



Northeast Multistate Division

Continuing Nursing Education Unit

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Frequently Asked Question

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GENERAL CE QUESTIONS

Q. How long is the approval period?

A. If you are applying for approval of an individual educational activity, the approval period is two years. If you are applying for provider approval, the approval period is three years.

Q. What should I do if my agency decides not to pursue contact hour approval once an application has already been submitted?

A. An application can be withdrawn by the applicant at any time prior to being assigned to the Northeast MSD reviewers. If the application is withdrawn during pre-review (prior to submission to the Northeast MSD reviewers), the application and fee will be returned minus administrative costs. Once the review is initiated (e.g., the application is sent to the reviewers) the fee is non-refundable. The withdrawn application will be returned to the provider.

Q. Must a provider whose majority of CE activities includes internet activities/enduring materials or other learner-paced activities that is marketed to a nationwide audience apply directly to ANCC?

A. Yes.

Q. May we distribute participant names and contact information to all conference attendees?

A. Since participant names and contact information are confidential, it is permitted only if you secure approval before the conference from individuals whose names are on the list. The registration form might include a question asking for this approval and providing an "opt out" checkbox for those who wish to deny permission.

Q. Are all educational activities of a staff development/continuing education department appropriate for CNE credit? What's the difference between continuing education, in-service, and staff development?

A. In 2013 the Commission on Accreditation released a directive indicating that the COA will permit content that is provided through in-service and/or staff development activities to be eligible for awarding continuing nursing education (CNE) credit.

The COA states they "believe there are significant learning opportunities for registered nurses that occur during in-service or staff development activities and therefore these should be eligible for awarding ANCC contact hours. To meet the educational needs of registered nurses and improve the care delivered to patients or clients, providers of CNE activities must have flexibility in choosing the format for education that meets the needs of diverse learners practicing in a variety of care settings. The COA believes that this change will permit providers to be better able to choose content that meets identified practice gaps based on needs assessment data for their target audiences."

They go on to indicate that "Requirements for planning educational activities have not changed. Providers must develop educational activities that are designed to address a gap in knowledge, skills and/or practices for a specific target audience. All educational design criteria for continuing nursing education must be followed."

Q. Has the definition of continuing education changed?

A. The current definition of CNE States:

"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 improve the health of the public and RN's pursuit of their professional goals" (2015 ANCC Primary Accreditation Application Manual for Providers).

Q. Who may award contact hours?

A.

1. **ANCC Accredited Providers (who apply directly to ANCC).**
2. **Approved Providers through approval through an ANCC Accredited Approver (such as the Northeast Multistate Division).**

Those interested in achieving provider approval from an ANCC Accredited Approver must complete the eligibility verification process and meet all eligibility requirements. The Accredited Approver is responsible for ensuring that the applicant is eligible to apply.

3. **Applicants who have achieved two-year approval for an individual education activity through an ANCC Accredited Approver (such as the Northeast Multistate Division).**

Those interested in submitting a CNE activity for approval from an ANCC Accredited Approver must complete the eligibility verification process and submit an application to the Northeast MSD office at least 30 business days (excluding weekends and holidays) prior to the date of the activity.

Commercial interest entities are NOT eligible to provide contact hours.

Commercial interest entities are defined as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or that is owned or controlled by an entity that produces, markets, re-sells, or distributes healthcare goods or services consumed by, or used on patients.

Recognition by Licensing Boards

RN licensing boards nationwide acknowledge and accept contact hours from accredited providers. However, the California and Iowa licensing boards caveat their acceptance, stipulating "if the provider ENTERS their state and presents an activity, the provider must also apply to the state's Board of Nursing for approval, in order for nurses from CA and IA to use contact hours for renewing their licenses."

The CA Board of Registered Nursing considers Internet learning and home study to be out-of-state, unless the provider is located in CA. For complete details, contact them directly at 916-322-3350.

The IA Board of Nursing considers Internet and home study to be in state. For complete details, contact them directly at 515-281-3255.

PLANNING COMMITTEES

Q. Can an RN who has a bachelor's degree in social work serve as the "Nurse Planner" for CNE activities in our organization?

A. Registered nurses with a baccalaureate or higher degree in nursing may serve as the "Nurse Planner" who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity (ANCC, 2015). At least one of the RNs on the planning committee for an educational activity must have a baccalaureate or higher degree in nursing and be designated as the Nurse Planner.

This requirement means that the RN must have a baccalaureate degree in nursing (typically a BSN), master's degree in nursing (may be an MS, MSN, or MA with a major in nursing), or a doctorate in nursing (typically a Ph.D. or Doctorate in Nursing Science).

An RN who has an associate degree in nursing or is a graduate of a diploma school of nursing and does not have a baccalaureate or higher degree in nursing would not qualify as the designated 'Primary Nurse Planner' for an Approved Provider Unit or as the 'Nurse Planner' for an Individual Education Activity application but could serve as a member of the planning committee.

Q. Must a member of the CE Unit in my agency be involved in all planning committees if we award contact hours?

A. Yes. In order to award nursing contact hours for educational activities provided by an organization/ agency that has received provider approval, a Nurse Planner(s) from the Unit must be involved in the planning of the activity from the beginning. This Nurse Planner would meet the guidelines to serve in the role, be oriented to the ANCC/Northeast MSD approved provider guidelines by the Approved Provider Unit and able to ensure adherence in the planning, implementation and evaluation of the activity. The Nurse Planner must be involved in all planning activities; however, planning can take place by telephone, mail, e-mail, as well as face-to-face meetings.

Q. There is a requirement for the Nurse Planner to "have education or experience in the field of education or adult learning". What kind of experience do you mean?

A. Examples of experience include, but are not limited to, engagement on several CNE planning committees in the past, academic education focused on education (Masters in Education, for example), participation in a continuing education or training session for Nurse Planners, and/or experience teaching nurses in a higher education environment.

PRESENTERS/FACULTY/AUTHORS

Q. Must a Presenter/Author of a CNE activity be a Registered Nurse?

A. The presenter/author of an educational activity is not required to be a Registered Nurse. The planning committee should determine whether a proposed presenter/author is a content expert on the topic to be presented based on the individual's education, experience, expertise, professional achievement, credentials, publications, etc. It is also considered best practices that the presenter is familiar with the target audience and is skilled with the teaching strategies chosen to meet the objectives.

Q. When a speaker cancels at the last minute may we substitute another presenter, even if the required documents are not in hand?

A. Yes, as long as the provider has ensured that evaluation of conflict of interest and resolution (if required) have been met and all required disclosures are provided to learners/participants. The presentation learning outcomes and content as determined by the planning committee must remain the same. The provider would need to communicate the change that occurred with the Northeast MSD office as soon as possible.

Q. We did not give a certificate of attendance nor contact hours to the speaker in our one-day conference? Was this correct?

A. An individual who presents or facilitates a portion of the total learning experience (e.g., a speaker or faculty member) should not be awarded credit for the portion of the educational activity that he or she presents. If however, the remainder of the educational activity constitutes a learning experience for the speaker, credit for that portion of the educational activity may be awarded based on the provider's internal policies and criteria for verifying completion of an educational activity. The provider must have a procedure in place to document the number of contact hours awarded the presenter as different from other participants.

It is inappropriate for the speaker to receive contact hours for their presentations because they are considered the expert on the topic. Going back to the definition, continuing education builds upon the nurse's knowledge. If the speaker does not have the knowledge, then they would not have been selected to present.

Q. Can an employee of XYZ Biomedical Company present about their updated equipment?

A. They can – however you could not provide ANCC/Northeast MSD contact hours for that presentation. 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. This is true even if the presentation does not mention those products or services by name.

TARGET AUDIENCE

Q. Should a certificate be given to all participants attending a CNE activity even if all of the participants are not RNs?

A. If the provider chooses to do so, certificates verifying attendance and the number of contact hours awarded can be given to all participants who meet the criteria for successful completion, whether the participants are RNs or individuals from other disciplines. Participants should be aware that the contact hours are specific to Registered Nurses and those other disciplines such as nursing home administration or speech pathology may or may not recognize the contact hours approved by the Northeast MSD or awarded by a Northeast MSD Approved Provider.

Q. A program we are planning will have a mixed target population: Registered Nurses, physicians, social workers, and hospital administrators. How do we address the target population for this program?

A. In the October 2013 Directors' Update ANCC discussed the importance of interprofessional continuing education (IPE). "When planning interprofessional educational activities, the planning process must integrate members of the professions for which continuing education credit will be awarded. An interprofessional planning process is **not** a parallel planning process, i.e. each profession evaluating needs for and planning educational activities that happen to take place at the same time. Additionally, an interprofessional activity is not defined by members of professions who happen to attend or participate in an educational activity.

To be classified as an interprofessional educational activity, the planning process must 1) be an integrated process that includes health care professionals from two or more professions; 2) be an integrated process that includes health care professionals who are reflective of the target audience members the activity is designed to address; 3) demonstrate an intent to achieve outcome(s) that reflect a change in skills, strategy or performance of the health care team and/or patient outcomes; and 4) reflect of one or more of the interprofessional competencies to include: values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork.

When planning interprofessional continuing education activities, planners must assess and document the professional practice gaps of the members (professions) of the healthcare team, and design educational activities to address those gaps. It is important to note that planners should not assess the needs of one profession then extrapolate those needs to another profession without clear evidence that the needs are similar."

EDUCATIONAL DESIGN

Q. What types of assessment methods are acceptable for identifying the learners' needs?

A. Continuing education activities are developed in response to, and with consideration for, the unique educational needs of the target audience. Identifying problems in practice and opportunities for improvement may be elicited through a variety of methods, including, but not limited to:

- Written needs assessment or survey of stakeholders, target audience members, or subject matter experts
- Individual input from stakeholders such as learners, manager, or subject matter experts

- Content request by nursing management, based on internal quality measures or identified need
- Quality studies or performance improvement activities
- Evaluation data from previous educational activities
- Trends in literature, law and/or healthcare
- Trends in practice, treatment modalities and/or technology

Q. What types of supporting evidence can we use when planning an educational event?

A. Supporting evidence or documentation is used to further validate the need for this educational activity.

Some examples from which evidence can come include, but are not limited to:

- Annual needs assessment or survey
- Review of the literature
- Requests from stakeholders
- Activity evaluation summary results
- Surveys from stakeholders or learners
- Outcome or Quality data (i.e. Regulatory)
- Research findings
- Directly from a content expert

Q. How is gap analysis conducted?

A. The process of gap analysis looks at the data collected during the assessment phase and determines where the target audience nurses are in regard to the problem versus where you want them to be. Gap analysis includes deciding which type of gap(s) exist: knowledge gaps, skills gaps or practice gaps. Once the type of gap is determined, learning outcomes can be developed to guide the educational activity toward narrowing or closing the identified gap(s).

Q. Are we required to complete a Gap Analysis Worksheet?

A. The use of the Gap Analysis Worksheet is optional but recommended. It is a way to organize the problem in practice, the desired state and the type of gap revealed. However, if the agency prefers, they may provide gap analysis data without submitting or utilizing the Worksheet.

Q. How is gap analysis linked to Learning Outcomes?

A. Once the planning committee has determined what gap(s) is present, learning outcomes must be developed to determine whether the educational activity can help to narrow or close the gap. For instance, if gap analysis has determined that nurses on a particular unit lack knowledge in patient fall prevention, a learning outcome of “Learners will self-report an increase in knowledge of how to prevent patient falls” will determine whether the activity adequately addressed the identified gap. An additional or alternative long-term learning outcome might be “Reports of patient falls on Unit X will decrease by at least 20% in the 90 days following the activity”.

Q. What are the best practices for writing learning outcomes for a CNE activity?

A. The ANCC has moved from learning objectives (developed by presenters and describing what planners hope will happen) to learning outcomes (developed by planners and describing what will be measured during or after the activity) in order to provide activity planners with meaningful data that can be used to improve an existing activity or enhance the planning process for future activities. In addition, the use of learning outcomes and outcome measures provides evidence showing the activity was successful at narrowing or closing the identified gap(s). One of the key responsibilities of the planning committee is to write appropriate learning outcomes for the educational activity that will address the identified gap(s) and provide measurable data of the results of the activity. Outcomes also serve to direct what teaching/learning strategies to utilize, to estimate time frames, determine learner engagement strategies, and evaluate the activity.

Best practices include:

- Outcomes should be measurable and focused on what the learner should do or achieve during or after the educational activity.
- Outcomes should contain only one single action verb that defines the expected behavioral outcome. Note that the participant will actually DO the action of the verb, not just rate it.
- Utilize only the verbs found to be acceptable by the ANCC/Northeast MSD; which are measurable and appropriate for CNE.
- Outcomes are planner/presenter tools. They are normally not communicated to learners like objectives were.
- Outcomes may be generalized and apply to an activity in its entirety (often utilized for multi-day, multi-session and/or multi-topic offerings) or specific to key learning (often utilized for single-topic activities).
- Unlike objectives, not all content sections need to be 'covered' by learning outcomes. Planners should select key take-aways that, when measured, will indicate that the identified gaps have been narrowed or closed.

Q. We are planning a large conference with multiple presentations. Does each session require its own learning outcome(s)?

A. Two options are available to planners when developing learning outcomes for multi-session activities:

- 1 or 2 overarching learning outcomes that describe the key take-aways for participants from a global perspective
- 1 learning outcome for each session that is specific to that session's content

Q. My presenter sent a list of objectives on their Educational Planning Form, even though we provided him with our learning outcome. What should we do with those objectives?

A. As long as the presenter also provided the required content outline, the planning committee may disregard the objectives. Many presenters are so used to developing their content around objectives that many will likely continue to use them as a way to organize their thoughts and materials.

You can make it part of your communication with presenters to inform them that objectives are no longer a part of nursing continuing education, although they are free to utilize them if they find it helpful. You might have to specifically state that objectives should not be submitted.

Q. Are there specific criteria for developing a title of a CNE activity?

A. While there are not specific criteria regarding titles of CNE activities, there are best practices to consider:

- State Boards of Nursing and other certifying and re-certifying bodies such as ANCC when auditing a nurse's records look to verify that an educational activity was worthy of nursing contact hours. That can often be determined by the title if it accurately reflects the content of the activity.
- CNE should be planned to enhance the nurses' professional competence, learn about new treatment regimens, update clinical skills and go beyond the entry level of education; therefore, terms such as "basic", "introduction", "fundamentals" and "training" should be avoided in titles.
- The title should have meaning to the target audience – not just the planning committee; therefore, it is best to avoid "cutsey" wording, slang, abbreviations, and other terms that are not easily understood.

Q. What is required to be included in the evaluation of an educational activity?

A. It is important to remember that evaluation of an educational activity may take place in a variety of formats. A return skill demonstration, electronic polling, a pre or post-test, a case study analysis,

role play or active participation in an educational activity are examples. If an evaluation form or survey is provided to learners, best practices indicate that the following should minimally be included:

- Where the learning outcomes met? When measured on the evaluation tool, it is recommended that a variety of question formats be used (yes/no/if no, why not, Likert ratings, open-ended) in order to stimulate thoughtful responses and provide planners with meaningful data.
- If overarching learning outcomes were utilized, the evaluation questions should drill down to the key take-aways determined by the planners for the session or activity.
- Did the presenters have expertise in the content they discussed?
- Was there evidence of bias?
- How will the participants integrate what they have learned into their current practice? What barriers do they perceive to successful integration?

Q. For our learning outcome, why can't our evaluation ask participants any more to rate their ability to do something, like "List the priority of treatment for patients with hemorrhagic stroke". Isn't that the same as self-reporting?

A. The key lies in the wording of the learning outcome. If your outcome states, "Learners will list the priority of treatment for patients with hemorrhagic stroke" and the evaluation question says, "Rate your ability to list the priority of treatment...", the planners have not measured whether the participants can actually list that priority of treatment – participants are just telling you whether they think they can. This is no different from objectives. In order to measure whether a learner is able to list the priority of treatment, you must have each learner actually do so, whether it's in a small group exercise during the activity, or in a neighbor-graded posttest at the end of the activity, or as an open-ended question on the evaluation tool.

If the planners determine that self-reporting of an increase in knowledge or skill is sufficient to close the identified gap, then the outcome should begin with "Learners will self-report an increase in knowledge on...."

Self-report measures are less reliable than measures that require participants to do some action during the activity itself or immediately afterward. It is best practice to include both types of learning outcomes whenever possible, so that the measured data elicited is of the best quality and reliability.

Q. What are the requirements for electronic signatures (on disclosure statements, COI statements, etc.)?

A. Physical, original signatures are not required. However, if a physical signature is not used, then documentation that you received the disclosure information from the source of the information will be needed. For example, if the form was faxed, you would need to save the cover sheet with the person's name and phone number on it. You need to use a method that makes you comfortable that documentation has been secured, and which provides verifiable proof after the fact. It is the Nurse Planner's responsibility of ensuring that the electronic signatures are valid and reliable. It is acceptable to use a single form to meet the requirements of multiple accrediting bodies. The individual requirements for each accrediting body must be met by the form.

What is acceptable?

- Original physical signatures and/or initials on a document
- Electronic print of an actual physical signature on a document
- A signed document that is scanned and then electronically submitted
- Documents that are signed and then faxed
- A "font print" signature is acceptable if there is attached proof on the printed email that the email is from the individual whose signature is provided

- A document with a specific check box to indicate the individual has “signed” in agreement. The Nurse Planner must be able to substantiate that this is valid.

Q. Do poster presentations need to be planned as an educational activity?

A. Poster presentations are beneficial to disseminate information on current trends in research, practice, leadership, and education. They provide a unique opportunity to engage nurses in conversations directed toward a specific topic. If the intention is to award nursing contact hours for the viewing of the poster presentations, then the educational design criteria apply as they would for any other educational activity or session. Minimally, a planning committee should require completed and signed Planner/Faculty COI forms from individuals presenting posters (authors) so that appropriate disclosures regarding conflicts of interest can be shared with learners. The Provider would need to develop learning outcomes for the time spent viewing posters and determine an appropriate evaluation method.

Q. Can contact hours be awarded for poster presentations?

A. The ANCC/Northeast MSD Accreditation Program is not prescriptive in dictating the logical and defensible method that must be used, therefore Activity and Approved Providers have flexibility in determining what method works best for the particular setting or circumstances of the activity. Here are some suggested methods that may be considered regarding awarding contact hours:

- Pilot test the number of posters that can be reviewed during a time period and award contact hours based on the pilot test data. Participants attest to the time they spent reviewing the posters using an attestation form. Regularly evaluate the pilot test data to validate accuracy.
- Require participants to review and complete an evaluation form for the poster session. The Provider may choose to require an evaluation form for each poster reviewed or for the full poster session. Pilot test the time required to review each poster or full poster session and award contact hours accordingly. Regularly evaluate pilot test data to validate accuracy.
- Hold the poster presentation session over a set period of time and log participants into and out of the session. Award contact hours based on the set period of time.
- Require participants to review each poster and/or a set number of posters and complete a post-test. Successful completion based on passing the post-test. Pilot test amount of time required to review posters and complete post-test. Regularly evaluate pilot test data to validate accuracy.

Posters developed by graduate-level nursing students (but not pre-licensed nursing students) under the supervision of nursing faculty may be considered for inclusion in the contact hour calculation. The target audience must be registered nurses.

Q. Can content previously developed be incorporated into an educational activity?

A. Content previously developed may be incorporated into educational activities for continuing nursing education credit within the following guidelines: The Nurse Planner and Planning committee must:

- Conduct an independent needs assessment and gap analysis
- Identify previously developed educational content that meets the learning needs of the target audience
- Develop new learning outcomes independent of any prior objectives or outcomes for the content.
- Possess evidence the previously developed content is current, evidence-based, meets current standards or practice guidelines.
- Provide evidence of revisions/deletions/additions required for the previously developed content OR evidence stating why previously developed content did not require any revisions/deletions/additions.

- Ensure the previously developed content is objective and unbiased; and excludes any promotional influence.
- Verify that the previously developed content meets the definition of "continuing education" as described by the American Nurses Credentialing Center's Accreditation Program.

The Nurse Planner and Planning committee may not approve a previously-developed educational activity and award continuing nursing education credit without complying with these guidelines. Failure to adhere to these guidelines may result in loss of approval status.

Q. If we want to provide a live presentation, and tape it for viewing by those who could not attend, what are the requirements?

A. In this situation, you will need to develop two separate activities – one for the live version, and one for the enduring version. Many elements of educational design apply to both versions, but some of the criteria are different, which is the reason why two activity files are required.

The enduring material version will need additional planning, since it will be necessary to develop a way to ensure that learners did actually view the material and absorb the material presented. The most common way to ensure this is by developing a posttest over the key take-aways identified, although other methods are possible. For most enduring material activities that are based on a live version, the enduring version will provide additional contact hours to cover the time for completion of the posttest.

Q. Do expiration dates only apply to enduring materials?

A. Yes. The expiration date must be visible to the learner prior to the start of the educational content. The period of expiration of enduring material should be based on the content of the material but cannot exceed 3 years (2 years for individual education activity applicants).

Q. Do enduring materials have to be reviewed at any time?

A. Yes, the ANCC/Northeast MSD requires the review of enduring materials at least once every 3 years (2 years for individual education activity applicants), or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is established.

CONTACT HOURS

Q. What is the difference between a contact hour and CEU unit? Are they the same?

A. A contact hour and a CEU are not the same. The ANCC/Northeast MSD uses the "contact hour" as the unit of measure for approved nursing education activities. A contact hour is defined as "a unit of measure that describes 60 minutes (1.0 hour) of an organized learning activity that is either didactic or clinical experience. Contact hours may be awarded only for those portions of an educational activity devoted to didactic or clinical experience and/or to the time participants spend evaluating the activity" (ANCC 2013, pg. 25). The ANCC COA allows accredited approvers and providers of CNE to award contact hours for 60 minutes of participation in an approved educational activity. Besides didactic or clinical experience contact hours can also be awarded for learner-directed and learner-paced independent studies.

The International Association for Continuing Education and Training is an international organization that allows agencies such as colleges, universities, and professional agencies to award a Continuing Education Unit (CEU) for their educational programs. The ANCC Accreditation Program does not utilize the term CEU when referring to the continuing nursing education unit of measurement (ANCC 2015).

Staff development departments in a large health care or educational setting might be approved to offer both CEUs and contact hours. Since the CEU and contact hour are different units of measure,

staff developers need to review their math when determining the amount of the unit to award participants. For example, if a program were 360 minutes long, the CEUs awarded would be $360 \text{ minutes} \div 60 \text{ minutes} = 6 \text{ hours} \div 10 \text{ hours/CEU}$, or 0.6 CEUs. The contact hours awarded would be $360 \text{ minutes} \div 60 \text{ minutes/contact hour}$, or 6.0 contact hours. It is important to note that the terms CEU and contact hour are not interchangeable.

Q. When calculating the number of contact hours, I find that the number is two digits past the decimal point, or more. For example: 1.66. What is the number of contact hours I should use?

A. You can either award contact hours in the hundredths (i.e., two digits past the decimal point) or round down to 1.6. Do not round up.

Q. How do you calculate contact hours for online or home study programs?

A. These hours must be calculated in a logical and defensible manner. One approach often used is the pilot study where each participant records the time involved in the activity and an average is documented. Another approach used with written materials online is a recognized formula using data such as word count and level of reading and level of technical difficulty. Many on-line learning platforms will also provide time spent in each module for all learners, which can be averaged.

Q. Can contact hours be awarded to participants who are not nurses?

A. If the provider chooses to do so, certificates verifying attendance and the number of contact hours awarded can be given to all participants who meet the criteria for successful completion, whether the participants are RNs or individuals from other disciplines.

Participants should be aware that the contact hours are specific to registered nurses and those other disciplines such as nursing home administration or speech pathology may or may not recognize the contact hours approved by the Northeast MSD or awarded by a Northeast MSD Approved Provider.

Q. Can contact hours be awarded to participants of ACLS and PALS certification courses?

A. As of May 2013, the Commission on Accreditation (COA) permits awarding ANCC nursing contact hours for all content in courses that are repeated on a regular basis for all learners.

The COA believes that learning is reinforced by repeat exposure to educational content, and repeat exposure may be more likely to result in behavioral change. Learners are accountable for choosing educational activities that meet their learning needs.

All of the requirements for developing the activity and activity file contents are the same as for other planned activities. The Approved Provider Unit must have procedures in place identifying what participant information is obtained, what requirements for successful completion are required and how is it determined they are met, that evaluations are provided to each participant, and that certificates meet all specifications. Record keeping must follow ANCC/Northeast MSD guidelines. An Approved Provider Unit may choose NOT to offer contact hours for ACLS, PALS or other "canned" educational offerings.

Q. Can contact hours be awarded for Basic Life Support (BLS) classes?

A. As of May 2013, the Commission on Accreditation (COA) permits awarding ANCC nursing contact hours for Basic Life Support (BLS) classes.

The COA believes that BLS is of critical importance for patient safety. This change is in congruence with our accreditor colleagues in medicine and pharmacy. In addition, the COA believes that learning is reinforced by repeat exposure to educational content, and repeat exposure may be more likely to result in behavioral change.

All of the requirements for developing the activity and activity file contents are the same as for other planned activities. The Approved Provider Unit must have procedures in place identifying what

participant information is obtained, what requirements for successful completion are required and how is it determined they are met, that evaluations are provided to each participant, and that certificates meet all specifications. Record keeping must follow ANCC/Northeast MSD guidelines.

An Approved Provider Unit may choose NOT to offer contact hours for Basic Life Support (BLS) classes.

Q. What is the contact hour requirements for advances practice nurses regarding Pharmacotherapeutics?

A. Effective January 1, 2014, ANCC-certified Clinical Nurse Specialists and Nurse Practitioners must complete 25 of 75 required contact hours in Pharmacotherapeutics. If doubling the contact hour requirement to 150, 50 of 150 contact hours must be in Pharmacotherapeutics.

These 25 Pharmacotherapeutics hours do not need to be formally accredited/approved if the certified nurse meets the requirements for Category 1 contact hours (*at least 51% of the total number of contact hours must be in your certification role and specialty and at least 50% must be formally approved*).

If an educational program includes pharmacy content, please refer to equivalency conversions listed below to determine the number of pharmacotherapeutics hours eligible for re-certification. Align calculation with the agenda or content (e.g. 60 minutes of a 2-hour presentation devoted to pharmacotherapeutics = 1 contact hour).

- 1 contact hour = 1 CME or 0.1 CEU or 60 minutes
- 1 academic semester credit = 15 contact hours
- 1 CEU = 10 contact hours
- 1 academic quarter credit = 12.5 contact hours

Submit the presentation or conference agenda to validate the contact hour calculation. A narrative note describing pharmacology content may also be required. Presenters must possess expertise in pharmacology and are not required to be a nurse for hours to count towards re-certification. Hours submitted to renew certification may also be submitted to a State Board of Nursing for re-licensure.

Q. What content is acceptable to meet the pharmacotherapeutic requirements for advanced practice nurses?

A. Content to meet the pharmacotherapeutics hour requirement must specifically address pharmacotherapeutics. This may include, but is not limited to, drug specific information, safe-prescribing practices, safe medication administration, managing side effects, prescribing methodologies, new regulations or similar content. Presenters must possess expertise in pharmacology and are not required to be a nurse for hours to count towards re-certification. Delineate the number of pharmacotherapeutics contact hours on the agenda or other marketing materials provided to learners. Note that detailed content outlines and corresponding time frames are necessary to accurately determine pharmacotherapeutic hours. Utilize the content outline and assigned time frames for pharmacotherapeutic content to calculate the appropriate number of contact hours and note this on the Educational Planning Form.

Q. Our agency provides contact hours to those nurses who view a videotape of a program or conference. Is this appropriate?

A. Contact hours may be awarded to nurses who view videotape or audiotape presentations as they are considered enduring materials. The enduring materials must meet all of the ANCC/Northeast MSD requirements of educational design process, evaluation, etc. and the Approved Provider Unit must maintain an educational planning /program file and all other required documentation. It is not appropriate to award contact hours to individuals who only view a tape of the educational activity. If an agency provides a videotape of an educational activity for staff to review, a separate learner-directed activity should be developed with posttest questions or other mechanism to ensure

viewing was done if contact hours are to be awarded.

Q. Can contact hours be awarded to those individuals who are involved in the pilot testing of an educational activity?

A. Yes. Individuals acting as learners for the purpose of a pilot-test may receive contact hours for that educational activity when the appropriate number of contact hours has been established. Pilot testing is important in demonstrating the effectiveness of the teaching or learning materials used in the educational activity and in determining the number of contact hours awarded. The approved agency must maintain records of the data used in deciding the number of contact hours to be awarded for participating in an activity. This is the one instance where contact hours can be provided retroactively.

Q. Can contact hours be awarded if the individual only attends a portion of an educational activity?

A. A provider needs to determine whether partial credit can be awarded for an educational activity and should have internal policies in place to make a sound decision when these situations occur. This decision may be based on your specific State Board of Nursing requirements. If the educational activity is designed to have individual sessions, contact hours may be awarded only for those sessions attended. If a specific number of contact hours are awarded for attending an entire educational activity, the provider of the educational activity needs to determine if partial contact hours should be awarded, again, based on the provider's own policies and criteria for verifying participation and successful completion of an educational activity. Generally, participants who are absent for a portion of the formal presentation should be held to the same standard as those who attend the total educational activity. The provider must be able to describe how learners were informed of the requirements for completion (ANCC 2015, p. 33 - 34).

Q. If the Nurse Planner is also a presenter, can she receive contact hours for the CNE activity?

A. The presenter for an activity, regardless of her other roles, such as Nurse Planner, cannot receive contact hours for the portion of the activity she is presenting. If, however, the remainder of the educational activity constitutes a learning experience for the speaker, credit for that portion of the educational activity may be awarded based on the provider's internal policies and criteria for verifying completion of an educational activity. The provider must have a procedure in place to document the number of contact hours awarded the presenter as different from other participants. It is inappropriate for the speaker to receive contact hours for their presentations because they are considered the expert on the topic. Going back to the definition, continuing education builds upon the nurse's knowledge. If the speaker does not have the knowledge, then they would not have been selected to present.

Q. In my agency, we usually only have time for a 30 minute program. Can we offer continuing education (nursing contact hours) for these short educational activities?

A. Yes, nursing contact hours may be awarded for educational activities 30 minutes or more in length. The provider must ensure that the educational design criteria are met for all activities regardless of their length.

APPROVAL STATEMENTS

Q. Where is use of the applicable approval statement for Approved Providers and Individual Activity Applicants required?

A. The ANCC/Northeast MSD applicable approval statement must be provided to learners:

1. Prior to the start of every educational activity, and
2. On each certificate of completion.

It is understood that with multiple methods of delivering information to learners, particularly through electronic media, it may be difficult to include the ANCC/Northeast MSD approval statement on all communications and marketing materials. Therefore, the Commission on Accreditation (COA) has revised the requirements to reflect a more flexible approach, while still ensuring that learners are provided with the information prior to choosing or participating in an educational activity (effective May 1, 2013).

It is up to the Planning committee to determine where the best placement is **prior** to the educational event.

Q. What is the appropriate way to list the approval statement and the contact hours on the certificate? We typically list these items in the same sentence. Is that still appropriate?

A. The approval statement must be separate from the number of contact hours awarded to participants. You are required to indicate the number of contact hours the participant received for attending the activity and include the approval statement, but they cannot be included in the same sentence.

Approval statements must be listed word for word. No additional words, phrases or statements may be attached to or included with the approval statement. If the activity has a multi-disciplinary audience and multiple approvals have been achieved for each discipline, each approval statement must be listed separately. For example, if the American Society of Radiologic Technologist has also approved the program for RT's, another separate approval statement (written according to ASRT requirements) should be listed on another line.

Formal complaints can be, have been, and continue to be, lodged against organizations where incorrect statements are used. As the Accreditation Program processes and decisions become more outcome-focused and evidence-based, the presence of complaints in an organization's file may, in the near future, result in additional requirements or documentation at the time of re-accreditation.

Q. We would like to advertise that we are seeking CNE approval through the Northeast MSD but aren't sure what statement to use. Is there a pending approval statement somewhere?

A. We do offer a submitted-for-approval statement that can be used by an applicant who would like to begin advertising the event prior to the approval decision. The submitted-for-approval statement is provided in the Individual Education Activity application under Attachment 5, Disclosures as well as the Attachment required page. The statement should be listed word for word and adjusted to include the specific contact for questions.

Please note, the applicant must have either submitted their application or contacted the Northeast MSD office about their intent to submit an application, prior to distributing promotional materials containing the submitted-for-approval statement. The statement often triggers inquiries from potential learners to the Northeast MSD office to confirm that contact hour approval is being sought.

CERTIFICATES

Q. What is required to be on a certificate of completion?

A. The ANCC/Northeast MSD requires the following on a certificate of completion:

- Participant name (or line designated to include participant name)
- 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
- Northeast MSD Approval Number
- Official approval statement

The Provider may choose to include additional information on a certificate as dictated by their organization, state board of nursing or other accrediting bodies.

Q. Does a participant's name have to be printed on each certificate of completion?

A. It is preferable that the Provider has printed the participant name on the certificate; however, it is not required. There does need to be a specific space/line for the participant to be able to write in their name.

Q. Can a commercial interest's logo be used on the certificate of completion?

A. No

CONFLICT OF INTEREST

Q. If there is no conflict of interest; do we need to disclose it?

A. The provider must secure a statement from presenters and planners regarding conflict of interest on their Conflict of Interest (COI) form whether there is a conflict or not. The presence or lack thereof must be disclosed to the learners. When a conflict is identified, the name of the presenter, the name of the company and the relationship with the company must be disclosed to learners. When there are no conflicts, the provider must provide learners with a statement indicating that no conflicts of interest were identified for the planners or presenters. Both must be specified in the disclosure.

Q. Our agency's Nurse Planner is married to a pharmaceutical executive whose company sometimes provides educational grants for our CNE program. Does this disqualify her from involvement in planning at those times?

A. Approved Providers and Individual Activity Applicants are responsible to adhere to the *ANCC Content Integrity Standards for Industry Support in Continuing Nursing Education Activities* at all times. In this example, the Nurse Planner is not disqualified, but must: 1) Disclose the potential conflict of interest on the COI form, which is part of the activity file, and 2) Disclose the potential conflict of interest to learners of any such relationship either present, or within the past 12 months. If it is determined that a conflict of interest is present, the educational activity planning file should contain information on how the conflict of interest was resolved.

DISCLOSURES

Q. When or how is it acceptable to make disclosures?

A. The planning committee decides what method works best to accomplish disclosures for the educational event. Disclosures must be made in writing and can be done via the promotional materials, a participant handout or a disclosure slide.

Q. What disclosures are we required make?

A. Northeast MSD Approval Statement

Learner Outcomes

Criteria for Successful Completion

Presence/Absence of Conflict of Interest for Planners and Presenters/Faculty/Authors/Content

Experts

Commercial Support (if applicable)

Expiration Date for Awarding Contact Hours (Enduring Material activities ONLY)

Join Providers identified (if applicable)

While it is best practice to provide disclosures together in one place, the above disclosures do not have to be provided to the learner in one format, all at the same time. Multiple methods can be used. For example, the Approval Statement may be provided on the flyer or brochure, while the presence or absence of conflict of interest, etc. may be provided on a handout included with educational materials. It is the responsibility of the Nurse Planner to ensure that all required disclosures are provided to learners at the beginning of the activity. Required disclosures may not occur or be located at the end of an educational activity.

Q. Are we no longer required to provide the non-endorsement disclosure statement?

A. Correct, as of May 2013 the ANCC eliminated the requirement for the non-endorsement disclosure statement.

The COA states they *"believe that the non-endorsement disclosure statement is no longer relevant. Providers must plan, implement and provide continuing nursing education (CNE) activities in an unbiased, non-promotional and balanced manner therefore this disclosure requirement was eliminated."*

SPONSORSHIP & COMMERCIAL SUPPORT

Q. Our annual perinatal conference is always generously sponsored by a large formula manufacturer. They pay all the speakers directly. They provide attractive conference bags with their logo, and their excellent print materials are part of the handout packet. They also display product information in the main classroom. Is this appropriate?

A. You will need to review the guidelines carefully. You must have a written agreement with each entity providing commercial support, signed by both parties, that follows the ANCC/Northeast MSD guidelines. The provider or joint-provider, not the commercial entity, must pay speakers or authors from an unrestricted educational grant. You must take care to keep educational content separate from product advertising; items with company ads or logos cannot be handed out where you register participants and hand out the educational packet, but rather at a separate table. Likewise, commercial advertising or logos can be present in an exhibit room, but not in the room where presentations occur. The presence of commercial support must be disclosed to participants in print or written form prior to the start of the activity.

Q. Our Oncology Nursing Society chapter often invites expert nurses who are on the speakers' panel of drug manufacturers. What should we do to maintain compliance with ANCC/Northeast MSD criteria for disclosure and commercial support?

A. The speaker must disclose the relationship on the Conflict of Interest form, and the Nurse Planner must document the resolution method used. The provider must inform learners of the relationship in print prior to the activity. Slides and handouts must be free from company logos and advertising. According to criteria, presentations must give a balanced view of therapeutic options, and use of generic names of drugs is preferred; if trade names are used, trade names from several companies should be used.

Q. What is a commercial interest organization/company?

A. The ANCC defines a commercial interest organization as one who:

- Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
- Is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health care goods or services consumed by or used on patients; or
- Advocates for use of the products or services of commercial interest organizations.

Commercial Interest Organizations are ineligible for accreditation.

An organization is **NOT** a Commercial Interest Organization if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;

- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories
- Companies that supply EHR or other health care related software;
- Publishing companies

Q. Are exhibits considered commercial support?

A. No. Exhibits are considered "trade shows" and not part of the educational activity. Vendors are paying for the booth space/tables, etc. to promote their product or service and have nothing to do with the planning, implementation or evaluation of the educational activity. Many organizers have specific forms and accounting systems for these dollars. Monies received from vendors for exhibit space can be used by the organization as they see fit and are not required to be reported in Post Activity Documentation or Annual Reports. A written agreement is not required of exhibitors who have no role in the planning or presentation of the educational activity. Providers must ensure that exhibits/vendors are physically located in another room separate from the educational activity.

Q. Is paying for food or beverages considered to be commercial support?

A. Yes, if paid for by a commercial interest organization.

Q. Can a commercial supporter require that only their clients be given credit for an activity?

A. No

Q. Must we limit the promotional activities of companies that are not considered commercial entities?

A. Yes. Promotional activities should never occur within educational activities – regardless of the nature of the company wishing to promote themselves or their product(s).

- *Example #1:* A speaker has written a book related to the topic that s/he is addressing in the presentation.

Acknowledgement of the speaker's expertise in the area may be made but the speaker may **NOT** encourage the learners to buy the book 'in order to learn more' or for any reason. Additionally, if there is to be a 'book signing', it should **NOT** be mentioned before, during or subsequent to the educational activity and it should occur in an area **OTHER THAN** the education area.

- *Example #2:* A not-for-profit healthcare entity agrees to sponsor education. They wish to include 'an invitation to practice' at their hospital in the educational material provided to the learner. While the not-for-profit healthcare entity does not meet the definition of "commercial interest", the scenario in question mixes educational activity with promotional activity. This is not allowed. The sponsor can be acknowledged but that acknowledgement cannot result in a promotion of

the sponsor. Learners should not feel "pressured" or marketed to by the sponsor of the program or should not receive promotional information because they participated in a CNE activity.

Q. We have some "give aways" to provide participants at our conference. Can we just hand them out?

A. "Give aways" are donated items such as cups, bags, sticky notes, etc., which are not related to the provision of the educational activity, so are not considered to be 'in-kind' sponsorship or commercial support. Commercial interest organizations may provide giveaways for learners as long as there is physical separation between accessing the giveaway and learner engagement in the educational activity, i.e. they should be placed on separate tables for participants to access, not tables where registration or check-in takes place or tables within the learning environment. Educational materials (handouts, agenda, disclosure form, evaluation) may not be pre-packaged in items (folder, binder, bag) bearing logos/trademarks of a commercial interest.

JOINTLY PROVIDING AN EDUCATIONAL EVENT

NOTE: *Joint providership was previously known as co-providership*

Q. What is the difference between co-sponsor and joint provider?

A. Co-sponsor is the ACCME/ACPE term for joint provider. Joint-providership is two or more organizations that plan, develop, and implement an educational activity. The ANCC accredited/Northeast MSD approved organization is held fully responsible for particular aspects of the process to assure adherence to all the ANCC/Northeast MSD criteria. A written joint provider agreement is required.

Q. What is the advantage of jointly providing an activity?

A. Jointly providing an activity provides a great opportunity for organizations to work together, share expertise, workload and other resources. An Approved Provider Unit however must be designated the lead provider and is responsible for adhering to all ANCC/Northeast MSD requirements.

Q. When a hospital is accredited or approved, and is part of a larger organization system, can they offer programs developed by the entire system under their name?

A. No. However, this provider can jointly provide with other hospitals (either within the same hospital system or others).

Q. When a Continuing Nursing education (CNE) unit and a Continuing Medical Education (CME) unit work together to provide an educational activity, is that jointly providing?

A. No it is not considered jointly providing. The CNE unit is responsible for adherence to ANCC/Northeast MSD criteria and the CME unit is responsible for adherence to the Accreditation Council Continuing Medical Education (ACCME) criteria. They may share documents that are appropriate, etc. but they remain separate adhering to their separate criteria. This remains the same for other continuing education providers such as the Accreditation Council for Pharmacy Education (ACPE).

The active involvement of the Nurse Planner must be evident. The planning, implementation and evaluation of the educational event documentation must reflect the role of the Nurse Planner. The Nurse Planner is also responsible to oversee that the needs of the Registered Nurse members of the target audience are also addressed. Having a Registered Nurse listed as a member of the planning committee does not suffice to meet this requirement. Evidence of the Nurse Planner involvement may include, but is not limited to: 1) nursing-focused learning outcomes, 2) topics that address the learning needs of the Registered Nurse, 3) Outcomes that address gaps in knowledge, skill and/or practice of the Registered Nurse.

INDIVIDUAL EDUCATION ACTIVITY APPLICANTS

Q. My agency does not have registered nurses on planning committees for CNE activities. Can we still apply to Northeast MSD for CNE approval?

A. No. The Northeast MSD CE Approver Unit Committee will not review any application submitted for individual Education Activity approval if there are no registered nurses serving on the planning committee. According to the criteria, there must be at least one RN with a minimum of a baccalaureate degree in nursing on the planning committee identified as the Nurse Planner.

Q. A number of speakers for our conference have submitted resumes. May we submit these resumes instead of the Northeast MSD Conflict of Interest Form included in the individual education activity application?

A. The Northeast MSD Conflict of Interest Form is required. The applicant's goal is to submit the documentation in a clear, concise form, so that reviewers can readily identify the role played by, and the educational and experiential expertise of the presenters.

Q. Must a Presenter/Author of a CNE activity be a Registered Nurse?

A. The presenter/author of an educational activity is not required to be a Registered Nurse. The planning committee should determine whether a proposed presenter/author is a content expert on the topic to be presented based on the individual's education, experience, expertise, professional achievement, credentials, publications, etc. It is also considered best practices that the presenter is familiar with the target audience and is skilled with the teaching strategies chosen to meet the objectives.

Q. Our Nurses Association district or region offers educational activities at each of our monthly meetings. Should we apply for approval for each educational activity or would provider approval be more appropriate?

A. If the district/region plans to offer a number of educational activities over a three-year period, it may be more cost effective and time efficient to submit an application and receive provider approval. This allows the district/region to offer educational activities that include seminars, workshops, a lecture series, or individual educational sessions during a three-year period and award nursing contact hours to participants. Or the district/region can submit an application for each educational activity individually using the criteria for approval of an educational activity if they are offering only a few activities. Non-peer reviewed contact hours may also be awarded for the educational activities, if this is acceptable by your state board of nursing.

Q. It is not clear to me if the rules regarding the approval statement say that it needs to be on a separate line or just a self-contained sentence.

A. The approval statement must be self-contained sentence. It does not have to be on a separate line from other text.

Q. Must the "submitted-for-approval" or "pending approval" statement stand alone, or can it be on the same line as other information?

A. The submitted-for-approval or "pending approval" statement can be on the same line as other information.

Q. When/where do we have to use the Northeast MSD approval statement?

A. The Northeast MSD approval statement must be provided to learners:

1. Prior to the start of every educational activity, and
2. On each certificate of completion.

The Northeast MSD approval statement cannot be altered or added to in any way.

It is understood that with multiple methods of delivering information to learners, particularly through

electronic media, it may be difficult for Individual Activity Applicants to include the Northeast MSD approval statement on all communications and marketing materials. Therefore, the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) has revised the requirements to reflect a more flexible approach, while still ensuring that learners are provided with the information prior to choosing or participating in an educational activity (effective May 1, 2013).

Q. Will other states accept Northeast MSD approval of nursing contact hours for re-licensure?

A. Usually, but not necessarily. Northeast MSD's approval is recognized by all other states that are accredited as an approver, as well as by some states requiring mandatory continuing education for licensure renewal. If the state is a mandatory continuing education state, then check with that state's Board of Nursing. It is always best to contact the state's board of nursing or other professional licensing body when one's intent is to attend an educational activity to use the contact hours for re-licensure. The ANCC and Northeast MSD voluntary recognition systems are not related to mandatory continuing education requirements. States that require continuing education for re-licensure may have in place additional requirements that are not a part of the ANCC or Northeast MSD CE approval process; for example, the topics and content provided may be restricted by the state board of nursing.

Q. Our educational activity is not receiving commercial support and therefore has no conflict of interest, do I have to respond to that criterion within the education activity application and provide a copy of the conflict of interest form?

A. Yes. Disclosing conflict of interest in the activity is not limited to activities that have received commercial support. Conflict of interest forms from all planners and presenters must be disclosed for all activities regardless of the presence of commercial support.

Q. Our Oncology Nursing Society chapter often invites expert nurses to present who are on the speakers' bureaus of drug manufacturers. What should we do to maintain compliance with ANCC/Northeast MSD criteria for disclosure and commercial support?

A. The speaker must disclose the relationship on the Bio/Conflict of Interest form, and the Nurse Planner must document the resolution method used. You must inform learners of the relationship in print prior to the activity. Slides and handouts must be free from company logos and advertising. According to criteria, presentations must give a balanced view of therapeutic options, and use of generic names of drugs is preferred; if trade names are used, trade names from several companies should be used. Communication with the presenter about these guidelines is key.

Q. I am trying to respond to the criterion related to commercial support. We are not holding exhibits or receiving money from pharmaceutical companies, therefore we are not receiving commercial support for the activity. However, the activity is being sponsored by another company. How do I respond to the criterion?

A. If the company providing you with monies or in-kind donations is not a commercial interest organization as defined by ANCC, you are not required to provide information about that sponsorship on the application. Mark that no commercial support was received for the activity.

APPROVED PROVIDER UNITS

Q. Can commercial interest organizations apply for approval (that is to be an Approved Provider Unit)?

A. No. Nor can they apply to have their individual educational activities approved. However, the ANCC Nursing Skills Competency Program offers course accreditation for programs that utilize both knowledge-based testing and skill observation methods of participant outcomes in nursing skills.

Q. What is the value of ANCC accreditation status vs. California Board of Nursing approval? (It seems that other accreditation might be a cheaper and easier way to be approved)

A. The value of ANCC/Northeast MSD approval is that it is transferrable to a majority of states in the US and accepted by most of the State Boards of Nursing toward licensure requirements. Board of Nursing approval is not always transferrable outside of their state.

ANCC accreditation and Northeast MSD approval is recognized by all Boards of Nursing with the following exception: the CA and IA BONs will not recognize a provider's CE if that provider enters those states to offer their CE ("Going into a state" includes on-line education that a nurse in that state completes), without the respective BONs approval. Iowa Board of Nursing Approval means that the agency/organization must apply to be an Iowa Provider. If the provider does not physically hold programs (including on-line and home study courses) in the states of CA or IA, then those BONs will not recognize the provider's contact hours awarded. Please contact the CA and IA BON's for their specific regulations.

Q: Please explain the rule regarding the boundaries for Approved Providers.

A. The boundary rule applies to Approved Providers only, not individual activity applicants. An organization must limit their marketing promotion or advertisement of continuing nursing education (CNE) to nurses in either their local DHHS region or a state contiguous to that single region to be eligible to seek Provider approval through an Accredited Approver such as the Northeast Multistate Division. A region is defined by US Department of Health and Human Services; ([click here](#) for HHS region map). Less than 50% of the organization's programs are marketed to nurses outside of their region or a state contiguous to that region.

If an organization markets 50% or more of their programs to nurses outside of their region or a state contiguous to that region, regardless of the marketing method (Internet, flyers, print advertisement or similar), they are not eligible to apply for Approved Provider status through the Northeast MSD and must apply directly to the American Nurses Credentialing Center (ANCC) to become an Accredited Provider.

The actual audience make up/participation (from local or multiple regions) does not determine whether the organization must apply to ANCC. How the organization markets its activities is the determining factor. The audience make up, however, may provide evidence for the Accredited Approver in order to make an appropriate decision. The marketing method also does not determine whether an organization must apply to ANCC but may provide additional evidence.

Example #1:

An organization provides 100 activities annually and advertises them within a 5-hospital system using a web - based link on its intranet. Only nurses from the local state attend.

- Eligible to be an Approved Provider – marketing all activities to nurses within a local region

Example #2:

An organization provides 100 activities annually and advertises 60 of them through a national publication. Only nurses from the local state attend.

- Not eligible to be an Approved Provider – marketing greater than 50% of activities to nurses in multiple regions.

Example #3:

An organization provides 100 activities annually and advertises 10 of them through a national database of CE activities. Nurses from multiple regions attend the 10 activities. Nurses from the local area attend the other 90 activities.

- Eligible to be an Approved Provider – marketing less than 50% of activities to nurses in multiple regions.

Example #4:

An organization provides 100 activities and only advertises in a small, local nursing publication. Nurses from the local area attend.

- Eligible to be an Approved Provider – marketing all activities to nurses within a local region.

Example #5:

An organization provides 100 activities annually and states that it advertises them only within a small, local nursing publication. Nurses from multiple regions attend.

- Would require further investigation. Nurses attending from multiple regions seem to contradict small, localized advertising.

Q. What is the reason for this rule?

A. There have been incidences of providers being denied by one approver who then go to a series of other approvers until they find one that will approve their activity. These come to our attention through complaints from participants. It is therefore more efficient and protects the participants if ANCC reviews and accredits all of the providers reaching the larger audiences, so that they can be monitored more closely.

Q. In a Northeast MSD Approved Provider Unit, can only the Primary Nurse Planner plan education?

A. No, the *Primary* Nurse Planner is responsible for ensuring overall adherence of the Approved Provider Unit to accreditation criteria and his specific duties to that role. However, they can also serve as a Nurse Planner for educational activities that the Unit provides.

The Planning Committee for each educational activity awarding nursing contact hours 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, a minimum of two people must be involved in the planning of each educational activity. The Nurse Planner must be knowledgeable about the CNE process, possess a bachelor's degree or higher in nursing, and ensure that the educational activity is developed in compliance with ANCC/Northeast MSD accreditation criteria. The 'Content Expert' is a member of the Planning Committee that has appropriate subject matter expertise for the educational activity being offered. There is no limit to the number of additional individuals who may help plan the activity.

Q. Our Nurses Association district or region offers educational activities at each of our monthly meetings. Should we apply for approval for each educational activity or would provider approval be more appropriate?

A. If the district/region plans to offer a number of educational activities over a three-year period, it may be more cost effective and time efficient to submit an application and receive provider approval. This allows the district/region to offer educational activities that include seminars, workshops, a lecture series, or individual educational sessions during a three-year period and award nursing contact hours to participants. Or the district/region can submit an application for each educational activity individually using the criteria for approval of an educational activity if they are offering only a few activities. Non-peer reviewed contact hours may also be awarded for the educational activities, if this is acceptable by your state board of nursing.

Q. What is the appropriate way to list the approval statement and the contact hours on the certificate? We typically list these items in the same sentence. Is that still appropriate?

A. The approval statement must be separate from the number of contact hours awarded to participants. You are required to indicate the number of contact hours the participant received for attending the activity and include the approval statement, but they cannot be included in the same sentence.

Approval statements must be listed word for word. No additional words, phrases or statements may be attached to or included with the approval statement. If the activity has a multi-disciplinary audience and multiple approvals have been achieved for each discipline, each approval statement must be listed separately. For example, if the American Society of Radiologic Technologist has also approved the program for RT's, another separate approval statement (written according to ASRT requirements) should be listed on another line.

Formal complaints can be, have been, and continue to be, lodged against organizations where incorrect statements are used. As the Accreditation Program processes and decisions become more outcome-focused and evidence-based, the presence of complaints in an organization's file may, in the near future, result in additional requirements or documentation at the time of re-accreditation.

Q. Will other states accept Northeast MSD contact hours for re-licensure?

A. Usually, but not necessarily. Northeast MSD's approval is recognized by all other states that are accredited as an approver, as well as by some states requiring mandatory continuing education for licensure renewal. If the state is a mandatory continuing education state, then check with that state's Board of Nursing. It is always best to contact the state's board of nursing or other professional licensing body when one's intent is to attend an educational activity to use the contact hours for re-licensure. The ANCC and Northeast MSD voluntary recognition systems are not related to mandatory continuing education requirements. States that require continuing education for re-licensure may have in place additional requirements that are not a part of the ANCC or Northeast MSD CE approval process, for example the topics and content provided may be restricted by the state board of nursing.

Q. We are a Northeast MSD Approved Provider Unit. When is our Annual Report due and what is included?

A. The Northeast MSD is an Accredited Approver by ANCC and as such we are required to report to ANCC annually the level of educational planning and implementation that the Northeast MSD Approved Provider Units have accomplished. Annually each Approved Provider Unit must complete an annual monitoring report, the NARS Excel spreadsheet that details the activities provided throughout the calendar year. In addition to this data, other information and sample activity developed and provided by the Unit must be submitted. A specific format and the required information will be supplied to Approved Provider Units annually in the fall. The completed information is to be submitted to the Northeast MSD office no later than January 31st of the following year. The information is to be provided in a calendar year report. The information requested each year varies. Minimally the information requested will deal with any major changes within the Approved Provider Unit and progress on Quality Outcomes Measures developed by the Unit. Other criteria may be requested depending on ANCC annual requirements.

Q. Our organization's name is changing soon. Do we need to notify anyone?

A. Yes, it is important to keep the Northeast MSD staff informed of any major changes within an Approved Provider Unit, and its "parent" organization. The Primary Nurse Planner should complete an "Approved Provider Unit Organizational Change Notification Form" and submit it to the Northeast MSD staff within 30 days of any changes.

Changes could include organization name change, change of ownership of the organization, restructuring of administrative oversight, key personnel in the Approved Provider Unit, or a change in Primary Nurse Planner, or additional Nurse Planners serving in the Unit.

Q. What would be some warning signs that an Approved Provider Unit is struggling?

A. There are sometimes "warning signs" of an accredited organization approaching a problematic time. The following list is provided as a tool that may be used by the accredited organization to identify a time when the organization might provide particularly close watch and care of the accredited CNE unit. These "warning signs" are based on evidence collected by the Accreditation

Program and have been validated by other continuing nursing education accreditation bodies. The presence of:

- A major change in the organizational structure (includes change in ownership, mergers, acquisitions, significant change in job responsibilities, etc.).
- Significant staff turnover (either in numbers of staff, e.g. 50%, or in key personnel, e.g. nurse planner).
- Changes in key personnel (nurse planner, in some cases this may include the administrator and/or the administrative assistant).
- Presence of conflict of interest (including commercial support).
- Presence of complaints lodged against the accredited organization.
- Incomplete or unacceptable interim, annual, or other reports or updated self-study.
- Lack of appropriate actions toward CNE unit goals.

The items listed above are not necessarily definitive—but have been found useful and valid in identifying possible problematic times. They are provided to assist the accredited organization.

Q. How long is the approval period?

A. If applying for Approved Provider accreditation, the approval period is up to three years.

Q. My agency recently received provider approval. Several area-nursing organizations have asked us to approve their programs for contact hours. Is this acceptable?

A. No. An organization with provider approval can only issue contact hours for educational activities designed by that organization. Provider approval does not allow the Approved Provider to review educational activities and award contact hours. Nor can an Approved Provider award contact hour for educational activities provided by the agency if no member of the Approved Provider Unit has participated on the planning committee. If contact hours are to be awarded for an educational activity, a nurse member of the Approved Provider must be on the planning committee from the time that planning begins. A key point for providers to remember is that Providers provide but not approve activities.

Q. Comments from the Northeast MSD reviewers on our last provider application indicated our evaluation of the overall provider program was weak. How can we enhance this aspect of our application?

A. Under the ANCC/Northeast MSD criteria, the emphasis is on continual quality improvement of the Approved Provider's activities and operations. The criterion states: The Approved Provider “engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE” (ANCC, 2015, p.40).

A plan for evaluation indicates that the provider has a systematic method for evaluating its goals, operations, resources, and activities, involving the participation of faculty, planners, and learners. According to Phillips (1994), there are seven steps in developing an evaluation plan: 1) Define the purpose of evaluation; 2) Identify resources and limitations; 3) Decide what is to be evaluated and when; 4) Decide specifically what it is you want to know; 5) Decide how to do it; 6) Draft a plan; and 7) Review and test the plan.

Q. My agency has received provider approval through the Northeast MSD. We are in the process of merging with another agency. How does this affect our approved provider status?

A. The review of the application and the awarding of the Approved Provider status were effective for your agency prior to any merger. Approved Provider status does not transfer to the newly merged, created agency. If an organization wants to continue to have Approved Provider status within the newly formed organization, the Northeast MSD CE staff should be contacted for guidance regarding what the organization needs to do to remain an Approved Provider.

Q. When a hospital is approved, but is part of a larger organization system, can they offer programs for the entire system under their name?

A. The Approved Provider can use their approved status only for those activities their provider unit plans, implements and evaluates. However, this does not prohibit who the target audience is. This provider can also jointly provide with other hospitals (either within the hospital system or without).

Q. May our agency submit a jointly provided (formerly co-provided) sample as one of the three samples required in the provider application?

A. Approved Provider applicants may submit jointly provided samples as long as the applicant is the primary provider of the educational activity and they are not a first-time applicant.

Q. Can a first-timer provider applicant submit a jointly provided (formerly co-provided) activity as one of the three sample activities?

A. No.

Q. I am trying to respond to the criterion related to commercial support. We are not holding exhibits or receiving money from pharmaceutical companies, therefore we are not receiving commercial support for the activity. However, the activity is being sponsored by another company. How do I respond to the criterion?

A. If the company providing you with monies or in-kind donations is not a commercial interest organization, you are not required to provide information about that sponsorship on the application. Mark that no commercial support was received for the activity.

Q. When the Approved Provider Unit Application asks for an example to support the criterion, can we attach our policy?

A. The applicant is asked to provide a narrative example of how the Approved Provider Unit is meeting or has operationalized the criterion. Attaching policies, procedure manuals, forms, or examples copied from other sources is prohibited. Examples must be specific scenarios encountered within the Unit where an existing procedure is being utilized and demonstrated.

Q. We have a new Primary Nurse Planner in our unit. Is there anything we need to do?

A. The Primary Nurse Planner or a designee must notify the Northeast MSD CE Division in writing within 30 days of any changes within the Approved Provider Unit that alters the information in the Approved Provider application. This includes changes in Primary Nurse Planners, change in ownership, change in name or address. A Change in Approved Provider Unit Form needs to be completed and submitted to the Northeast MSD along with any supporting documents necessary based on the nature of the change.

Q. Is it permissible to put the ANCC Accreditation logo on a certificate?

A. No, the ANCC logo is not permitted to be used by non-ANCC entities.

Q. Our agency does not have an office. Our CNE documents travel from one officer to the next officer at the end of the biennium. We don't have a system for record keeping. What can we do?

A. All providers of CNE must have a system for record filing, storage, retrieval, and retention, and a system to ensure record security and confidentiality. It is important for your agency to develop an appropriate record keeping system. Perhaps the agency could purchase storage boxes and file folders to organize a filing system or utilize a "cloud" based electronic system. The agency should develop a written policy and procedure describing the filing system and rotation of the files. It is also important to maintain these records for at least six years. If an electronic system is used, you must also determine how it is backed-up in case of technical problems.

Q. Our agency offers workshops, seminars, and lecture series. We also offer learner-paced activities. In our Approved Provider application, can we submit examples of three on-site

educational activities?

A. Even though independent study or learner-directed activities maybe planned and implemented differently there is a single educational design process to be utilized. If the Approved Provider offers both provider-directed and learner-directed learning activities, they should submit a sample of each type with their Approved Provider application.

Q. The criterion asks the applicant to identify the number of contact hours to be awarded, with supporting documentation. What supporting documentation are they looking for?

A. The learning outcomes and the level and amount of content to be provided dictate the amount of time that will be required when the learners and presenters interact in real time, as in a course, seminar, or video conference. Each topic area should have a designated time frame. The time allotments for content for each topic area should be sufficient to facilitate achievement of the learning outcomes by the learner. Occasionally, adequate time is not allotted for the speaker to cover the content and help the learner achieve the outcomes.

Q. Can we change any of the ANCC/Northeast MSD educational event planning forms?

A. An Approved Provider Unit may add their logo or additional content to the Northeast MSD planning forms. It is prohibited to remove any questions/information unless it is provided elsewhere in planning documents. Remember the goal is if audited or submitted as part of a renewal application, the reviewers need to be able to find all of the criteria requirements easily.