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Developing Outcome Measures for a Continuing Nursing Education Provider Unit

abstract

An often overlooked component of developing effective continuing nursing education is analyzing the overall effectiveness of the educational provider unit. This can be accomplished by developing and monitoring specific outcome measures that reflect what is important for the educational provider unit to accomplish. This column suggests a three-step process for developing outcome measures for a provider unit.

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As nurse educators, we may reflect on questions such as “Does what I am doing really matter?” and “How do I know if I am on the right track?” We may be asked by administrators and other stakeholders to demonstrate the value of our edu-

cational programming. One effective way to address these questions is to use quality outcome measures as a guide for intentional systematic evaluation of an educational provider unit.

WHY DO OUTCOME MEASURES MATTER?

Developing, monitoring, and evaluating quality outcome measures to assess the overall effectiveness of an educational provider unit provides evidence that nursing continuing education contributes to professional development and improves quality of care. Outcome measurement is the process of observing, describing, and quantifying predefined indicators of outcomes of performance (American Nurses Association and National Nursing Staff Development Organization, 2010).

Well-planned, predefined quality outcome measures provide a roadmap to intentionally and system-

atically answer the questions, how do we know? that our provider unit is effective? What stakeholder input and other data should guide our decision making? How do we know if we are reaching our goals or need to change direction? Provider unit goals set forth what will be achieved in a set period of time; measuring outcomes provides the evidence that we are reaching our goals (Dickerson, 2014).

HOW DO I DEVELOP OUTCOME MEASURES?

Quality outcome measures focus on two important aspects of an educational provider unit: the structure and processes that guide how the provider unit does its work and how education enhances nursing professional development. To develop quality outcome measures, first decide what is important to accomplish in these two areas. Consider what is important to your stakeholders; for example, consider how nursing education aligns with your organization’s strategic goals and quality measures. Who are the people who care about quality, safety, and professional development in your organization? What are the needs and priorities of your learners? How can

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TABLE 1
STRUCTURE AND PROCESS OUTCOME MEASURE EXAMPLES

1. What Is Important?^a	2. What Can I Look at to See if We Will Accomplish What Is Important?	3. How Will I Know if I am Doing What Is Important? Set Targets to Measure.
<ul style="list-style-type: none"> • Cost savings to customers • Cost savings to organization or provider unit • Volume of educational opportunities to respond to learner needs • Changes in activity formats to meet learner needs • Staffing/capacity of staff, volunteers, faculty • Changes in processes to achieve strategic goals • Operational improvements • Quality of educational activities 	<ul style="list-style-type: none"> • Number of low-cost activities to be offered • Annual budget projections compared with costs • Number of activities to be offered, types, formats, audiences • Formats to try, frequency, audiences • Satisfaction and turnover of nurse planners • Number, type, and audiences for activities directly linked to organizational goals • Specific improvement needs for our provider unit: <ul style="list-style-type: none"> • Timeliness of obtaining speaker forms • Development cycle times • Number of late requests for planning • Evaluation data 	<ul style="list-style-type: none"> • Charge less than \$75.00 for 50% of our 2016 activities for community nurses • End the fiscal year within 5% of projected costs • Offer 12 blended learning activities to nurses in rural clinics in 2016 • Offer six online activities to nursing students in 2016 • Reduce turnover to 10% and maintain 80% job satisfaction on annual survey • Offer four activities to newly hired nurses in 2016 directly related to organizational strategic goals • Obtain 100% of speaker forms at least 12 weeks prior to the educational session • 100% of activity record forms will be completed 2 weeks before the event • Late requests for continuing nursing education activities from the medical intensive care unit will be reduced by 25% • Overall quality of content is rated as very good or excellent by \geq 80% of participants

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you demonstrate that gaps in knowledge, skill, and practice are being addressed and that practice has improved?

Next, decide what you can measure to assess whether you are accomplishing what is important. Data sources may include self-report from learners, results of organizational initiatives, consumer satisfaction data, or data specific to the provider unit, such as costs. After deciding what to measure to evaluate effectiveness, you need to set targets for your measures. What will success look like? For example, if a provider unit determines that offering blended learning will better meet the needs of nurses, how many blended learning activities would be optimal? What types of content?

For what audiences? Targets will vary among settings based on provider unit capacity, learner needs, and organizational priorities. Setting appropriate targets in advance of implementing educational strategies will guide provider unit processes and help to assure measurable evidence of outcomes. See **Table 1** for structure and process outcome measure examples and **Table 2** for nursing professional development outcome measure examples.

HOW DO I MEASURE OUTCOMES?

Collecting and evaluating data for the selected measures provides the systematic monitoring necessary to keep provider unit actions on course. Data should be moni-

tored at intervals that provide the opportunity to make improvements. This may be monthly, quarterly, or less often depending on the measure. For example, if a provider unit needs to monitor cost, financial data might be evaluated every 6 to 12 months; however, if the same unit needs to evaluate success in influencing infection prevention practices, data might be collected more frequently. The key to monitoring is using data to evaluate the educational provider unit intentionally and systematically. Use the metrics you have determined when the outcome measures were established to measure your success. This approach will enable you to determine if and when changes are needed in goals, strategies, or processes.

TABLE 2
NURSING PROFESSIONAL DEVELOPMENT OUTCOME MEASURE EXAMPLES

1. What Is Important? ^a	2. What Can I Look at to See if We Will Accomplish What Is Important?	3. How Will I Know if I am Doing What Is Important? Set Targets to Measure.
<ul style="list-style-type: none"> • Professional practice behaviors 	<ul style="list-style-type: none"> • Evaluation and follow up survey data: <ul style="list-style-type: none"> • Participants who indicate they will use knowledge in practice • Participants who have used knowledge in practice • Participants indicating barriers to using knowledge in practice 	<ul style="list-style-type: none"> • On post-session evaluations, 90% of participants indicate they will use knowledge in practice • On follow-up survey, 80% report actual use of knowledge in practice • In 2016, the nurse planner addresses two barriers identified by participants with organizational leaders
<ul style="list-style-type: none"> • Leadership skills 	<ul style="list-style-type: none"> • Number of nurses enrolled in leadership courses 	<ul style="list-style-type: none"> • 25 nurses complete a leadership series in 2016; 90% report using this information in practice on a 6-month follow up survey
<ul style="list-style-type: none"> • Critical thinking skills 	<ul style="list-style-type: none"> • Number of returning students who pass a final examination for a nurse refresher course 	<ul style="list-style-type: none"> • 90% of students pass the final examination for nurse refresher courses in 2016
<ul style="list-style-type: none"> • Nurse competencies 	<ul style="list-style-type: none"> • Number of specialty certifications 	<ul style="list-style-type: none"> • 50% of hospice care nurses hold a certified hospice and palliative nurse certification
<ul style="list-style-type: none"> • Improvement in nursing practice 	<ul style="list-style-type: none"> • Participants on a nursing unit who use knowledge in practice following a series of educational activities (e.g., pain management) 	<ul style="list-style-type: none"> • Electronic health records indicate 90% of nurses on a unit attending an educational activity series (e.g., pain management) document appropriate assessments
<ul style="list-style-type: none"> • Improvement in care delivery 	<ul style="list-style-type: none"> • Changes in care delivery data (e.g., timeliness, efficiency measured via chart audits, patient satisfaction data, observation) 	<ul style="list-style-type: none"> • Wait times (e.g., in the emergency department) will be reduced by 30 minutes following education as part of a systems change initiative • SBARs will be used for 100% of communications (e.g., to physicians about intensive care unit patient condition)
<ul style="list-style-type: none"> • Improvement in patient outcomes 	<ul style="list-style-type: none"> • Changes in patient outcome data related to a clinical area 	<ul style="list-style-type: none"> • Improvements in patient outcome data are seen 6 to 12 months following a series of educational activities (e.g., sepsis)

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SUMMARY

Results of provider unit self-evaluation and resulting changes in processes or strategies should be documented to provide a reliable record of progress toward goals achievement. By evaluating our provider unit based on measurable outcomes, we provide the evidence to answer, “How do we know?” that our nursing education con-

tributes to professional development and improves the quality of care, thus contributing to a growing body of scientific knowledge and ensuring the value of our efforts.

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