



## Meeting Summary

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

January 26, 2009

An all-day meeting of the national nursing convener organizations was held on Monday, January 26, 2009 from 9:00 a.m. to 4:30 p.m. (Eastern Time) on the Foggy Bottom campus of The George Washington University (GW).

**Nursing Quality and Safety Alliance members present:** Kathy Apple, RN, MS, CAE, Geraldine (Polly) Bednash, PhD, RN, FAAN, Linda R. Cronenwett, PhD, RN, FAAN, Linda Q. Everett, PhD, RN, CNAA, BC, FAAN, Pat Ford-Roegner, MSW, RN, FAAN, Beverly Malone, PhD, RN, FAAN, Isis Montalvo, RN, MS, MBA, Mary Naylor, PhD, FAAN, RN Joanne M. Pohl, PhD, ANP-BC, FAAN, Laura Rhodes, MSN, RN Mary Jean Schumann, MSN, MBA, RN, CPNP, Diane (Dee) Swanson, MSN, NP-C, FAANP, M. Elaine Tagliareni, EdD, RN, Jan Towers, PhD, NP-C, CRNP, FAANP, FAAN, and Kitty Werner.

**Representatives ('Reactors') from other nursing organization present:** Kathleen Ashton, PhD, RN (American Association of Legal Nurse Consultants), Martha Bergren, DNS, RN (National Association of School Nurses), Joy Buck, PhD, RN (Hospice and Palliative Care Nursing Association), Barbara Blake, RN (UNAC/NUHHCE, AFSCME), Ann Cashion, PhD, RN (International Society of Nurses in Genetics), Sally Jewart, RN, BA, CNRN (American Association of Neuroscience Nurses), Heather McKensie, MBA, BSN, RN (Visiting Nurses Associations of America), Mary Lou Millar, RN (CHCA, AFSCME), Julie Stanik-Hutt, PhD, ACNP-BC, FAAN (American College of Nurse Practitioners), Valre Welch, MSN, RN, CPNP (Society of Urological Nurses and Associates), and Edilma Yearwood, PhD, PMHCNS, BC, FAAN (International Society of Psychiatric Nurses).

**GW staff present:** Jean E. Johnson, PhD, RN, FAAN, Ellen T. Kurtzman, RN, MPH, Kerry Livingstone-Moonan, RN, MSN, and Kate Discoll Malliarakis, MSM, RN, CNP, MAC.

**Others present:** Jeannie Miller, RN, MPH (Centers for Medicare & Medicaid Services), Karen Pace, PhD, RN (GW consultant by telephone), and Nancy Short, DrPH, MBA, RN (GW consultant).

### Welcome and Introductions

Dr. Johnson welcomed everyone in attendance to the meeting of the 'Planning a National Nursing Quality and Safety Alliance' (NQSA) project. In her introduction, she reminded the group of the meeting, organized by the Robert Wood Johnson Foundation (RWJF) and held in conjunction with the American Academy of Nursing (AAN) meeting in November 2007, which

was the inspiration for the project. It was during that meeting that discussion of a nursing quality alliance was first introduced.

Dr. Johnson noted that the planning project is a natural extension of these early conversations and serves as an opportunity for nursing to contemplate its role in policy. She also mentioned GW's role as neutral convener and her hope that the atmosphere will be conducive to an open and spirited discussion.

Dr. Johnson also mentioned the group of conveners—a core group of national nursing organizations representing the largest constituencies and an historical role in the quality and safety policy landscape—that will meet regularly throughout the project and discuss the establishment of an alliance. She also recognized and welcomed the representatives of the broader nursing community who will serve as 'reactors' to the process. Dr. Johnson mentioned that should the group ultimately decide to establish a collaborative alliance, the participating nursing organizations would likely expand.

Following introductions by each participant in attendance, the group reviewed the summary from its December 9, 2008 conference call. No comments, corrections, or amendments were made.

### **Project Overview**

Ms. Kurtzman provided brief introductory comments about the organization of the day and its agenda and then asked the group to turn its attention to the revised Ground Rules. She asked the group for feedback on the modifications and the overall revision. In its comments, the group agreed that the revisions reflected its previous discussion but sought clarification on three key issues:

- concerns regarding the ability of representatives of the convener organizations to practically commit resources without the support of their boards/constituencies and the need for adequate time to obtain such support;
- necessity for convener representatives to serve as advocates for decisions made by the group within their own constituencies/organizations including, but not limited to, obtaining support for resource commitments, as needed ; and
- clarification of the term 'consensus' to mean an affirmative vote by at least sixty-six percent (66%) of organizations in attendance.

The group asked project staff to make minor narrative adjustments to reflect these clarifications.

In addition to the Convener Ground Rules, Reactor roles and responsibilities were also reviewed with an emphasis on the confidentiality of designated information among participants.

### **Perspective from the Centers for Medicare & Medicaid Services (CMS)**

Ms. Kurtzman introduced Ms. Jeannie Miller, MPH, RN, Deputy Director of the Clinical Standards Group in the Office of Clinical Standards and Quality at CMS. In her introduction,

she noted that Ms. Miller would be addressing the role of CMS in the array of public-private quality alliances and how a nursing alliance might advance CMS' goals.

In her comments and in the discussion that followed, Ms. Miller shared the following key points:

- need for “nursing’s voice and active engagement” in CMS’ decisions and the need for the nursing organizations to view CMS as a partner rather than a adversary;
- the importance of persistence in approaching CMS with credible, evidence-based information;
- infrequency of nurses being consulted about important policy directions citing the use of standing orders as an example;
- encouragement to the nursing organizations and their leaderships to provide input and comments on CMS’ directions;
- opportunities that are likely to emerge from a nursing alliance, which was viewed as a structure to respond to issues and provide collaborative input on CMS’ regulatory agenda;
- need to ‘reframe’ the existing relationship between CMS and nursing so as to be patient-centered;
- opportunities to strengthen nursing’s visibility within CMS vis-à-vis the CMS nursing steering committee and the possibility of a representative from a nursing alliance to serve as an external member;
- willingness by Ms. Miller to serve as an advocate for nursing nominees to CMS-appointed committees and advisory groups;
- need for nursing to define key issues that must be addressed by CMS (e.g., help identify major issues in the delivery of nursing care) as well as respond to the issues once identified; and
- confirmation that comments from multiple organizations addressing the same topic are well received by CMS as are single, consensual comments that are supported by multiple organizations.

### **Reactor Comments**

Following Ms. Miller’s presentation, Reactors were invited to share suggestions, thoughts, and observations. The following comments were made:

- interest in ensuring that any nursing alliance reflects the full continuum of care provided by nurses including, for example, home care and hospice as well as community-based providers (e.g., school nurses);
- need to inform the nursing community about the policy development process (e.g., ‘cheat sheet’ on policy setting for nurses) and possible opportunities to advocate for nursing’s position;
- interest in quantifying the value of advanced practice registered nurses;

- concerns about the organization of primary care and a necessary reorientation to high quality, patient-centered care regardless of the practitioner delivering the service;
- need to involve and translate policy directions for bedside nurses;
- concerns about the over fragmentation of the health care delivery system and the ability and interest in nurses to bridge settings, 'transitional periods,' and coordinate care across an episode; and
- interest in the role health information technology (HIT) and the electronic health record might play in supporting a quality measurement and reporting infrastructure.

### **Performance Measurement, Public Reporting, and Value-Based Purchasing**

Ms. Kurtzman provided an overview of policy directions related to performance measurement, public reporting, and value-based purchasing. In her presentation, she emphasized the following points:

- environmental milieu including mounting pressures related to suboptimal care, increasing costs, maturing performance measurement/quality reporting enterprise, and replication of health care quality alliances;
- Federal agenda for health care reform;
- nursing's assets (e.g., national and regional nursing performance measurement databases) and the translation of these assets into opportunities for collaboration and development of health care policy solutions.

In response to the presentation, convener representatives shared the following points:

- historical involvement of nurses in important policy setting activities (e.g., Institute of Medicine committees);
- need for coordination of the quality enterprise and the questionable role of the Quality Alliance Steering Committee (QASC) and National Quality Forum (NQF);
- priority to identify experts in nursing who can contribute to policy setting in these areas and serve in leadership capacities (e.g., Aligning Forces for Quality);
- reactive, rather than proactive, role that has been assumed by nursing in quality-related efforts (e.g., responding to NQF proposed consensus standards rather than setting the agenda);
- potential to work with and infiltrate the existing alliances to ensure that nursing productively contributes; and
- need to identify the 'value-added' aspect of a dedicated nursing alliance.

### **Overview of Public-Private Quality Alliances**

Dr. Pace provided an overview of current health care quality alliances and the variations in their individual structures, roles, functions, funding source(s), and involvement by nursing. In her presentation, she highlighted the following:

- dramatic range of functions, organizational structures, and funding approaches assumed by the various alliances;
- need to strategically establish a clear mission and purpose in the quality measurement enterprise and to ensure that form (e.g., organizational structure) follows function;
- levels of funding which appear to be steepest among those alliances that are developing measures (e.g., Kidney Care Quality Alliance);
- movement among the existing alliances to a patient-centered orientation, which is reflected in their names (e.g., Long Term Care Quality Alliance);
- possible staffing arrangements including an example provided by the Pharmacy Quality Alliance which shares a staff member through a joint appointment with an academic partner;
- relative levels of success among the existing Alliances as evidenced by their sustainability (e.g., none has folded);
- initial motivation by many to convene as a result of legislative threats; and
- receptivity among the Alliances to include nursing participation.

### **Overview of Nursing Quality and Safety**

Ms. Livingstone-Moonan provided a presentation on the contributions and assets of the existing nursing organizations. In her presentation, she emphasized the following points:

- variation of organizational missions, investments, and emphases;
- involvement, in varying degrees, by each convener organization in quality of care and promoting nursing excellence;
- extent to which the convener organizations have invested in NQF and are 'partnering' with other key organizations (e.g., National Patient Safety Foundation) on issues related to quality and safety;
- history of collaboration among the nursing organizations as evidenced by their work developing the APRN consensus model; and
- interest in exploring whether there is a need to establish an organization whose primary mission is to improve quality.

### **Strengthening Nursing's Policy Voice**

Following the structured presentations, Dr. Johnson facilitated a brainstorming session in which the group discussed its interest in and possible roles for a dedicated nursing quality alliance. The group offered the following suggestions of purpose:

- serve as a central source (e.g., umbrella purpose) for all nursing quality and safety activities including those that are transformative and translational;
- proactively advocate for nursing's agenda rather than merely responding to policy setting;

- identify nursing's contribution to the national priorities and goals;
- proactively ensure that nursing is a valued contributor to the health care reform discussion(s);
- strategically position nursing's voice so it effectively impacts policy directions;
- mobilize the support of the nursing community and their respective professional organizations in addressing legislation;
- expand expertise/knowledge capacity and create a credible "nursing voice";
- translate policy directions for the nursing community;
- serve as a spokesperson for nursing and establish credible relationships with key decision makers (e.g., regulators, lawmakers);
- expand the breadth and availability of nursing performance measures;
- emphasize nursing's responsibility for the 'healing environment' and care coordination; and
- promote a patient-centric, family-centered health care system.

Additionally, the group contemplated names for a possible nursing alliance including "Nursing's Alliance for Safety and High Quality Person-Centered Care."

### **Small Group Brainstorming**

Following the general brainstorming undertaken by the full group, conveners and reactors were assigned to one of four groups for smaller brainstorming sessions on dedicated topics. The following describes each group's contribution.

#### **Group 1- How will NQSA's success be defined?**

- focused mission that relates to patient care and nursing practice;
- translation and expansion of the National Priority Partnership's goals and priorities for nursing's "consumption";
- external perspective that nursing is a solution to issues being faced by the current health care system and addressed through health care reform;
- support and affiliations with the broad nursing community and other health care quality alliances;
- widespread acknowledgement and understanding of nursing's impact on health care quality, safety, and value;
- development and use of parsimonious performance measures that address the work of nurses as well as an agenda for measure development;
- source of effective evidence-based nursing initiatives to reduce the gaps in quality, safety, and disparities;
- reputation as experts in the quality enterprise/policy development arenas;

- recognition as being essential in policy related to quality, safety, and patient-centered care across clinical settings and the lifespan.

**Group 2-What are the potential sources for this funding?**

- vendors and corporations including pharmaceutical companies and medical supply companies;
- foundation sponsors including the Robert Wood Johnson Foundation;
- insurance companies;
- AARP;
- funded fellowship(s) in quality and/or patient safety;
- labor organizations, unions, federations; and
- fund raising at the individual, nurse-level (e.g., solicit \$1.00 from each nurse).

The possibility of RWJF’s continued financial support in the ‘start-up’ implementation phase was also discussed.

**Group 3-Who are likely supporters of NQSA and what roles might they play?**

- consumers including patients and family caregivers;
- AARP;
- broad nursing community and its professional organizations;
- major health systems (e.g., Veterans Health Service, Kaiser Permanente);
- other health care quality alliances;
- media outlets and press; and
- labor organizations.

Group 3 identified potential individuals to influence and those with whom strong relationships should be built (e.g., Congressional staffers).

**Group 4-Who are likely detractors and what might their objections be? How might these organizations be engaged/converted?**

Group 4 identified that a wide variety of groups, alliances, and organizations that might view the formation of a nursing alliance as a threat based upon its ultimate focus/purpose. Group 4 highlighted the importance of defining the alliance so as to not replicate the established functions of the existing nursing organizations. Group 4 also identified risks that would detract from the alliance’s efficacy with particular emphasis on issues related to ‘under-resourcing’ (e.g., insufficient expertise, funding, political and professional relationships).

It was the recommendation of this group that any alliance best position itself through:

- achieving early and successful deliverables/contributions;

- emphasizing the ‘differences’ in the nursing alliance on the current health care quality enterprise;
- establishing partnerships with other health care professionals and their organizations to enhance the alliance’s strength and reduce conflicts; and
- establishing strong supportive relationships with the breadth nursing organizations and the larger nursing workforce to create a sense of affiliation.

### Next Steps

Ms. Kurtzman thanked the group for its time and contribution and summarized next steps:

- consider preliminary mission and purpose statements as well as functional priorities; and
- analyze the Strengths-Weaknesses-Opportunities-Threats (SWOT) for establishing a nursing quality alliance.

Additionally, the group suggested the following additional materials be developed to facilitate its discussion:

- summary of the federal policies that would have been enhanced had it been for nursing’s input; and
- inventory of the organizations and partnerships (e.g., National Patient Safety Alliance) that have been forged by the professional nursing organizations.

Ms. Kurtzman emphasized that an assessment of the feasibility of producing these additional materials would be made within the context of the project’s deliverables and timeline.

### Executive Session:

Ms. Kurtzman requested feedback to enhance future meetings. The following comments were shared:

- general support for the meeting content and structure including the involvement of the reactors;
- interest in obtaining meeting materials a week in advance;
- concerns about the method of distributing/transmitting the materials with a suggestion to post them to a secure online site;
- support for the inclusion of organizations that can address issues related to diversity and equity with specific queries about National Coalition of Ethnic and Minority Nurse Associations’ (NCEMNA) participation.

Ms. Kurtzman also solicited the names of potential guest speakers for future meetings and conference calls. The following names were suggested: Cathy Rick, Jeanne Lambrew, Bobbie Berkowitz, Carolyn Clancy, and Sue Hassmiller. General interest in speakers from the Medicare Payment Advisory Commission (MedPAC) and the Obama Administration were also suggested.