

## Lead Nurse Planner: Roles and Functions

### Introduction

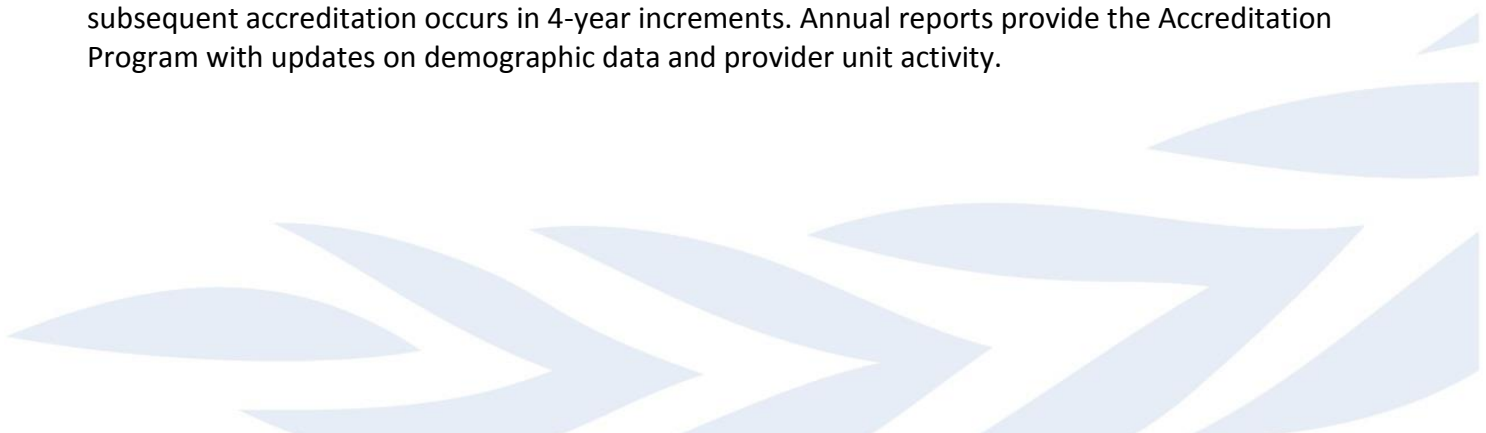
The Lead Nurse Planner is the licensed registered nurse accountable for the overall functioning of an Accredited Provider Unit, as noted in the *2013 ANCC Primary Accreditation Application Manual for Providers and Approvers* (ANCC, 2011). This paper will describe the roles and responsibilities of the Lead Nurse Planner in relation to the administrative and management functions for an Accredited Provider Unit, as well as accountability related to planning, implementing, and evaluating individual educational activities.

### Overview of the Primary Accreditation Process for Accredited Providers

Primary Accreditation recognizes those organizations that have demonstrated commitment and accountability in adherence to evidence-based criteria for delivering quality continuing nursing education. Organizations desiring to be accredited as providers of continuing nursing education must first meet eligibility requirements. These include:

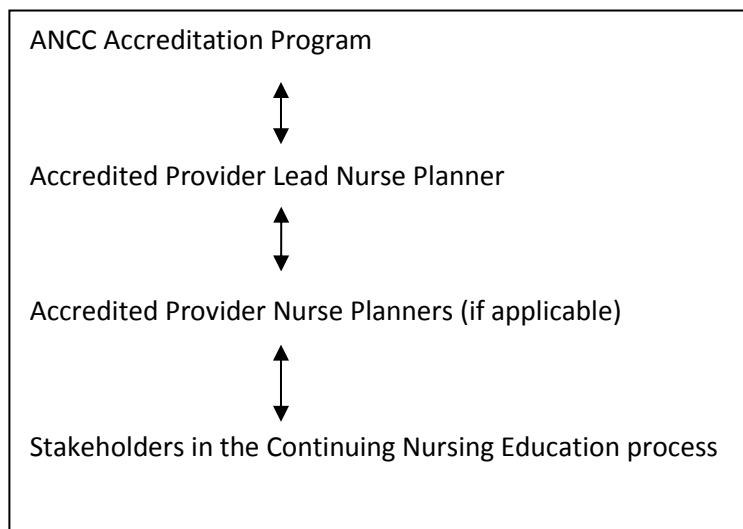
- Having a clearly identified Provider Unit accountable for all aspects of planning, implementing, and evaluating continuing nursing education (CNE) activities;
- Having a currently licensed registered nurse with a graduate degree or higher (and either the graduate or baccalaureate degree in nursing) as the Lead Nurse Planner;
- Being operational for a minimum of 6 months prior to seeking initial accreditation, during which time the organization must have planned, implemented, and evaluated at least three separate and independent educational activities demonstrating adherence to Accreditation Program criteria; and
- Not being identified as a commercial interest organization (an entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that does those things).

The Accreditation Manual provides a step-by-step process for application, completion of the self-study, and participation in a virtual visit with Accreditation Program appraisers. Once a final report of evidence of adherence to criteria is compiled, the Commission on Accreditation makes a decision about accreditation status. Initial accreditation is granted for a period of 2 years; subsequent accreditation occurs in 4-year increments. Annual reports provide the Accreditation Program with updates on demographic data and provider unit activity.



## Communication and Accountability within an Accredited Provider Unit

The Lead Nurse Planner functions within the Accredited Provider Unit, which operates under the auspices of the American Nurses Credentialing Center's Accreditation Program. The ANCC Commission on Accreditation sets standards and criteria for continuing nursing education, in addition to governance of Accreditation Program activities. The chain of communication for sharing of information goes from the ANCC Accreditation Program to the Lead Nurse Planner of the Accredited Provider Unit. In some Accredited Provider Units, there is only one Nurse Planner. In other Provider Units, there are multiple Nurse Planners. In this case, other appropriately qualified nurses (licensed registered nurses with a minimum of a baccalaureate degree in nursing) are appointed to the role of "Nurse Planner" and operate under the leadership of the Lead Nurse Planner. Ultimately, the goal of the Accredited Provider Unit is to achieve quality outcomes that are of value to learners, organizational leaders, and other stakeholders in the continuing education process. The following model depicts these communication pathways.



### What Is An Accredited Provider Unit?

An Accredited Provider Unit is an entity that exists for the purpose of providing continuing nursing education to registered nurses. The Accredited Provider Unit may be free-standing. An example would be a company that is formed specifically for the purpose of providing continuing

nursing education. The company has no other products or services. In other cases, the Provider Unit may be part of a larger entity. Here, the larger entity has multiple functions. Examples might include a Provider Unit based in a college of nursing or a hospital. Both the college of nursing and the hospital have many functions. The Provider Unit is a subset of either organization. A hospital may have a staff development department which has responsibility for orientation and continuing education. The part of the department that does continuing education is the Provider Unit. In the college of nursing example, the college may have functions of undergraduate education, graduate education, and continuing education. The part of the college that does continuing education is the Provider Unit.

### **The Lead Nurse Planner as a Nursing Professional Development Specialist**

Lead Nurse Planners are accountable for operation of their Accredited Provider Units. As such, they are truly specialists in what they do. The American Nurses Association (ANA) and the National Nursing Staff Development Organization (NNSDO – now known as the Association for Nurses in Professional Development) have collaborated in developing and publishing the *Nursing Professional Development Scope and Standards of Practice* (2010). The realm of nursing professional development encompasses continuing education as well as orientation and other aspects of life-long learning for registered nurses.

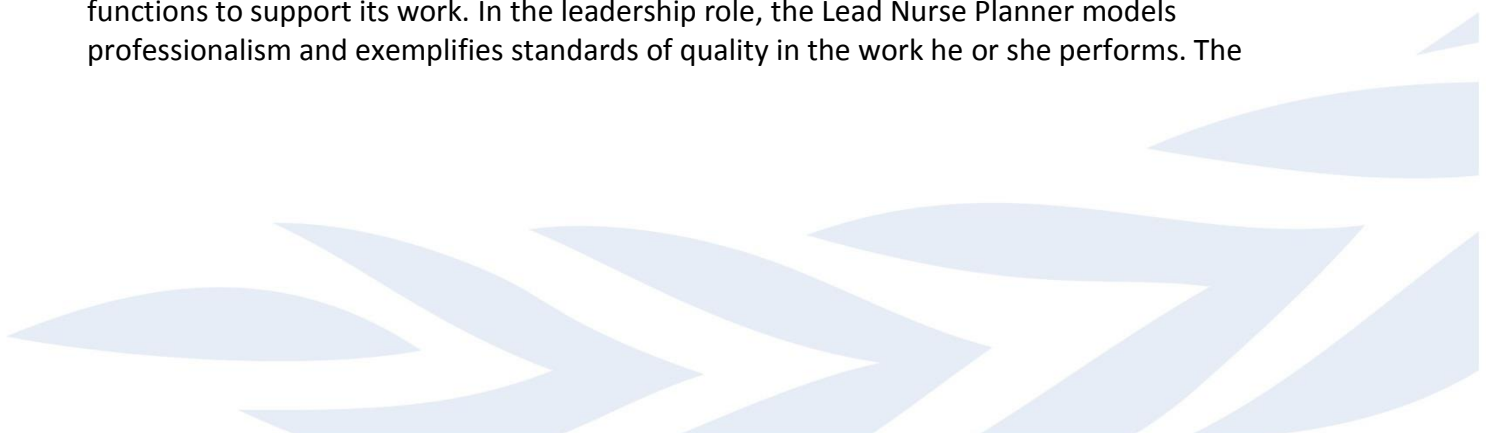
### **Qualifications**

The Lead Nurse Planner is required to be a registered nurse with an active, unencumbered license. This person is required to have a minimum of a graduate degree, with either the baccalaureate or graduate degree in nursing. Additionally, the Lead Nurse Planner should have education and/or experience in adult education and must be knowledgeable about the functions and expectations of an Accredited Provider Unit and the Lead Nurse Planner role.

### **Lead Nurse Planner Roles**

#### *Leader*

The Lead Nurse Planner is the leader of the Accredited Provider Unit. He or she is accountable for all processes and outcomes of the Provider Unit, and carries out leadership roles and functions to support its work. In the leadership role, the Lead Nurse Planner models professionalism and exemplifies standards of quality in the work he or she performs. The



*Nursing Professional Development: Scope and Standards of Practice* document identifies these among the leadership characteristics for a nursing professional development specialist:

- Supports healthy work environments in both education and practice
- Exhibits creativity and flexibility
- Creates a practice culture supportive of innovation
- Advocates for nursing and the professional development of nurses
- Mentors others
- Demonstrates passion and enthusiasm. (p. 42)

### *Advocate*

The Lead Nurse Planner is a key advocate for the Provider Unit. Interfacing with organizational administration and others, the Lead Nurse Planner works to be sure the Provider Unit has the structural capacity and resources to carry out its functions in order to achieve its goals. Additionally, the Lead Nurse Planner advocates for nursing. He or she may work with others, such as risk managers or quality improvement teams, to advocate for changes in nursing education and practice that will enhance quality patient care. The Lead Nurse Planner champions the value of continuing nursing education as a contributor to recruitment and retention of nurses who appreciate practicing within a culture that fosters professional development.

### *Educator*

Not to be forgotten among the other roles of the Lead Nurse Planner is that of educator. The Lead Nurse Planner may serve directly in the educator role or may assist and mentor others in that role. The Lead Nurse Planner is expected to be knowledgeable in the area of adult learning and to be able to assess needs; analyze gaps in knowledge, skill, or practice; plan and implement learning activities; and evaluate outcomes. The Lead Nurse Planner needs to be aware of changes in the learning and practice environments that affect learning and learning needs and must be supportive of organizational changes that promote implementation of new learning in practice. The Lead Nurse Planner needs to be creative in developing learning activities in modalities that most effectively meet the needs of the target audience served by the Provider Unit.



### *Mentor*

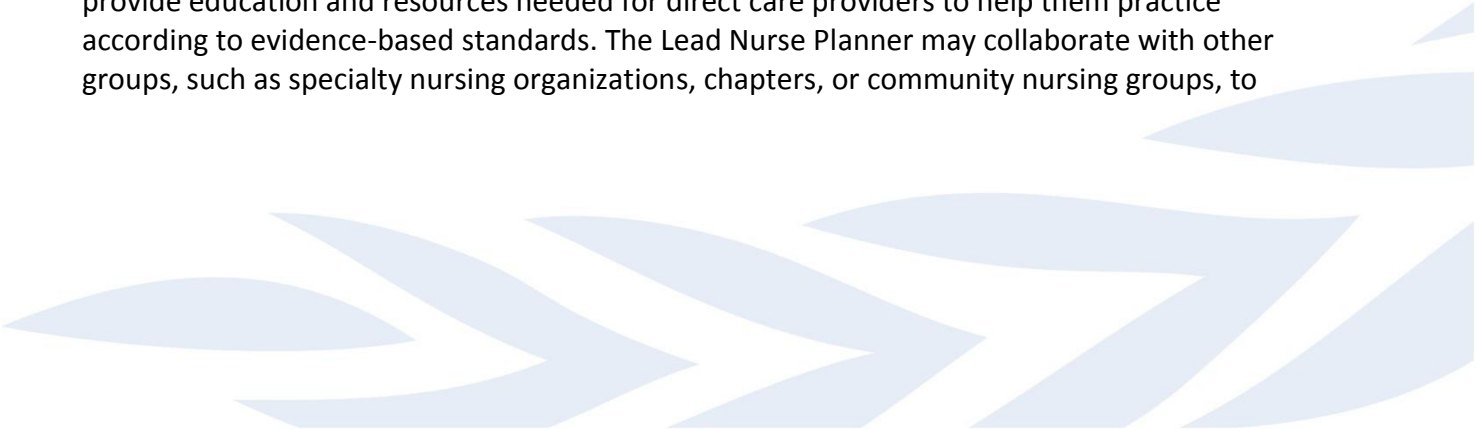
The Lead Nurse Planner serves as a mentor to other nurses and other healthcare team members. The Lead Nurse Planner, advocating for the role of the nurse in promoting quality patient care, mentors other nurse educators in helping them develop learning activities that will enhance the professional development of nurse learners. The Lead Nurse Planner also encourages other Nurse Planners and Nurse Educators to continue their own education and professional development. He or she stays abreast of evidence-based practice and best available evidence from research data and other sources to guide development of educational activities that will facilitate quality nursing practice.

### *Evaluator*

The Lead Nurse Planner is involved in evaluation in several ways. First, this person participates in evaluation of individual learning activities in which he or she functioned as the Nurse Planner. This first-hand view helps the Nurse Planner look at the effectiveness of the learning activity in achieving its purpose. Factors that might be considered if the learning activity is repeated can be addressed through this review, and issues that might have an impact on other learning activities can be addressed. Second, the Lead Nurse Planner is engaged in review of evaluation data from other learning activities conducted by the Provider Unit. The Lead Nurse Planner helps the other Nurse Planner(s) who were involved in a learning activity evaluate its merits and opportunities for improvement. In this way, he or she gets a feel for the effectiveness of the Provider Unit's activities. Third, the Lead Nurse Planner assumes the primary role in evaluation of the Provider Unit itself. He or she involves other stakeholders in that process, but the Lead Nurse Planner drives the process. Specific details of the Provider Unit evaluation process are identified in a later section of this document.

### *Collaborator*

The Lead Nurse Planner does not function in a vacuum. The Lead Nurse Planner collaborates with other nurses and other members of the healthcare team. This person may represent nursing in planning an interprofessional conference for nurses, physicians, social workers, and others. He or she may be engaged as a member of a quality improvement team working to provide education and resources needed for direct care providers to help them practice according to evidence-based standards. The Lead Nurse Planner may collaborate with other groups, such as specialty nursing organizations, chapters, or community nursing groups, to



conduct needs assessments and facilitate learning that will benefit nurses in community-based settings.

### *Learner*

The Lead Nurse Planner must continue his or her own professional development as well as fostering professional development in others. This can be accomplished through activities such as attending continuing education sessions or regional/national conferences for nurse educators. Learning about new technology and how to incorporate new ways of learning appropriate for the Provider Unit's target audience is one example of a way the Lead Nurse Planner's learning can contribute to successful evolution of the Provider Unit. Membership in relevant national nursing organizations also provides the Lead Nurse Planner with personal connections and resource materials that can enhance his or her professional growth. The Lead Nurse Planner may also consider advanced academic education in nursing, adult education, or another relevant field of study. Keeping up-to-date is critical to being successful in the role of Lead Nurse Planner.

## **Lead Nurse Planner Responsibilities**

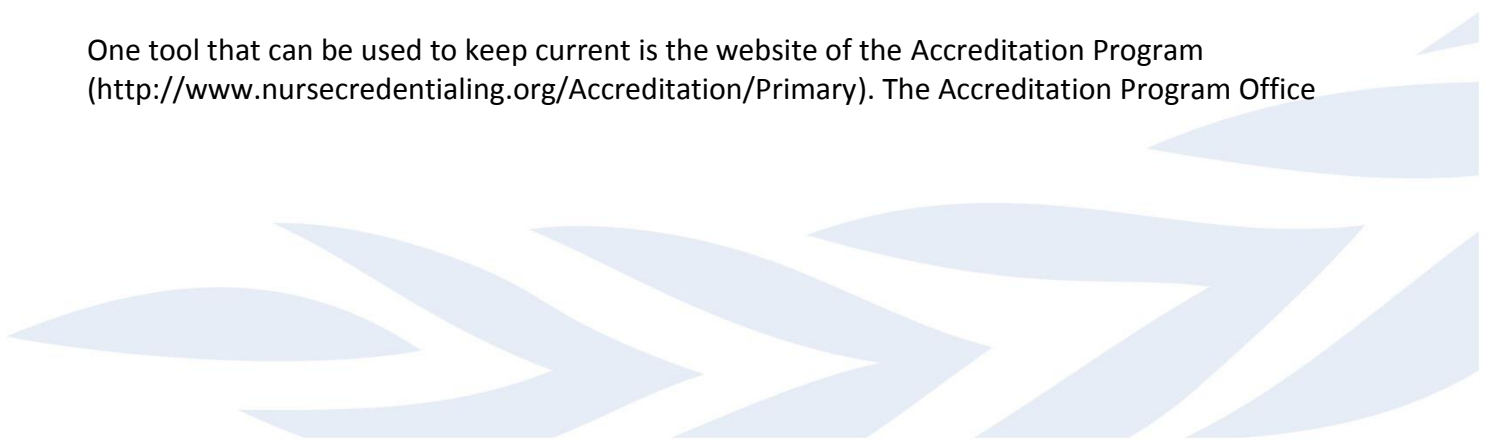
### *Maintaining Active Licensure*

The Lead Nurse Planner is required to be a registered nurse with a minimum of a graduate degree. Either the graduate or baccalaureate degree must be in nursing. Active licensure as a registered nurse is required. The license should be unencumbered, meaning that there are no current disciplinary actions on that license.

### *Keeping Current with Criteria*

The Lead Nurse Planner is accountable for consistent implementation of Accreditation Program criteria for operations as an Accredited Provider Unit. That means that the Lead Nurse Planner needs to know and use the resources and tools for keeping up-to-date on requirements and changes in criteria. The Lead Nurse Planner functions as the liaison between the ANCC Accreditation Program Office and the Nurse Planners or other key personnel in the Accredited Provider Unit.

One tool that can be used to keep current is the website of the Accreditation Program (<http://www.nursecredentialing.org/Accreditation/Primary>). The Accreditation Program Office



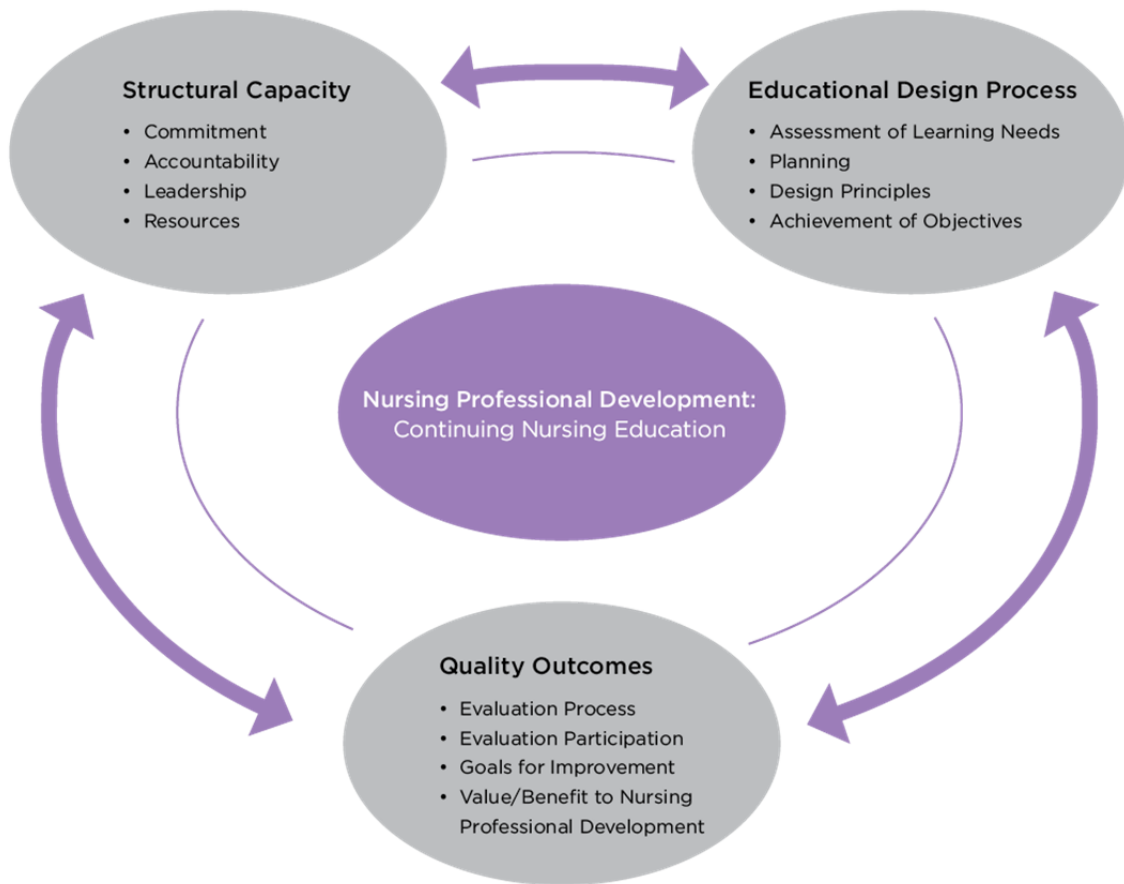
provides information about changes, operation of an Accredited Provider Unit, frequently asked questions, and resources.

Another resource for keeping current with criteria is the director of the Accreditation Program. Emails ([accreditation@ana.org](mailto:accreditation@ana.org)) or telephone calls (1.800.284.2378) to the ANCC Accreditation Program Office may help to resolve issues or answer questions about which the Lead Nurse Planner is unsure.

The Accreditation Program also publishes regular director's updates and holds workshops to provide information and updates to accredited organizations. Taking advantage of these opportunities will help the Accredited Provider Unit's Lead Nurse Planner have current information for his or her own work as well as to keep other Nurse Planners in the Provider Unit up-to-date.

Accreditation criteria are designed around a model for continuing nursing education as one aspect of nursing professional development, consistent with the nursing professional development model in the *Nursing Professional Development: Scope and Standards of Practice* (ANA & NNSDO, 2010). The three key components of the accreditation model are structural capacity, educational design, and quality outcomes (ANCC, 2011). The Lead Nurse Planner is accountable for ensuring that all elements of each criterion are consistently met during the period of accreditation and is required to document sources of evidence for each criterion at time of submission of a new provider self-study.







### *Keeping Current with State Board of Nursing Rules*

In addition to the national criteria for continuing nursing education published by the ANCC Accreditation Program, some state boards of nursing also have rules regulating the provision of continuing nursing education within their states. It is imperative for the Lead Nurse Planner to be familiar with these rules and stay current on any changes that occur. State board rules may be added to requirements of an Accredited Provider but cannot replace adherence to the Accreditation criteria.

In addition, some state boards of nursing have regulatory authority over licensees or certificate holders other than registered nurses. An Accredited Provider Unit in one of these states may also be looking at providing continuing education for other groups, such as licensed practical nurses and technicians. Nothing prohibits an Accredited Provider Unit from doing this, but evaluation of Provider Unit actions by Accreditation appraisers will occur in relation to the provider's ability to carry out the criteria and requirements specific to the registered nurse learner.

### *Administering the Provider Unit*

The Lead Nurse Planner is charged with the responsibility of ensuring that the Accredited Provider Unit operates according to Accreditation Program criteria. All administrative functions of the Provider Unit, within the parameters established by the employer, are the responsibility of the Lead Nurse Planner. For example, the Lead Nurse Planner may not have the authority to hire and fire personnel, but he or she does have the accountability to orient new Nurse Planners and to intervene when someone in the Provider Unit is not adhering to criteria in carrying out assignments. The Lead Nurse Planner may not have the ability to write new position descriptions but can advocate for a change in a position description that is not consistent with Accreditation Program criteria and standards. Whereas the Lead Nurse Planner may be accountable to a manager or director in the organization as far as employment reporting is concerned, he or she is also accountable to the Accreditation Program Office to ensure effective operation of the Provider Unit. Failure to do so may result in suspension or revocation of Accredited Provider status.



### *Assessing Structural Capacity*

Structural capacity of the Accredited Provider Unit refers to the organizational structure within which the Provider Unit operates, the resources and support provided by the organization for Provider Unit functions, and the ability of the Provider Unit to achieve its desired outcomes.

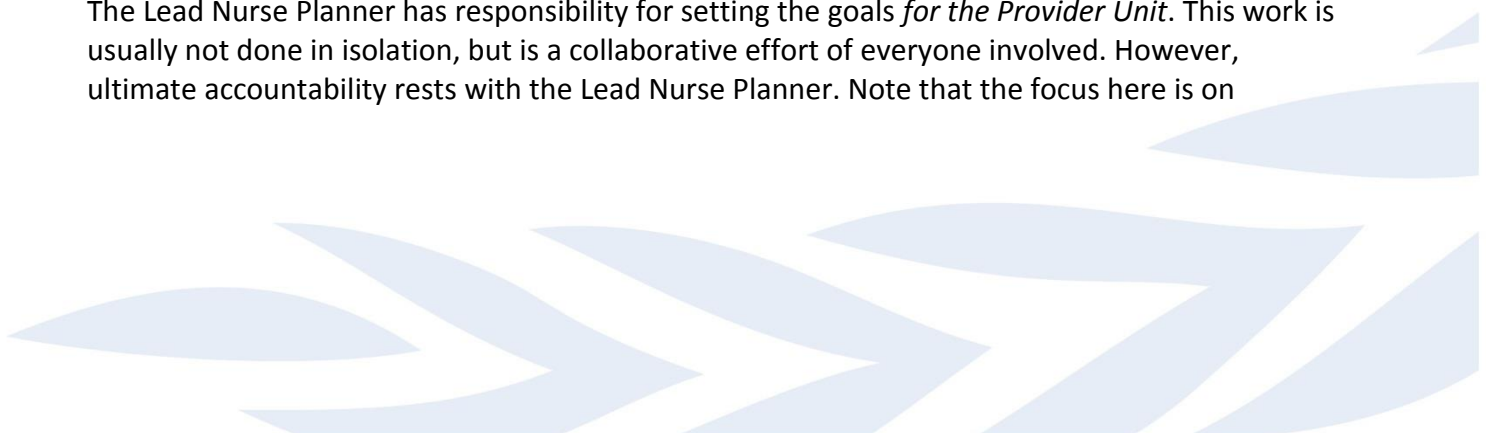
Questions the Lead Nurse Planner needs to ask in conducting this assessment include:

- ✓ How do I, as the leader of the Provider Unit, demonstrate commitment to the needs of the learners we serve?
- ✓ How has our Provider Unit modified our processes based on evaluation and feedback from learners?
- ✓ How am I supported by my organization's leadership in achieving our goals?
- ✓ How do I orient new Nurse Planners and other key people in the Provider Unit?
- ✓ How do I make sure everyone in my Provider Unit adheres to Accreditation Program criteria?
- ✓ How do I resolve issues and challenges in the Provider Unit?
- ✓ How do I connect with the Accreditation Program Office and website to keep up-to-date?
- ✓ How do I make sure the Provider Unit has the resources it needs?

These are the types of questions that the Lead Nurse Planner will need to answer when completing the accreditation self-study, and they should be questions that guide the work of the Provider Unit on an on-going basis.

### *Goal Setting: Determining Quality Outcomes*

The Lead Nurse Planner has responsibility for setting the goals *for the Provider Unit*. This work is usually not done in isolation, but is a collaborative effort of everyone involved. However, ultimate accountability rests with the Lead Nurse Planner. Note that the focus here is on



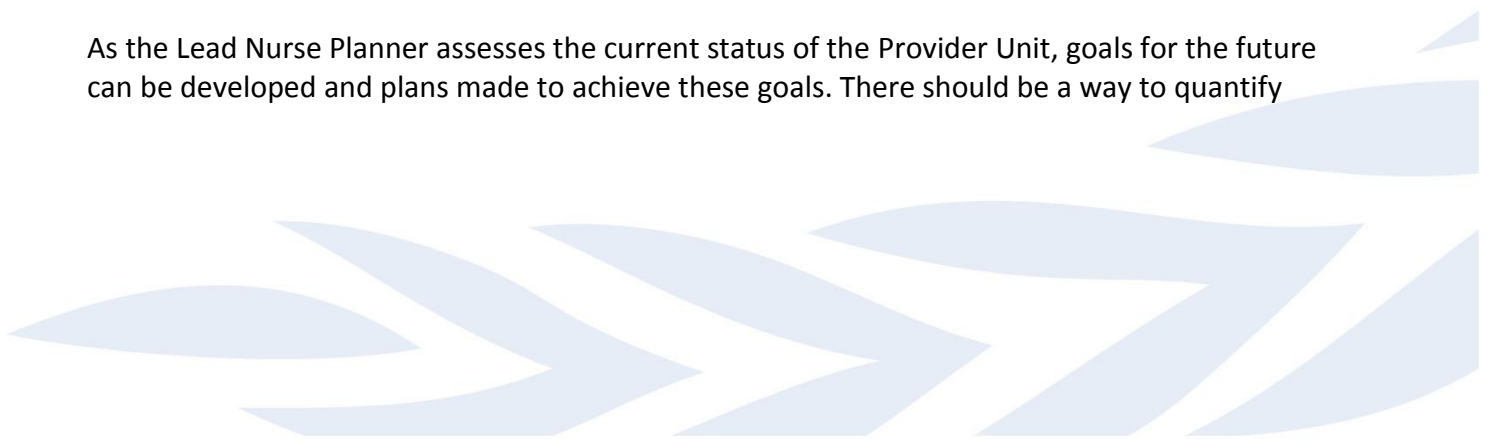
establishing goals for the Provider Unit itself, not for the individual learning activities that are developed and implemented by the Provider Unit. Each of those activities will have its own purpose and desired outcome. Collectively, the learning activities should all be carried out to help the Provider Unit achieve its overarching goals.

The purpose of continuing nursing education is to enhance the professional development of the registered nurse and to contribute to quality patient care. Unique goals will exist for different types of Provider Units, but they all should be compatible with this overall purpose. Goals should be expressed as outcome statements, indicating measureable standards to demonstrate the successes of the Provider Unit's endeavors.

A Provider Unit's Lead Nurse Planner might consider several quality outcome measures. A suggested list is provided in the Accreditation Manual (ANCC, 2011) and partially includes:

- ✓ Cost savings for customers (the customer may be the individual learner, a nursing department, or the facility itself)
- ✓ Cost savings for the Provider Unit (operating effectively and efficiently to maximize use of resources)
- ✓ Volume of participants for learning activities (increasing use of educational activities by providing the types of activities learners want and need)
- ✓ Volume of educational activities provided (increase or decrease, based on learner and facility need)
- ✓ Change in format of learning activities (as an example, more focus on e-learning based on needs assessments of a younger generation of learners)
- ✓ Change in operations to achieve strategic goals (maybe adding an AV technician or web master to the Provider Unit team)
- ✓ Turnover rate for staff in the Provider Unit (promoting stability by providing better orientation and support for Nurse Planners)

As the Lead Nurse Planner assesses the current status of the Provider Unit, goals for the future can be developed and plans made to achieve these goals. There should be a way to quantify



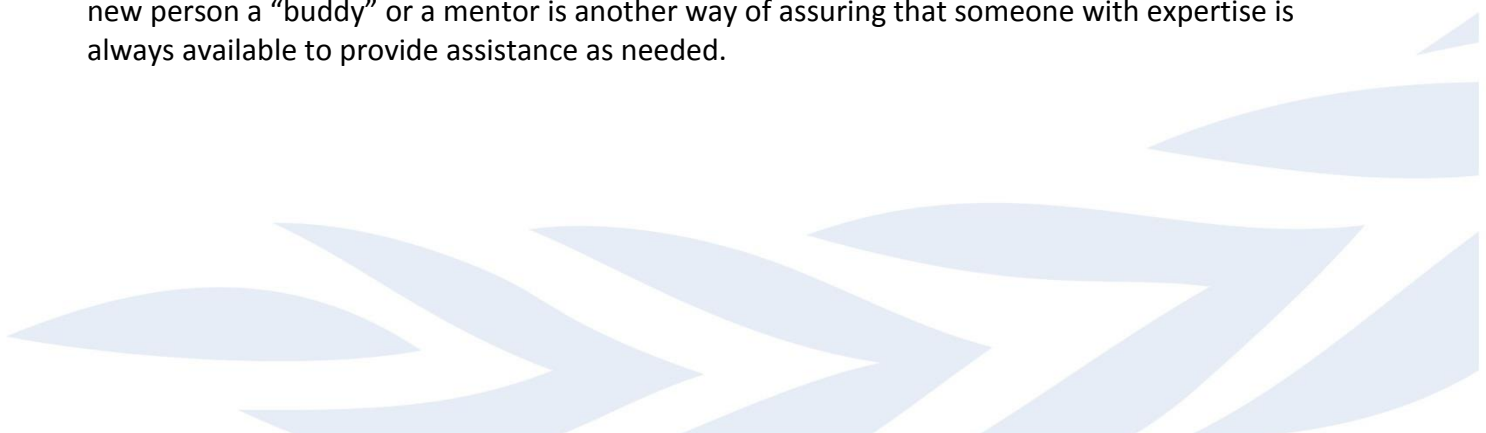
goal achievement on an annual basis. Goal setting based on quality outcome measures is not a one-time activity. As needed, outcome measures can and should be revised to meet evolving needs of the Provider Unit.

### *Orienting Provider Unit Personnel*

The Lead Nurse Planner is accountable for orientation of new people in the Provider Unit. This may include those who have been appointed or assigned as Nurse Planners and those who perform support functions, such as assistants or audiovisual technicians. All new members of the Provider Unit need to be informed of the purpose and functions of the Provider Unit and their roles within it. To this end, the Lead Nurse Planner may be actively engaged in writing, reviewing, or revising position descriptions for those who work in the Provider Unit.

Orientation of other Nurse Planners is critical to the success of the Accredited Provider Unit. As noted above, the Lead Nurse Planner has overall accountability for the operation of the Provider Unit. Additional Nurse Planners may carry out functions specifically related to planning, implementing, and evaluating the learning activities produced by the Provider Unit. Note that the title of “Nurse Planner” is a specific role within the Provider Unit. When the Provider Unit applies for accreditation, all RNs serving in a Nurse Planner role must be identified. Any changes in Lead or other Nurse Planners during the period of accreditation must be reported to the Accreditation Program Office. That way, the accreditation staff always knows that a properly qualified person is guiding learning activities within the Accredited Provider Unit. Please note that additional nurses may serve on a planning committee for any given activity, but they are not in the formal position of “Nurse Planner” for the Provider Unit.

The new Nurse Planner must have a thorough orientation to all criteria, and special focus needs to be placed on understanding and application of the educational design process. One part of the orientation should include providing a copy of the Accreditation Manual and/or related information to the new person for review. A subsequent discussion will allow for clarification of issues and review of the expected Nurse Planner functions. After this document review and discussion, it might be helpful to partner this new person with an experienced Nurse Planner or with the Lead Nurse Planner for two or three activities that are in the planning stage. Working with an experienced person will give the new Nurse Planner insight into the process and allow him or her to develop knowledge and skills to assume independent functioning. Assigning this new person a “buddy” or a mentor is another way of assuring that someone with expertise is always available to provide assistance as needed.



### *Monitoring and Evaluating Provider Unit Personnel*

Once a new Nurse Planner has been oriented and is functioning independently, the Lead Nurse Planner has the responsibility of monitoring periodically to be sure that all Nurse Planners in the Provider Unit are consistently operating according to criteria and documented educational design processes. Monitoring can occur in several ways. The Lead Nurse Planner may do “chart audits” of educational activity files to determine that all required documentation is completed. He or she may sit in on a planning meeting conducted by the Nurse Planner to ensure that all planning steps are being covered. Another possibility is to have regular meetings of all Nurse Planners so everyone on the team can share issues, concerns, and best practices.

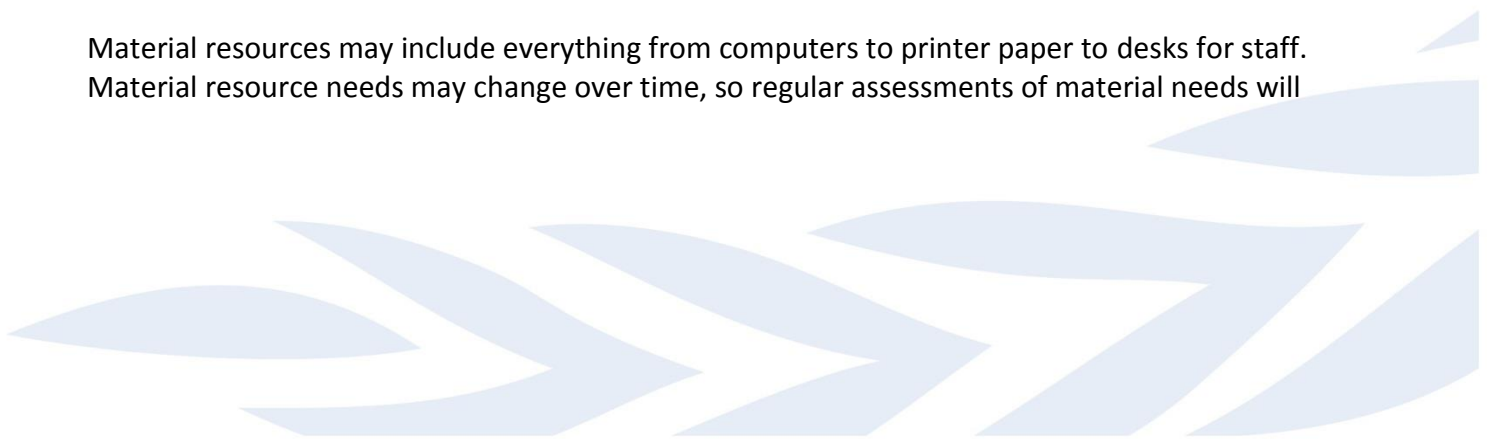
The Lead Nurse Planner is also accountable for evaluating the performance of other Nurse Planners. Monitoring activities noted in the previous paragraph may be part of this evaluation process. In addition, the Nurse Planner may be expected to fulfill specific functions, and these should be evaluated as well. Although the Lead Nurse Planner may not be in a position within the organization to hire and fire personnel, the Lead Nurse Planner *is* accountable to ensure overall effective operation of the Provider Unit. Should there be a Nurse Planner who is not meeting expectations for performance despite remediation attempts, the Lead Nurse Planner should speak with the appropriate manager or director about replacing this person.

### *Obtaining and Using Resources*

The Lead Nurse Planner is responsible for regularly assessing the availability of resources needed to carry out the work of the Provider Unit. These resources may be human, material, or financial.

Examples of human resources would be designated Nurse Planners, assistive personnel, and technical support. The Lead Nurse Planner may determine, for example, that there is not enough work to justify hiring a media specialist specifically for the continuing nursing education Provider Unit, but may negotiate with the continuing medical education department of the same hospital to share the services of one media specialist. Again, the Lead Nurse Planner may not be the authorized person to make final decisions about resource allocation, but it *is* the responsibility of the Lead Nurse Planner to advocate to administration for the resources required for effective Provider Unit operation.

Material resources may include everything from computers to printer paper to desks for staff. Material resource needs may change over time, so regular assessments of material needs will



help the Lead Nurse Planner stay on top of what is required. Several years ago, Provider Units needed file cabinets to store learning activity documents to meet the six-year requirement for record-keeping. Now, computers are typically used to maintain those records, so instead of filing cabinets, there is a need to have computers with ample storage space and adequate back-up/security systems to prevent loss of electronic data.

Financial resources are necessary for the Provider Unit, as well. How are revenues generated? Are fees charged to participants of learning activities? Are monies provided by grants? Is funding received from commercial support entities or sponsors? How are budgets developed for both the Provider Unit as a whole and for individual learning activities? How does the Lead Nurse Planner make sure that adequate financial resources are available? If a budget needs to be submitted to the organizational administration on an annual basis, how should a budget be developed to adequately reflect anticipated financial need during the budget period? If the Lead Nurse Planner is unfamiliar with how to manage budgets and financial resources, his or her own educational development might include learning in this area.

If monies are obtained from commercial support entities or sponsors to assist in development and implementation of learning activities, there are specific standards governing receipt and use of these funds, as well as associated documentation requirements. The Lead Nurse Planner must be familiar with these standards and assure that they are followed by everyone in the department.

### *Guiding the Educational Design Process*

The Lead Nurse Planner in a small Provider Unit might be actively involved in planning, development, and evaluation of learning activities. In a larger Provider Unit, there may be other Nurse Planners who carry out this function under the leadership of the Lead Nurse Planner. Regardless, the ultimate accountability for quality educational programming to meet criteria and address defined learning needs of a target audience is with the Lead Nurse Planner. An entire chapter in the 2013 Accreditation Manual (ANCC, 2011) is devoted to the educational design process for quality continuing nursing education activities. Confidence in carrying out, teaching, and evaluating this process is crucial to the successful work of the Lead Nurse Planner.

Questions for consideration in the educational design process include:



- ✓ How are needs assessments conducted? How does the Nurse Planner ensure that needs assessment data is current? How does the Nurse Planner ensure that needs assessment data is relevant to the target audience for a given learning activity?
- ✓ How does the Nurse Planner identify the gap in knowledge, skill, or practice for the target audience? How does identification of that gap help in development of a planned learning activity?
- ✓ How is a planning committee selected for a learning activity? Who are the best people to have on the committee? What contributions are expected of these people?
- ✓ How are conflicts of interest identified and resolved for members of the planning committee and speakers/authors? Who is accountable for ensuring that this process is carried out diligently?
- ✓ How does the planning committee decide the requirements for learners' successful completion of a learning activity? How are these requirements reflective of the needs assessment and gap analysis?
- ✓ How are objectives developed for the educational activity? Are they measurable? Do they reflect the identified needs of the target audience? Are they designed to help learners achieve the desired outcome of the learning activity?
- ✓ How is content selected? What evidence is used? How do planners and faculty know this is the best available evidence? Is a content reviewer ever used to help validate appropriateness of content? What action is taken if the Nurse Planner becomes aware that a speaker/author is not using best available evidence for a learning activity?
- ✓ How is bias prevented? How does the Nurse Planner ensure that activities will be conducted with integrity? What precautions are taken to prevent speakers/authors from promoting themselves and/or their preferred products/services?
- ✓ How are teaching methods selected? Are they reflective of the needs assessment, gap analysis, desired outcomes, and objectives? Are learners actively engaged in the learning process?



- ✓ If commercial support and/or sponsorship is obtained for a learning activity, how is content integrity maintained? Are all Nurse Planners familiar with the document regarding content integrity in the presence of commercial support and/or sponsorship? Do Nurse Planners know where to find and how to navigate the Provider Unit's template for the commercial support or sponsorship agreement?
- ✓ How are learning activities evaluated? How is evaluation data summarized, and how is that data used to guide planning of future activities and/or changes in the current activity? Who participates in this evaluation discussion?
- ✓ How is evaluation data collected in relation to the outcome of the continuing nursing education activity? Did it make a difference? Was nursing practice improved? How did nurses learn and grow as a result of participating in this learning activity?

The Lead Nurse Planner may be directly involved in the planning, implementation, and evaluation processes or may oversee the work of other Nurse Planners in carrying out these functions. Ultimately, the accountability for adherence to criteria rests with the Lead Nurse Planner.

#### *Evaluating Outcomes of the Provider Unit*

There are several steps involved in Accredited Provider Unit evaluation: evaluation of processes, engagement of appropriate stakeholders, reflection on achievement of quality outcomes, and providing evidence of the value of the Provider Unit in enhancing the professional development of registered nurses. All these occur under the leadership of the Lead Nurse Planner.

Questions to guide the Lead Nurse Planner's thinking in evaluating outcomes include:

- ✓ What is the process we use to evaluate how effective our Provider Unit is in delivering quality continuing nursing education? What is an example to show how that process works? How often do we engage in formal Provider Unit evaluation? Is it often enough? What components of our Provider Unit operation do we evaluate? Are we evaluating the right things to get data that will help us move forward and continue to be successful?



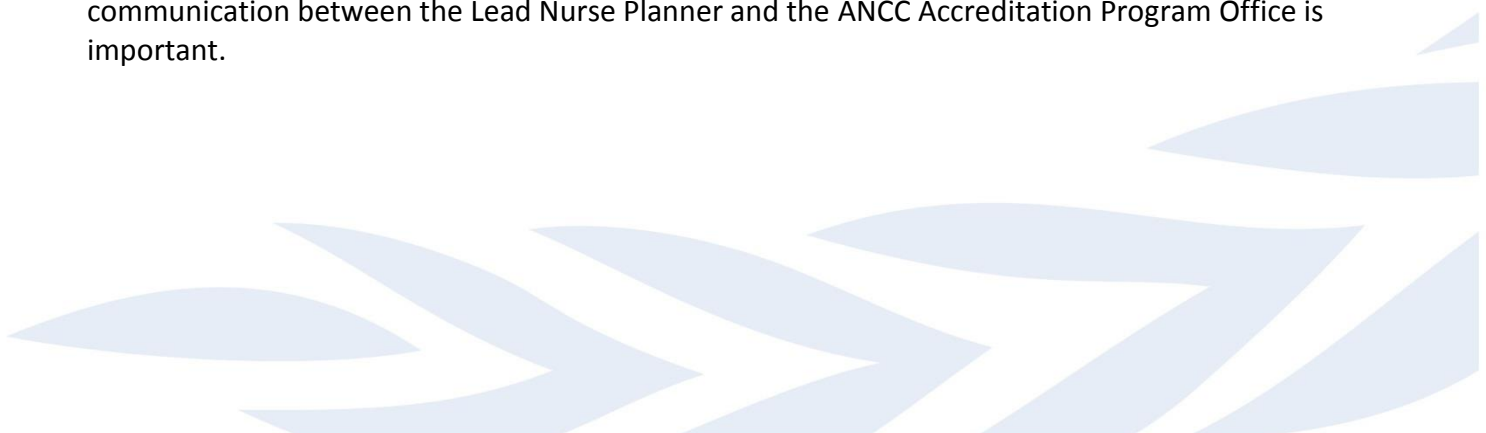


- ✓ How has our evaluation process and data resulted in development of a new quality outcome measure or improvement in one of our existing quality outcome measures that we established in our goal-setting process? What data are we collecting to help us measure these outcomes?
- ✓ Who are the people currently “at the table” in our discussions about the effectiveness of the Provider Unit? Are we getting input from the right people? Are there people who should be included in our discussions that haven’t been? What kind of input are we looking for from these people when they participate with us in the evaluation process? Stakeholders are generally considered to be any persons who have an interest in or commitment to the Provider Unit. Examples of stakeholder groups the Lead Nurse Planner might want to include are Provider Unit staff, learners, faculty, organizational administrators, advisory groups, community members, and any others relevant to a particular Provider Unit’s area of service.
- ✓ How have we used input from stakeholders to improve operations and/or outcomes?
- ✓ Based on the learning activities we have provided for our target population, how have we contributed to the professional development of nurses over the past year? What evidence do we have from learners to support this? How have we enhanced the professional development of Nurse Planners in the Provider Unit? As the Lead Nurse Planner, how have I grown and developed over the past year?

### *Reporting*

The Lead Nurse Planner is accountable for reporting information to the ANCC Accreditation Program. Data that need to be reported include change in name or business structure of the Accredited Provider Unit and change in the Lead or other Nurse Planners. It is important for the ANCC Accreditation Program to have this information to maintain contact with the Accredited Provider and know that the organization still meets eligibility criteria.

An annual report is required of all Accredited Providers. This report contains demographic data updates for the Provider Unit and information specific to the number and types of learning activities provided. Specific information requested may change from time to time, so regular communication between the Lead Nurse Planner and the ANCC Accreditation Program Office is important.



Additionally, Accreditation staff will periodically ask for information from the Accredited Provider Unit for monitoring purposes. The Lead Nurse Planner will be notified of what information is to be submitted and the required timeline for providing that information. Failure to submit items such as the annual report or monitoring information as required may result in suspension of the Accredited Provider Unit's ability to award contact hours.

### *Maintaining Accreditation*

Accredited Provider status is awarded by the ANCC Commission on Accreditation to organizations that provide evidence of being able to effectively plan, implement, and evaluate their learning activities and conduct the required operations of the Provider Unit to achieve its goals. Initially, Accredited Provider status is granted for 2 years; subsequent accreditation periods are 4 years. The Lead Nurse Planner is accountable for maintaining ANCC Accreditation Program criteria throughout the period of accreditation and for submitting a new self-study to the ANCC Accreditation Program Office on a time schedule specified by ANCC Accreditation staff in order to continue provider activities. A Provider Unit cannot continue to function if its accredited status has expired. The Accreditation Manual specifies what materials need to be submitted as part of the reaccreditation process.

### **Summary**

The Lead Nurse Planner role is critical to the successful operation of an Accredited Provider Unit. The person in this position is accountable for overall functioning of the Provider Unit and for participating, either directly or indirectly, in the assessment, planning, implementation, and evaluation of continuing nursing education learning activities. The Lead Nurse Planner is accountable to the Accreditation Program and uses its staff as a resource to ensure consistent adherence with Accreditation Program criteria and expectations. Foundational documents such as manuals, forms, and tools provided by the Accreditation Program; Accreditation Program criteria; updated materials on the Accreditation Program website; state board of nursing rules; and the *Nursing Professional Development Scope and Standards of Practice* (ANA &NNSDO, 2010) guide the work of the Lead Nurse Planner.



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