ABSTRACT
This column describes the evolution of annual reports from statistics-focused to outcomes-focused. This has led to nurse planners’ having more comfort and skill reporting changes that result from continuing nursing education activities.


The American Nurses Credentialing Center (ANCC) accreditation program requires provider and approver units to submit annual reports and to provide evidence of outcomes as part of their evaluation processes. Accredited approver units are required to evaluate their own outcomes and also monitor those of their approved providers (ANCC, 2009). Many organizations are struggling with ways to collect and document outcomes data. The Massachusetts Association of Registered Nurses, Inc. (MARN) is using a creative approach to monitoring and evaluating outcomes that has provided clear evidence that continuing nursing education is resulting in quality patient care.

CHANGING THE FOCUS OF ANNUAL REPORTS
The collection of data for annual reports from approved providers of continuing nursing education had become rather humdrum. The number of activities provided, the total number of attendees, and the total number of contact hours awarded in a given year gave some sense of the breadth of provider units, albeit a limited quantitative perspective. All of these numbers failed to answer the larger questions: What difference has continuing nursing education made? What is the outcome of the education?

With these questions in mind, the members of the accredited approver unit of MARN decided to modify the data collection process 3 years ago to include collection of narrative data that would provide a more qualitative perspective. Approved providers were required to submit an annual report composed of (1) typical quantitative data, (2) two standard questions (described below), and (3) one of five randomly assigned items aimed at monitoring adherence to ANCC criteria. The monitoring items included submission of certificates of successful completion from two activities, all of the promotional materials for two activities, a copy of the goals of the provider unit, or a copy of the evaluation tool and the corresponding evaluation summary of one educational activity.

Two standard questions were asked of all providers. The first was whether there had been a change in the lead nurse planner within the year and if so, a description of the process used to orient the new leader to ANCC criteria. A change in lead nurse planner is a red flag that the approved provider may encounter transition problems and a unique opportunity for the accredited approver unit to provide guidance.

It was the second question that revealed amazing growth during a 3-year period: How do you know that the educational activities that you provided made a difference? Provide a detailed description of an OUTCOME that has occurred as a result of an educational activity implemented by your provider unit.

Initially, the responses to this question were weak. It seemed as though the outcomes did not qualify in the absence of collection of scientific data by a researcher. The question did give nurses pause (Kowalski, 2009). The educational session no longer ended with the evaluation of
that activity, but rather with a look at whether the activity altered nursing practice. The first year was difficult, but repetition definitely serves a purpose. The passage of 3 years and three requests have resulted in a clear demonstration of growth and confidence in reporting outcomes. Three varied examples from the 2009 annual reports follow.

OUTCOME EXAMPLES

The first example involved an acute rehabilitation hospital with fewer than 100 beds that provided an educational activity focused on the complications of traumatic brain injury, including seizure disorders. Following the presentation, the speaker and the lead nurse planner met to analyze the questions posed by the audience during the activity as well as the post-program evaluation data. They determined that nurses needed guidelines similar to the ABCs of cardiopulmonary resuscitation or medication algorithm of advanced cardiac life support to guide them in caring for patients with traumatic brain injury in the rehabilitation setting. A collaborative effort by the speaker, a neurologist from the brain injury unit, and the lead nurse planner resulted in the creation of a seizure protocol for the staff that was laminated and placed behind name badges for easy access.

The second example involved specific needs of psychiatric nursing staff when fiscal issues resulted in plans to consolidate two state hospitals and a mental health center. The provider unit identified a practice gap caused by the resulting climate of uncertainty and concern about job loss amid restructuring needs. They provided educational activities with topics such as managing change, dealing with stress, and having emotional resilience. Feedback from the participants led to additional presentations that ultimately resulted in cohesiveness between the two facilities and a shared focus on the care of patients with mental illness.

The third example involved an approved provider within a community-based health system composed of three hospitals offering advanced surgical, oncologic, and maternity services. When the nurses identified a practice gap around skin care and prevention of hospital-acquired pressure ulcers, they initiated a half-day educational activity that was repeated several times during a nearly 7-month period. In the first quarter of the fiscal year following the educational intervention, the rate of hospital-acquired pressure ulcers decreased from 2.6% to 0.6%, a remarkable achievement toward the goal of eliminating facility-acquired pressure ulcers.

SUMMARY

With the passage of 3 years and three requests, approved providers are more comfortable identifying and reporting the outcomes of their educational activities. Perhaps nurse educators have been prompted to ask themselves with each activity, What difference does your continuing nursing education make? The MARN accredited approver unit has made a difference in the outcomes evaluation processes of provider units. This is our evidence of an approver unit outcome, too!

REFERENCES


Kowalski, K. (2009). More situations in which questions are valuable. The Journal of Continuing Education in Nursing, 40(9), 393.