Implementing New ANCC-COA Criteria in the Approved Provider Unit of North Carolina Public Health Nursing

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DNP Project Presentation
April 4, 2017
Common Terms

- Advancing Research and Clinical Practice Through Close Collaboration (ARCC) EBP Model
- American Nurse Credentialing Center’s Commission on Accreditation (ANCC COA)
- Approved Provider Unit (APU)
- Primary Nurse Planner / Nurse Planner
Background

• The NCDPH Public Health Nursing and Professional Development Unit (PHNPDU) is recognized as an approved provider unit by the NCNA to provide continuing nursing education (CNE)

• DPH mission includes core function of assuring a competent public health workforce through education and training
Background

• Primary Nurse Planner position cut May 2014: no leadership
  – Quality of documentation declining
  – Peer Review process inappropriate

• ANCC-COA adopted new EB accreditation program criteria July, 2015

• APU needed to adopt and implement new criteria and documentation starting July 1, 2016
Literature Review

• ANCC Accreditation Criteria/APUs/CNE

• Quality Improvement strategies

• Evidence-based practice model to facilitate adoption of criteria
Intervention

Project Type
Organizational Performance Improvement / Translation of Evidence into Practice

Implement
Using the ARCC evidence-based practice model and QI methods
Adoption of 2015 ANCC Accreditation Criteria in the APU
Project Aims

- Compliance with all structural and operational requirements designated by ANCC-COA (preapproval of Approved Provider Status)
- Adherence to ANCC accreditation education design process criteria as evidenced by 85% conformity
- Measure impact of project implementation on knowledge and comfort level of nurse planners
- Develop and present to management recommendations for sustainability
Project Methods
The ARCC Model

Assess organizational culture & readiness

Identify strengths & barriers

Incorporate mentors

Implement & evaluate

Schaffer, Sandau, & Diedrick, 2012
2015 ANCC-COA evidence-based criteria

- Three categories of standards necessary to provide quality CNE
- Project concentrates on Education Design Process (EDP) criteria
Project Tools

- Kaizen event
  - SWOT analysis
  - Value Stream Map
  - PDSA cycles
  - Audit Tool
- Training on new criteria
- Mentoring
- Provider application
- Audits
- Pre- & Post-implementation Surveys
- Evaluation
Sample

- The project sample was the APU’s 16 nurse planners
  - RNs with minimum BSN education
  - Home-based
  - Assigned to geographic region
  - Provide program-specific consultation in CH, STD/CD,
    School Health, WH, PHN/PD
Data Collection

1. APU Nurse Planner Educational Series training evaluations
   a. Knowledge of Education Design Process Criteria
   b. Knowledge of Adult Learning Principles
   c. Knowledge of nurse planner role
2. Pre- and post-implementation surveys
   a. Perceived knowledge of ANCC accreditation criteria
   b. Comfort in nurse planner role
3. Education Design Process (EDP) documentation audits (July – Dec.)
Kaizen event

• Evaluate EDP process
  – VSM current process
  – VSM new process

• Create Audit tool based on new forms
  – PDSA cycles

• Create outline for nurse planner training
Kaizen event
Results: APU Application
Approved Provider Status was granted 9/23/2016 through 9/23/2019
APU Nurse Planner Series – 2015 Criteria

• Three-Part Educational Series – July 2016
• Blended: recorded webinar, reading, in-person
• Content:
  – 2015 ANCC Accreditation Criteria
  – Education Design Process Criteria
    • New Forms, Gaps, Needs, Evaluation, Adult Learning Principles
Post-Education Knowledge: ID the Seven Education Design Process Criteria  n=16

- EDP 1: ID Problem or Gap (100%)
- EDP 2: ID Learner Needs (100%)
- EDP 3: ID & Resolve COI (93.75%)
- EDP 4: Best Avail. Current Evidence (93.75%)
- EDP 5: Strategies to Promote Learning & Engagement (100%)
- EDP 6: Summative Eval Data (100%)
- EDP 7: Measure Change in K/S/P (100%)
Post-Education Knowledge: ID Adult Learning Principles
n=16
Post-Education Knowledge: Describe Nurse Planner Role

Please pick the statement that best describes the nurse planner’s role in the provision of CNE:

1. Responsible for documenting the planning, implementation, and evaluation of CNE activities provided through our APU

2. Responsible for completing all required forms and following EDP

3. Accountable for adherence to ANCC accreditation criteria
Post-Education Knowledge: Describe Nurse Planner Role

n=16

NP Role

RESPONSIBLE_PROCESS

43.75%

RESPONSIBLE_EDP

ACCOUNTABLE_CRITERIA

56.25%
Results: EDP Documentation Audit

Conformity to EDP Criteria  n=7

July - Dec 2016

EDP 1: 100%
EDP 2: 100%
EDP 3: 57.10%
EDP 4: 100%
EDP 5: 100%
EDP 6: 100%
EDP 7: 100%
Pre & Post-implementation Surveys

• Comfort level in role

• Knowledge level of ANCC Accreditation Criteria
Likert scale

1 = Not at all knowledgeable about the criteria/comfortable in role
2 = Somewhat knowledgeable/comfortable
3 = Adequately knowledgeable/comfortable
4 = Very knowledgeable/comfortable
5 = Expert, I could train others
Results of Pre & Post Surveys

- Pre-implementation survey response rate = 93.75% (15 of 16)
- 2 Nurse Planners left role
- Post-implementation survey response rate = 92.86% (13 of 14)

Final sample n=13
Knowledge of ANCC Criteria - Pre

- **Median**: 2.0
- **Mean**: 2.46

1 NOT, 7 SOMEWHAT, 4 ADEQUATE, 4 VERY, 1 EXPERT
Comfort in Nurse Planner Role – Pre

- Median: 3.0
- Mean: 2.69

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<td>5 EXPERT</td>
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Comfort in Nurse Planner Role – Post

Median: 3.0
Mean: 3.31
Statistical Significance

Wilcoxon Signed Ranks Tests

- The significance level of Knowledge Level is .013, statistically significant increase
- The significance level of Comfort Level is .011, statistically significant increase
Statistical Significance

Effect Sizes

• Knowledge Level = .488
• Comfort Level = .496
Recommendations

- Reinstate the Primary Nurse Planner 1.0 FTE (Fulfilled Feb. 2017)
- Each DPH Section have designated 1 or 2 Nurse Planners
- Integrate Nurse Planner role into official job descriptions
- Every Nurse Planner conducts min. 2 CNE activity q. year (to increase/maintain competence and confidence)
Recommendations

• Access to CINAHL/PubMed for Nurse Planners

• Visit other NC APUs - Informatics

• Create audit policy/procedure

• Continue post-audit 1:1 review

• Continue to clarify nurse planners’ role via newsletters, conference calls, continuing ed.
Influencing Factors

• Five nurse planners were on the Kaizen team and had extra exposure to the criteria.
• APU Nurse Planner Educational Series seen as “investment”
• Increased exposure through *The APU Update* newsletter and webinar call (Fall 2016)
• SWOT Analysis – familiar, confidential
• Kaizen event – organizational QI culture
Conclusions

• ARCC implementation model fits well with the structure of APUs
• Pre- and Post-implementation survey data showed a statistically significant increase in both perceived knowledge of ANCC criteria and comfort level in nurse planner role
• Nurse Planners must practice to stay competent
The people we surround ourselves with either raise or lower our standards. They either help us to become the-best-version-of-ourselves or encourage us to become lesser versions of ourselves. We become like our friends. No man becomes great on his own. No woman becomes great on her own. The people around them help to make them great.

We all need people in our lives who raise our standards, remind us of our essential purpose, and challenge us to become the-best-version-of-ourselves.

Matthew Kelly