



Meeting Summary

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

July 20, 2009

An all-day meeting of the national nursing convener organizations was held on Monday, July 20, 2009 from 8:30 a.m. to 5:00 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, 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, Pamela H. Mitchell, RN, PhD, FAAN, FAHA, Isis Montalvo, RN, MS, MBA, Joanne M. Pohl, PhD, ANP-BC, FAAN, Mary Jean Schumann, MSN, MBA, RN, CPNP, Diane "Dee" Swanson, MSN, NP-C, FAANP, M. Elaine Tagliareni, EdD, RN, Pamela A. Thompson, MS, RN, FAAN, Jan Towers, PhD, NP-C, CRNP, FAANP, FAAN, Kitty Werner, and Marla Weston, PhD, RN.

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

Others present: Carolyn Clancy (AHRQ), Cleve Corlett (Brand Planning, LLC), Janet Corrigan (NQF), Henry Engleka (Widmeyer Communications), Marybeth Farquhar (NQF), and Sue Hassmiller (RWJF).

Before the meeting's official start, the conveners met in executive session while the reactors were briefed on NQSA developments by project staff. Following these independent discussions, the group convened together in the Weingold Conference Center.

Welcome and Overview

Dr. Johnson welcomed the participants to the meeting and acknowledged the significant amount of work that has been accomplished under the planning grant.

NQF and The Quality Enterprise

Following Dr. Johnson's brief welcome, Ms. Kurtzman introduced Drs. Janet Corrigan and Marybeth Farquhar of the National Quality Forum (NQF). In their comments about health reform, the role of transparency and accountability, and the contribution of NQF, they highlighted the following key points:

- decade-long effort since the initial reports by the Institute of Medicine (IOM) on the lapses in quality and safety with results that are mediocre;
- shift in discussion from quality and safety to that of "value;"

- fragmentation of the delivery system which prevents improvements that are rapid and sustained;
- enormous investment in quality (e.g., comparative effectiveness, health information technology, prevention and wellness, etc.) as part of the federal government's stimulus package;
- immediate focus by Obama Administration on 30-day hospital readmissions and bundled payments, pay for performance
- incremental changes that rely on incentives that counteract volume-effects under Medicare FFS (Medical Home, transitional care, palliative care programs, shared savings), patient engagement (informed decisionmaking, patient self management), accountable care entities, outcomes-orientation (e.g., hospital-acquired conditions);
- contribution of Stand for Quality which represents more than 200 contributing organizations and lays out an infrastructure and stepwise effort to link performance measurement to health reform;
- NQF's agenda which focuses on collaborative and leadership role in setting national priorities (vis-à-vis the National Priorities Partnership [NPP]), measure endorsement in alignment with those priorities, migration of measures to an electronic platform; and
- detail regarding the measure endorsement and maintenance projects planned and underway.

Following their comments, there was an opportunity for questions and dialogue. In the discussion, the following key points were raised/shared:

- acknowledgement that health disparities is viewed as a cross cutting priority among the NPP;
- concerns about overuse , the need for new payment systems that drive patients toward primary care, and concerns about the lack of discussion of the roles of nurse practitioners (NPs) and physician assistants (PAs);
- need for immediate changes to scope of practice laws to enable all practitioners to practice to their fullest extent;
- suggestion to develop an economic case for the use of NPs and PAs that might speak to these issues;
- need to demonstrate the value of inpatient nursing care recognizing that nursing as a separate service is unlikely to be unbundled from room and board;
- attribution of ongoing lapses to the fact that improvements were not coordinated around high leverage areas and lack of organizational supports (e.g., health information technology) to enable such improvements;
- view that greater emphasis by CMS on the measurement and reporting of nursing-sensitive performance measures is likely;
- interest in examining the work of other countries in our nation's quality enterprise and infrastructure;

- recommendation for NQSA to align its work with the NPP priorities/ goals and assess how nursing fits into the innovative payment models being contemplated.

Review of and Comment on Conference Call Summary (June 10, 2009)

The group reviewed the summary from its June 10, 2009 conference call. No comments or amendments were made.

Establishing NQSA's Nominations Process

After conveners raised concerns about the process that was used to identify and nominate candidates to NQF's Board of Directors, project staff documented and proposed a formal process. The group had a chance to review the process and share comments and concerns:

- general support for NQSA assuming a role in the nominations of nurses to key boards and leadership groups but overall agreement that the process as described was too complex and rigid;
- acknowledgement that there are two types of opportunities for placement – organizations that solicit nominees for specific vacancies (e.g., NQF, Joint Commission) and organizations for which ongoing monitoring through the Federal Register is necessary to identify such opportunities – with the latter being much more time consuming and likely beyond the scope of NQSA staff;
- suggestion to prioritize organizations and positions for which placement is a high priority and simply monitor and/or respond to requests/announcements by those organizations and for those positions;
- acknowledgement that in its early stages, NQSA may not be equipped to handle the full scope of responsibility for nominations, but, that over time and with maturity, it may be able to assume more of a role;
- agreement that the ultimate goal is for organizations to solicit names from NQSA rather than NQSA “chasing” organizations and their positions;
- suggestion to develop a pool of qualified candidates and draw heavily on that pool;
- concern that there needs to be ongoing support for those who are appointed to serve on behalf of NQSA; and
- interest in NQSA becoming a member of NQF.

Nursing Research: Informing High Value and Health Reform

Dr. Johnson introduced Carolyn Clancy, Director of the Agency for Healthcare Research and Quality (AHRQ). She shared her observations about health care reform and AHRQ's mission, priorities, and role. In her comments, she highlighted the following:

- AHRQ's involvement in nursing including recent funded research addressing nurse staffing and quality and the nursing work environment and a volume of evidence reviews, formatted into a textbook, on evidence-based nursing practice;
- contributions of the AHRQ Healthcare Quality and Disparities Reports;

- emphasis on comparative effectiveness research and an expanded portfolio under the stimulus package; and
- future challenges of AHRQ in ensuring that comparative effectiveness research is practical and usable, separation of the conduct of research from its policy uses, research tools and applications are aligned with the needs of various audiences, and translation of AHRQ-funded research into practice.

Questions from the group, to which by Dr. Clancy responded, addressed the following issues:

- the level of scientific rigor for evidence that informs quality improvement and wider acceptance of non-RCT-level studies;
- acknowledgement of AHRQ's contribution as a reflection of the significant increases in funding under the stimulus package;
- need for and interest in funding patient engagement research;
- general support for a "Center of Innovation" at CMS to pursue new models quickly and more simply than through demonstrations, etc.;
- interest and support for NQSA in contributing to the quality enterprise and effectively spreading evidence-based practice but concern that it is a late newcomer; and
- recommendation to the conveners that nursing should closely monitor health information technology developments;
- opportunities for nurses to serve on AHRQ committees and technical panels.

Developing NQSA's Brand Identity

Cleve Corlett representing Brand Planning, LLC and Henry Engleka from Widmeyer Communications joined the group and facilitated a group brainstorming process on NQSA's brand. Attachment 1 provides a detailed summary from this portion of the meeting.

Other Business and Next Steps

The meeting ended with an executive session of the conveners. Ms. Kurtzman reminded the group of their next conference call on August 19, 2009 and the focus on governance and operational structures.

Attachment 1: Summary from Workshop on Developing NQSA's Brand Identify

Areas of Inquiry

In the course of this workshop, the following areas of inquiry were explored:

- Target Audiences: Who are the target audiences, what are their needs, and what do we have to offer them?
- Competitive Context: What is the "space" in which the NQSA competes for share of voice, who else is in this space, and what are the NQSA's unique offerings?
- Brand Aspirations: What are our long-term aspirations for the NQSA; what could it become?
- Brand Architecture: What are the unique strengths of the NQSA from a rational perspective, and what are the emotional rewards that the organization offers? What words or succinct phrase best captures these rational and emotional elements that would be compelling to target audiences?
- Name Considerations: What are alternative, potential names for the NQSA that may more readily communicate the brand promise?

The following sections present the findings for each area of inquiry.

TARGET AUDIENCES

The potential target audiences for the NQSA represent the broadest array of interests in the health care arena.

- Nurses
- Professional nursing organizations
- Schools of nursing and other allied health programs
- Patients, Families, Communities
- Legislators, Policy makers
- Thought leaders: Health experts, Economists, Institutions (Brookings)
- The Joint Commission (JCAHO), Institute for Healthcare Improvement, Other quality improvement organizations
- Global, International organizations
- Physicians
- Other health care providers
- CEO of hospitals and health systems
- Payors
- Media
- Funders

Those with the highest priority are identified as the following:

- Policy makers
- Other quality improvement organizations
- Professional nursing organizations
- Payors
- Nurses
- Patients

Meeting Audience Needs:

The relevant characteristics of the NQSA for these audiences emphasize a pragmatic focus on patient/consumer health care needs from a holistic, uniquely nursing vantage point. This “in the trenches” perspective gives the NQSA a high level of credibility and impact, qualifying it to be a major player in health care policy decisions. At the same time, the NQSA takes an inclusive approach toward other involved organizations.

- Translating quality into practice
- Consumer/patient focus - more than a nursing perspective
- Holistic view on health and wellness (with other organizations)
- Essential voice at the table: patient/nurse interaction impacts outcomes
- “Trustworthy and credible” source of information about quality and what would improve the quality of care
- Guarding the public health
- Offering more engagement by patients
- Offering “What can we do for you?” - for non-participating nursing organizations

Audience Specific:

- Professional nursing organizations: magnify their influence on policy
- Nurses: leadership and information on quality-related policy issues
- Policy makers: nurse experts for national quality advisory boards
- Thought leaders: nursing perspective on quality and safety
- Schools of nursing and allied health programs: information about nursing’s role in advancing patient-centered quality and safety
- Funders: guidance on how to support and translate nursing research and practice related to quality and safety
- General public: collaboration on issues related to quality and safety

Overarching themes:

- Offering professional leadership and influence
- A credible source for information
- Offering policy solutions
- A major influence on the quality and safety of health care

Why now?

The timeliness of this effort hinges on at least three key elements:

- Health care is at the top of the national agenda
- Nurses are highly trusted (Gallop poll)
- Internal goals within nursing to establish a leadership role

COMPETITIVE CONTEXT

In answering the question, *“What role do we play in health care?”*, the holistic, birth-to-grave guardianship of consumer health that nurses fulfill was emphasized.

- Ensuring quality and safety in health care
- Nursing is health care – we translate health care for patients
- Optimizing health – for patients and preventative medicine
- From birth to death, making lives better
- Safe navigators of care

What do we offer?

Watching out for patients’ and consumers’ interests, offering policy solutions across the full spectrum of health care issues, and speaking with a unified voice are all part of the NQSA’s overarching brand promise.

- Standards/solutions for quality and safety in health care delivery
- Watchdog for patients’ and consumers’ interests
 - Creating a unified voice for individuals (not just groups)
- Care vs. cure – focused on patient interaction, not just curing disease
- Translate what we know into policy across the entire spectrum of health care – specific to safety and quality
 - Not just for patients; also for consumers, families and care givers
- Unified voice for the improvement of health care (unified voice for the improvement of quality and safety in health care)

What are our rewards?

Logically, the rewards of the NQSA’s activism include improved public health, equitable treatment, increased patient satisfaction and cost savings – all reasons that the NQSA should be at the health care decision table.

- Improved public health
 - Healthier population
- Equitable treatment
- Patient satisfaction
- Empowerment
- Cost savings
 - High value health care
 - Part of the solution for larger economic problems
- Solutions to safety and quality issues

How are we different than other groups with similar offerings?

Some of the NQSA’s distinguishing characteristics include a “partnering” philosophy while representing the largest group of health care professionals in the U.S.. This combination of clout through numbers and broad representation while embracing a team approach is unique and laudable. In addition, the continuous and holistic attention that nurses and, by extension, the NQSA pay to the lives of patients is also distinctive.

- Partnering with patient and consumer groups
- Largest group of health care professionals in the country

- We are involved in every component of the health care system
- Unique nursing knowledge and perspective: “We are at the front lines and understand the quality at the patient level – we are the safety net for patients, but done as a member of the team.”
- Constantly thinking about the patient’s total life: “I think about how people live their lives on a day-to-day, hour-to-hour basis.”
 - Looking at it from a continuum of care perspective
- Key educators of the public in terms of health
- The alliance creates a greater impact with all member organizations’ voices
 - Stronger political advocate for patients
 - The alliance of so many health care organizations is unique – helps external audiences by focusing on a single entity
- Different from ANA: We represent organizations, not individual nurses. We represent organizations that represent different perspectives on nursing.
 - Our focus is on quality and safety – different from a professional organization

BRAND ASPIRATIONS

Challenges

Some of the challenges facing the NQSA include identifying messages and actions that embrace all members and advance its cause, while finding the boundaries with which all members are comfortable. Ironically, addressing these internal challenges will play a large role in the organization’s ability to overcome the external challenges/barriers of invisibility and second-tier status behind other health care organizations and special-interest groups. To this end, members of the NQSA must develop a high level of trust in the organization and its actions.

- Internal: Individual interests
 - “Quality and safety are big – a lot can come under it. We need to make sure that the NQSA always speaks for all of the member organizations – acute care, community care and primary care.”
- Internally: “It is a weakness to think we are more than we are, instead of focusing on quality and safety – stay focused on the target and how we communicate that.”
 - “We are specific to safety and quality.”
- External: Lack of visibility or indifference
 - “We have not been visible by producing papers, and we don’t control the finances of quality and safety.”
 - “We need to be well known, have a strong presence.”
- Nursing is perceived to be in the second tier of influence/importance among policy decision makers (below hospitals, physicians, providers and payors) – “We want to be in the first tier.”

Strengths

Key strengths of the NQSA include its breadth of representation, large influence on patient outcomes, and pragmatic translation of research. While the emphasis on quality of patient care is admirable, nursing’s value in the health care economic equation also needs to be articulated.

- Breadth of representation and impact
- Patient-centered approach
- High level of public trust

- Expanding evidence-based linkage of nursing–quality–value
- Unique perspective
- Strength in numbers – of 2.9 million nurses and of member nursing organizations
 - Can make a strong impact if unified
- “This group is not about being reimbursed (as opposed to other groups) – it’s about the quality of care that a patient gets, which demonstrates the value of investing in nursing.”
 - “We need to articulate our value as part of the medical team – to receive just attention and compensation.”
 - “There must be a finance piece to the quality perspective – that’s how we get the attention of CEO’s.”
 - Nursing value: patient outcomes, positive patient health. “We should point to five things annually.”
- We fill the gap in translating research into practice.
 - “We have a unique expertise in that niche due to our numbers and breadth of application.”

Words at our Best

Adjectives that describe the NQSA at its best reflect an organization that is pragmatic, holistic, caring, and leading the way for improved health care quality.

- Pragmatic, Outcomes oriented
- Holistic
- Caring
- United
- Strong, Bold
- Patient centric
- Strategic, Essential
- Visible, Prominent
- Timely, Reliable
- Consulted, Intellectual
- Transparent

Most Important:

- Effective
- Influential: to make change, being heard
- Leading: leading in standards to improve quality

Future Vision

While today the NQSA is an alliance of nursing organizations for initiating improved health care quality and safety, the vision for the organization embodies one of the most influential organizations in health care policy development – becoming a leader in health care solutions related to quality and safety.

Today:

- A group who sees a need for a new, unified direction in quality and safety
- Alliance for making change happen in the area of quality and safety
- An alliance of nursing organizations influencing health care quality and safety

DO NOT CITE OR QUOTE

- Network of organizations committed to improving quality and safety
- Having a voice in the health care arena

Tomorrow:

- The most influential organization on quality and safety in health care
- Leading the health care quality and safety movement
- No decision about health care quality or safety would be made without this group at the table
- The leading voice for quality and safety in health care in America and the world
- The go-to organization when you need information about quality and health care
- Consumers' best advocate for safe, high value health care
- The lead organization for all things related to patient health
- Champions of quality and safety in the delivery of health care
- Leading nursing quality and safety policy efforts
- Innovate leader and influencing quality and safety
- The leading alliance for quality and safety in health care at home and globally
- Leaders in quality and safety in health care
- Organizations with solutions to improve the quality and safety in health care
- Nursing being the lead in providing a true patient-centered model (of health care)
- The most trusted voice on health quality and safety
- Able to mobilize nurses across the country to join quality and safety initiatives through member association
- The voice of nursing to decision-makers and funders
- Recognized leader in influencing quality and safety in health care. Serving as an advocate for health care improvement
- The group that makes quality and safety happen. Influential voice for the improvement of health care. Reliable and effective champion for the quality and safety of health care.
- Première nursing alliance promoting quality and safety

BRAND ARCHITECTURE

Rational Elements

The unique selling points of the NQSA from a rational perspective center on its breadth of membership and impact, patient/consumer-centric approach for solutions, and transparency.

- Representing the largest health profession in the US
- Patient/consumer-centered
- Having the greatest effect on advancing quality health care and safety
- Widest range of health care delivery considerations
- Offering solutions

Most Important:

- Having the most pervasive effect on advancing quality health care and safety
 - Nurses are the largest number of health care providers, and the most pervasive provider throughout health care
- The most influential organization for quality and safety
 - Stay away from comparisons with use of the word 'most'
- Essential voice for making safety happen

DO NOT CITE OR QUOTE

- Compelling
- Quality and safety, transparency and accountability
 - TASQ: Transparency, Accountability, Safety, Quality
- Indispensable, Crucial

Emotional Elements

The emotional rewards of such a caring and collaborative organization are feelings of empowerment and safety.

- Caring
- Collaborative
- Empowering
- Confidence
- Driving Force
- Reliable
- Making a difference in your life – Safer, Trusted (opposite of fear)
- Survive, Thrive
- Safe, Trusted
- Relief, relieved that this group is here
- Reassurance
- Awe-inspiring in bringing multiple groups together
- Inspired – an inspiration to nurses, doctors, patients, policy makers
- Groundbreaking
- Inclusive to other organizations, feel included and attended to

Brand Mantra

For workshop participants, the words or phrases that best capture the promise of the NQSA reflect an action-oriented organization related to health care quality and safety. Probably the most succinct statement of this concept was expressed very early in the workshop:

“Making quality and safety happen.”

- Inspired by safety
- Inspiring quality and safety
- Safety net for quality health care
- Optimizing quality care
- Optimizing health
- Optimizing life
- Ideal health for life
- “Only the very best will do”
- Living life Longer
- Making safety happen – in policy and on the ground
- Navigating safe, quality care – life depends on it
- Improving quality to keep you safe
- Promoting quality to achieve safety
- Change – changing health for tomorrow
- Transforming, transformational
- Making the difference in quality and safe health care, making the difference in your life
- Changing lives

DO NOT CITE OR QUOTE

- Solutions for a healthier tomorrow
- Driving solutions for a healthier tomorrow

NAME CONSIDERATIONS

While no clear direction for an alternative name to the Nursing Quality and Safety Alliance was identified by workshop attendees, emphasis on the word “alliance” and all that word implies was consistent. One advantage to “Alliance for Health Care Safety and Quality” is that it more clearly communicates the goal of the organization to impact health care safety and quality, not nursing quality and safety. However, it is too long to be a practical consideration.

- Alliance is good
 - Avoid confusion with NQF and NCQA
- Partnership, Coalition, Collaboration, United
- Strength
- Alliance for Health Care Safety and Quality
- Alliance in Nursing for Safety and Quality
- “I think we have a good name (NQSA).”
- Trust as an alliance - as a noun: The Nursing Quality Trust
- TASQ - Transparency/Accountability/Safety/Quality