2015 ANCC PRIMARY ACCREDITATION

PROVIDER
APPLICATION MANUAL

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ANCC
AMERICAN NURSES CREDENTIALING CENTER
ACCREDITATION

2015 ANCC PRIMARY ACCREDITATION PROVIDER APPLICATION MANUAL

Visit www.nursecredentialing.org/accreditation.aspx for manual clarifications.

Published by

DISCLAIMER
Completing all the processes within the *2015 Primary Accreditation Provider Application Manual* facilitates organizational accreditation but does not, in and of itself, guarantee achievement of accreditation.

NOTICE
From time to time, changes may be made to the Primary Accreditation Program and this *2015 ANCC Primary Accreditation Provider Application Manual*. Applicants must confirm that they are using the most current edition of the *2015 ANCC Primary Accreditation Provider Application Manual* before preparing written documentation for submission to the ANCC Accreditation Program Office. For application information and updates, go to www.nursecredentialing.org/accreditation.aspx.

EFFECTIVE DATE: 07/01/2016
Applicants may begin using this manual prior to the effective date, but are required to use it as of 07/01/2016.

PROVIDER
APPLICATION MANUAL

ANCC
AMERICAN NURSES CREDENTIALING CENTER
ACCREDITATION

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PREFACE

It is a distinct honor to offer the updated standards for the American Nurses Credentialing Center (ANCC) Accreditation Program with this *2015 ANCC Primary Accreditation Provider Application Manual* on behalf of the ANCC and the Commission on Accreditation.

The ANCC Accreditation Program is committed to excellence. For nearly four decades, the ANCC Accreditation Program has formally recognized organizations that provide high-quality continuing nursing education (Accredited Providers) or demonstrate the ability to approve other organizations or individuals that provide high-quality continuing nursing education for professional registered nurses (Accredited Approvers) through its Primary Accreditation Program. In 2007, the ANCC Accreditation Program expanded its credentialing programs to include recognition of skill-based competency courses designed to validate a nurse's skill or skill set in the clinical setting through its Nursing Skills Competency Program (NSCP). In an effort to support collaboration and interprofessional education, the ANCC Accreditation Program began awarding joint accreditation in 2010 to recognize organizations providing interprofessional continuing education for the health care team. This Joint Accreditation Program was developed and is managed in collaboration with the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Pharmacy Education (ACPE). In 2014, the ANCC Accreditation Program launched the Practice Transition Accreditation Program™, setting standards for residency and fellowship programs for registered nurses and advanced practice registered nurses.

This manual is the culmination of efforts that began in 2009. The ANCC Accreditation Program began a journey to restructure the Primary Accreditation Program in response to recommendations of experts in the field of continuing education, including the Commission on Accreditation (COA), the Josiah Macy Jr. Foundation, and the Institute of Medicine (IOM). These recommendations have been incorporated into a new manual for organizations pursuing accreditation as a provider, the *2015 ANCC Primary Accreditation Provider Application Manual*. This manual includes revised program criteria that demonstrate focus on structure, process, and quality outcomes that impact the professional practice of nursing and/or patient or system outcomes. It also addresses continuing education that is team-based or interprofessional. In addition, this manual provides a comprehensive overview of the educational design process for continuing education activities.

The ANCC Accreditation Program supports the lifelong learning needs of professional registered nurses by ensuring that educational activities are designed using criteria that are evidence-based and independent from commercial influence. By participating in continuing nursing education developed by accredited organizations, professional registered nurses are able to maintain continued competence in a rapidly changing health care environment.

The ANCC Accreditation Program is governed by a volunteer commission whose members represent expertise from across the field of continuing education, including academia, educational companies, domestic and international nursing associations, and governmental organizations. The COA provides strategic direction for the program and confers all accreditation decisions.

On behalf of the COA and the ANCC Accreditation Program staff, I am pleased to present the *2015 ANCC Primary Accreditation Provider Application Manual.*

Kathy Chappell, PhD, RN, FAAN, FNAP
VP, Accreditation Program and Institute for Credentialing Research
Director, ANCC Accreditation Program
American Nurses Credentialing Center

CHAPTER 1 | THE PRIMARY ACCREDITATION PROGRAM

accreditation

The voluntary process by which a nongovernmental agency or organization appraises and grants time-limited accredited status to institutions and/ or programs or services that meet predetermined structure, process, and outcome criteria.

The American Nurses Credentialing Center (ANCC) Primary **Accreditation** Program recognizes organizations that have met established standards in the ability to provide continuing nursing education (CNE) that has a positive impact on nursing practice and/or patient outcomes. The Accreditation Program is committed to ensuring the integrity of the accreditation process through systematic, evidence-based evaluation of application materials submitted by qualified applicants for Accredited Provider status.

HISTORY AND STRUCTURE OF PRIMARY ACCREDITATION

Changes continually affecting nursing practice require registered nurses (RNs) to engage in a lifelong process of active participation in learning activities. These learning activities enhance professional practice and ultimately improve the health of the public. The American Nurses Association (ANA), the national professional association of RNs, has emphasized throughout its history the professional growth of the RN.

ANCC's Accreditation Program originated in 1974, when the ANA House of Delegates approved a resolution to establish an Accreditation Program for CNE (Abruzzese & Hinthorn, 1987). The first formal accreditation review occurred the following year, and by the late 1970s, a model had been instituted to accredit CNE providers (DeSilets, 1998).

Over the years, the structure of the Accreditation Program has evolved. In 1991, ANCC became a separately governed and incorporated organization, and the accreditation activities originally housed in ANA were transferred to ANCC. Since that time, the ANCC Commission on Accreditation (COA), the members of which have expertise in continuing education, adult education, research, standards setting, and professional development, has governed the Accreditation Program.

Today, ANCC's Primary Accreditation Program recognizes those organizations that have met required standards to deliver CNE. To achieve this recognition, an eligible organization engages in a comprehensive analysis of its structure, processes, and outcomes.

ANCC PRIMARY ACCREDITATION PROGRAM
(COMMISSION ON ACCREDITATION)
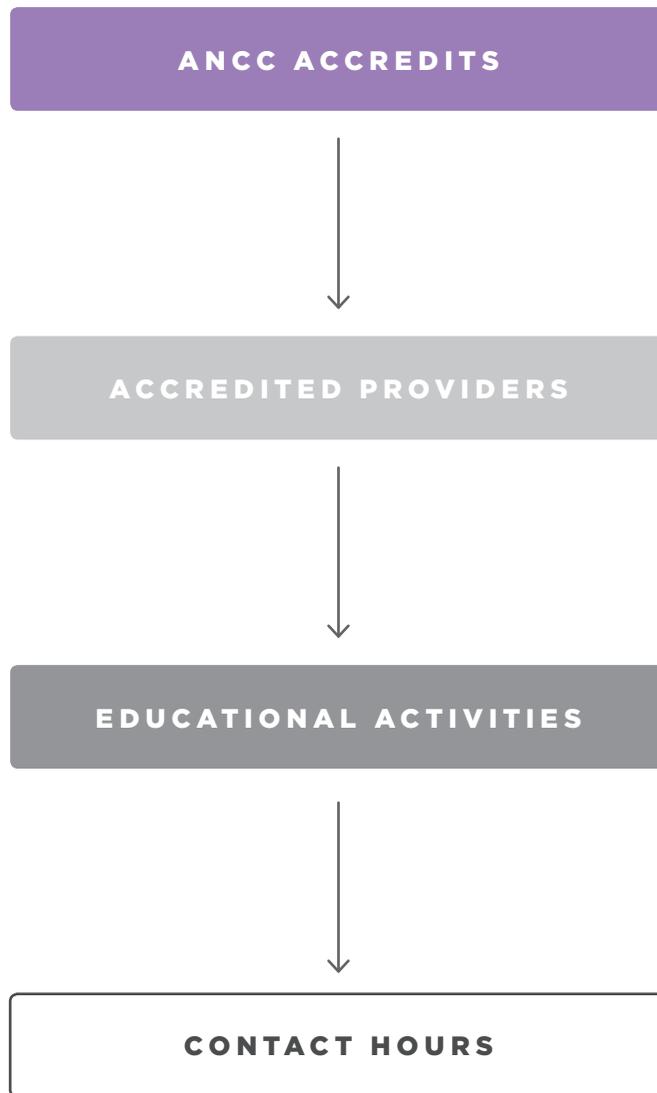
ANCC ACCREDITS

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ACCREDITED PROVIDERS

↓

EDUCATIONAL ACTIVITIES

↓

CONTACT HOURS

accredited provider

An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

FIGURE 1. ANCC Provider Accreditation Program Structure

A variety of core foundational documents informs the evidence-based standards for applicant organizations and Accredited Providers. These documents include the following:

From the American Nurses Association:

• *Code of Ethics for Nurses with Interpretive Statements (ANA, 2015).*

• Association for Nursing Professional Development (ANPD). (2016). *Nursing Professional Development: Scope and Standards of Practice, 3rd Edition.* Chicago, IL.

From teaching-learning principles, education theory, pedagogical, and andragogical literature:

• Barr, H., Koppel, I., Reeves, M., & Freeth, D. (2005). *Effective Interprofessional Education: Argument, Assumption & Evidence*. Malden, MA: Blackwell Publishing, Ltd.

• Bloom, B. S., Hastings, J. T., & Madaus, G. F. (1971). *Handbook on Formative and Summative Evaluation of Student Learning*. New York: McGraw-Hill.

• Commission on Accreditation. (2014). *The Importance of Evaluating the Impact of Continuing Nursing Education on Outcomes: Professional Nursing Practice and Patient Care*. Silver Spring, MD: American Nurses Credentialing Center.

• Commission on Accreditation. (2012). *The Value of Accreditation for Continuing Nursing Education: Quality Education Contributing to Quality Outcomes.* Silver Spring, MD: American Nurses Credentialing Center.

• Committee on the Developments in the Science of Learning. (2000). *How People Learn: Brain, Mind, Experience, and School.* Washington, DC: National Academies Press.

• Freeth, D., Hammick, M., Reeves, I., & Barr, H. (2005). *Effective Interprofessional Education: Development, Delivery & Evaluation.* Malden, MA: Blackwell Publishing, Ltd.

• Hodges, B. D., & Lindard, L. (Eds.). (2012). *The Question of Competence: Reconsidering Medical Education in the Twenty-First Century.* Ithaca, NY: Cornell University Press.

• Institute of Medicine. (2010). *The Future of Nursing: Leading Change, Advancing Health.* Washington, DC: National Academies Press.

• Institute of Medicine. (2009). *Redesigning Continuing Education in the Health Professions.* Washington, DC: National Academies Press.

- Interprofessional Education Collaborative Expert Panel. (2011). *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*. Washington, DC: Interprofessional Education Collaborative.

- Moore, D. E., Green, J. S., & Gallis, H. A. (2009). *Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities*. Journal of Continuing Education in the Health Professions, 29(1), 1-15.

- Sousa, D. A. (2011). *How the Brain Learns,* 4th Edition. Thousand Oaks, CA: SAGE Ltd.

- World Health Organization. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. WHO Press. Accessed at http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf?ua=1

TABLE 1. Foundational Documents for the ANCC Primary Accreditation Program

A set of core values is fundamental to the ANCC Accreditation Program

- Maintain the *integrity* of the accreditation process through a consistent, fair, and honest application of Accreditation Program criteria;

- Promote and maintain *competence* in relation to standards, criteria, and components of lifelong learning;

- Foster an effective and thorough *quality* peer-review process for all applicant organizations;

- *Mentor* organizations responsible for providing or approving CNE to ensure the delivery of high-quality educational activities;

- Maintain a high level of accountability and responsiveness to the community of interest *in the accreditation process*;

- *Value* and encourage *innovation* in the accreditation process and in the delivery of continuing education; and

- Promote *interprofessional* activities by entities that hold accreditations for more than one health-related profession and where nursing is a major participant.

nursing professional development

A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.
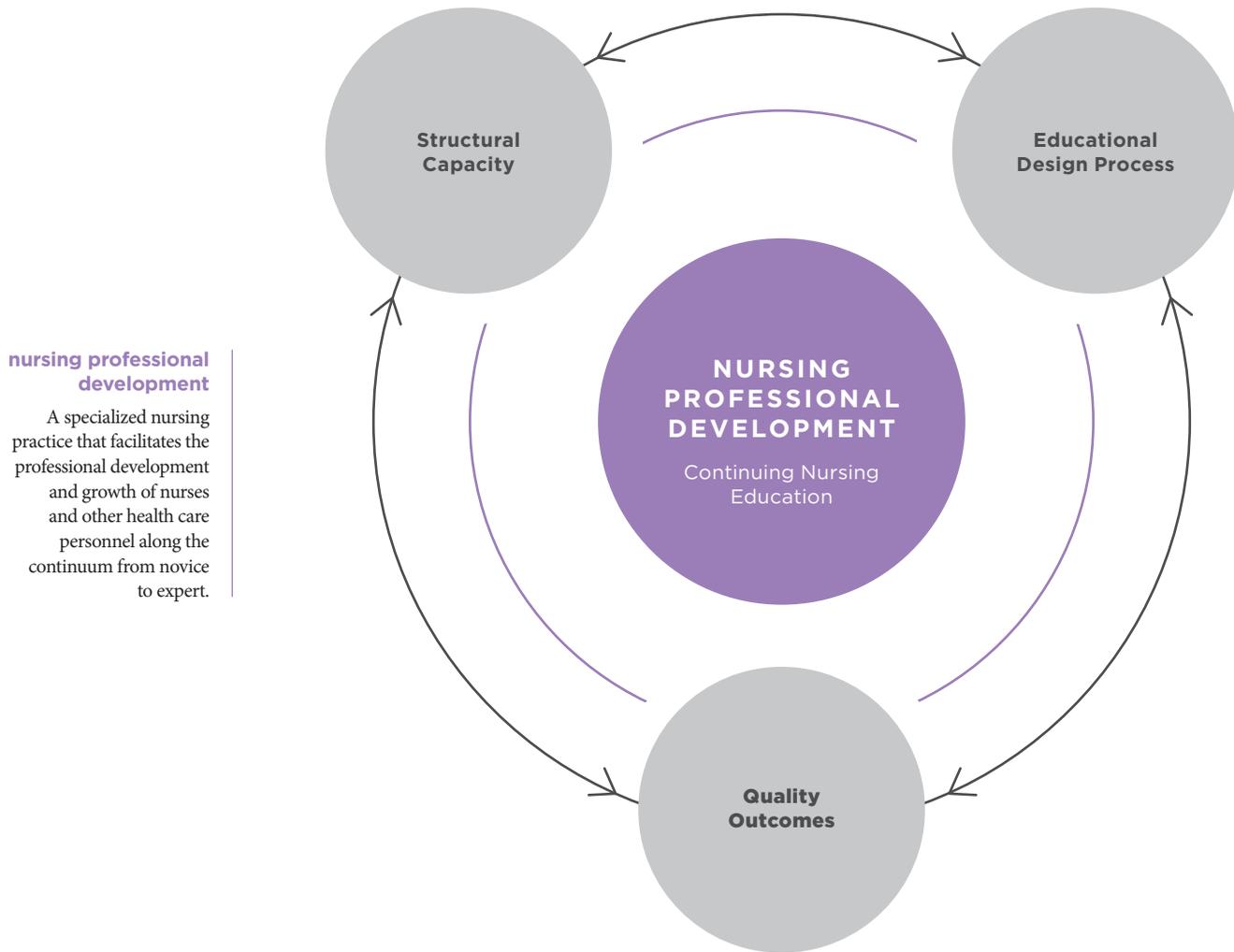
FIGURE 2. Primary Accreditation Conceptual Framework. © American Nurses Credentialing Center. All rights reserved.

FOCUS ON QUALITY AND OUTCOMES

The Primary Accreditation Conceptual Framework© is based on the quality improvement framework of Donabedian's triad (structure, process, and outcome) (Donabedian, 1966). The accreditation criteria are organized by the domains in this framework. As applied within the Accreditation Program, criteria within the domain of Structural Capacity (structure domain) are used to evaluate the infrastructure of an organization and its capacity to function as an accredited provider. Criteria within the domain of Educational Design Process (process domain) are used to evaluate the quality of educational planning, implementation, and evaluation. Criteria within the domain of Quality Outcomes (outcome domain) are used to evaluate the impact of CNE on the professional practice of nursing and/or patient outcomes.

CHAPTER 2 | PROVIDER ACCREDITATION APPLICATION AND REQUIREMENTS

This chapter outlines provider accreditation, including eligibility, application process and requirements, accreditation decisions, appeals, terminations, annual reporting, and responsibilities of the Accredited Provider.

ASSESSING ELIGIBILITY

Organizations interested in attaining accreditation must complete the **Provider Accreditation Application** and meet all eligibility requirements. The applications are available on the ANCC accreditation website: http://www.nursecredentialing.org/accreditation.aspx. The application must be completed online and submitted electronically. Applications received from organizations that do not meet eligibility requirements will be rejected without substantive review.

ACCREDITATION AS A PROVIDER UNIT (ACCREDITED PROVIDER)

An organization interested in becoming accredited as a **Provider Unit** (PU) (termed used after becoming accredited as an Accredited Provider) must define both the structural and operational components of the PU.

To be eligible to apply for accreditation as a PU, an applicant must

- Be one of the following:
  - ANA organizational affiliate;
  - College or university;
  - Constituent and State Nurses Association (C/SNA) of the ANA;
  - Federal Nursing Service (FNS);
  - Health care facility;
  - Health-related organization;
  - Multidisciplinary educational group;
  - Professional nursing education group;
  - Specialty nursing organization (SNO), or
  - National nursing association/organization;

- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and evaluating CNE activities in compliance with ANCC Accreditation Program criteria;

- Have the infrastructure in place to operate as a PU;

- Be in compliance with all applicable federal, state, and local laws and regulations that affect the PU's ability to meet ANCC Accreditation Program criteria;

- Be operational for a minimum of six months prior to application; and

- Have completed, if initial applicants, the process of assessment, planning, implementation, and evaluation for at least three separate educational activities provided at separate and distinct events:

    - With the direct involvement of a Nurse Planner;

    - That adhered to the accreditation criteria;

    - That were each a minimum of one hour (sixty minutes) in length (contact hours may or may not have been offered); and

    - That were not jointly provided.

- Not be a commercial interest as defined in the glossary and the ANCC's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities.

A PU must have a **Lead Nurse Planner** (LNP) who

- Is a registered nurse with a current, unencumbered nursing license (or international equivalent);

- Holds a graduate degree;

- Holds a baccalaureate degree or higher in nursing (or international equivalent);

- Has authority within the PU to ensure compliance with the ANCC Accreditation Program criteria that pertain to the operations of the organization as a PU;

- Has responsibility for ensuring that the PU adheres to the ANCC Accreditation Program criteria for all operational aspects of providing **continuing nursing education activities** and criteria that pertain to the operations of the organization as a PU;

- Has responsibility for the orientation of all Nurse Planners in the organization with respect to the ANCC Accreditation Program criteria;

- Has responsibility for ensuring each Nurse Planner is a registered nurse and holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent); and

- Has responsibility for ensuring each Nurse Planner understands the ANCC Accreditation Program criteria and is responsible for appropriately evaluating compliance with those criteria.

lead nurse planner

A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within a PU to ensure adherence to the ANCC Accreditation Program criteria in the provision of CNE.

continuing nursing education (CNE) activities

Those learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs' pursuit of their professional career goals.

nurse planner

A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for assessing whether appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

The PU may have individuals within the organization other than the LNP who participate in or support the delivery of continuing nursing education and who may or may not be nurses. Nurses within the organization who are designated to assist with planning, implementing, and evaluating educational activities are defined as **Nurse Planners**.

A Nurse Planner must

- Be a registered nurse who holds a current, unencumbered nursing license (or international equivalent); and

- Hold a baccalaureate degree or higher in nursing (or international equivalent).

The PU is defined structurally and operationally as the members of the organization who support the delivery of continuing nursing education activities. The PU may be a single-focused organization devoted to offering continuing nursing education activities or a separately identified unit within a larger organization. If the PU is within a larger organization, the larger organization is defined as a **multifocused organization** (MFO).

multifocused organization
An organization that exists for other purposes in addition to providing CNE.

The applicant applying for accreditation is the **Provider Unit**. The MFO is not the applicant. Therefore, all criteria that pertain to the applicant are demonstrated by the functions of the Lead Nurse Planner and Nurse Planners (if applicable) of the PU. Provider Units assess learners' needs and plan, implement, and evaluate CNE activities.

Provider Units are responsible for developing individual education activities and awarding contact hours to nurses for use in fulfilling their own goals for professional development, licensure, and certification. Each educational activity is led by a Nurse Planner in collaboration with at least one other planner. Contact hours may not be awarded for CNE activities developed without the direct involvement of a Nurse Planner. Provider Units may jointly provide activities with other non-commercial interest organizations. Provider Units may **not approve** educational activities that have been planned by other organizations or individuals or without the involvement of a Provider Unit Nurse Planner.

LEGAL AND REGULATORY COMPLIANCE

Applicant and accredited organizations must comply with all federal, state, and local laws and regulations that affect the ability of an organization to meet ANCC Accreditation Program criteria. Violations of such laws or regulations render an organization ineligible for accreditation or to reapply to maintain accreditation. Accreditation may be suspended or revoked if an accredited organization is found to be in violation of such laws or regulations.

PRIMARY ACCREDITATION APPLICATION PROCESS

Once the ANCC Accreditation Program Office verifies eligibility and confirms the requested accreditation cycle date, the applicant may proceed with the self-study. Self-study documentation is accepted three times per year: March 1, July 1, and November 1. The accreditation time line for each accreditation cycle, including dates when required information is due, is available on the ANCC accreditation website: http://www.nursecredentialing.org/accreditation.aspx. Applicants will be invoiced by ANCC, and fees must be paid in full prior to the accreditation decision.

PHASE	ACTIVITIES
ACHIEVING ACCREDITATION	
1. Application	By completing the accreditation application, the applicant will • Document eligibility to apply for accreditation; • Request a cycle date for the submission of the self-study; and • Provide contact information for the Lead Nurse Planner, who will be responsible for coordinating and maintaining communications with the ANCC Accreditation Program Office.
2. Self-Study Documentation	To initiate the self-study documentation phase, the applicant submits • Organizational overview evidence; • Written evidence of compliance with Accreditation Program criteria in the self-study document; and • Complete activity files. A team of Accreditation Program appraisers • Reviews the self-study documentation; and • Scores the self-study documentation according to established criteria.
3. Virtual Visit	The Accreditation Program appraisers • Validate and clarify the content of the applicant's self-study documentation and request additional documentation prior to, at the time of, or following the virtual visit; and • Prepare a final written report for the sole use of the COA, including a summary of the written documentation review and virtual visit findings.
4. Accreditation Decision	The COA • Reviews appraiser reports; and • Votes on organizational achievement of ANCC accreditation. **Note:** Applicants will be invoiced by ANCC, and fees must be paid in full prior to the accreditation decision.

TABLE 2. Phases and Activities in the Primary Accreditation Process for Providers

GUIDELINES FOR WRITTEN NARRATIVES

Applicants are required to write narratives to address each criterion. Narratives should be accompanied by one or more examples to illustrate how the criterion is operationalized. Applicants may also supplement the narrative with data in graphs and tabular forms, as appropriate, to support or amplify findings.

The applicant must clearly identify the criterion being addressed in each narrative.

Narrative statements should be straightforward and concise and include minimal extraneous information. The goal of the narrative is to explain as clearly as possible how the criterion is met and operationalized within the organization.

Narrative statements and examples should refer to data for the twelve months prior to the submission of the self-study written documentation. Evidence older than twelve months may be submitted sparingly for specific purposes, such as showing a long-term commitment to monitoring data, documenting trends, highlighting best practices, or illustrating continuation of long-term projects.

WRITTEN DOCUMENTATION REVIEW

After review of written documentation and scoring, there will be one of the following outcomes:

1. **Accreditation Denial**

   Applicants that do not provide sufficient evidence to demonstrate compliance with the accreditation criteria will be denied. The application fee is nonrefundable. Applicants will receive a final evaluative summary and general information regarding strengths and deficiencies. Applicants may reapply once deficiencies are addressed and sufficient evidence can be produced to demonstrate compliance with Accreditation Program criteria. An additional application fee will apply. Please contact the Accreditation Program Office for further information.

2. **Request for Additional Information**

   This request is usually minimal and intended to seek clarification and ensure compliance with Accreditation Program criteria.

3. **Virtual Visit Scheduled**

   A validation virtual visit will be scheduled between the applicant and the appraiser team.

VIRTUAL VISIT

A virtual visit consists of a conference between the applicant and the appraiser team via teleconference, telephone, or other electronic means to validate application self-study findings. The Lead Nurse Planner is required to participate in the virtual visit with the appraiser team. The LNP may include other members of the Provider Unit as desired. The appraisers may also request that specific individuals participate.

During the virtual visit, the appraiser team verifies and clarifies evidence submitted by the applicant in the self-study and activity files. Appraisers may request additional evidence to be submitted during the virtual visit. Applicants have up to seventy two hours to provide additional evidence. Criterion scores may be revised based on information obtained during the virtual visit; however, scores are not finalized until all evidence, including additional evidence, if any, is submitted.

The applicant is responsible for arranging the virtual visit at the applicant's expense. Upon completion of the virtual visit, the appraisers submit a final summative written report to the COA.

ACCREDITATION DECISION

The COA conducts a thorough, evidence-based review of the final appraiser report. Following the review, the COA votes to determine whether the organization has met the ANCC accreditation criteria. The COA is responsible for the accreditation decision. The applicant organization will be notified of the accreditation decision by the Accreditation Program Office.

Names of accredited organizations are posted on the ANCC Accreditation Program website: http://www.nursecredentialing.org/accreditation.aspx (Select "Find an Accredited Organization").

Provided the applicant meets the ANCC Accreditation Program criteria set forth herein, accreditation is awarded for a period of up to two years to new applicants and up to four years to currently accredited organizations reapplying to maintain their accreditation status.

APPEALING AN ADVERSE ACCREDITATION DECISION

The COA ensures that applicants seeking accreditation have the opportunity to appeal an adverse accreditation decision. An adverse accreditation decision may include probation, suspension, revocation, or denial of accreditation. Organizations wishing to appeal must have completed the accreditation process. Applicants may not appeal eligibility requirements, criteria upon which the Accreditation Program is based, the scoring rubric, the setting of passing scores, or appraisers' conclusions regarding the evaluation of the applicant's written documentation.

The applicant must submit an appeal in writing within ten business days following notification of the adverse decision. The appeal must briefly state the reason(s) the applicant contests the decision. There is a nonrefundable appeal fee. For further information regarding the appeal process, please contact the Accreditation Program Office.

FLOWCHART OF PRIMARY ACCREDITATION PROCESS

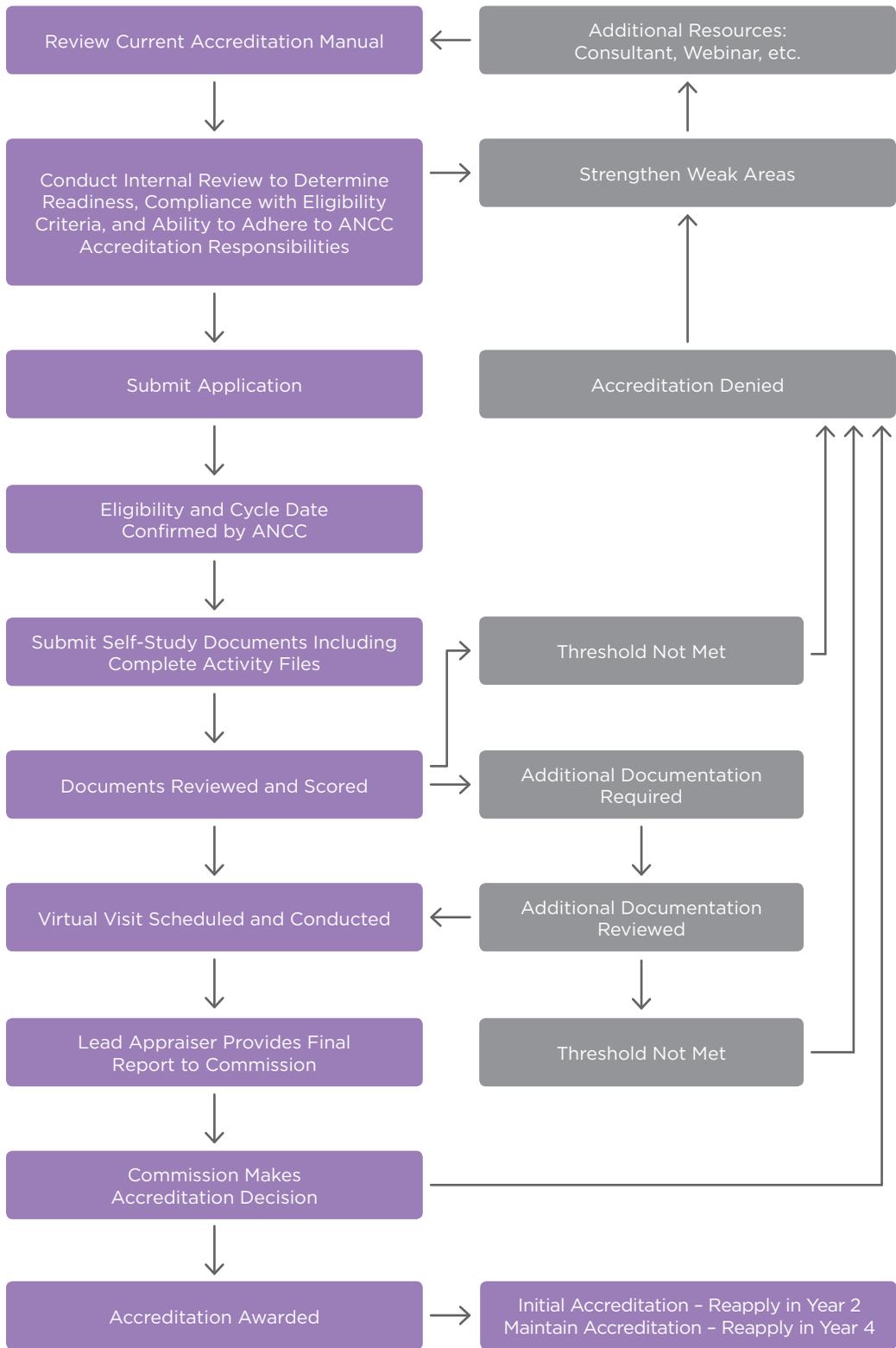|	
Review Current Accreditation Manual	← **Additional Resources:** Consultant, Webinar, etc.
↓	↑
Conduct Internal Review to Determine Readiness, Compliance with Eligibility Criteria, and Ability to Adhere to ANCC Accreditation Responsibilities	→ **Strengthen Weak Areas**
↓	↑
Submit Application	**Accreditation Denied**
↓	
Eligibility and Cycle Date Confirmed by ANCC	
↓	
Submit Self-Study Documents Including Complete Activity Files	→ **Threshold Not Met**
↓	
Documents Reviewed and Scored	→ **Additional Documentation Required**
↓	↓
Virtual Visit Scheduled and Conducted	← **Additional Documentation Reviewed**
↓	↓
Lead Appraiser Provides Final Report to Commission	**Threshold Not Met**
↓	
Commission Makes Accreditation Decision	
↓	
Accreditation Awarded	→ **Initial Accreditation – Reapply in Year 2** **Maintain Accreditation – Reapply in Year 4**

FIGURE 3. Primary Accreditation Process

VOLUNTARY TERMINATION

Accredited Providers may voluntarily terminate their accreditation at any time. Accredited Providers that elect to terminate accreditation must notify ANCC, in writing, at least thirty days in advance.

The written notice of voluntary termination must contain

- The effective date of voluntary termination (which must be at least thirty days after the date that appears on the written notice);

- The reason for voluntary termination; and

- The Transition Plan (see Transition of Services).

This notice may be sent by email with confirmation of receipt to Accreditation@ana.org. It may also be sent by certified mail or common carrier with signature confirmation addressed to:

American Nurses Credentialing Center
ATTN: Accreditation Program Office
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910

On or before the date on which voluntary termination is effective, the organization must cease

- Offering contact hours;

- Referring to itself in any way as ANCC-accredited;

- Using the ANCC accreditation statement; and

- Using ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

Note: Accredited Providers that voluntarily terminate accreditation in good standing with ANCC may reapply at any time.

PROBATION, SUSPENSION, AND REVOCATION

An organization may be placed on probation or its accreditation may be suspended and/or revoked as a result of

- Violation of any federal, state, or local laws or regulations that affect the organization's ability to adhere to ANCC accreditation criteria;

- Failure to maintain compliance with accreditation criteria;

- COA investigation and verification of written complaints or charges by consumers or others;

- Refusal to comply with a COA investigation;

- Misrepresentation;

- Misuse of the ANCC accreditation statement; or

- Misuse of ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

Suspended or revoked organizations must **immediately cease**

- Offering contact hours;

- Referring to themselves in any way as ANCC-accredited;

- Using the ANCC accreditation statement; and

- Using ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

The Director of Accreditation will notify the Accredited Provider in writing of probation, suspension, or revocation of accreditation. Neither probation nor suspension is a prerequisite to revocation. At its sole discretion, the COA may revoke accreditation without first suspending accreditation.

Suspended organizations may apply for reinstatement within 120 days of the suspension date. To apply for reinstatement of accreditation, the Accredited Provider must submit documentation demonstrating violation correction and the applicable reinstatement fee. Reinstatement may be granted if the suspended organization adequately demonstrates that it will fully adhere to the ANCC Accreditation Program criteria and requisites upon reinstatement. Accredited Providers that have been reinstated may be required to submit progress reports to the COA. Suspended organizations that fail to apply for reinstatement within 120 days shall have their accreditation revoked.

Accredited Providers that have had their accreditation status revoked may not apply for ANCC accreditation for two years from the date of revocation. Organizations seeking accreditation after revocation are considered new applicants.

Organizations that have had their accreditation status suspended or revoked will be removed from the ANCC Directory of Accredited Providers. If an Accredited Provider believes that suspension or revocation is improper, the organization (appellant) may submit an appeal in writing. Please contact the Accreditation Program Office for further information regarding the appeal process. The appellant will retain the accreditation status held prior to the COA decision that it appeals.

Probation

The COA at its discretion may decide to place an Accredited Provider on probation for a defined period of time when it deems a violation or misconduct to be curable. An Accredited Provider that is placed on probation may still provide CNE during the probationary period; however, during the

probationary period the Accredited Provider is expected to take steps to correct the issues giving rise to the decision to place the Accredited Provider on probation. An organization placed on probation will be notified in writing by the Director of the Accreditation Program of the cause for probation, the duration of the probation, and the required corrective action. If, at the conclusion of the probationary period, the Accredited Provider cannot demonstrate that sufficient corrective action has taken place, the COA reserves the right to suspend or revoke accreditation.

TRANSITION OF SERVICES

Organizations that voluntarily terminate their accreditation status or have their accreditation suspended or revoked must submit a written Transition Plan, which includes

- A detailed explanation of how learners can obtain activity participation records after the date of termination, suspension, or revocation, including contact information and length of time that records will be available; and

- A complete list of all activities scheduled to take place after the date of termination, suspension, or revocation, including
    - Activities that have been planned but not yet implemented;
    - All enduring materials;
    - A detailed explanation of how such activities will be canceled; and
    - A detailed explanation of how participants will be notified, prior to the activity, that contact hours will **not** be awarded.

NOTIFICATION OF EVENTS

Accredited organizations and organizations with pending applications must notify ANCC within seven business days of the occurrence or discovery of

- Significant changes or events that impair their ability to meet or continue to meet Accreditation Program requirements or make them ineligible for accreditation or reaccreditation;

- Loss of status as a C/SNA of the ANA;

- Any event that might result in adverse media coverage related to the delivery of CNE; and

- Change in commercial interest status.

The Lead Nurse Planner or designee must notify the Accreditation Program Office within thirty days of any change in the accredited organization affecting accreditation or information submitted in accreditation application materials, including but not limited to

- Changes that alter the information provided in the application, including change of address or name;

- A decision not to submit self-study written documentation after application;

- Change in Lead Nurse Planner;

- Change in Nurse Planners;

- Suspension, lapse, revocation, or termination of the nursing license of the Lead Nurse Planner or Nurse Planner(s);

- Change in ownership; and

- Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy).

This notice may be sent by email with confirmation of receipt to Accreditation@ana.org. It may also be sent by certified mail or common carrier with signature confirmation addressed to:

American Nurses Credentialing Center
ATTN: Accreditation Program Office
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910

ANNUAL REPORTING

To monitor compliance with the Accreditation Program criteria, all Accredited Providers are required annually to submit

- Demographic Information; and

- Continuing Education Summary.

If, for any reason, an Accredited Provider is unable to submit the required documentation within the required time frame, it must contact the Accreditation Program Office as soon as possible. If the Accreditation Program Office does not receive the required documents by the required due date and the organization fails to notify the Accreditation Program Office regarding the delay, accreditation status may be suspended or revoked. The Accredited Provider will receive written notification from the Director of Accreditation. Table 3 identifies the Accredited Provider requirements for both newly accredited and currently accredited provider organizations.

ANNUAL ACCREDITED PROVIDER REQUIREMENTS		
Newly Accredited Providers	Year 1	Submit • Demographic Information; and • Accredited Provider Continuing Education Summary.
	Year 2	Start process to reapply for accreditation as a provider, including submission of • Eligibility Verification; • Application; • Self-Study Documentation; • Accredited Provider Continuing Education Summary; • Complete Activity Files; and • Any Information Requested for the Virtual Visit. Refer to the Accreditation Process Timelines on the website for due dates.
Currently Accredited Providers	Year 1	Submit • Demographic Information; • Accredited Provider Continuing Education Summary; and • Any Additional Documents Requested by the Accreditation Program.
	Year 2	Submit • Demographic Information; • Accredited Provider Continuing Education Summary; and • Any Additional Documents Requested by the Accreditation Program.
	Year 3	Submit • Demographic Information; • Accredited Provider Continuing Education Summary; and • Any Additional Documents Requested by the Accreditation Program.

	Year 4	Start process to reapply for accreditation as an Accredited Provider, including submission of
		• Eligibility Verification;
		• Application;
		• Self-Study Documentation;
		• Accredited Provider Continuing Education Summary;
		• Three Complete Activity Files; and
		• Any Information Requested for the Virtual Visit.
		Refer to the Accreditation Process Time Lines on the website for due dates.

TABLE 3. Annual Accredited Provider Requirements

DATA USE

By submitting an application, Applicant Providers and Accredited Providers give ANCC and its Accreditation Program Office permission to use their demographic and outcome data for reporting, marketing, and research purposes, such as

- Describing characteristics of Accredited Providers anonymously and in the aggregate;

- Identifying benchmarks that Accredited Providers meet to inform programmatic decisions about applicant requirements; and

- Analyzing trends or addressing other ANCC-defined or approved research questions.

All data received by ANCC will remain confidential and will be reported only in aggregate form unless permission is granted by the accredited organization to share data specific to an organization.

CONFIDENTIAL INFORMATION

ANCC will not accept applications containing information that is confidential under the Health Insurance Portability and Accountability Act (HIPAA) or other laws and regulations. Applications containing such confidential information will be rejected. If confidential information is used in the narrative or as an exhibit, all identifying information must be redacted to comply with such laws.

CHAPTER 3 | EDUCATIONAL DESIGN PROCESS

This chapter outlines the process of developing and/or evaluating individual educational activities according to ANCC Accreditation Program criteria, which ensure that individual educational activities are effectively planned, implemented, and evaluated according to educational standards and adult learning principles.

The educational design expectations described in this chapter and applicable at the individual activity level are fundamental to high-quality continuing nursing education (CNE). Accordingly, organizations accredited as Provider Units must ensure that these expectations are met and that the ANCC criteria for accreditation are applied consistently.

CNE is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. CNE is defined as "learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs' pursuit of their professional career goals." **Interprofessional continuing education** (IPCE) is defined as that which occurs "when members of two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes" (www.jointaccreditation.org) .

Within an accreditation framework, the following principles of high-quality educational design are employed

- Addresses a professional practice gap (change in standard of care, problem in practice, or opportunity for improvement);

- Incorporates the active involvement of a Nurse Planner in the planning process;

- Analyzes educational needs (knowledge, skills, and/or practices) of registered nurses and/or health care team members that underlie the problem or opportunity (why the problem or opportunity exists);

- Identifies one or more learning outcomes to be achieved by learners participating in the activity;

- Uses strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcomes;

interprofessional continuing education

When members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (www.jointaccreditation.org).

- Chooses content based on evidence-based practice or best available evidence;
- Evaluates achievement of learning outcomes; and
- Plans independently from the influence of commercial interest organizations.

EDUCATIONAL DESIGN PROCESS

Professional Practice Gap

The process of planning begins with identifying when CNE or IPCE might be a desired intervention to address a change that has been made to a standard of care, a problem that exists in practice, or an opportunity for improvement. Once an educational intervention is determined to be appropriate, a Nurse Planner is engaged to begin the planning process.

The Nurse Planner starts by analyzing data that validate the need for the educational activity. This analysis forms the basis of a professional practice gap, or the difference between the current state of practice and the desired state of practice. It is important to note that a professional practice gap may exist for registered nurses or health care teams, regardless of the practice setting. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

Planning Committee

Once the professional practice gap is identified, the Nurse Planner can begin to select individuals to assist with planning the educational activity by forming a Planning Committee, or the Nurse Planner may participate as a member of an interprofessional planning team. The Planning Committee must include at least two people: the Nurse Planner and a content expert. The Nurse Planner may function as both the Nurse Planner and the content expert; however, two people must be involved with planning each educational activity. Other individuals may be selected, as appropriate, to help plan the activity. The Nurse Planner ensures that the educational activity is developed in compliance with ANCC accreditation criteria.

Planning continues with further analysis of the professional practice gap. The Nurse Planner and Planning Committee evaluate the root causes of the gap, or why the gap exists. If the gap is related to a lack of knowledge, skills, and/or practices of registered nurses, an educational intervention is appropriate. The gap may exist for other reasons, however, and alternative, noneducational strategies may need to be considered.

Underlying Educational Needs

When the professional practice gap has been identified, the Nurse Planner and Planning Committee conduct a needs assessment to determine the underlying educational needs of registered nurses, or members of the health care team, that contribute to the gap. The Nurse Planner and Planning Committee evaluate what registered nurses or members of the health care team do not know (knowledge deficit), do not know how to do (skill deficit), or are not able to do in practice (practice deficit). A backward-planning process as described by Moore, Green, and Gallis (2009) is a useful method for determining the educational needs and targeting the educational activity appropriately to address the gap.

Target Audience

Once the educational need has been identified, the Nurse Planner and Planning Committee can determine the target audience for the educational activity. The target audience is defined as the specific registered nurse learners or health care team members the educational activity is intended to impact.

Learning Outcome(s)

The Nurse Planner and Planning Committee then develop the desired learning outcome for participants in the target audience. A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. The learning outcome must be observable and measurable. The outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap, and achieving the learning outcome results in narrowing or closing the gap. A learning outcome may be assessed over the short term or long term. There may be more than one learning outcome for an educational activity.

Content for Educational Activity

Content for the educational activity may be chosen by the Nurse Planner and Planning Committee, or it may be selected by others participating in the educational activity, such as individual speakers or authors. It is the responsibility of the Nurse Planner and Planning Committee to ensure that content is based on the most current evidence, which may include but is not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts' opinion. If there is concern that content selected is not based on best available evidence or may be biased within the educational activity, the Nurse Planner and Planning Committee may choose to engage a content reviewer. The purpose of a content reviewer is to provide independent and expert evaluation of content to ensure best available evidence is presented, the content is balanced, and the content is not promotional or biased. Content that has previously been developed may also be identified as appropriate to include within the educational activity. If previously developed content is incorporated, the Nurse Planner is responsible for ensuring the content meets the criteria for best available evidence and is appropriate in relation to the identified practice gap, and that permission to use the content has been obtained as applicable.

Active Learner Engagement

As part of the design process, the Nurse Planner and Planning Committee develop ways in which to actively engage learners in the educational activity. Strategies to engage learners may include but are not limited to integrating opportunities for dialogue or question/answer, including time for self-check or reflection; analyzing case studies; and providing opportunities for problem-based learning. Active learner engagement may function as an opportunity for formative assessment during the educational activity by providing the presenter with immediate learner feedback.

Criteria for Awarding Contact Hours

During the planning process, the Nurse Planner and Planning Committee determine the criteria that learners must meet to earn contact hours. Criteria should be based on the desired learning outcomes. Criteria may include but are not limited to participation in the activity, attendance for a specified period of time (e.g., 100% of activity, or missing no more than ten minutes of activity), successful completion of a post-test (e.g., attendee must score X% or higher), completion of an evaluation form, or successful completion of a return demonstration.

Evaluation

The Nurse Planner and Planning Committee determine the method that will be used to evaluate the educational activity. The evaluation components and method of evaluation should be relative to the desired learning outcomes of the educational activity. Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. Evaluation methods include assessment of change in knowledge, skills, and/or practices of the target audience. Change in knowledge, skills, and/or practices may or may not occur based on a variety of factors, but evaluation should assess for such change. Evaluation may also include collecting data that reflect barriers to learner change.

Evaluations may include but are not limited to both short- and long-term methods, as illustrated in Table 4.

EVALUATION OPTIONS	
SHORT-TERM	LONG-TERM
• Intent to change practice; • Active participation in learning activity; • Post-test; • Return demonstration; • Case study analysis; and • Role-play.	• Self reported change in practice; • Change in quality outcome measure; • Return on investment (ROI); and • Observation of performance.

TABLE 4. Evaluation Options

Following conclusion of the educational activity, the Nurse Planner and/or Planning Committee review summative evaluation data to assess the impact of the educational activity and determine how results may be used to guide future educational activities as applicable.

Independence from Commercial Interest Organizations

The educational planning process outlined in this chapter is designed to provide independent continuing education firmly rooted in the identification of professional practice gaps and learning needs of registered nurses and/or members of the health care team. In order to fully ensure independence of these CNE/IPCE activities and meet accreditation criteria, actions that ensure there is no commercial influence in the planning and execution of these activities are an important component of the overall process. The next section focuses on conflict of interest, commercial support, and content integrity in the presence of commercial support.

ENSURING INDEPENDENCE AND CONTENT INTEGRITY

The following is an abbreviated outline of the requirements for ensuring independence and content integrity when planning educational activities. See ANCC's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities, available at http://www.nursecredentialing.org/accreditation, for the full requirements.

Conflict of Interest

commercial interest

Any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health care-related companies.

A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for identifying and resolving conflicts of interest during the planning and implementation phases of an educational activity. The Nurse Planner may engage the individual with the identified conflict of interest to participate in the resolution process through actions such as having the individual sign a speaker agreement outlining expected practice or submitting/revising presentation materials, but the Nurse Planner must be actively engaged in the resolution process and is ultimately accountable for compliance. The Nurse Planner is also responsible for informing learners of the presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity. If the Nurse Planner has a conflict of interest, he or she should recuse himself or herself from the role of Nurse Planner for the educational activity.

It is critical that all individuals in a position to control content of an educational activity are provided with the definition of a commercial interest organization prior to disclosing relevant relationships.

Identification and Evaluation

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relevant relationships with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relationships with commercial interest organizations

are considered relevant if they existed within the past twelve months. Relationships of the individual's spouse/partner may be considered relevant and must be reported, evaluated, and resolved.

- Employees of commercial interest organizations *are not permitted* to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.

- Employees of commercial interest organizations *are permitted* to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.

- Individuals who have *nonemployee relationships* with commercial interest organizations *are permitted* to serve as planners, speakers, presenters, authors, and/or content reviewers as long as the provider has implemented a mechanism to identify, resolve, and disclose the relationship as outlined in these standards.

Resolution

When an individual has a relevant relationship with a commercial interest organization, the Nurse Planner must implement a process to resolve the conflict of interest. Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest *prior to* presenting/providing the educational activity to learners. Such actions must be documented in the activity file, and documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved.

Resolution processes may include but are not limited to

- Barring the individual with conflicts of interest from participating in all parts of the educational activity;

- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity;

- Not awarding continuing education contact hours for a portion or all of the educational activity;

- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation;

- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity;

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation; and

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Commercial Support

Commercial interest organizations may provide monetary funding or other support (Commercial Support) for continuing nursing educational activities in accordance with the fundamental principles that

1. Commercial Support must not influence the planning, development, content, implementation, or evaluation of an educational activity.

2. Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including but not limited to travel, honoraria, food, support for learner attendance, and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

Commercial Support is:

- Financial Support—money supplied by a commercial interest organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation, or scholarship; and

- In-kind Support—materials, space, or other nonmonetary resources or services used by a provider to conduct an educational activity, which may include but are not limited to human resources, marketing services, physical space, equipment such as audiovisual components, and teaching tools (for example, anatomic models).

Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support

Commercial interest organizations providing Commercial Support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. All of the following requirements to ensure content integrity must be satisfied by the provider when Commercial Support is accepted:

1. The commercial interest organization and Accredited Provider must have a written agreement setting forth the terms of the relationship and the support that will be provided. The written agreement will also reflect the requirements set forth in items 2–4 below.

2. All payments for expenses related to the educational activity must be made by the provider. The provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may be used only to support expenses directly related to the educational activity.

3. The provider is responsible for maintaining an accounting of expenses related to Commercial Support.

4. A commercial interest organization may not jointly provide educational activities.

EDUCATIONAL ACTIVITY CHARACTERISTICS

Types of Activities

Three primary types of educational activities may be delivered live or via an enduring format:

1. Provider-directed, provider-paced: The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars.)

2. Provider-directed, learner-paced: The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he/she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

3. Learner-directed, learner-paced: With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity.

Considerations for Live and Enduring Formats

Live educational activities, whether in-person or web-based, are provider-directed, provider-paced activities. There is no expiration date for a live activity; however, the provider is expected to evaluate repeated activities as needed to determine that the practice gap still exists, that the underlying educational needs are still relevant for the target audience, and that content is still based on current evidence. Live activities, or portions of live activities, may be repurposed for enduring materials. If repurposed, an expiration date is assigned to the enduring activity.

Enduring activities are provider-directed, learner-paced activities. Enduring materials have an expiration date after which no contact hours may be awarded. The expiration date of enduring material should be based on the content of the material. Providers must review content of enduring materials at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Review of enduring material content should be conducted for

- Accuracy of content,
- Current application to practice, and
- Evidence-based practice.

Upon completion of the enduring material review, a new expiration date should be established.

Joint Providership

Accredited Providers may jointly provide educational activities with other organizations. The jointly providing organization cannot be a commercial interest. The Accredited Provider is referred to as the provider of the educational activity; any other provider is referred to as a joint provider. In the event that two or more organizations are accredited, one will assume responsibility for adherence to the ANCC criteria and is the provider; the others are referred to as the joint providers. Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the Accredited Provider that is awarding contact hours and is responsible for adherence to the ANCC criteria.

Awarding Contact Hours

Contact hours are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour = sixty minutes. If rounding is desired in the calculation of contact hours, the provider must round down to the nearest 1/10th or 1/100th (e.g., 2.758 should be 2.75 or 2.7, not 2.8). Educational activities may also be conducted "asynchronously" and contact hours awarded at the conclusion of the activities.

Time frames must match and support the contact hour calculation for live activities. Evidence may include but is not limited to agenda for the activity, outline of content to be delivered in the activity, and/or other marketing materials. Time for breaks and meals should be clearly delineated and not included in total contact hours awarded. For enduring materials (print, electronic, web-based, etc.), the method for calculating the contact hours must be identified. The method may include but is not limited to a pilot study, historical data, or complexity of content.

Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity so the number of contact hours to award can be calculated. Those participants may be awarded contact hours once the number is determined.

Accredited Provider Statement

Accredited Providers are required to provide the official accreditation statement to learners prior to the start of each educational activity and on each certificate of completion. The official Accredited Provider statement must be displayed clearly to the learner and worded correctly according to the most current accreditation manual. When referring to contact hours, the phrase "accredited contact hour" should never be used. Contact hours are awarded.

The official ANCC accreditation statement must be written as follows:

[Name of Accredited Provider] is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Note: First-time applicants should prepare and submit a sample certificate of completion containing the accreditation statement to be used once accreditation is attained.

Certificate or Documentation of Completion

A certificate or documentation of completion is awarded to a participant who successfully completes the requirements for the individual education activity.

The certificate or document must include

- Title and date of the educational activity;
- Name and address of the provider of the educational activity (web address acceptable);
- Number of contact hours awarded;
- Accreditation statement; and
- Participant name.

Required Information Provided to the Learner

Learners must receive required information prior to the start of an educational activity. In live activities, required information must be provided to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or web-based activities), required information must be visible to the learner prior to the start of the educational content. Required information may not occur or be located at the end of an educational activity.

Required information for learners includes the following

- Accreditation statement of provider responsible for educational activity;
- Notice of requirements to receive contact hours: Learners are informed of the criteria that will be used to award contact hours, which may include but are not limited to
  - Actual time spent in the educational activity;

- Required attendance time at activity (e.g., 100% of activity, or missing no more than ten minutes of activity);

- Successful completion of post-test (e.g., attendee must score X% or higher);

- Completed evaluation form; and/or

- Return demonstration.

- Presence or absence of conflicts of interest for all individuals in a position to control content

  - For individuals who have a relevant relationship, the following required information must be provided to learners
    - Name of individual;
    - Name of commercial interest; and
    - Nature of the relationship the individual has with the commercial interest.

  - If no relevant relationship exists, the activity provider must inform learners that no conflict of interest exists for any individual in a position to control the content of the educational activity.

- Additional required information, if applicable

  - Commercial Support: Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity;

  - Expiration of enduring materials: Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting the time period during which contact hours will be awarded; and

  - Joint providership: Learners are informed of the provider of the educational activity and all other organizations that participated in joint planning of the activity.

CHAPTER 4 | PROVIDER ACCREDITATION CRITERIA

ORGANIZATIONAL SELF-STUDY/WRITTEN DOCUMENTATION

The following five sections are required written documentation for both new Provider Unit applicants and currently accredited Provider Units reapplying to maintain their accreditation status:

- Organizational Overview (OO);

- Provider Criterion 1: Structural Capacity (SC);

- Provider Criterion 2: Educational Design Process (EDP);

- Provider Criterion 3: Quality Outcomes (QO); and

- Provider Activity Submission Requirements.

Document preparation, organization, and formatting requirements will be provided by the ANCC Accreditation Program Office.

Note: All documents will be reviewed for adherence to accreditation criteria at the time educational activities were planned, implemented, and evaluated.

PROVIDER ORGANIZATIONAL OVERVIEW (OO)

The Organizational Overview (OO) is an essential component of the application process. It provides a context for understanding the Provider Unit and correlates with specific criteria requirements. The Provider Unit must submit the documents and/or narratives outlined below.

Structural Capacity

OO1. DEMOGRAPHICS

a. Submit a description of the Provider Unit, including but not limited to size, geographic range, target audience(s), content areas, and the types of educational activities offered.

b. If the Provider Unit is part of a multifocused organization, describe the relationship of these dimensions to the total organization.

OO2. LINES OF AUTHORITY AND ADMINISTRATIVE SUPPORT

a.   Submit a list including names and credentials, positions, and titles of the Lead Nurse Planner and other Nurse Planners (if any) in the Provider Unit.

b.   Submit **position descriptions** for the Lead Nurse Planner and Nurse Planners (if any) in the Provider Unit.

c.   Submit an organizational chart, flowchart, or similar image that depicts the structure of the Provider Unit, including the Lead Nurse Planner and other Nurse Planners (if any).

d.   If part of a larger organization, submit an organizational chart, flowchart, or similar image that depicts the organizational structure and the Provider Unit's location within the organization.

position description
Description of the functions specific to the roles of Lead Nurse Planner and Nurse Planner that relate to the Provider Unit.

Educational Design Process

OO3. DATA COLLECTION AND REPORTING

Accredited organizations report data annually to the ANCC Accreditation Program Office. Demographic information is used to validate the primary point of contact for communication and billing purposes, and to determine if any changes have been made to the organizational structure. Continuing education summary data are used to provide context regarding the type and number of CNE activities developed, determine whether CNE activities are directly or jointly provided, and determine whether the applicant receives commercial support for CNE. Continuing education summary data are also evaluated to ensure ongoing compliance with Accreditation Program standards. Accredited organizations must

a.   Submit required Demographic Information.

b.   Submit the completed Accredited Provider Continuing Education Summary of all CNE offerings provided in the past twelve months (contact the ANCC Accreditation Program Office for required information).

Quality Outcomes

OO4. EVIDENCE

A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for registered nurses participating in its educational activities.

a.   Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to the Provider Unit**. Outcomes must be written in measurable terms.**

Examples of outcomes

  •   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 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; and

- Professional development opportunities for staff and volunteers.

b. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to Nursing Professional Development. **Outcomes must be written in measurable terms.**

Examples of outcomes

- Professional practice behaviors;

- Leadership skills;

- Critical thinking skills;

- Nurse competence;

- High-quality care based on best available evidence;

- Improvement in nursing practice;

- Improvement in patient outcomes; and

- Improvement in nursing care delivery.

Note: New applicants should develop and submit with their self-studies a list of quality outcome measures that will be collected, monitored, and evaluated.

PROVIDER CRITERION 1: STRUCTURAL CAPACITY (SC)

The capacity of the Provider Unit is demonstrated by commitment to, identification of, and responsiveness to learner needs; continual engagement in improving outcomes; accountability; and leadership. Applicants will write narrative statements that address each of the criteria under Commitment, Accountability, and Leadership to illustrate how structural capacity is operationalized.

> Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Commitment. The Lead Nurse Planner demonstrates commitment to ensuring that RNs' learning needs are met by evaluating Provider Unit processes in response to data that may include but are not limited to aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Describe and, using an example, demonstrate the following:

SC1. The Lead Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Accountability. The Lead Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit implement and adhere to the ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

SC2. How the Lead Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC accreditation criteria.

Leadership. The Lead Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in assessing, planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

SC3. How the Lead Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

PROVIDER CRITERION 2: EDUCATIONAL DESIGN PROCESS (EDP)

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

> Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Evidence must demonstrate how the Provider Unit complies with each criterion.

Assessment of Learning Needs. CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience. Describe and, using an example, demonstrate the following:

EDP1. The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

EDP2. How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap.

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations.

Describe and, using an example, demonstrate the following:

EDP3. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Design Principles. The educational design process incorporates best available evidence and appropriate teaching methods.

Describe and, using an example, demonstrate the following:

EDP4. How content of the educational activity is developed based on best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes.

EDP5. How strategies to promote learning and actively engage learners are incorporated into educational activities.

Evaluation. A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. Results from the activity evaluation are used to guide future activities.

Describe and, using an example, demonstrate the following:

EDP6. How summative evaluation data for an educational activity are used to guide future activities.

EDP7. How the Nurse Planner measures change in knowledge, skills, and/or practices of the target audience that are expected to occur as a result of participation in the educational activity.

> Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

PROVIDER CRITERION 3: QUALITY OUTCOMES (QO)

The Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE.

Provider Unit Evaluation Process. The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

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 for the Provider Unit. (Refer to identified quality outcomes list in OO4a.)

Value/Benefit to Nursing Professional Development. The Provider Unit shall evaluate data to determine how the Provider Unit, through the learning activities it has provided, has influenced the professional development of its nurse learners.

Describe and, using an example, demonstrate the following:

QO3. How, over the past twelve months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b.)

APPENDIX A

DOCUMENT PREPARATION

Information about document preparation and submission may be obtained at

www.nursecredentialing.org or by emailing accreditation@ana.org.

APPENDIX B

AMERICAN NURSES CREDENTIALING CENTER'S CONTENT INTEGRITY STANDARDS FOR INDUSTRY SUPPORT IN CONTINUING NURSING EDUCATIONAL ACTIVITIES

The *ANCC Guidelines for Ensuring Content Integrity of Continuing Nursing Educational Activities* is located on the ANCC Accreditation webpage at **www.nursecredentialing.org**.

GLOSSARY

accountability
Responsibility for adherence to the ANCC accreditation criteria as they apply to providing quality CNE.

accreditation
The voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (time-limited).

accredited provider
An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

best available evidence
Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base (Polit and Beck, 2008).

bias
Tendency or inclination to cause partiality, favoritism, or influence.

commercial bias
Favoritism or influence shown toward a product or company in relation to an educational offering.

commercial interest
Any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health-care-related companies.

commercial support
Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Providers of commercial support may not be providers or joint providers of an educational activity.

commission on accreditation (COA)
Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of CNE. The COA is composed of at least nine members selected from CNE stakeholder communities and represent expertise from across the field of continuing education, including academia, educational companies, domestic and international nursing associations, and governmental organizations.

commitment

Duty or responsibility of those providing continuing education to meet learner needs, provide quality CNE, and support Provider Unit goals and improvements.

conflict of interest

An affiliation or relationship of a financial nature with a commercial interest organization that might affect a person's ability to objectively participate in the planning, implementation, or review of a learning activity.

contact hour

A unit of measurement that describes sixty minutes of an organized learning activity. One contact hour = sixty minutes.

content

Subject matter of an educational activity that is based on the best available evidence and reflects the desired learning outcomes.

content expert

An individual with documented qualifications demonstrating education and/or experience in a particular subject matter.

content reviewer

An individual selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, bias, and any other aspects of the activity that may require evaluation.

continuing education unit (CEU)

The ANCC Accreditation Program does not utilize this term when referring to the CNE unit of measurement. The CEU is an educational measurement utilizing criteria of the International Association for Continuing Education and Training (IACET).

continuing nursing education (CNE) activities

Learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs' pursuit of their professional career goals.

credentialing

A generic term for licensure, certification, and registration. It can also be used as a term for a voluntary recognition process under the auspices of private-sector associations.

eligibility

An applicant's ability to meet the requirements established by ANCC as a prerequisite to evaluation for accreditation or re-accreditation in order to be considered qualified to apply for accreditation.

enduring materials

A nonlive CNE activity that lasts over time. Examples of enduring materials include programmed texts, audiotapes, videotapes, monographs, computer-assisted learning materials, and other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

evaluation—formative

Systematic evaluation in the process of curriculum construction, teaching, and learning for the purpose of improving any of these three processes (Bloom et al, 1971).

evaluation—summative

Evaluation that samples the entire range of outcomes associated over a long period and assesses student mastery of those skills (Bloom et al., 1971).

evidence-based practice

Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of health care research results) provide information that aids in the process of evidence-based practice (http://effectivehealthcare.ahrq.gov/index.cfm/glossary-of-terms).

gap analysis

The method of identifying the difference between current knowledge, skills, and/or practices and the desired best practices.

in-kind support

Nonmonetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker. (In the accreditation community, the "taker" is the provider of CNE.)

interprofessional continuing education

Education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (www.jointaccreditation.org).

interprofessional education

When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010).

joint providership

Planning, developing, and implementing an educational activity by two or more organizations or agencies.

jointly provided activities

Educational activities planned, developed, and implemented collaboratively by two or more organizations or agencies.

lead nurse planner

A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within a Provider Unit to ensure adherence to the ANCC Accreditation Program criteria in the provision of CNE.

leadership

The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to the ANCC accreditation criteria.

learner-directed, learner-paced activity

An educational activity in which the learner takes the initiative in identifying his or her learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity. Learner-directed activities may be developed with or without the help of others, but they are undertaken on an individual basis.

marketing materials

Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email, intranet posting, electronic message, or website.

multifocused organization (MFO)

An organization that exists for more than the purpose of providing CNE.

needs assessment

The process by which a discrepancy between what is desired and what exists is identified.

nurse planner

A registered nurse who holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and that processes are consistent with the requirements of the ANCC Primary Accreditation Program.

nursing professional development

A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.

organizational chart

A diagram or other schematic used to depict informal and formal lines of communication and relationships within the overall organization, as well as within the Provider Unit.

outcome

The impact of structure and process on the organization as a provider and the value/benefit to nursing professional development.

outcome measurement

The process of observing, describing, and quantifying the predefined indicator(s) of performance after an intervention designed to impact the indicator.

planning committee

At least two individuals responsible for planning each educational activity; one individual must be a Nurse Planner, and one individual must have appropriate subject matter expertise (content expert).

position description (provider unit)

Description of the functions specific to the roles of Lead Nurse Planner and Nurse Planner that relate to the Provider Unit.

process

The development, delivery, and evaluation of CNE activities.

provider unit

Comprises the members of an organization who support the delivery of continuing nursing education activities.

provider-directed, learner-paced

An educational activity in which the provider controls the content of the learning activity, including the learning outcomes based on a needs assessment, and chooses the content of the learning activity, the method by which it is presented, and the evaluation methods. Learners determine the pace at which they engage in the activity (examples include print article, self-learning module/independent study).

provider-directed, provider-paced

An educational activity in which the provider controls all aspects of the learning activity. The provider determines the learning outcomes based on a needs assessment, and chooses the content of the learning activity, the method by which it is presented, and evaluation methods (examples include live activities, live webinars).

relevant relationship

A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual's spouse/partner's financial relationship with any commercial interest is also considered a relevant relationship.

resources

Available human, material, and financial assets used to support and promote an environment focused on quality CNE and outcome measures.

single-focused organization (SFO)
An organization that exists for the sole purpose of providing CNE.

specialty
A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

specialty nursing organization (SNO)
A national nursing body that has a majority of voting members who are RNs practicing in a specialized nursing area, as so defined in the organization's governing documents.

structure
Characteristics of an organization, including commitment, accountability, and leadership, that are required to support the delivery of quality CNE.

target audience
The specific registered nurse learners or health care team members the educational activity is intended to impact.

teaching strategies
Instructional methods and techniques that are in accord with principles of adult learning.

virtual visit
A conference between the applicant and the appraiser team via teleconference, telephone, or other electronic means to validate application findings. The appraiser team may request additional supporting evidence to seek clarification and verify compliance with accreditation criteria.

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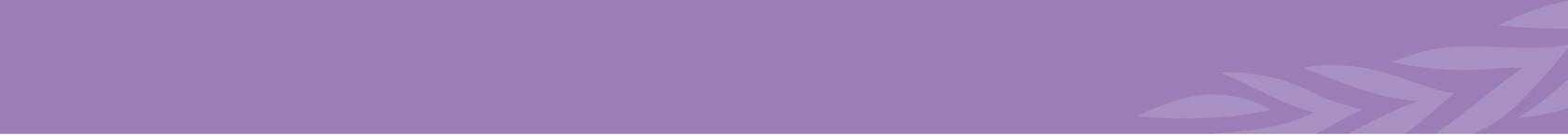
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