



Nursing Quality and Safety Alliance (NQSA) Establishing NQSA's Governing Structures

Background

To date and under the planning project, a number of key decisions related to the Nursing Quality and Safety Alliance's (NQSA) governance, leadership, and operations have been made. For example, the Alliance's Steering Committee has been envisioned (attachment 1) and convener and reactor ground rules (attachments 2 and 3) adopted.

In anticipation of formally launching NQSA in early 2010, further discussions regarding these matters are needed to ensure that NQSA's Steering Committee has been seated. Furthermore, formalizing NQSA's operating procedures will result in order, fairness, and balance which are essential for building trust and achieving participation from the broader nursing community.¹ For this reason, a list – although not exhaustive – of key issues and proposed responses are offered. Fidelity to and consistency with these original structures and principles as well as consistency with suggestions made by an attorney with expertise in non-profit administration have been assumed in formulating these recommendations.

It should also be noted that in contemplating possible approaches to seating NQSA's Steering Committee and naming its Chair and Vice Chair, options are relatively limited due to the fact that *currently*, there is no existing membership or leadership. As a result, some of the typical approaches that typically rely on nominations and elections are unavailable to us at the present time – there is no existing, electoral body. For this reason, alternative approaches based on fairness, balance, and equal access (e.g., random selection) have been recommended.

Membership Issues

1. What eligibility criteria guide NQSA membership?

Response: Four key criteria guide NQSA membership:

- a) Any nursing organization that is based in the United States and has a national mission, scope, or membership – including professional organizations, specialty societies, and labor groups – is eligible for membership.
- b) Any organization that represents the health-related needs, interests, and concerns of patients, consumers, or family members and is based in the United States is eligible for membership.
- c) Other stakeholder organizations that have representatives appointed/elected to the Steering Committee may serve as Principal members.
- d) NQSA members must support the mission established for NQSA and have a direct interest in its purpose and priorities.

¹ This is of particular importance to some reactors who shared their concerns during our July meeting about access and equity to NQSA and its governing structures.

Together, these criteria effectively exclude organizations that serve state and/or regional interests as well as individuals.

2. What are the categories of membership?

Response: As envisioned, there are two membership categories:

- Principal members: Those organizational members that have a representative who serves on the Steering Committee. Principal members will assume dues at the rate of \$2,500 annually unless waived by the Steering Committee.
- Non-principal members: Those organizational members that do not have a representative serving on the Steering Committee. Non-principal members will assume dues at \$750 annually unless waived by the Steering Committee

3. Who serves as the point of contact for Alliance business?

Response: All members must identify an organizational representative who will serve as the Alliance key contact. For Principal members, this point of contact will automatically be the representative who serves on the Steering Committee. Among the non-Principal members, this person must be named and will be the primary point of contact and source of communication with NQSA.

4. What is the NQSA dues obligation?

Response: All NQSA members are obligated to pay dues within 90 days of notice. Following the 90-day grace period, membership will be terminated.

Principal and Steering Committee Issues

5. What are the duties of the Steering Committee?

Response: NQSA's Steering Committee and the Principals who comprise it will represent the Alliance's leadership. To that end, the Steering Committee will provide strategic direction and have ultimate accountability for the Alliance's vision and daily operations. As currently envisioned, the Steering Committee will meet twice a year in Washington, DC and routinely by conference call. Principals' travel/direct expenses will be covered by the Alliance.

6. What characteristics must Principals possess?

Response: Principals must be able to contribute to NQSA's mission, purpose, and priorities and assume the responsibilities of the Steering Committee. Furthermore, Principals must represent organizations that are NQSA members in good standing.

7. Are principals elected or appointed and what process is used to identify and seat them?

Response: Currently, NQSA does not have a membership although one will be in place by early 2010. Until a membership exists, in order to seat NQSA's Steering Committee, a fair and equitable process will need to be adopted. Based on the envisioned composition of the Steering Committee (attachment 1), the following is proposed:

- a) The representative from each of the original eight convener nursing organizations who will serve on the Steering Committee will be identified and appointed by the organization. At their option, this representative can be staff (e.g., Chief Executive Officer) or a volunteer member (e.g., President) of the convener organization.
- b) The three other Principals from national nursing organizations – beyond those enlisted to serve as convener organizations – will be appointed to the Steering Committee. Initially, they will be selected at random² from the pool of candidates who are nominated from any national nursing organization that meets membership criteria. Project staff will assume responsibility for establishing a nominations process and conducting this random selection. Notification of the results will be shared with the Principals, nominating organizations, and candidates.
- c) Until a Steering Committee and membership have been seated, non-nursing Principal seats (three consumer and two “other”) will be appointed by the existing conveners based on recommendations of the conveners, reactors, and/or project staff.

8. What criteria might be adopted to solicit non-nursing Principals?

Response: Consumers will hold three Principal seats on the Steering Committee. For this purpose, three categories of consumer will be considered:

- a) individuals who are supportive of NQSA’s mission;
- b) representatives of consumer organizations, groups, or societies (e.g., Childbirth Connections, Consumers Advancing Patient Safety, Consumers Union, Mother’s Against Medical Errors);
- c) representatives of organizations advocating on behalf of patients’ families (e.g., National Partnership for Women and Families, Institute for Family-Centered Care).

Two Principals must represent organizations and the remaining one must be an individual.

9. How are the staggered 3-year terms assigned to each Principal?

Response: Once the Steering Committee has been named, a random process will be used to assign 1-, 2-, and 3-year staggered terms.³ Project staff will assume responsibility for conducting this random selection. Notification of the results will be shared with the Principals.

Leadership

10. What are the duties of the Chair and Vice Chair?

Response: Initially, only a Chair and Vice Chair will be named (e.g., no Secretary or Treasurer). The Chair will preside over NQSA meetings and oversee the strategic and operational direction of the Alliance. The Vice Chair will perform the roles/duties of Chair

² Project staff will devise a process to select names at random (e.g., drawing eligible names from a hat).

³ The exception to this is the Chair and Vice Chair who will, at least initially, be assigned two-year terms of office.

in their absence, assume assignments at the request of the Chair and Steering Committee, and succeed the Chair. The Chair and Vice Chair must be a representative from one of the original eight convener organizations.

11. How are the Chair and Vice Chair appointed/elected from among the Principals? What is his/her terms of office?

Response: Nominations from among the Principals of the eligible eight convener organizations will be invited for the Chair and/or Vice Chair roles. The Chair and Vice Chair will be appointed to serve in these leadership positions based on random selection. Project staff will assume responsibility for establishing a nominations process and conducting this random selection. Notification of the results will be shared with the Principals, nominating organizations, and candidates. Initially, a two-year term of office will be assumed by persons in these roles.

Procedural Matters

12. What policies related to voting need to be established?

Response: Each Principal of the Steering Committee holds one vote. On routine decisions (e.g., dates/locations for meetings, ratification of committee minutes, and task force appointments), once quorum is met, a simple majority of voting Principals in attendance is needed for action/approval. On strategic and/or policy decisions, consensus of at least 2/3 (66%) of voting Principals in attendance is required for action/approval. No proxy voting is allowed.

13. How is a quorum defined?

Response: A quorum is defined as at least 1/3 of the full Steering Committee (i.e., 6 Principals).

14. What policies are needed regarding resignations and vacancies from the Steering Committee?

Response: Principals may resign from the Steering Committee at any time. Resignations must be submitted in writing to project staff. Once the resignation has been filed, the following actions will be taken:

- a) For any Principal of one of the original eight convener organizations, a replacement will be solicited from that organization.
- b) For any Principal of one the other national nursing organizations, the existing process will be utilized to appoint/elect a replacement.
- c) For any non-nurse Principal, the existing process will be utilized to appoint/elect a replacement.

Replacements will serve the Principal's original term.

Next Steps

Once decisions on these issues have been made, the following suggested timeline will be used by staff to ensure a Steering Committee is in place by early 2010:

<i>Action</i>	<i>Timeline</i>
Solicit from conveners 1 representative to serve as Principals	September
Solicit nominees for Chair and Vice Chair	October
Apply random selection process to name Chair and Vice Chair	November
Solicit nominees from other national nursing organizations to serve as Principals	September
Apply random selection process to name 3 Principals from other nursing orgs	October
Identify candidates to serve as consumer and "other" Principals	September
Confirm preferred candidates among conveners	October
Confirm interest among candidates	October
Appoint consumer and "other" Principals	November
Name Steering Committee	November
Designate 1-, 2-, and 3-year staggered terms	December
NQSA launch	February
NQSA Steering Committee meeting	February

In addition to the work that needs to be done to finalize and seat NQSA's Steering Committee, other outstanding issues will be pursued by year's end:

- Guidelines for work groups (e.g., charters, composition, appointments, leadership, terms, and operating procedures);
- Development and ratification of bylaws or other written documents that formalize NQSA's operating procedures; and
- Plan for NQSA launch.

Attachment 1: NQSA's Steering Committee

The following principles have been adopted regarding the role, composition, and operating procedures of NQSA's Steering Committee:

- The number of Principals appointed to the Steering Committee will not exceed 17.
- The number of Principals representing national nursing organizations will hold a simple majority on the Steering Committee.
- One representative from each of the original eight convener nursing organizations (i.e., those that have been actively participating in NQSA's planning project) will serve as Principals (n = 8).
- The Chair of the Steering Committee must represent one of the original eight convener organizations.
- NQSA's Executive Director will serve as a Principal.
- In recognition of the nursing profession's diversity, three other Principals from national nursing organizations – beyond those enlisted to serve as convener organizations – will serve on the Steering Committee.
- Consumer voices (e.g., patient and/or consumer and/or family representatives) will hold exactly three seats on the Steering Committee.
- Other key stakeholder groups (e.g., government partners, payors, health professional organizations, accreditors, and suppliers) will hold two additional seats on the Steering Committee.
- Terms of service on the Steering Committee will be staggered (3-year terms) to enable continuity while ensuring adequate succession. Steering Committee members may not serve more than two consecutive terms.
- The Steering Committee will meet in-person semi-annually and by telephone, as needed.

Attachment 2: Convener Ground Rules

As part of the planning grant, the following 'ground rules' were set to guide convener behavior and participation.

Two representatives from among eight nursing organizations ("convener organizations"), along with participation by the funder and the grantee, will gather to explore opportunities to advocate for policy setting that is "friendly" to nursing. Although the group of discussants will be relatively small, in order to make swift, democratic, and consensual decisions, the following must be assured:

- Conveners with the appropriate knowledge capacity to inform this work must be identified and engaged in the project;
- Conveners must participate in discussions at every opportunity;
- Consistency in convener representatives throughout the entire project must be attained;
- Participation among all representatives from all convener organizations must be achieved;
- Equitable and clear expectations must be established by the group and applied by The George Washington University (GW) so that work may be conducted in a focused and rapid manner;
- GW must establish and each convener must contribute to an atmosphere that is open, safe, trustworthy, and respectful;
- Decisions must not be delayed and/or revisited beyond their scheduled sequence in the stepwise process.

Ultimately, the following 'ground rules' were adopted:

1. At least one representatives from each convener organization will meet established competencies and qualifications⁴ (see Item I, *Role, Competencies, and Qualifications of Nursing Convener Organization Representatives, September 2008*);
2. If only one person is representing any convener organization, he/she will be expected to meet the established competencies/qualifications;
3. Each convener representative will be expected to speak on behalf of their organizations;
4. Conversely, each convener will be expected to serve as an advocate for decisions made by the conveners within their own constituencies/organizations including, but not limited to, obtaining support for resource commitments as needed;
5. Substitutes for and/or replacements of representatives of convener organizations at meetings and/or conference calls will be prohibited;

⁴ RWJF will arbitrate in those cases where a convener organization expects reimbursement for expenses related to nominee's participation who does not meet the established criteria.

6. Decisions will be made by those in attendance at the time the decision is required based on the project plan;
7. Unless permitted by the schedule, decisions will not be revisited and/or reconsidered to accommodate a missing perspective and/or novel idea that was not previously articulated;
8. Consensus will be reached through a democratic process that will typically rely on active deliberation and conclusion drawing. In the event that a formal vote is required to determine the degree of agreement on a particular matter, each convener organization – represented by one or more representatives – will be granted one vote (e.g., one vote per organization);
9. Approval on any action requiring a vote is dependent on an affirmative vote by at least 66% of the convener organizations in attendance at the time the vote is taken;
10. Recognizing that nursing is diverse and its constituencies extend beyond the eight convener organizations invited to participate in this planning project, other national nursing organizations may attend in-person meetings in the roles of ‘reactors.’ A formal set of ground rules will be developed to guide the participation of reactors;
11. So as to not be disruptive to the process, once the project has officially begun, no additional organizations will be entitled to participate as a convener. Should the group determine that an additional organization be engaged, they may participate as a ‘reactor’ but not as a full, voting convener; and
12. Each convener representative is expected to assume the responsibility of sharing decisions, the work of the group, and commitments that are made in those instances in which the other representative from the organization misses a meeting/conference call.

Concerns with these ground rules or the rationale supporting them should be brought to the attention of project staff for consideration and/or deliberation. For the sake of progress and collegiality and in the spirit of consensus setting, support for and compliance with these ground rules is sought.

Attachment 3: Reactor Ground Rules

As part of the planning grant, the following ‘ground rules’ were set to guide reactor behavior and participation.

To participate as a reactor in one or more of the in-person meetings held on GW’s Foggy Bottom campus, participants must *officially represent* a national nursing organization. Furthermore, a formal request made by the nursing organization, accompanied by the names of participants and other pertinent information, must be made through DNE’s website at <http://www.gwumc.edu/healthsci/departments/nursing/research.cfm>. As seating is limited, accommodations will be made on a first-come, first-served basis.

Reactor Ground Rules

In fairness to all who choose to participate, and in an interest to achieve the project’s aims, the following ground rules have been developed to guide each reactor’s roles and responsibilities:

1. Reactors will notify GW of their interest in participating in this project by completing appropriate registration/participation forms. These forms are available on DNE’s website at <http://www.gwumc.edu/healthsci/departments/nursing/research.cfm>;
2. Reactors will review, in advance of each meeting, the agenda and other supporting material provided by project staff to ensure that they are knowledgeable and have the opportunity to solicit feedback from their organization’s constituents before attending;
3. Reactors will be invited to share comments, concerns, questions, and other pertinent feedback throughout the meeting at designated times as specified on the agenda or at the request of the meeting’s facilitator(s);
4. Reactors will honor the confidentiality and security of any discussions, materials, and/or decisions that are designated as such;
5. Although every attempt will be made to conduct all deliberations in public, reactors must excuse themselves from any portion of the meeting that is designated as an ‘executive session’;
6. Over the course of the project, reactors may be invited to provide informal (e.g., anecdotal accounts) and formal feedback (e.g., survey responses) from their memberships. Reactors may do so at their discretion;
7. Reactors will assume all expenses associated with attendance at these meetings and/or participation in the NQSA project. Remuneration from GW, RWJF, or other involved parties is prohibited.