



Conference Call Summary

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

May 14, 2009

A conference call involving the members of the Nursing Quality and Safety Alliance was held on Thursday, May 14, 2009 from 3:00 p.m. to 5:00 p.m. (Eastern Time).

Nursing Quality and Safety Alliance members present: 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, Pamela H. Mitchell, RN, PhD, FAAN, FAHA, Mary Naylor, PhD, FAAN, RN, Joanne M. Pohl, PhD, ANP-BC, FAAN, Laura Rhodes, MSN, RN, Mary Jean Schumann, MSN, MBA, RN, CPNP, M. Elaine Tagliareni, EdD, RN, Jan Towers, PhD, NP-C, CRNP, FAANP, FAAN, and Kitty Werner.

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

Others present: Sue Hassmiller, PhD, RN, FAAN and Nancy Short, DrPH, MBA, RN (GW consultant).

Welcome

Dr. Dawson welcomed the participants and thanked them for their continued contribution to and enthusiasm for the project.

Overview of Agenda and Conference Call Objectives

Ms. Kurtzman referred to the materials that were posted for review by the participants in advance of the call and summarized the three major agenda items to be discussed as follows:

- reviewing current directions in establishing NQSA including the role of patients, consumers, and families in its operationalization;
- finalizing NQSA's mission, purpose and; and
- discussing NQSA's organizing structures.

Following these introductory comments, the group reviewed the summary from its April 8, 2009 meeting. No comments, corrections, or amendments were made.

Contemplating the Consumer Partnership

Dr. Johnson introduced the discussion regarding the role of consumers, patients, and families in the Alliance by referencing the conveners' support for a partnership model. Dr. Johnson asked the group to consider how this partnership might be operationalized especially in light of previous concerns raised by the group that the Alliance not lose its focus on nursing. In response the group discussed the need for a balance between consumer involvement and being able to rapidly respond ("SWOT Team") on policy issues that impact nursing. Overall, the group agreed that NQSA should maintain its relationship with consumers while remaining nimble. To achieve this, the conveners recommended that consumers/consumer interests be coordinated through an advisory body to or select number of seats on NQSA's Steering Committee. Ultimately, this was viewed as being inclusive while serving nursing's interests. It was also viewed as being distinct from other quality alliances (e.g., Hospital Quality Alliance, AQA, Kidney Care Quality Alliance).

Dr. Johnson also asked the group to contemplate whether other stakeholders (e.g., policymakers, public and private payers) should be included. In response, it was suggested that there should be a core group of partners with some fluidity (e.g., distinct number of seats for other experts) for other participants based on issue and the requisite expertise.

Finalizing a Mission, Purpose and Priorities

Ms. Kurtzman asked for feedback on NQSA's revised mission, purpose, and priorities. With only one exception (i.e., removal the word "their" in the mission statement), the group agreed on that which had been proposed by staff.

Creating NQSA's Organizing Structure

Dr. Short introduced the recommendations regarding NQSA's organizing structures and asked for feedback on each of the following areas:

Management and Oversight

Four options for NQSA's proposed management structure were summarized for the group. These options ranged from a highly simple and dependent organization (option 1) to an organization that was complex and independent (option 4) with option 3 – an affiliation with an existing 'host' organization – being proposed as the 'path' for NQSA. Dr. Short encouraged the group to agree to criteria possessed by the host organization recognizing its selection is likely to be controversial.

In its reaction, the group raised the following key points:

- concern regarding funding and resources for NQSA's implementation accompanied by a discussion of RWJF's solicitation in a grant proposal; and

- risk to NQSA of the host organization “taking over” its agenda accompanied by agreement that the host’s mission would need to be compatible (e.g., AAN, ANA) and that a memorandum of understanding would protect all parties.

The conveners had a short discussion regarding the type of host to be considered including the possibility that a non-nursing group (e.g., The George Washington University) might assume the role of host. In conclusion, project staff indicated that the criteria would be applied to a small number of candidate hosts so that the group could arrive at a decision during its June conference call.

Governance

The group quickly agreed to a number of governance-related decisions:

- need for a Steering Committee rather than a Board as NQSA’s primary governing structure;
- trust in a single leader as chair (rather than co-chairs as had been recommended);
- retention of a majority position of nursing positions on the Steering Committee; and
- disposal of the Executive Committee assuming a smaller, more nimble Steering Committee.

Additionally, the group sought additional clarification and refinement of the following recommendations:

- overall size of the Steering Committee as the recommended size was viewed as too large;
- role and function of the Work Groups as detail was insufficient; and
- timing and frequency of Steering Committee meetings as the recommendation of quarterly meetings was viewed as too frequent.

Membership

In response to project staff’s recommendations regarding membership, the group made the following comments:

- interest in waiving dues or charging a nominal fee during the first year when NQSA is proving its value;
- need to demonstrate to likely funders (e.g., RWJF) support among the nursing organizations vis-à-vis some dues; and
- support for a significant differential between the dues of organizations that serve on the Steering Committee and those that do not.

Proposal Development

Dr. Dawson confirmed for the group that a grant would be developed to solicit Foundation support for NQSA's implementation. She invited the conveners to send any information they wished to include and asked the conveners how they would like to be involved. In response, the conveners expressed their interest in reviewing the proposal and offered to provide any supporting material that would be helpful and necessary. Project staff indicated that although time would be abbreviated, the proposal would be shared with the group and comments solicited.

Other Business and Next Steps

Ms. Kurtzman reminded the group that they had been invited to nominate a nursing leader to serve on CMS's new, internal Nursing Steering Committee. She asked that the group think about and propose possible nominees who would be able to attend quarterly meetings at CMS in Baltimore and be available for intermittent telephone conference calls. Others indicated that the candidate must be willing to keep the entire group up-to-date on the Steering Committee's activities and contributions by producing short, written updates following each meeting. Ms. Kurtzman indicated a discussion of possible nominees would be included on the conveners' next conference call.

Ms. Kurtzman also asked the group about its interest in having strategic discussions about the National Quality Forum's Board. She mentioned a conversation with Dr. Janet Corrigan, PhD, MBA, in which she was supportive of the idea of the NQSA providing multiple names of nominees.

Ms. Kurtzman reminded the group that it would reconvene on June 10, 2009 by conference call to continue its discussions about operating structures and discuss its nominations to CMS and NQF.