Quality Outcome Measures: Individual Activity Level

ANCC Accreditation criteria require that accredited organizations identify, measure and evaluate quality outcomes at both the level of the individual activity as well as for the Provider Unit as an entity.

This article describes the process of establishing, measuring, and documenting quality outcome measures at the _individual activity level_.   A separate article describes the process of establishing, measuring, and documenting quality outcome measures at the level of the Provider Unit (Quality Outcome Measures: Provider Unit Level).

Introduction

An ANCC Accredited Provider (Provider Unit) must measure the impact of its educational activities in relation to improving the knowledge, skills and/or practices of registered nurses. It is therefore critical that planners develop specific, measureable outcomes during the planning process of an educational activity that can be used to evaluate the overall impact. These outcomes will also be used in aggregate to evaluate performance of the Provider Unit as an entity.

What Is An Outcome?

The dictionary defines _outcome_ as a result or final consequence (Random House Dictionary, 2013). The _Nursing Professional Development: Scope and Standards of Practice_ (American Nurses Association (ANA) and National Nursing Staff Development Organization (NNSDO), 2010, p. 84) defines outcome as "the end result of a learning activity measured by written evaluation or change in practice." Within the ANCC accreditation system, a Provider Unit must evaluate individual activities in relation to the knowledge, skills and/or practices of registered nurses.

Why Do Outcomes Matter?

It is critical that Provider Units demonstrate value to stakeholders who may include but are not limited to Chief Nursing Officers, Chief Financial Officers, Nurse Planners, registered nurse learners and patients or clients. Pursuing accreditation as a provider of CNE demonstrates that the organization has voluntarily pursued adherence to rigorous standards in planning, implementing, and evaluating continuing education activities (ANCC COA, 2012). This voluntary

pursuit of excellence is a reflection of the Provider Unit and the quality of educational activities it produces. A Provider Unit that provides high quality educational activities that positively impact registered nurses and the patients/clients they serve is more likely to be sustainable. In other words, if the Provider Unit is doing work that enhances the professional development of nurses, contributes to quality patient care, facilitates RN recruitment and retention, and other quantifiable factors, it is significantly more likely that the organization will demonstrate value to its stakeholders.

Quality Outcomes at the Individual Activity Level

Quality outcome measures suggested in the *2013 Primary Accreditation Manual for Providers and Approvers* that Provider Units might consider in relation to nursing professional development include:

- Professional practice behaviors
- Leadership skills
- Critical thinking skills
- Nurse competency
- High-quality care based on best-available evidence
- Improvement in nursing practice
- Improvement in patient outcomes
- Improvement in nursing care delivery (ANCC, 2011, p. 8)

This list is not exhaustive and Provider Units should determine the measures that are most appropriate for the types of educational activities it develops.

A brief overview of the process that might be used to identify appropriate quality outcome measures at the individual activity level is provided below.

<u>Planning the activity</u>

Early in the planning process for a learning activity, the desired outcome must be determined. All the planning steps are designed to help the educator facilitate the progress of the learner in getting to the desired outcome.

Consider these steps in the planning process:
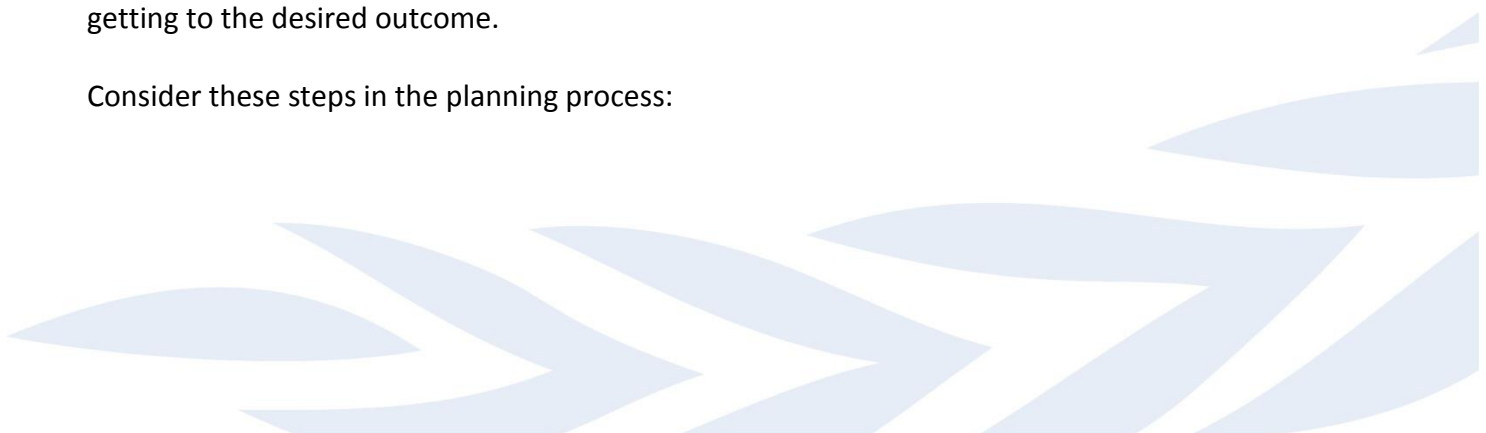
Identification of the problem in practice or opportunity for improvement

What triggered the need for the educational activity? Was there a concern that registered nurses were practicing in one way, when evidence suggested they should be practicing in a different way? Were new guidelines or regulations issued that nurses might not be aware of but should be? Was there an issue with a patient or client group that needed to be evaluated such as increased infection rates or poor certification passing rates? Answers to these types of questions lay the ground work for selecting the target audience and conducting the needs assessment.

Selection of the target audience

With the problem in practice or opportunity for improvement in mind, the first step in the planning process is to determine the appropriate group of learners. Who is impacted by the problem or opportunity for improvement? Who are the registered nurse learners that represent the target audience? Is it medical-surgical staff nurses? Is it community-based nurses who work in offices, clinics, occupational health, and home care? Is it nurse managers? Without a clear understanding of the composition of the target audience, it will be impossible to conduct an appropriate needs assessment and develop a relevant educational plan to achieve the desired outcome.

Needs assessment

How do you know these learners need the proposed information? There are a number of ways to conduct a needs assessment. One popular way is by asking prospective learners to list topics of interest to them. Another way is to provide learners with a prepared list and ask them to rank the items of interest. There are inherent flaws in both of these methods. If people generate their own lists, how do you know they're indicating what they *need* to know as opposed to what they *want* to know? To what extent have they done reflective self-assessments to prepare them to list their suggested topics? From randomly generated lists, how do you establish areas of commonality or priority?

When using a prepared list, you are automatically limiting learners' options to those you have pre-selected. This may be fine if your Provider Unit has decided to offer only certain activities based on its mission, goals, or quality outcome measures. On the other hand, it can significantly constrain learner responses, which may provide a false sense of what learning activities are really needed.
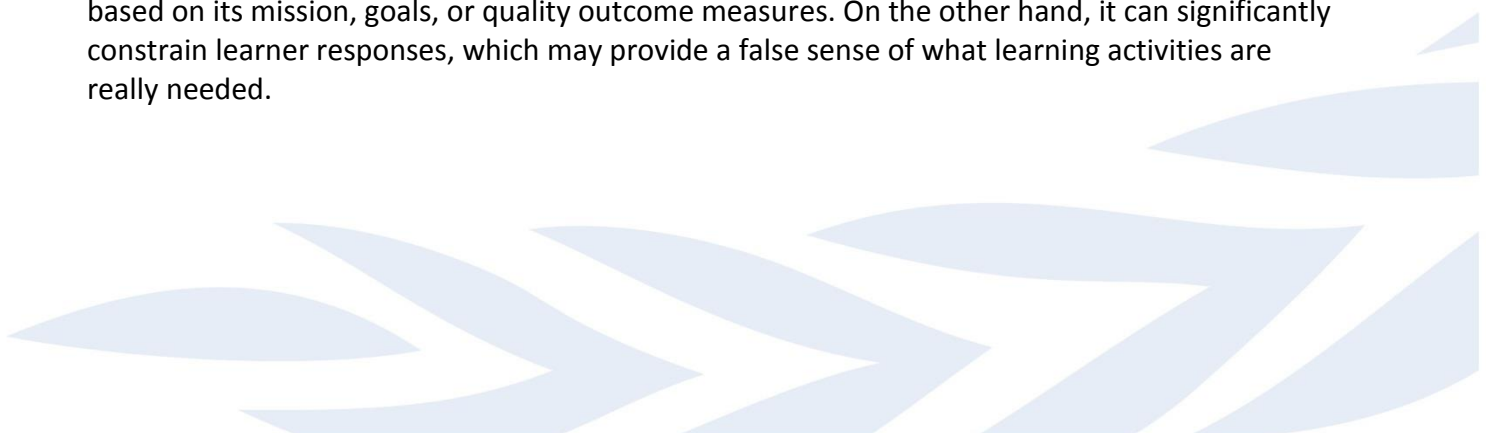
Sometimes as an educator you become aware of things that are happening on a regional or national level that have the potential to affect your learners or your practice environment. Recent examples include the Joint Commission focus on use of opiate medications in the acute care environment and the Institute of Medicine/Robert Wood Johnson Foundation report on the future of nursing. In either case, learners may not be aware of these national initiatives. Therefore, they would not appear on a self-generated list of suggested learning activities, and learners probably wouldn't select those topics from a pre-populated list, either.

The *Nursing Professional Development: Scope and Standards of Practice* (ANA & NNSDO, 2010) lists a number of activities expected of the Nurse Planner in the assessment process. One of these includes "Collects pertinent data using valid and reliable techniques and instruments including, but not limited to, focus groups, questionnaires, evaluations of past programs, and analysis of trends" (p. 23). The key to good needs assessment is that it is *specific* to your target audience. For example, national data may indicate that nurses who are certified in their specialty area provide safer care to their patients. On that basis, you might want to provide learning activities that support your nurses in the goal of satisfactorily completing the relevant certification examination. However, unless you individualize that plan to your specific group of learners, you risk (1) not getting learner buy-in to support the plan of increasing the number of certified nurses, or (2) missing other factors that could influence the nurse's desire to become certified. For example, a focus group of your nurses may indicate that one third are planning to retire within the next 3 to 5 years, so they don't see certification as a realistic goal for themselves. Another third would like to become certified at some point, but for reasons related to cost of the application and examination process, have chosen not to pursue certification this year. If your desired outcome was to have half of your staff nurses certified within the next year, you would never achieve that goal. Two thirds of them have self-selected out before you ever offer your first learning activity! Bottom line: if you haven't done a thorough needs assessment, you will not have the relevant data to help you achieve your desired outcome.

A separate but equally important factor to consider is how this national data relates to your own organization. Given evidence that safer care is, on a national basis, provided by nurses who are certified, how does that relate to data from your own organization? Have you looked at how many nurses are certified in the relevant practice area in your own system and whether or not they provide safer care to your patients? If you haven't looked at that, start there. If you have looked at that issue and found that in your organization there is no difference in quality of care between certified and non-certified nurses, then why do you want to increase the number of certified nurses? Maybe a better question to ask would be what factors are inhibiting those who are certified from providing quality care. Or if quality of care is already high among all
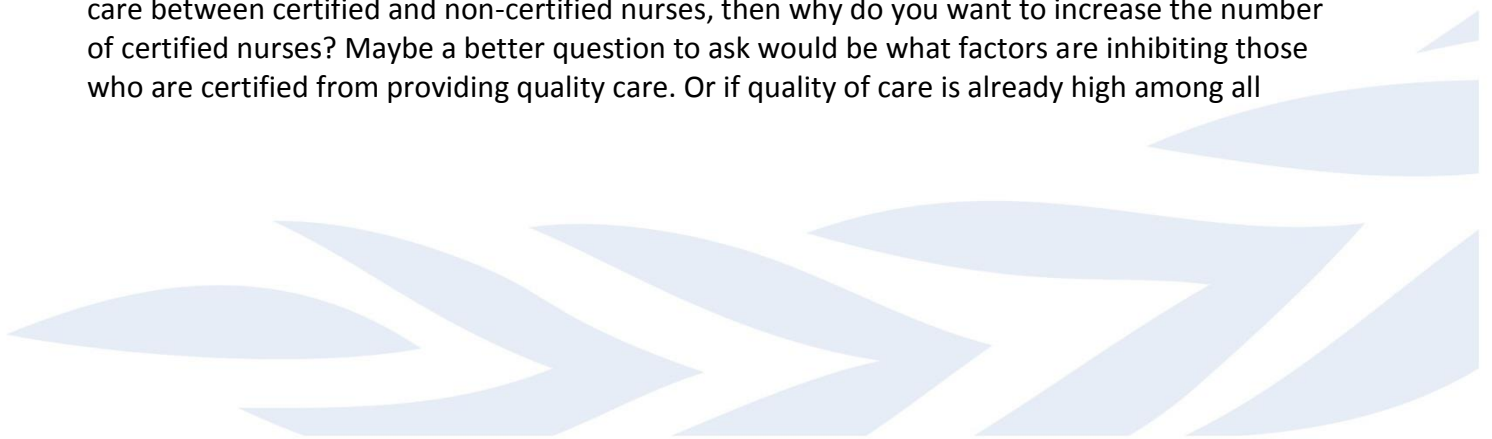
nurses, regardless of their certification, what other factors are influencing those who have chosen to become certified? Those would be better starting points for your interventions than simply increasing the number of nurses who are certified.

Nursing Professional Development standards appropriate to needs assessment include validating identified needs with nurses and other appropriate groups, prioritizing needs, and documenting needs to help you move forward with the educational design process of planning, intervention, and evaluation (ANA & NNSDO, 2010, p. 24). Similarly, the standard related to quality of practice includes components of using current best evidence and using creativity and innovation to improve the quality of the learning experience. Neither of these can be achieved without a thorough assessment of learners' needs.

Of note: Data obtained through a needs assessment may lead to the determination that the problem in practice or opportunity for improvement is not amenable to an educational intervention. This is a very important step in the process of planning educational activities. If, for example, the problem in practice was that cardiac patients in the emergency department were not being evaluated by a cardiologist within 60 minutes of arrival, providing educational interventions for the nursing staff might have no impact on the problem. The issue may be with the cardiologist! This consideration may save a Nurse Planner, and the Provider Unit, considerable time, money and stress by not trying to address the problem with an educational intervention targeted for registered nurse learners.

Gap Analysis

After you have selected your target audience and performed an initial needs assessment, you continue your planning by identifying the "gap" between what your intended learners know or can do *now* compared to what you want them to know or do *after* completion of the learning activity. In other words, you want to paint a "before" and "after" picture showing what the learning activity is intended to accomplish. Sometimes the focus is on identifying whether the gap is one of knowledge, skill, or application of knowledge or skill in practice. This is a good place to start, but the next step in the process is to identify the specific knowledge, skill, or application deficit.

Assume that your target audience is medical-surgical nurses who sometimes serve as charge nurses, and your needs assessment has indicated that 75% of them feel they are not comfortable with the charge nurse role. Your next challenge is to clarify those areas of discomfort. Failure to do so may result in your planning a learning activity that does not address
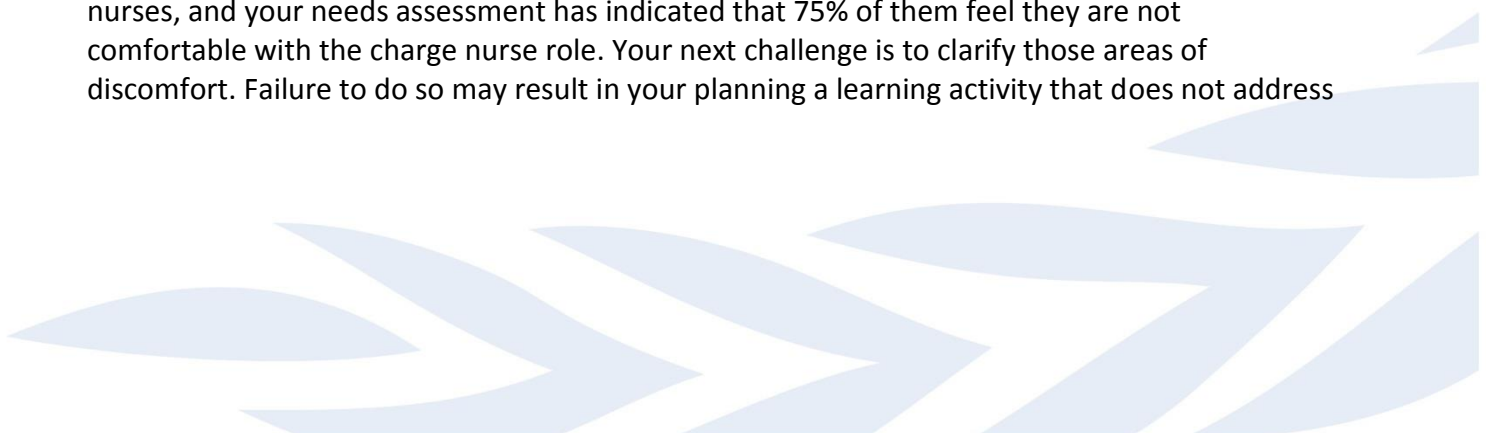
the specific needs of the learners. For example, they might tell you that they are comfortable in planning assignments and prioritizing needs, but they feel stressed when they are asked to intervene in a situation where a colleague is not performing at an acceptable level or when patients, family members, or others are acting in a confrontational manner. Now you know that a key "gap" for these particular prospective learners is being able to effectively handle situations where conflict occurs. Knowing this information will help you target your learning activity to address the existing gap and achieve the desired outcome of helping these nurses be more effective in this particular aspect of their role as charge nurses.

Note that we're taking a "bite-sized" piece of the issue as the focus for our educational intervention. One problem educators often have is that they try to teach everything, for example, providing a 4-hour class intended to make the learner a better charge nurse. Although you may be able to hit a few key points that may resonate with some of your learners, you have not provided a clear focus to help you determine whether or not you've made a difference to any nurse or to the group as a whole. Keeping the focus of the educational intervention narrow will help you identify whether or not you have achieved the desired outcome specific to the gap that has been identified. In the case of preparing people to be effective charge nurses, an entire series of educational initiatives could be planned around various identified gaps in knowledge, skill, or application in practice.

You may find it helpful to use some kind of gap analysis tool to help you think through your educational plan. A web search will provide you with some available tools. In essence, a gap analysis tool looks something like this:

Title of Activity:	Target Audience:
Current ability of target audience related to this topic:	*Desired* ability of target audience related to this topic:
Is the difference between current and desired state based on lack of knowledge? Lack of skill? Lack of ability to apply the skill in practice?	What evidence supports this gap?

After consideration of these factors, you are now ready to move to the next phase of planning the activity.
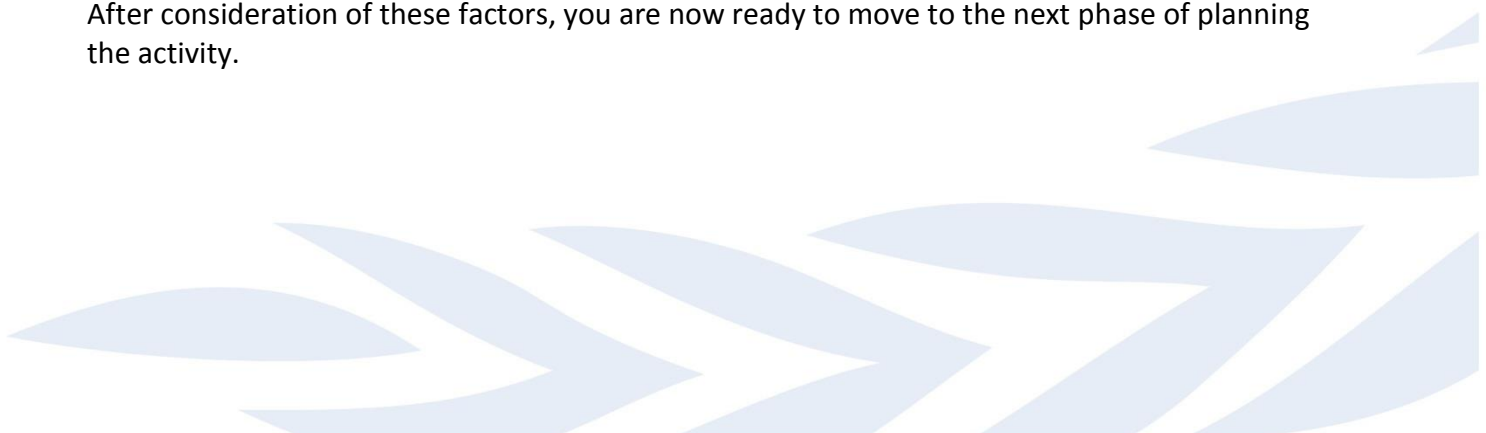
Identification of Goal/Purpose

Having determined your target audience and conducted your needs assessment and gap analysis, you are ready to determine the purpose of your activity. (Within this document, the terms *goal* and *purpose* are considered to be synonymous.) Your purpose or desired outcome statement should be a reflection of what you want the learner to *know* or *do* after participating in the learning activity, **not** what your purpose is in providing the activity. In the scenario described above, you determined that you wanted to help the nurses be more effective when they serve in charge nurse roles. As noted above, there may be a series of learning activities developed to achieve that goal. Given the gap analysis highlighting the nurses' perceived lack of ability to effectively intervene in conflict situations, the first activity might be focused on achieving the goal of improving the charge nurses' skills in conflict resolution.

Relevant components of the *Scope and Standards* (ANA & NNSDO, 2010, p. 25) include:
1. Involving learners and other stakeholders in determining the desired outcomes
2. Developing outcomes that reflect competence, learning, and change
3. Developing context-specific outcomes based on learner values and goals, current evidence, and regulation

Determining a Measureable Outcome

Although you will have a sense of learners' goal achievement if they say they are more comfortable dealing with conflict situations, you may find more value in developing specific measureable criteria to assess their progress. Whatever measurement process you want to use to evaluate the effectiveness of the activity needs to be developed as part of activity planning to ensure that you are measuring the right things and that there is congruence between the "before" and "after" data. Potential measureable outcomes for this activity might include:

- Within 4 weeks of completion of the course, 30% of participants will have implemented at least one intervention strategy in a conflict situation.

- Within 3 months of completion of the course, 75% of nurse managers will report that charge nurses who attended the course are more effective in dealing with conflict situations.

Objectives and Content

You are now ready to structure your learning activity with the objectives and content that will best help the learner achieve the purpose as noted above. Presuming that you will be providing a 3-hour workshop session, it would be logical to have two to three objectives. The objectives are the "stepping stones" leading to learners' achievement of the goal/purpose of the activity. Although there is no "magic number" of objectives for a learning activity, think about the progression of the learner through the activity. Covering a large number of objectives in a short period of time might be a way to increase knowledge, or at least awareness, but would not allow for in-depth exploration of issues related to any of the objectives. Spending more time on fewer objectives, with active learner engagement, facilitates more focus on application of knowledge in practice.

Knowing that learner engagement is key to the ability to learn and subsequently apply information, you decide that your objectives for the session will be:

- Discuss the processes involved in identifying and resolving conflicts.
- Explore strategies to address situations where conflict occurs.

In the first part of the session, you want learners to talk about their concerns, feelings, and responses when they are charge nurses and are faced with situations involving conflict. From that, you plan to introduce information related to communication strategies, avoiding conflict when possible, recognizing conflict when it occurs, and developing approaches to addressing conflict in a collaborative, non-confrontational manner. That work will take about half of your session. You plan to give people a break for several reasons: people who are not used to sitting need to get up and move around; bladders get full and coffee cups get empty; people need time to mentally "sort through" information that has been presented and discussed so far before they are ready to apply what they have learned; and the facilitator needs an opportunity to reflect on how the session has gone to this point and what adjustments might need to be made for the rest of the learning activity. The second half of the session will be devoted to small group activities addressing scenarios representative of the types of conflict situations that arise with this group of learners in their practice setting, sharing of small group discussions with the larger group, and development of a plan for implementation in practice, keeping in mind that your desired outcome is improving skills, not just knowledge. Your planning grid might then look something like this:

Objectives	Content	Time Frames	Facilitator	Teaching Methods
1. Discuss the processes involved in identifying and resolving conflicts	1.A. Responses to conflict: intellectual, emotional, visceral 1.B. Communication strategies for effective interactions 1.C. Recognizing conflict 1.D. Addressing conflict: assertive, collaborative, non-confrontational approach – verbal, nonverbal	8:30 – 9:45 75 min.	Abigail Adams, RN	Lecture/Discussion Individual exercise and sharing, handouts, AVs, case studies
2. Explore strategies to address situations where conflict occurs	2.A. Strategies – co-workers, other healthcare team members, patients, families 2.B. Application of strategies – keeping focus, addressing issues, working toward goals 2.C. Implementation processes – self,	10:00-11:25 85 min.	Abigail Adams, RN	Small group work and practice, sharing of findings, discussion of application in clinical setting

	others			
	Summary/Evaluation	11:25-11:30 5 min.		

*Determination of criteria for successful completion*

For every learning activity, you need to consider what the learner will be expected to know and/or do to successfully complete the learning activity and earn contact hours. In the present scenario, you decide that the learner must be in attendance for the entire learning activity, must participate in group discussion and small group work, and must articulate plans for implementation of this knowledge in practice. You base this decision on the importance of the content and the needs assessment, which indicated that learners needed assistance in all phases of this process. Note that you will now need to consider how you will evaluate that the learner has met these requirements. Given the nature of this workshop, it is likely that the group size will be small. This will enable you to determine that people are present and actively participating in all aspects of the learning activity. As you know, disclosure requirements include notifying the learner of these expectations prior to their participation. That way there are no surprises, and each learner knows what will be expected of him or her.

Evaluation

Finally, your planning process includes development of the plan for evaluating this activity. There are several things to consider in thinking about how you will evaluate. Think about this as a multi-level process, consisting of process, product, and outcome evaluation components.

First, consider the process. You are structuring the learning experience to consist of several activities that actively engage the learner. You have specified in your criteria for successful completion that the learner will be a participant in group discussion and small group work. Part of your evaluation during the activity, then, will be to monitor learners' involvement in those components of the course. If you find that someone is not actively participating, you have an opportunity to talk with that learner, identify the issues involved, and perhaps refocus your efforts or those of the learner so that the expectations will be met.

Product evaluation consists of your post-activity review (Dickerson, 2011). There are several ways to do this. Perhaps the most common is the evaluation form. This tool may consist of
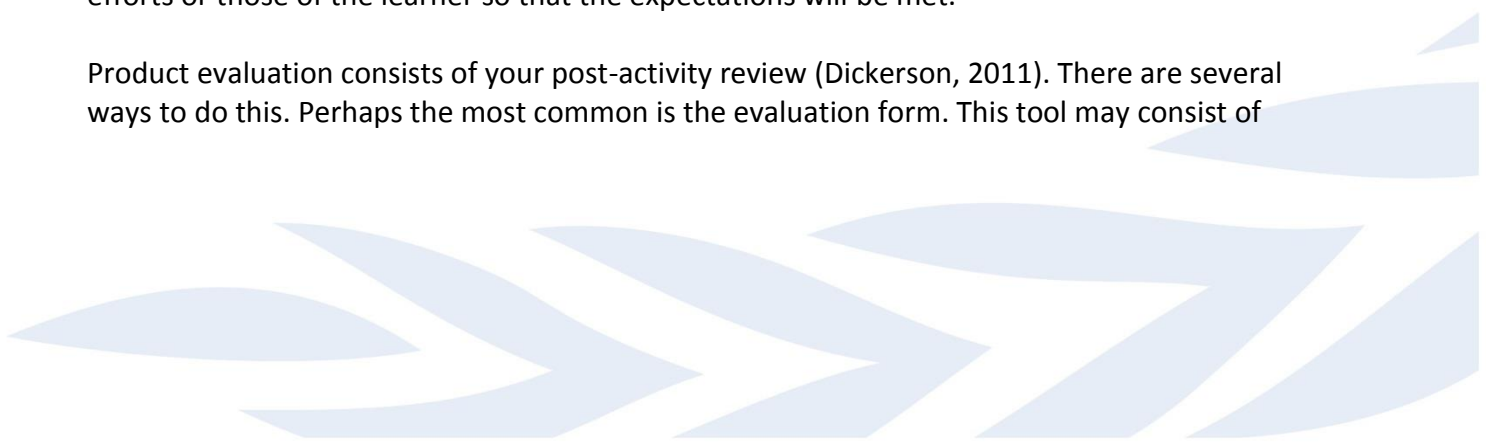
review of the objectives, questions about the facilitator or the learning modality, questions about how the learner intends to apply the information learned, and questions to discern the learner's perspective about whether the activity was free from bias. Note that ANCC accreditation criteria do not stipulate any one method of evaluation, just that there is a method, that learners are part of the process, and that a summative evaluation document is retained in the activity file. Please be aware that individual state boards of nursing may have more specific rules regarding evaluation processes and recordkeeping requirements. Outcome evaluation for this activity can be structured in several ways. In planning for outcome evaluation, remember the components that have guided planning:

1. The target audience was identified as staff RNs who sometimes serve as charge nurses
2. Needs assessment identified that many of these nurses were uncomfortable in their charge nurse role
3. Gap analysis indicated that there was a deficiency in the nurses' ability to deal effectively with situations where there was conflict
4. The purpose was determined to be improving charge nurses' skills in conflict resolution.

Given these factors, the collection of outcome evaluation data will focus on whether or not, or to what extent, charge nurses' skills in conflict resolution have been improved. Be careful that you don't broaden the expected outcome to address the bigger issue of the nurses' effectiveness as charge nurses. Keep your evaluation centered on the specific gap you were trying to fill by conducting the educational activity. The following paragraphs provide some data collection methods to help you make the determination that charge nurses have better skills in dealing with conflict situations.

In the gap analysis, you identified that 75% of the nurses surveyed indicated that they were uncomfortable with the charge nurse role. Granted, this initial survey was not specific to what aspects of that role they were most uncomfortable with, but it would be logical to assume that if they are better able to address the conflict situations that were identified in the gap analysis, their satisfaction rate would be higher. One piece of evidence, then, would be a pre- and post-activity survey. Be careful to survey the same people both times, and be sure they are in the target population that attended the learning activity. If someone completed a pre-activity survey but did not attend the activity and did not complete a post-activity survey, that person's pre-activity survey should be taken out of the mix for your evaluation. Generally, this type of survey is conducted about three months after the learning activity. Doing it too soon will probably yield false positive results – people tend to be more likely to implement something new in the first few days after the learning experience. Unfortunately, it's often easy to fall back
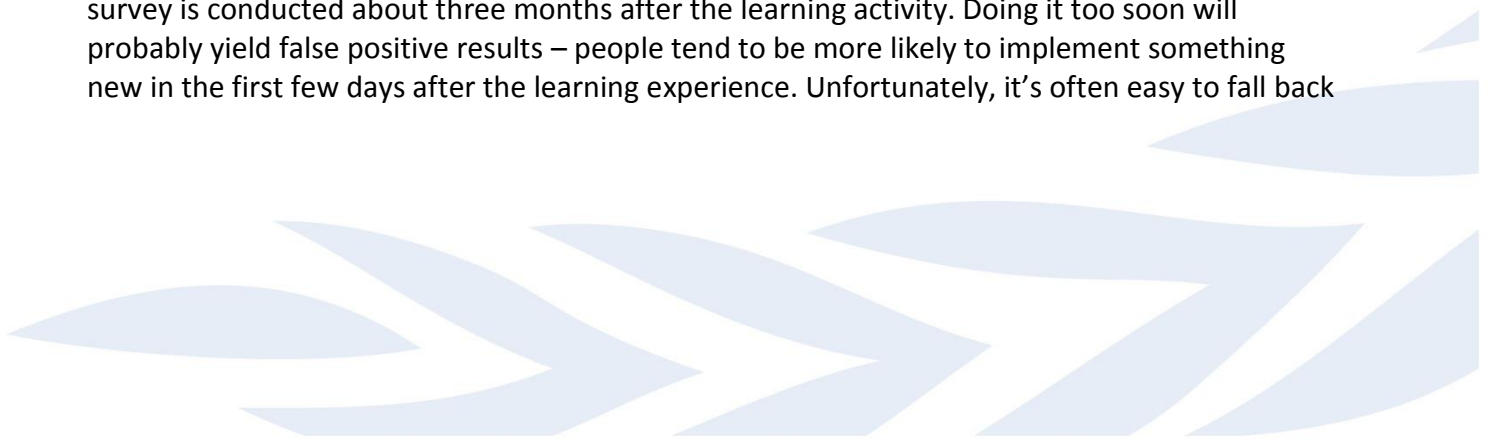
into old familiar patterns, so waiting 2 to 3 months will be more likely to demonstrate true change in practice – or not.

There are other ways you can find out specifically how the session attendees now address conflict situations – see the earlier section on *Determining a Measureable Outcome*. You could ask each person to share an anecdotal experience that occurred after the learning activity – what was the situation, who were the players, what was the conflict, how was it addressed, how did the nurse use knowledge/skills learned in the session, and what was the outcome. You could survey the nurse managers to see whether they have noticed any change in behavior of the charge nurses in regard to conflict management. You could consider staff and/or patient satisfaction surveys to see whether data there supports change in practice. One frequent result of this process is that the educator begins to think about other data that could have been collected during the needs assessment and gap analysis processes that would have provided more structure to the outcome evaluation. Such information can become lessons-learned to apply to the planning process for your next learning activity.

To summarize, all phases of the activity planning process should be structured to help you achieve the desired outcome. You must have a clear picture of your starting point so that you will have data to show how the end-point picture is different.

The *Nursing Professional Development: Scope and Standards of Practice* (2010, p. 25) addresses outcomes expectations to include:

- Involving learners and other identified stakeholders in developing the outcome expectations
- Developing outcomes that are reflective of knowledge gain and change in practice and/or professional development
- Developing context-specific outcomes based on goals, evidence, and regulations
- Revising outcomes based on changes in trends, evidence, or expectations
- Using outcomes to demonstrate quality educational programming
- Documenting outcomes

Additionally, evaluation standards from the same document (p. 31) include:

- Selecting valid, reliable, and relevant methods and instruments to measure processes and outcomes
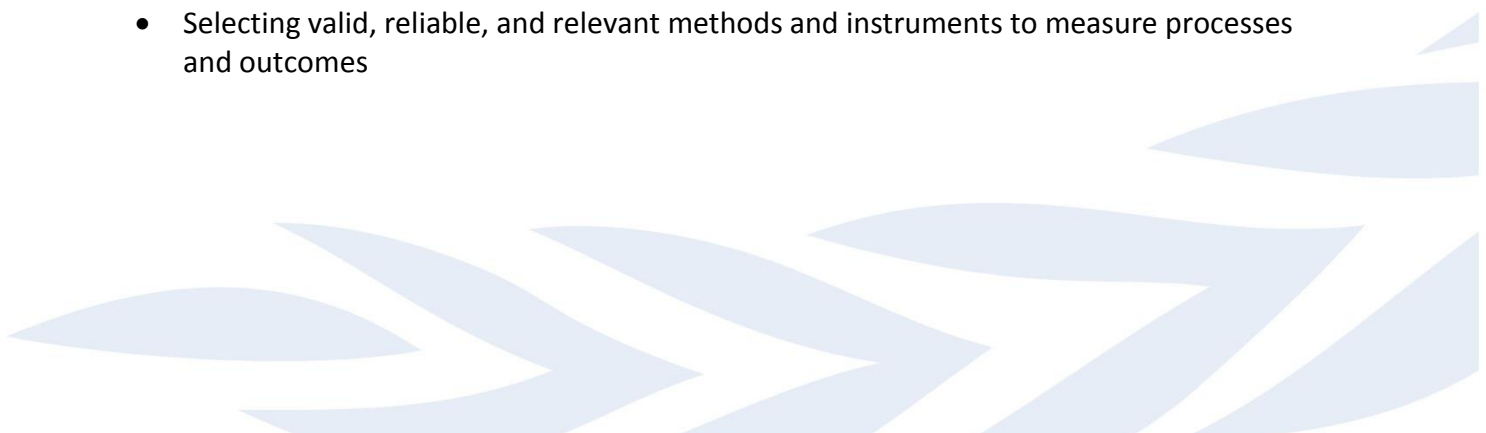
- Implementing a systematic and useful evaluation plan relevant to the program, its learners, and its stakeholders
- Synthesizing evaluation data, trends, and expectations to guide decision-making about changes and improvement to the practice of nursing professional development

It is clear that determination of outcomes in the planning process and subsequent collection, analysis, and documentation of evaluation data are fundamental expectations of a Nurse Planner in a Provider Unit.

Documenting Your Process

ANCC accreditation criteria require that Provider Units include specific information in their self-studies for initial or renewing accreditation. The self-study must include sample activity files demonstrating that the provider is adhering to all elements of educational design in the planning, implementation, and evaluation of its learning activities. In addition, the narrative section of the self-study requires the Lead Nurse Planner to respond to several points addressing the strategies used to meet criteria. Clear articulation of responses, accompanied by specific examples, will enable Accreditation Program staff, appraisers, and the Commission on Accreditation to understand the focus of the Provider Unit in carrying out its work.

Selected examples from the educational design process (EDP) section of the criteria include:

- EDP 2: Describe, and using an example demonstrate, how the Nurse Planner uses data collected to develop an educational activity that addresses the identified gap in knowledge, skills, and/or practices. (ANCC, 2011, p. 41)

- EDP 13: Describe, and using an example demonstrate, how evaluation data were collected to measure change in nursing practice or nursing professional development. (p. 42)

Documentation should be clear, concise, and specific to the criterion component. Each response should provide a description that addresses the "who, what, where, why, when, and how" components of that element. Narrative examples might be supported by pie charts, histograms, control charts, or other diagrams or models that demonstrate evidence of needs assessment, gap analysis, and change in knowledge, skill, or application. Quality improvement data collected by an organization would be supportive data, as well. Data in both the
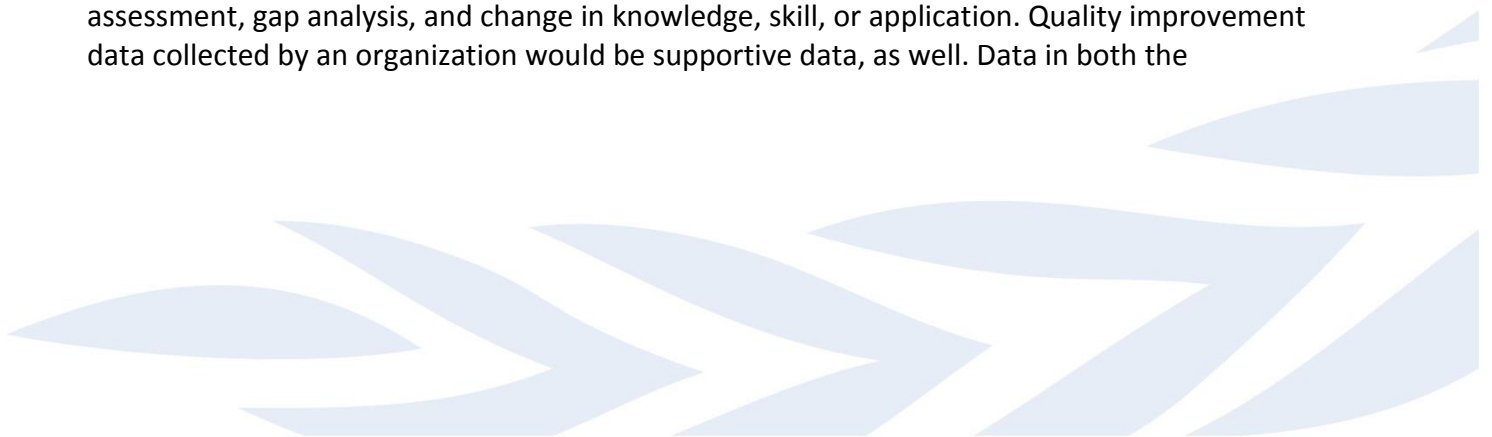
description and the example should provide ample evidence to demonstrate how the Provider Unit adheres to the requirements.

Summary

Assessment, measurement, and documentation of quality outcomes validate the work of an Accredited Provider Unit. This process is congruent with expectations of both the ANCC Accreditation Program criteria and the *Nursing Professional Development: Scope and Standards of Practice*. It is therefore critical that planners develop specific, measureable outcomes during the planning process of an educational activity that can be used to evaluate the overall impact. These outcomes will also be used in aggregate to evaluate performance of the Provider Unit as an entity.

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