



'Planning a National Nursing Quality and Safety Alliance' Developing NQSA: Mission, Purpose, and Priorities

Background

In response to the opportunities presented by the Presidential election, change in Administration, and promise of health care reform, and in response to the growing number of oversights resulting from the absence of nurses proactively participating in the policy debate, representatives of selected national nursing organizations have begun to explore their interest in strengthening their professional policy voices through a collaborative alliance (referred to as the 'Nursing Quality and Safety Alliance'¹).

While these discussions began more than a year ago at a meeting held in conjunction with the American Academy of Nursing (AAN) 2007 conference, in recent months they have accelerated with grant support from the Robert Wood Johnson Foundation (RWJF).

Why Act Now?

Notwithstanding the significant investments by the existing nursing organizations, there are many instances of policy making that have not fully benefited from nursing's knowledge or expertise.

Hospital Standing Orders – A Need for Nursing Engagement

One recent example – requirements regarding the use of hospital standing orders – illustrates how policymakers routinely neglect to solicit nursing's expertise and the missed opportunities that result from nursing's fragmentation on such policy issues.

In October 2008, the Centers for Medicare & Medicaid Services (CMS) issued its updates to the State Operations Manual (SOM) for the SOM Hospital Appendix A (Transmittal 37, CMS Manual System, Publication 100-07, State Operations Provider Certification) including the following regulation:

§482.23(c)(2) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by hospital policy and in accordance with State law, and who is responsible for the care of the patient as specified under §482.12(c).

Subsequently, CMS published surveyor guidance for the SOM Hospital Appendix A, which included the following clarification/ note:

¹ The term Nursing Quality and Safety Alliance is being used to refer to the collaborative alliance envisioned in this paper although, at this time, is not intended to be a formal name/title.

If a hospital uses other written protocols or standing orders for drugs or biologicals that have been reviewed and approved by the medical staff, initiation of such protocols or standing orders requires an order from a practitioner responsible for the patient's care.

This clarification resulted in significant confusion among hospital leadership regarding the ability of nurses, including those serving on rapid response teams, to initiate effective responses to emergency situations and/or to implement best practices for providing necessary patient care in a timely fashion under the aegis of standing orders. Many interpreted the guideline to mean that CMS no longer supported standing orders or protocols. Providers believed, for example, that noncompliance would result from care being implemented in advance of authenticated physician documentation. The guideline effectively precluded nurses and other members of the health care team from delivering effective emergency response, timely and necessary care, and other patient safety advances.

Although CMS ultimately issued a memorandum clarifying the circumstances under which signatures are required on pre-printed order sets (standing order), during the period of uncertainty, CMS, on its own admission, did not consult the nursing community about this policy. In its solicitation of feedback, CMS sought out the advice and counsel of the American Hospital Association, Federation of American Hospitals, Joint Commission, VHA, Inc., and other hospital and physician groups; however, the absence of nursing's perspective—a member of the health care team directly impacted by this guideline—represents both an oversight and a missed opportunity.

'Stand for Quality' – The Obama Administration's Accountability and Transparency Agenda

Over the last few years, there has been an enormous investment in creating the infrastructure and political will to support the federal transparency and accountability agenda. With the establishment of the National Quality Forum (NQF) in 1999 and subsequent milestones related to the measurement-public reporting pipeline (e.g., 'Compare' websites, Quality Alliance Steering Committee, HCAHPS reporting), a system of performance measure development, endorsement, implementation, and public reporting has been built.

Over the last few months, members of the health care community—championed by NQF—have been positioning themselves as beneficiaries of funding, infrastructure, and political support as part of the health care reform debate. Recommendations developed by these health care leaders under the auspices of 'Stand for Quality' (see www.standforquality.org) call on the Obama Administration and Congress to support the performance measurement, public reporting, and quality improvement enterprise.

Although these recommendations represent a diverse constituency of stakeholders, only incremental improvements and adjustments resulted from nursing's input. For example, significant efforts were mounted to ensure that the term "nurse" was used in the document alongside the terms "doctors" and "other clinicians." Terminology aside, key concepts (e.g., care coordination, transitions, chronic care management), organizational references (e.g., Hospital Quality Alliance, the AQA, the Pharmacy Quality Alliance, and the Quality Alliance Steering Committee), and funding requests significantly limit and effectively exclude nurses from these directions. While energies were not futile, dedicated and persistent efforts were needed to achieve even marginal improvements.

What's At Stake?

These examples, along with many others, emphasize what is at stake:

- indifference and oversight by lawmakers and regulators in soliciting nursing's advice, expertise, and contribution;
- lack of stimuli among key stakeholders in engaging nurses in national policy directions;
- overwhelming forces generated by organized medicine and the hospital lobbies that overpower nurses' voices and positions;
- invisibility of nursing in policy setting including the accountability and transparency agendas;
- diversity and fragmentation among the professional nursing organizations in their missions, directions, and priorities;
- isolation from payment policy that results from nurses typically being employees of health care organizations rather than having direct, contractual agreements with payers/purchasers; and
- depreciation of the diversity of the nursing community that results in invitations to a single nurse to serve on national advisory boards, committees, and institutes.

While the status quo is likely to result in ongoing and incremental progress in policy development, transformation of the policy agenda is likely to require additional investments by nursing. This paper defines the quality enterprise, proposes an array of strategies for achieving transformation, proposes a mission statement for a Nursing Quality and Safety Alliance that supports this transformation, and articulates a set of complementary roles/functions to build the quality strategy over the next 1 to 3 years.

The Quality Enterprise

In 1999, the Strategic Framework Board (SFB) envisioned a national quality measurement and reporting system, now referred to as the 'quality enterprise.'² This enterprise has been defined as the building blocks that enable the delivery and improvement of evidence-based care:

- national quality improvement goals and priorities;
- standard and consensually developed performance measures that enable evaluation of progress against the goals and priorities;
- public reporting of health care performance to motivate improvements, hold providers accountable, and drive consumer and purchaser selection;
- translational evidence-based practice to stimulate rapid improvement;

² The Strategic Framework Board's Design for a National Quality Measurement and Reporting System. *Med Care.* 2003;41(1) Supplement:I-87-I-89, January 2003.

- value-based purchasing programs that align payment with performance and incentivize stakeholders to achieve higher levels of value.

Currently, in the absence of sufficient public funds to support this enterprise, a number of private organizations have assumed these roles. For example, in recent months, the National Priorities Partnership (NPP), a group of 28 leading health care, consumer, employer, and public and private payer groups dedicated to transforming health care by establishing and monitoring performance goals, released a set of national priorities and goals.³ Measure developers including federal agencies (e.g., CMS, Agency for Healthcare Research and Quality [AHRQ], Centers for Disease Control and Prevention [CDC]), accreditation organizations (e.g., The Joint Commission, National Committee on Quality Assurance), and professional societies (e.g., American Nurses Association, American College of Cardiology, American Medical Association-Physician Consortium for Performance Improvement) have made substantial investments in developing measures that have been considered for endorsement by NQF. The Institute for Healthcare Improvement (IHI) has championed a number of national campaigns to improve care and reduce medical errors. While together these efforts are not inconsequential, they are fragmented, uncoordinated, and misaligned, and they only marginally address the contributions, needs, knowledge, and expertise of nurses.

The nature of this disorganized mosaic begs a number of key questions about nursing and its influence on and response to the quality enterprise:

- To what extent is the contribution of nursing reflected in the quality enterprise and its building blocks?
- What are the most important contributions nursing can make to improving patient care?
- How is the contribution of nursing portrayed to consumers, patients/families, and purchasers?
- In what ways can the single largest health care professional group contribute to higher value?
- What negative impacts result from nursing's marginal/peripheral role in the quality enterprise?
- How might nursing address these negative impacts?

The establishment of a Nursing Quality and Safety Alliance should be based on the need to respond to these questions, strengthen nursing's policy voice, and build a quality strategy.

Proposed Mission

Based on these needs, the proposed mission of a dedicated nursing quality alliance is to **achieve high quality and safe patient-centered care by contributing nursing knowledge, expertise, and discovery to the quality enterprise.**

³ National Priorities Partnership. National Priorities and Goals. November 2008. Available at <http://www.nationalprioritiespartnership.org/Home.aspx>. Last accessed January 27, 2009.

Proposed Purpose

As conversations progress about the need for and interest in a Nursing Quality and Safety Alliance, we should contemplate what essential purpose should be served. For example, is it the role of a nursing alliance to promote the profession and its integrity? Alternatively, is its role to protect the well-being of patients, family members, and the nursing profession?

The establishment of an alliance is based on the assumption that without nursing engagement, dramatic and sustainable achievements in quality and safety for the American public are unlikely to be achieved – specifically, that the relationship between patients and nurses is intimate, unique, and critical to achieving improved health and well-being. Therefore, as a national fulcrum for nursing quality activities, a dedicated ‘policy voice’ for nursing quality and safety might serve the following three purposes:

- inspire continued trust and confidence among the public in the nursing profession⁴;
- leverage the single largest health care workforce in accelerating performance improvement and the national policies that underpin quality; and
- drive policies that accelerate nursing-directed improvements in quality and safety.

These purposes should not necessarily be viewed as “all or nothing.” The convener organizations might agree that one takes precedence over the others. For example, some might feel that in order to drive a policy agenda, a solid foundation of trust is an essential precursor. Such a position would result in the adoption of a broad agenda addressing several of these purposes. Alternatively, together these purposes are suitably ambitious and there may be a significant advantage to isolating one purpose on which to initially mount efforts taking on subsequent efforts only after success and stability. Discussing and resolving these issues is a productive line of discussion among the conveners.

Proposed Conceptual Framework

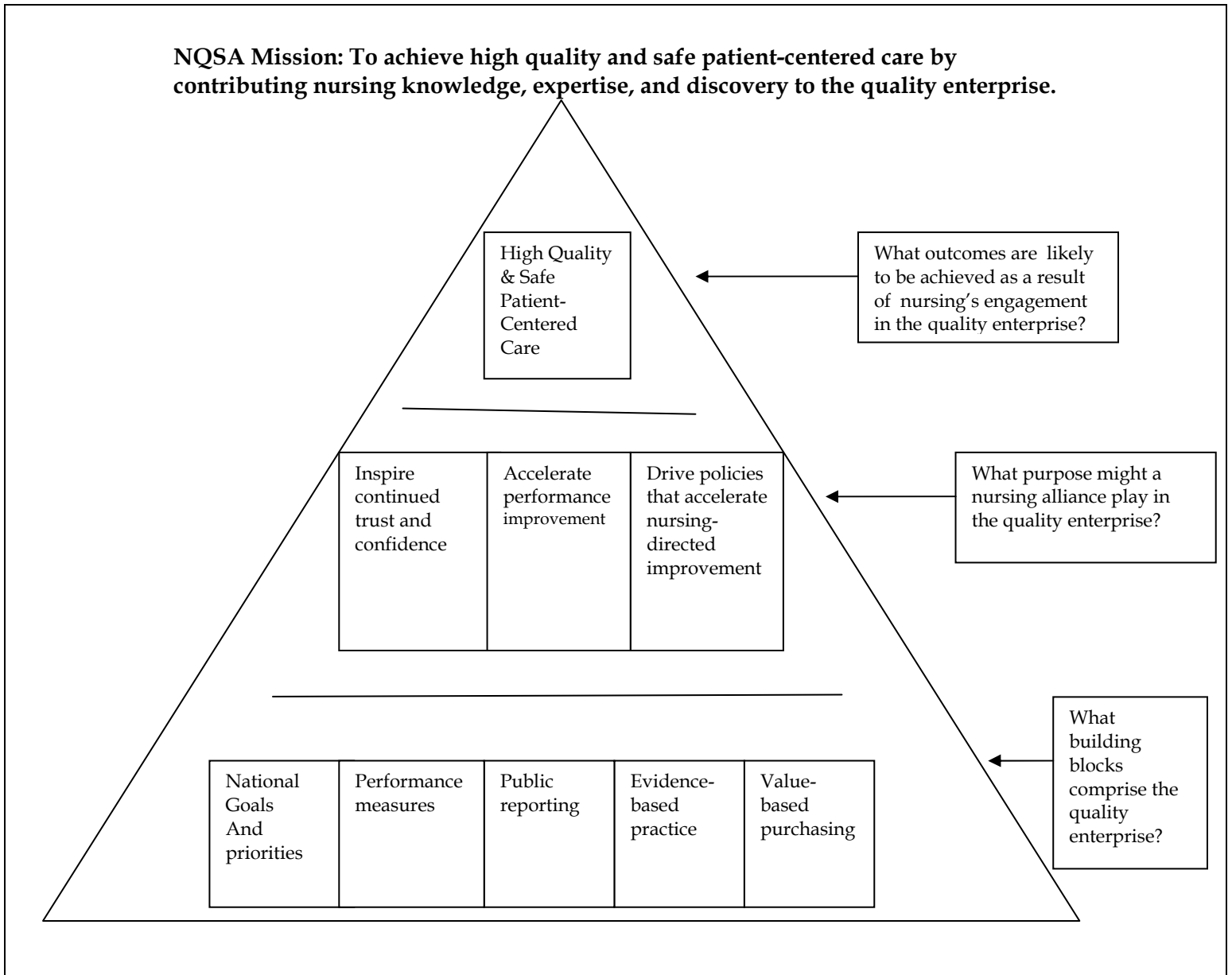
Based on these proposed mission and purpose statements, the proposed conceptual framework on which a Nursing Quality and Safety Alliance will be built is organized at three levels:

1. the building blocks of the quality enterprise as the foundation;
2. the role that nurses play in the quality enterprise as its centerpiece; and
3. the outcomes that are likely to be achieved as a result of nursing’s engagement in the quality enterprise as the highest level – the aspiration.

Diagram 1 illustrates these framework elements and their relationship.

⁴ The Gallup Poll®. Available at <http://www.gallup.com/poll/112264/Nurses-Shine-While-Bankers-Slump-Ethics-Ratings.aspx>. Last accessed December 1, 2008.

Diagram 1: Proposed Conceptual Framework



Proposed Priorities

This paper proposes three central purposes assumed by the Nursing Quality and Safety Alliance. Background on each area is briefly reviewed in the following sections with complementary priorities.

Inspire continued trust and confidence among the public in the nursing profession

This purpose addresses the need to articulate for the American public nurses' essential contributions to the quality enterprise and serve as a credible voice on nursing quality, safety,

and value. The Nursing Quality and Safety Alliance would avail itself of the developing research and evidence-base (e.g., new knowledge that explores nurse-quality-value linkages) as well as the broader health care quality agenda (e.g., National Priority Partnerships goals and priorities) to describe its role, translate its contribution, and communicate its role in health care quality and safety to various audiences. Specific priorities that respond to this purpose include the following:

- articulate nurses' contributions to national quality improvement goals and priorities;
- establish an agenda for measure development by identifying nursing-specific measure development priorities that address these goals and priorities;
- collaborate with measure developers to review, test, and finalize performance measures;
- advocate and support the endorsement by a national consensus standards setting organization, such as NQF, of nursing-sensitive measures; and
- disseminate and communicate nursing's contribution to quality to consumer, purchaser, and policymaker audiences through such vehicles as nursing care quality performance reports, public information campaigns, and policy white papers.

Specific examples of work activities that support these priorities can be found in table 1.

Accelerate Performance Improvement

This purpose addresses the need for nurses to be accountable, at least in part, for the variation, low performance, and suboptimal health care that exist and to respond with rapid, sustained, and measurable improvements in the care they deliver. While ambitious, this purpose attempts to drive significant improvements in performance by translating evidence-based practice at the point of care. Specific priorities that respond to this purpose include the following:

- leverage existing nursing research and support the translation of scientific findings into bedside practice;
- identify and disseminate nursing-led best practice guidelines to achieve improvements in care;
- launch and/or collaborate on national quality improvement campaigns that unite evidence with clinical practice and that engage nurses in quality improvement transformation; and
- accelerate the improvement of nursing care quality through the translation of nursing-led evidence-based practice at the point of care.

Specific examples of work activities that support these priorities can be found in table 1.

Drive Policies that Accelerate Nursing-directed Improvement

This purpose addresses the need for nurses to be essential informants in federal policy setting related to the transparency and accountability agenda. Under this purpose, the nursing quality and safety alliance would inform and respond to the quality/safety policy debate (passive and reactive) as well as press for policy reform to reflect nursing's unique contribution (proactive).

Within this purpose, specific priorities include the following:

- respond to policymakers' requests for data, information, and exemplars;
- identify a strategic policy roadmap for nursing quality and proactively advocate with policy makers for this agenda;
- serve as a resource to federal departments including the Department of Health and Human Services, Department of Veterans Affairs, Office of Personnel Management, and their reporting agencies (e.g., CMS, AHRQ, Health Resources and Services Administration, Veterans Health Administration) on accountability and transparency policy directions;
- advocate for the adoption of specific policies that support evidence-based, nursing-led practice among policymakers, lawmakers, and purchasers;
- formulate evidence, position papers, and consensus statements related to transparency and accountability agendas including, but not limited to, nurses interface with high value health care (e.g., value-based purchasing);
- identify nursing experts and build capacity to serve in leadership roles (e.g., committees, advisory boards); and
- write and deliver testimony, public comments, and policy white papers on related issues.

Specific examples of work activities that support these priorities can be found in table 1.

Next Steps

This paper describes the quality enterprise and current, coexisting forces that might inspire and demand a new collaboration among the national nursing community. The community is referred to as a 'Nursing Quality and Safety Alliance' and these priorities viewed as a set of complementary efforts to inspire continued trust and confidence among the public in the nursing profession, leverage the single largest health care workforce in accelerating performance improvement and the national policies that underpin quality, and drive policies that accelerate nursing-directed improvements in quality and safety.

These proposed priorities, the mission on which they are based and the companion activities envisioned, should be viewed as a possible course of action rather than a formal set of recommendations. They are intended as a 'strawman' for deliberation. In this deliberation, the group should contemplate the following key questions:

1. What general reactions does the group have to the proposed mission and purpose statements and priorities?
2. What specific suggestions might be made to strengthen these proposed statements and directions?
3. What revisions are necessary to obtain support from the group in moving forward?

The nursing convener organizations are being tasked with contemplating these directions and refining, revising, and recrafting their collective path.

Table 1: Specific Examples of Work Activities

Proposed Purpose	Proposed Priorities	Work Activities/Examples
<p>1. inspire continued trust and confidence among the public in the nursing profession</p>	<p>a. articulate nurses’ contributions to national quality improvement goals and priorities</p> <p>b. establish an agenda for measure development by identifying nursing-specific measure development priorities that address these goals and priorities</p> <p>c. collaborate with measure developers to review, test, and finalize performance measures</p> <p>d. advocate and support the endorsement by a national consensus standards setting organization, such as NQF, of nursing-sensitive measure</p> <p>e. disseminate and communicate nursing’s contribution to quality to consumer, purchaser, and policymaker audiences through such vehicles as nursing care quality performance reports, public information campaigns, and policy white papers</p>	<p>1) translate Priority Partnership’s Goals/Priorities for nursing</p> <ul style="list-style-type: none"> • NPP Priority: Safety • NPP Goal: All hospitals will reduce preventable and premature hospital-level mortality rates to best-in-class. • Nursing-specific Goal: By 20XX, nurse-led evidence-based models, which have effectively reduced failure to rescue rates (e.g., death among surgical inpatients with serious, preventable complications) should be widely adopted among X% of the nation’s hospitals. A target of X% reduction of FTR by 20XX has been established for this purpose. <p>2) inventory existing measures and compare to the nursing-specific goals would be undertaken – a gap analysis would reveal measure development opportunities</p> <p>3) existing nursing quality databases (e.g., NDNQI, CalNOC, VANOD) would assume responsibility for measure development, testing, maintenance</p>

Proposed Purpose	Proposed Priorities	Work Activities/Examples
2. leverage the single largest health care workforce in accelerating performance improvement and the national policies that underpin quality	<ul style="list-style-type: none"> a. leverage existing nursing research and support the translation of scientific findings into bedside practice b. identify and disseminate nursing-led best practice guidelines to achieve improvements in care c. launch and/or collaborate on national quality improvement campaigns that unite evidence with clinical practice and that engage nurses in quality improvement transformation d. accelerate the improvement of nursing care quality through the translation of nursing-led evidence-based practice at the point of care 	<ul style="list-style-type: none"> 1) based on the nursing-specific goal (see above), a national campaign to address a priority within the NPP goals and for which complementary measure(s) exist would be launched; an example would be a campaign to reduce failure to rescue⁵ rates 2) evidence-based strategies to reduce FTR complications (i.e., inpatient mortality related to sepsis, pneumonia, gastrointestinal bleeding, shock/cardiac arrest, deep vein thrombosis/pulmonary embolism) would be identified and shared with the nursing community; resources would be devoted to stimulating improvement and monitoring progress
3. drive policies that accelerate nursing-directed improvements in quality and safety	<ul style="list-style-type: none"> a. respond to policymakers' requests for data, information, and exemplars; b. identify a strategic policy roadmap for nursing quality and proactively advocate with policy makers for this agenda; c. serve as a resource to federal 	<ul style="list-style-type: none"> 1) respond each spring (April) and summer (August) to the inpatient prospective payment system rule 2) respond via public comments to consensus standards proposed by the NQF 3) nominate consensus candidates for roles on national advisory committees, boards, advisory groups, etc. 4) establish policies and position statements that clarify nurses

⁵ Failure to rescue (FTR) is defined as death among surgical inpatients with treatable complications that include sepsis, pneumonia, gastrointestinal bleeding, shock/cardiac arrest, deep vein thrombosis/pulmonary embolism. A FTR measure has been endorsed by NQF as 'nursing-sensitive' and has recently been adopted by CMS into its pay for reporting program (i.e., RHQDAPU).

Proposed Purpose	Proposed Priorities	Work Activities/Examples
	<p>departments and their reporting agencies on accountability and transparency policy directions</p> <p>d. advocate for the adoption of specific policies that support evidence-based, nursing-led practice among policymakers, lawmakers, and purchasers</p> <p>e. formulate evidence, position papers, and consensus statements related to transparency and accountability agendas including, but not limited to, nurses interface with high value health care (e.g., value-based purchasing)</p> <p>f. identify nursing experts and build capacity to serve in leadership roles (e.g., committees, advisory boards)</p> <p>g. write and deliver testimony, public comments, and policy white papers on related issues</p>	<p>role in Medicare's value-based purchasing initiatives</p>