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**Ohio Nurses Association**

**Continuing Education Department**

CE Provider Newsletter

December, 2014

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**ANNUAL PROVIDER SURVEY.** It’s time again to prepare for your annual survey. The survey is **due by January 30, 2015.** The information that you need to collect and provide is listed at the end of this newsletter. We would prefer to get your completed surveys returned via email and as a Word document – if at all possible. The spreadsheet can be in a Word document or Excel spreadsheet. You can forward the information to Sandy at sswearingen@ohnurses.org.

The ANCC Accreditation Program and the Ohio Board of Nursing ask for specific information. There is an Excel spreadsheet (2007 Excel – “[Approved Provider Unit Statistics](http://www.ohnurses.org/education/Teach/approved-providers/existing-provider-unit-Resources/resources/ApprovedProviderUnitStatistics.xls)”) attached to this email. This is just a tool and you are more than welcome to use your own form, as long as it has the essential information listed below.

The statistics that are being requested are:

* total number of activities provided (faculty directed vs independent study);
* total number of contact hours awarded (per activity, not per person). The number of contact hours awarded per activity is the total amount given, such as 6 contact hours for Conference A, plus 1 contact hour for Independent Study B, etc.; (Do NOT multiple the # of participants X # of contact hours awarded).
* number of participants (includes both nurses and non-nurses);
* types of participants (RNs, RNs/LPNs, interprofesional).
* number of activities that were coprovided/jointly provided;
* number of activities that received commercial support or sponsorship; and
* total dollar amount of commercial support or total amount for sponsorship provided. (If in-kind services were provided for sponsorship, just state an estimate of the amount.)

You are asked to submit the information listed above for both OBN and ANCC in the Annual Provider Survey for the year 2014.This information will be due January 30, 2015.

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**Changes in QI Tool:** It is the expectation that Nurse Planners make decisions regarding whether to continue an activity, make changes to it, or keep it as is after each presentation. It is up to each provider unit to determine how you document these decisions. If you wish to continue to use the QI tool, you may do so. If you have something more applicable to your provider unit, please feel free to use it.

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**Provider Applications – Sections 004 b and c**

Currently, the organizational overview, Section 004, asks for the provider unit’s:

a. Strategic goals

b. Quality outcome measures for the provider unit, and

c. Quality outcome measures for nursing professional development

Previously, you have been instructed to list, for example, “operational effectiveness,” from the list in the Provider Manual, Chapter 2 (Part b) or a measure that is of interest to you. ANCC is asking you to be more specific and write this outcome measure in measurable terms.

An example might be: “Improve operational effectiveness by 10% in 2014 through the increased use of technology.” Please begin writing these quality outcome measures in measurable terms in Sections 004 b and c.

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**Reminders:**

1. Please use “joint provider” language instead of “co-provide.”

2. Do not include the logos of those who provide commercial support.

3. For responses to the example questions in EDP5 and 10, create an “as if” example if you have never had a conflict of interest to resolve (EDP5) or maintaining content integrity when receiving commercial support (EDP10) (See October 2014 Newsletter for more detail).

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**Future Dates**

**Provider Update Conferences 9:30 am to 3:30 pm**

4/8/15 – ONA Headquarters, Columbus, OH

4/16/15 – OCLC, Dublin, OH

4/29/15 –Providence Park Hospital, Novi, MI.

5/12/15 – Edward Hospital & Health Services, Naperville, IL

5/14/15- SIUE, Springfield, IL

We will be selecting a date in the Indianapolis area as well.

**Becoming An Approved Provider – 2015**

ONA Headquarters

March 11, 2015

July 15, 2015

October 21, 2015

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**Be a Part of ONA’s Approval Process**

**If you are interested in becoming a member of the Continuing Education Approver Council CE Review Panel, please contact Zandra at** [**zohri@ohnurses.org**](mailto:zohri@ohnurses.org) **or 614-448-1027.**

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**Holiday Hours**

**ONA Headquarters will be closed starting December 22, 2014 and reopening on January 5, 2015.**

CONTINUING EDUCATION APPROVER COUNCIL

Roster 2013-2015

(chair) TERRY POPE, MS, BSN, RN, Urbana, OH

JOYCE ALLEY, MN, WHNP-BC, Carmel, IN (Liaison for Indiana)

LUCINDA CAVE, MSN, RN, BC, Cleveland Hts., OH

STEPHANIE CLUBBS, MSN, RN-BC, CNS

PAM DICKERSON, PhD, RN-BC (MS, BSN), FAAN, Westerville, OH (Liaison for ANCC)

ANN DUGAN, MSN, MBA BSN, RN, CNS, Parma, OH

CATHERINE JONES, MSN, MSN-Ed, CCRN, NE-BC, Cincinnati, OH

DIANE MOYER, MS, BSN, RN, Worthington, OH

LAURA RAFELD, MSN, RN, Ashland, OH

***From the ONA Staff and ONA CEAC Council, we wish you safe and happy holidays!***

**2014 ONA Approved Provider Survey**

**Initial Data:**

* Provider Name
* Provider OH- ###
* Contact Person
* Phone #
* Email Address
* Please include my contact information on the ONA Approved Provider Listing that is located on the ONA website.

\_\_\_ Yes \_\_\_ No *(This is shared for those nurses who are looking for CE opportunities. You may also list another person’s name as the contact person for the listing – such as the department administrative assistant.)*

**1. Our Provider Unit has had changes in the following and we wish to notify ONA now:**

1. None (Go to Question 2)
2. Person administratively responsible. Include name and credentials.
3. Primary RN responsible for planning and implementation of the provider unit. Include name, credentials, state and nursing license number.
4. New Nurse Planners. Include name and credentials.
5. Change in company name
6. Change in address
7. Change in phone number

**2. Please submit the following statistical data for your provider unit for the calendar year 2014: (Submitting your spreadsheet will be appropriate for this question.)**

(Note: If an activity was first planned as a faculty directed activity and then turned into an independent study, it would be counted twice – once as faculty directed and once as independent study).

* Activity Title and Date (or Range if an independent study) it was provided
* Identify how many faculty directed activities were presented in 2014
* Identify how many independent studies were presented in 2014

**The following questions reflect all nursing CE activities presented in 2014:**

* List # of contact hours awarded upon activity completion
* Identify types of participants (RN, RN/LPN, interprofessional)
* List total # of activity participants
* Identify if the activity was co provided/jointly provided
* Identify if the activity received commercial support
* Identify if the activity received sponsorship
* List total $ amount for commercial support or total amount for sponsorship. (Note: You may not know amount of sponsorship if it was an in-kind service. In that case, estimate an amount).

**3. Submit one example of the written disclosures you gave attendees for an event presented in the past six months.**

**4. A. Have you participated in the following:**

ONA Provider Update

\_\_\_ Yes \_\_\_ No

Webinars presented by ONA

\_\_\_ Yes \_\_\_ No

**B. If you have participated in the above, have they been useful and helpful?**

\_\_\_ Yes \_\_\_ No

**C. If you have not, why not?**

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**5. A. Have you taken advantage of the resources on the ONA website (Forms, Manual, Resources, etc.)?**

\_\_\_ Yes \_\_\_ No

**B. What was the most useful to you? Why?**

**C. About how many times have you referred to the ONA Provider web page in the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. What would you like to see on the website? \_\_\_\_\_\_\_\_\_\_\_**

**6. What topics do you want us to be sure to cover during the Provider Update?**