forms after the first of the year. With that being said, I can locate the Planner Faculty Conflict of Interest Forms on the Approved Provider Forum, but I do not see a Bio form for speakers/faculty/committee members.

**A:** The biographical data and conflict of interest requirements and associated forms have undergone several modifications over the years, with the COI portion taking on considerably more weight and importance than the bio information for presenters. ANCC no longer requires a formal biographical data form from presenters, and neither do we. It is the responsibility of the Approved Provider Unit to verify the expertise of potential presenters, and that can be done in a variety of ways, many of which appear on the CNE Activity Planning Guide that can be documented with checkmarks.

ANCC’s position is that a potential presenter can be verified in simpler ways than the old bio form method. The goal is to reduce the amount of paperwork for presenters to complete and APUs to review. Many APUs do ask their presenters for a resume or CV as part of their required paperwork, often as a mechanism for creating an introduction rather than verifying expertise, although a resume or CV will of course accomplish this as well, killing two birds with one stone. 😊 Since most presenters already have a CV available, asking for this is not usually a burden, and does not require them to complete a bio form.

But even a CV is not required. If a presenter has earned an advanced degree or fellowship, that is sufficient to show expertise. Bio information that can be viewed on a website is sufficient. Even the recommendation of a colleague who has attended a prior presentation is considered sufficient. Your APU must determine which method(s) are going to be acceptable for your NPs to use.

A long answer to let you know that the MSD does not have a template form for biographical data on presenters! You are free of course to create your own, but we encourage you to utilize one of the simpler methods listed on the Planning Guide.
**NARS FAQ UPDATE**

*More answers on NARS from Judi Dunn, NPRL*

Hopefully everyone has had the opportunity to review the NARS information as you start compiling your 2017 activity data for the Annual Report. Over time, there have been a few questions that have come up that we thought best to share here.

Remember that additional reference material regarding the NARS spreadsheet can be found on the Midwest MSD Approved Provider Forum.

**Q:** Not all of the information in the NARS spreadsheet seems to apply to our Approved Provider Unit. Is this correct?

**A:** Yes, you are correct. There are a number of fields in the NARS spreadsheet that may not apply to your Approved Provider Unit and do not need to be filled in. The NARS program was developed to replicate the PARS & Pharmacy systems, so that eventually in years to come, everyone involved in CE will be reporting similar data.

Fields 32 thru 72 do not have to be answered. Field 74 – the # of nurses who completed the activity - must be answered. Fields 73, 75, 76, 77 should be answered if you have that information, but they are not required.

Do not delete fields from the spreadsheet. If they require an answer it is either no (from a drop down) or zero.

**Q:** In fields 7 & 8 it asks for city and state. Is this the location of the Approved Provider Unit or where the event was held?

**A:** Fields 7 & 8 is regarding the actual location of the course. Remember this field is asking for a response only if the event was a Course (C) or a Regularly Scheduled Series (RSS) not an enduring or internet enduring material event.

**Q:** In the NARS spreadsheet it refers to CAPE learner, CAPE leadership. What are they talking about?

**A:** Fields 47 thru 61 refer to CAPE – which are educational outcomes targeted toward specific Pharmacy curriculums. CAPE refers to the Center for the Advancement of Pharmaceutical Education, who originally developed the competencies. This is another example of fields in the NARS spreadsheet that don’t apply to CNE and do not need to be filled in.

**Q:** I if have a course that is cancelled. Do I leave it on the NARS spreadsheet and indicate 0 attendance or delete it off the spreadsheet? I have been deleting cancelled courses.

**A:** The purpose of NARS is to compile data on continuing education that actually took place. So, no, you do not need to document programs that were canceled on the NARS spreadsheet.

However, for your internal purposes you may want to record this information so that you can track trends.

**Q:** On the NARS document do we put only those who were given contact hours under question #74 and zero under #77 if we don’t give out other forms of continuing education? I didn’t know if there is any place I’m supposed to be documenting the nurses who attended the training presentations but did not complete the evaluation and didn’t receive the contact hour(s)?

**A:** You are asked to record those individuals who have met the requirements for successful completion for the educational activity.

So for #4 you would record the number of nurses who met the requirements and received contact hours and for #77 you would record the number of other individuals who completed the requirements for successful completion that were not nurses.

Those nurses that attended, but didn’t meet the requirements of completion – say they didn’t sign in, didn’t stay the entire time, didn’t complete the post test, etc. are not counted.

**Q:** When we offer a class that is two or three days long, such as ACLS is 2 days- 5/18/17 and 5/19/17. Is the start date 5/18 & 5/19/2017 (column 10) and the end date 5/18 & 5/19/2017 (column 11)?

**A:** For an in-person course that runs 2 days (students must attend both days to meet requirements of successful completion) the first day (05/18/17) would be the start date (column 10) and the second day (05/19/17) would be the end date (column 11).
Q: Just double checking myself – we don’t need to put the MWMSD number on marketing materials – just the accreditation statement and contact hours – correct? We have the number on the CNE certificate.

One of our frequent joint providers thinks we need that on the marketing. I don’t mind having them put it on their marketing for jointly provided courses – but I don’t put it on our others.....hope that is okay.

A: Your instincts are correct...the only place that requires the APU’s approval number is the certificate of completion. It’s not wrong to use it elsewhere such as the promotional material, but it would be somewhat unusual to do so.

Q: We have an CPA/Advisor company speaking at our conference. He has selected on his BIO/COI form that he is not a conflict of interest so on his power point presentation can he put his company logo? I know for conflict of interest you cannot put a logo but I was not sure with him.

Also, if we have someone from another hospice speaking is it ok for them to put their logo on the power point?

A: You are correct that logos on PowerPoint slides cannot be done with commercial interest organizations, but the question is murkier with the type of businesses you describe. What you want to avoid as a planner is any suggestion of bias or self-marketing, in addition to true conflicts of interests.

What we have advised Units in the past is to allow one business logo on the title or introductory slide, as that has to do with the qualifications of the presenter, but no logos past that point. What you sometimes see are slides where the logo appears in a corner on every one, and that is just too much subliminal advertising, besides the risk of being distracting to participants.

From the jolliest bunch of elves this side of the North Pole, we wish you the happiest and healthiest of holidays!