



Conference Call Summary

'Planning a National Nursing Quality and Safety Alliance' National Nursing Convener Organizations

February 26, 2009

A telephone conference of the national nursing convener organizations was held on Thursday, February 26, 2009 from 10:00 a.m. to 12:00 p.m. (Eastern Time).

Nursing Quality and Safety Alliance members present: Kathy Apple, RN, MS, CAE, Linda R. Cronenwett, PhD, RN, FAAN, Beverly Malone, PhD, RN, FAAN, Pamela H. Mitchell, RN, PhD, FAAN, FAHA, Isis Montalvo, RN, MS, MBA, Mary Naylor, PhD, FAAN, RN, Joanne M. Pohl, PhD, ANP-BC, FAAN, Mary Jean Schumann, MSN, MBA, RN, CPNP, M. Elaine Tagliareni, EdD, RN, Pamela A. Thompson, MS, RN, FAAN, Jan Towers, PhD, NP-C, FAANP, FAAN, and Kitty Werner.

GW staff present: Ellen M. Dawson, PhD, ANP, Jean E. Johnson, PhD, RN, FAAN, Ellen T. Kurtzman, MPH, RN, and Brenda Sheingold, MSOD, RN.

Others present: Helen Haskell (invited guest) and Nancy Short, DrPH, MBA, RN (GW consultant).

Welcome and Introductions

Dr. Johnson welcomed and thanked everyone and reflected on the group's past meetings and substantial progress. She acknowledged the group's general agreement to support a collective effort, referred to as a National Quality and Safety Alliance (NQSA), and reiterated her support for it as a vital and timely undertaking by nursing.

Dr. Dawson restated The George Washington University's (GW) commitment to the project as a neutral convener and her enthusiasm for the planning effort. She announced that Kerry Livingstone-Moonan has resigned her position for personal reasons and indicated that additional staff had been deployed to assist in the project. Specifically, she introduced Brenda Sheingold, Visiting Professor, and Nancy Short, a former Robert Wood Johnson Foundation (RWJF) Health Policy Fellow and GW consultant who will make significant contributions.

Ms. Kurtzman outlined the objectives for the conference call, which included:

- reviewing and commenting on a proposed NQSA mission, purpose(s), and priorities; and
- discussing a preliminary Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis to identify specific action steps to best position a developing NQSA.

In reviewing these objectives, Ms. Kurtzman clarified that the documents developed to support the conference call should be viewed by the conveners as a proposal to initiate a discussion about moving forward rather than a specific set of recommendations.

Following these introductory comments, the group reviewed the summary from its January 26, 2009 meeting, the revised Convener Ground Rules, and the revised table of nursing quality and safety activities. No comments, corrections, or amendments were made.

Impacts of the Under Performing Health Care System

Ms. Kurtzman introduced Ms. Helen Haskell, President of Mothers Against Medical Error, a South Carolina-based group dedicated to improving patient safety and providing support for patients who have experienced a medical injury.

Ms. Haskell shared the very poignant and touching story of how her son, Lewis, who was hospitalized for a minimally invasive procedure, died after being given an overdose of Toradol. She described the residents and nurses' responses to her son's critical condition following the overdose as fragmented and unresponsive. The failure to rescue her son was a direct result of inaction and lack of response (or inappropriate response) by the nurses and residents on call. She attributed this lack of action to several factors and presented some points and suggestions for change:

- The hospital lacked a plan of care and, specifically, any roadmap to deal with complications under circumstances in which patients were expected to make a full recovery. Hospitals need to have a plan for dealing with emerging complications.
- Nurses were not knowledgeable enough in handling her son's deteriorating status/his complications. Nurses need better training and orientation in how to handle such circumstances. Ms. Haskell placed special emphasis on knowledge related to medications, medication administration, emergency medicine, and medications' side effects.
- Some nurses displayed a task-oriented only behavior. Because of this, they assumed a very narrow view of her son's situation. Nurses need to learn critical thinking skills and be able to view the patient holistically.
- Personnel were rendered ineffective by 'misplaced professionalism,' a term Ms. Haskell used to refer to behavior that disregards the patient's wishes/best interests. Nurses need to listen to the patient and the patient's family and view them as full and equal partners in care. Furthermore, to overcome misplaced professionalism, Ms. Haskell suggested that nurses strengthen their communication skills, ability to empathize, and confidence in their decision making.
- She stressed the need for adequate staffing with special emphasis on back-up systems to ensure appropriate personnel for emergencies and unexpected events. The development and effectiveness of rapid response teams was referenced as a supportable model.
- Finally, she noted the general breakdowns in communication and morale and noted the need to improve communication among and between professionals as well as to

empower nurses as patient advocates (and conversely to empower patients in their own advocacy).

A spirited discussion followed Ms. Haskell's comments with an emphasis on how nurses might work collaboratively with patients to mitigate these safety problems, how 'best practices' (e.g., root cause analysis) could serve as exemplars, the role of 'just culture,' and the work of the National Patient Safety Foundation (NPSF) in involving patients and families in decision making. In this regard, her comments about the effect of the system's fragmentation, high staff turnover, lack of accountability, and relevancy (or lack of) of nurses in her son's situation were particularly meaningful. In her concluding comments, Ms. Haskell shared her dream of a patient-nurse alliance that would not only have symbolic impact but would work nationally to improve patient care.

Developing NQSA's Mission, Purpose, and Priorities

Ms. Kurtzman briefly reviewed NQSA's proposed mission, purpose, and priorities and asked for the group's reactions and input. In reaction, the group shared the following suggestions:

- shorten the mission statement so that it is clear, concise, and ensure that there are measurable elements to what is proposed;
- ensure that all nurses – regardless of license and credentials (e.g., advanced practice) – are reflected (e.g., examples should reflect nurse practitioner practice);
- reflect an ongoing process rather than a final destination (e.g., avoid the term “achieve” with reflects an endpoint);
- stress the concept of collaboration with others;
- prioritize 'patient centeredness' by rewording the mission (e.g., “...patient centered care that is high quality and safe...”);
- specify how nursing will contribute in a different/unique way;
- introduce a nursing/patient alliance (versus a nurse-only alliance) in which nurses and patients would undertake improvements in quality and safety under a partnership; and
- reflect nurse as leaders to convey accountability (versus terms such as “collaborator” or “helper”).

While the group discussed the pros and cons of the term “patient centered” as opposed to “person centered” and/or “family centered,” it did not reach any conclusion about what would be most appropriate.

Additionally, the group spent considerable time on contemplating a reorientation of this effort from a nurse-only to a nurse-patient alliance. Generally, participants viewed this as a positive and powerful mid-course adjustment that should be fully explored and potentially pursued. It noted the need to multiple consumer advocates to best understand the potential for such a collaboration.

In response, Ms. Kurtzman indicated that project staff would refine and reframe the proposed mission, purpose, and priorities for further discussion on April 8, 2009.

Strengths-Weaknesses-Opportunities (SWOT) Analysis

Dr. Short presented the SWOT Analysis she prepared for the conveners noting that a SWOT is an analytic approach for identifying assets, avoiding pitfalls, and for making the most with limited resources. Because the group acknowledged that NQSA's direction might change (i.e., in partnership with patients), the group agreed not to spend substantial time dissecting the existing SWOT or analyzing the Alliance's assets. Rather, the group agreed to revisit the SWOT at its next meeting.

Other Business

Ms. Kurtzman addressed some old business. Specifically, that:

- In discussions with the National Collaboration of Ethnic and Minority Nurse Associations (NCEMNA), the group determined it did not have adequate resources to devote to participating in the NQSA planning grant at this time but hoped to serve as an advisor on any issue related to disparities. It was also confirmed that NCEMNA would hope to be involved at a later date;
- Ms. Kurtzman followed up with staff at Aligning Forces for Quality (AF4Q) to determine outstanding regional needs related to recruiting nursing talent. AF4Q project staff confirmed that each region had successfully recruited the nursing expertise for which it hoped so that existing communities did not have specific needs; however, this staff also indicated that a few new grantees might have needs related to recruiting nurses and that the conveners would be advised of any such opportunities.

Next Steps

Project staff thanked the group for its time and contribution and summarized next steps:

- reformulation of the mission, purpose, and priorities for review at the April 8th meeting;
- revisions to the SWOT analysis with identification of NQSA's assets;
- opportunity to further discuss a nurse-patient quality and safety alliance; and
- identification of a date/time for an August 2009 conference call.