



**‘Planning a National Nursing Quality and Safety Alliance’
Creating NQSA’s Organizing Structure:
Proposed Management, Governance, Membership, and Financial Resources**

Background

As leaders of the nation’s nursing organizations contemplate the formation of the national Nursing Quality and Safety Alliance (NQSA), some of the most critical issues involve its daily operating structures including its oversight and management, governance, membership, and financial resources. As the American architect Louis Sullivan is credited to have said, “form ever follows function”¹ – meaning that NQSA’s organizing structures should support and reflect its role.

This background paper summarizes possible organizing structures to support the mission, purpose, and priorities envisioned for NQSA and outlines next steps. The paper has been informed by: (1) early and preliminary feedback from the convener organizations and The Robert Wood Johnson Foundation (RWJF), (2) policies, procedures, and best practices accumulated by BoardSource², and (3) the operating structures of the existing Quality Alliances (e.g., AQA, Hospital Quality Alliance [HQA], Pharmacy Quality Alliance [PQA], etc.).

Function and Scope

As envisioned³, NQSA will “advance the highest quality, safety, and value of consumer-centered health care for all individuals – patients, their families, and their communities.” It aims to ensure that:

- patients receive the right care,
- nurses are accountable for consumer-centered, high quality health care, and
- policymakers recognize the contributions of nurses in advancing consumer-centered, high quality health care.

Under this construct, NQSA will undertake discrete functions that include goal setting, measurement, quality improvement, scholarship, advocacy, and leadership. Its agenda is ambitious and its activities complex. Attachment 1 summarizes the NQSA’s full mission, purposes, and priorities.

Oversight and Management

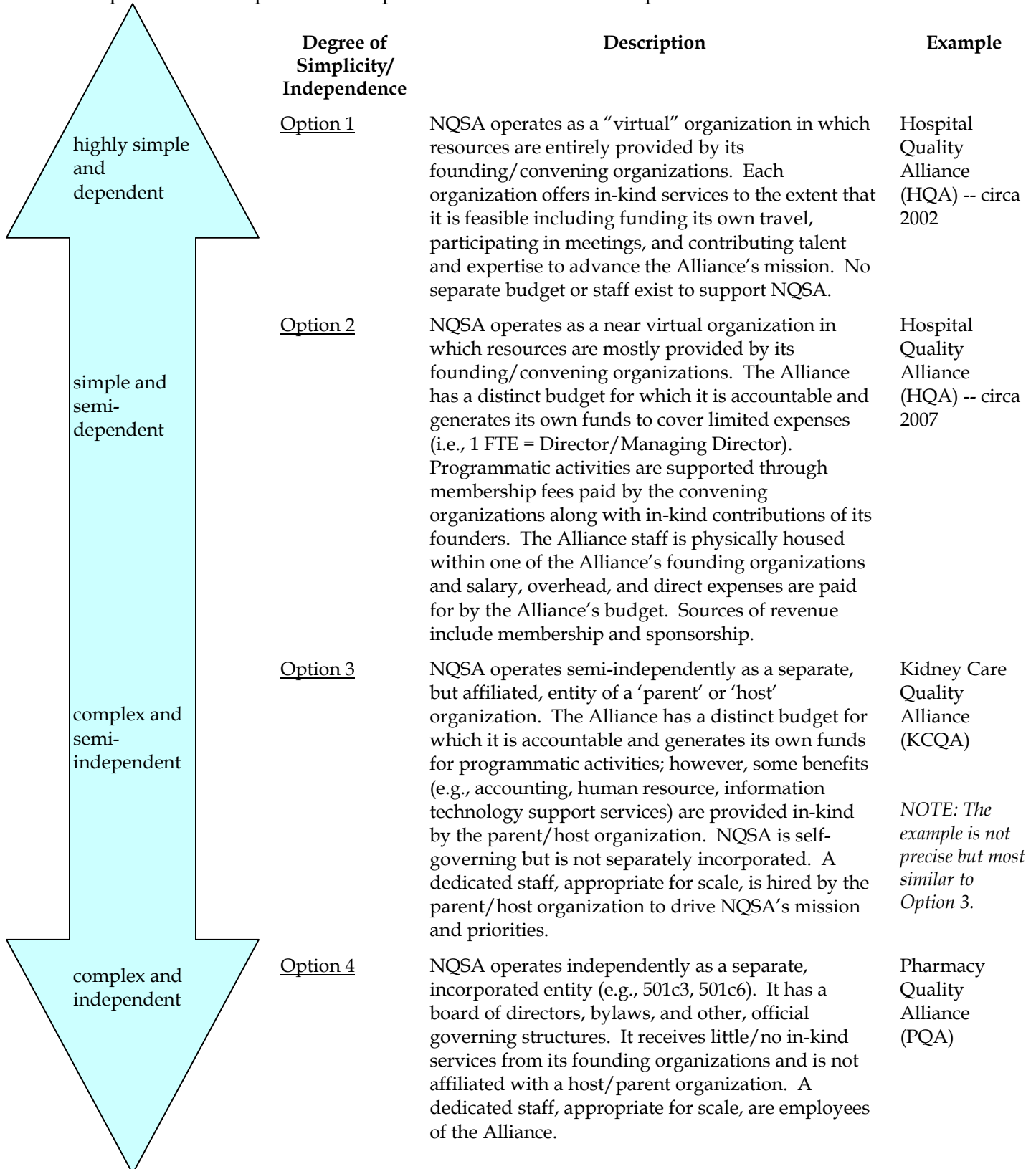
The oversight and management under which NQSA will operate critically influence almost every other operational consideration. Based on the existing Quality Alliances (e.g., HQA,

¹ Sullivan, Louis. *the tall office building artistically considered*. March 1896. Available at <http://academics.triton.edu/faculty/fheitzman/tallofficebuilding.html>. Last accessed April 27, 2009.

² Board Source is a Washington, DC-based non-profit organization dedicated to advancing the public good by building exceptional nonprofit boards and inspiring board service. See www.boardsource.org.

³ For purposes of this background paper, NQSA’s mission, purpose, and priorities are assumed to be those described in Item D, *Finalizing a Mission, Purpose, and Priorities (NQSA)*.

AQA, KCQA, APQ, etc.), there are almost as many management arrangements as there are alliances (attachment 2). To best position NQSA, the range of options – from simple and dependent to complex and independent – should be contemplated.



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During its April 8, 2009 meeting, the NQSA nursing convener organizations raised significant concerns about the simpler, dependent model (Option 1). Specifically, it was noted that such a “virtual” effort would not differ substantially from the existing level of effort and collaboration that has been undertaken ad hoc by the nursing organizations – specifically, the significant, substantial investments and in-kind contributions (e.g., ad hoc work groups and regular, interorganizational conference calls) that have already been made by some of the nursing organizations to advance “nurse-friendly” quality and safety policy. General agreement existed for a more complex, independent, well financed structure to assume the functions envisioned.

For that reason, under this proposal, it is recommended that during an initial start-up period (i.e., first four years), NQSA will operate as an affiliate of an existing, established organization (Option 3). This will enable a period for NQSA to establish itself and achieve value among its key stakeholders. Because placement of the Alliance will influence its early success and likely be controversial, it is suggested that objective criteria be developed to guide the selection of a suitable ‘parent’ or ‘host’ organization with which to affiliate. In developing such criteria, the following organizational characteristics should be contemplated:

- established, independent, and incorporated non-profit organization;
- involved in nursing (practice, scholarship, research, or policy) or represents the nursing profession;
- mission, vision, and values that are compatible with and add value to those of NQSA;
- history of achievement in convening diverse constituencies and facilitating consensus;
- well known with a favorable reputation among policymakers (e.g., generally accepted as reputable and sought out by thought leaders, elected officials, and government agents);
- financial stability (as evidenced by audited financial statements);
- ability to provide in-kind administrative support to NQSA;
- capacity to provide adequate space for a minimum of 4 years to NQSA;
- viewed as relatively impartial and objective by consumers, policymakers, funders, and other key stakeholders;
- tolerates diversity of opinion and is non-interfering with NQSA’s tactical and strategic operations, mission, purposes, and priorities;
- not dependent on NQSA funding or staffing for its own continuing viability;
- will not assume any leadership of NQSA nor will NQSA’s leadership be simultaneously engaged in the host mission/work; and
- consensus support among all convener organizations for such placement.

Key question:

- *What criteria should influence the selection of a ‘parent’ or ‘host’ organization to house NQSA during its start-up?*

Phased Start-Up

A phased start-up is proposed in recognition of limited resources and an allowance for NQSA to fully mature in a stepwise manner:

Year 1 (Y1) – During its first year of operation, NQSA will emphasize establishing itself as part of the Quality Enterprise primarily by supporting and enhancing ongoing efforts and responding to emerging directions. Furthermore, recognizing that NQSA will initially be dependent on a larger, sustaining organization, permanent independence will be planned from the onset. Project staff will focus on:

- supporting existing efforts by the nursing community to contribute to the policy agenda;
- monitoring the performance measurement and public reporting activities;
- informing and responding to the policy debate;
- establishing consumer-centered health care quality and safety goals that are relevant to the nursing profession;
- gathering information and intelligence (e.g., NQF and Alliance activities) to inform a strategic policy and quality roadmap;
- establishing a strategic policy and quality roadmap;
- serving as a resource to federal partners;
- continuing to identify experts and build capacity on issues related to quality, safety, and value;
- contemplating an operational plan to migrate NQSA into an independent, sustaining organization including funding support;
- undertaking a communications strategy to build NQSA's brand and visibility in the Quality Enterprise.

Years 2 - 3 (Y2-Y3) – During its second and third years of operation, in addition to supporting ongoing efforts, NQSA's attention will turn to a more proactive role in executing its strategic policy and quality roadmap and promoting and translating evidence-based best practices and policy issues that reflect nursing's contribution. Project staff will focus on:

- implementing a strategic policy and quality roadmap;
- strengthening the visibility of nursing in performance measurement and public reporting activities;
- identifying evidence-based models of consumer-centered, high-quality nursing care and launching national improvement campaigns that unite this evidence with clinical practice;
- monitoring and reporting progress against established consumer-centered health care quality and safety goals and communicating performance improvements/progress;

- promoting educational initiatives to ensure that nurses have the knowledge and skills to lead or effectively contribute to consumer-centered, high quality health care;
- building nursing’s capacity to serve in leadership roles that advance consumer-centered, high quality health care;
- planning for NQSA’s migration into an independent, sustaining organization.

Year 4 (Y4)– During its fourth year, building on its Y1-Y3, activities, NQSA will foster its mission through its ongoing measurement, improvement, scholarship, advocacy, and leadership functions. Additionally, efforts will enable a smooth transition from semi-independence to independence by the end of Y4. Project staff will focus on:

- continuing to implement the policy and quality roadmap;
- strengthening the visibility of nursing in performance measurement and public reporting activities;
- supporting national improvement campaigns that unite evidence-based best practice with clinical practice;
- monitoring and reporting on progress against established consumer-centered health care quality and safety goals;
- promoting educational initiatives to ensure that nurses have the knowledge and skills to lead or effectively contribute to consumer-centered, high quality health care;
- building nursing’s capacity to serve in leadership roles that advance consumer-centered, high quality health care;
- transitioning NQSA from a semi-independent enterprise to an independent non-profit organization.

Personnel

Recognizing that NQSA will initially be ‘housed’ within an existing organization and supported, at least in part, with selected, in-kind administrative services from its ‘parent’ organization (e.g., accounting, information technology support, human resources, etc.), personnel resources, in scalable amounts, will be needed. It is proposed that between 5-7.5 FTEs (table 1) will be needed over the course of Y1-Y4 to support the phased-in organizational model described above. This represents:

Table 1: Personnel by Position and Year

Position	Y1	Y2	Y3	Y4
Director	1 FTE	1 FTE	1 FTE	1 FTE
Deputy Director	.65 FTE	.65 FTE	.65 FTE	.65 FTE
policy advisors/experts	1 FTE	2 FTEs	2 FTEs	2 FTEs
quality/safety experts	1 FTE	1 FTEs	2 FTEs	2 FTEs
communications	.5 FTE	.5 FTE	.5 FTE	.5 FTE
membership/administrative	1 FTE	1 FTE	1 FTE	1 FTE
TOTAL	5.15 FTEs	6.15 FTEs	7.15 FTEs	7.15 FTEs

It should be noted that NQSA's Director will serve as its most senior executive, manage day-to-day operations, and be responsible for its strategic directions. Although there are clear advantages to the Director also being a nurse, a highly qualified, non-nurse may be equally well suited and preferable. For that reason, it is recommended that a nurse hold the position of Director during the initial start-up period (first, four years). Subsequent to that, however, selection should be based on qualifications, experience, and compatibility regardless of the candidates' background as a nurse.

Key question:

- *Are the preliminary start-up and personnel plans adequate for the anticipated effort?*

Governance

During its phased start-up and while it is operating under a parent organization, it is proposed that NQSA's primary governing body not be designated a "board" as this term typically refers to the governing structure of an independent, not-for-profit. Instead, NQSA's governance structure will be referred to as its "Steering Committee," and members who serve on the Committee its "Principals." As selection and composition of the Steering Committee is likely to be controversial, a fair and objective set of decision rules should guide the composition and selection of the Committee. The following should be contemplated for this purpose:

- So as to not be too large or unduly bureaucratic or burdensome, the number of Principals will not exceed 24.
- 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).
- NQSA's Director will serve as a Principal.
- The eight Principals representing the original convener organizations along with NQSA's Director will serve as the Executive Committee (n = 9).
- In recognition of the nursing profession's diversity, five other Principals from national nursing organizations – beyond those enlisted to serve as convener organizations – will serve on the Steering Committee. Initially, selection of these Principals will be based on a nominations and appointment process managed by the Executive Committee.
- Consumer voices (e.g., patient and/or consumer and/or family representatives) will hold exactly five seats on the Steering Committee. This represents $\frac{1}{2} + 1$ of the original nursing conveners who serve on the Committee.
- Government partners (i.e., Centers for Medicare & Medicaid Services, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention) will hold two seats on the Steering Committee.

- Other key stakeholder groups (e.g., public/private payors, other health professional organizations, accreditation organizations, and vendors/suppliers will hold three 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 quarterly and more by telephone conference call, as needed.
- A policy to guide such matters as conflict of interest, voting, and other operating procedures will be established and ratified to direct the Steering Committee, its work groups, task forces, and/or subcommittees, and the Alliance membership in its conduct, as necessary.

Leadership

The Steering Committee will be co-chaired by two Principals who both represent national nursing organizations. One will be selected from the original convener organizations; the other from among the other Principals who represent a national nursing organization. Selection will be based on nominations and election by NQSA’s voting membership. During start-up and while affiliated with its host organization, traditional officers (e.g., vice chair, treasurer, secretary) will not be elected.

Committee Structure

Although it is premature at this time to propose an elaborate committee structure, it is anticipated that work groups, task forces, and/or subcommittees will be established to support NQSA’s function. Standing work groups will include those that serve two primary purposes:

- Operational – including, but not limited to, executive, governance, membership, nominating, communications work groups, etc.; and
- Strategic – including but not limited to, a work group that provides strategic direction on each of NQSA’s three primary purposes (table 2).

Table 2: Strategic Work Group by Purpose

Purpose	Work Group
<ul style="list-style-type: none"> • Patients receive the right care at the right time by the right professional. 	Consumer Work Group
<ul style="list-style-type: none"> • Nurses actively advocate and are accountable for consumer-centered, high quality health care. 	Performance Measurement and Improvement Work Group
<ul style="list-style-type: none"> • Policymakers recognize the contributions of nurses in advancing consumer-centered, high quality health care. 	Policy Work Group

Management and day-to-day functioning of the operational work groups will reside with NQSA. However, to honor the collaborative spirit, encourage interorganizational work, recognize the ad hoc work that has ongoing, demonstrate early value, and pursue work that is

important to all vested parties, the management of NQSA's strategic work groups may reside within one (or more) of its member nursing organizations. For example, the management of the Policy Work Group could be placed in one of the nursing associations. Funding arrangements (see below) will be structured to support this intercollaborative leadership model.

Key question:

- *What key decision-rules should drive the governance and leadership structures?*

Membership

As a bold partnership among the nation's leading nursing organizations, NQSA will operate as a membership organization granting institutional memberships (e.g., organization of organizations versus organization of individuals). Any national nursing organization is qualified to join as a full member. Additionally, because of a desire to affiliate with consumers, patients, and their families, organizations that represent these key audiences will also be invited to join as members.

Between known national nursing organizations and consumer/patient/family organizations, it is estimated that at least 100 organizations would be eligible for membership. Attachment 3 lists these potential members.

Additionally, to add the key perspectives of other stakeholders, other organizational categories (e.g., federal agencies, public/private payors, health professional organizations, accreditation organizations, and vendors/suppliers), as determined by the Executive Committee, will be eligible for membership.

Key question:

- *Does the proposed approach to membership achieve NQSA's mission and balance the interests of all stakeholders?*

Financial Resources

During the phased start-up, substantial resources to support NQSA's operation will come from private philanthropy. In anticipation of the establishment of NQSA, by July 2009, RWJF has invited GW to submit a grant proposal to support the implementation of NQSA. Based on this proposed plan it is estimated that \$10MM over 4 years will be need to fund NQSA.

In addition to these philanthropic funds, a dues structure is proposed for membership. Fees would be based on a sliding scale reflective of each organization's size (operating budget to be used as a proxy for size). As envisioned, member dues would be used exclusively to fund those activities that would generate additional financial support rather than to fund core programmatic activities to ensure NQSA's sustainability and long-term growth. Although it is premature to set dues levels at this early stage, it is envisioned that funds in the amount of \$100,000-\$150,000/year would be needed to support key personnel to fundraise, write grants, communicate with potential foundations and sponsors, and conduct other marketing and promotion activities.

Finally, to support the interorganizational collaboration (e.g., NQSA's member nursing organizations provided select management functions), a small portion of NQSA's funds would be made available to support member nursing organizations' significant contributions to the mission, purpose, and priorities. For example, a nursing organization that is leading a high priority NQSA initiative, work group, or activity might receive a stipend of \$10,000-\$15,000/year to offset its direct and indirect costs.

Key question:

- *Is the approach to membership dues equitable and reasonable?*
- *How would the group like to be involved in the development/review of the RWJF grant application?*

Next Steps

The following next steps will be necessary to undertake:

- finalize the criteria for the characteristics of the 'parent' or 'host' organization and identify and select a host, as appropriate;
- confirm start-up and personnel needs;
- finalize plans for governance, leadership, and membership;
- draft, review, and submit by July a grant proposal to RWJF.

Attachment 1: NQSA's Mission, Purposes, and Priorities

Mission

The Nursing Quality and Safety Alliance (NQSA) is a bold partnership among the nation's leading nursing organizations to:

Advance the highest quality, safety, and value of consumer-centered health care for all individuals – patients, their families, and their communities.

Purpose

To achieve this aim, NQSA will work to ensure that:

- Patients receive the right care at the right time by the right professional.
- Nurses actively advocate and are accountable for consumer-centered, high quality health care.
- Policymakers recognize the contributions of nurses in advancing consumer-centered, high quality health care.

Priorities

Specific activities in support of this vision include:

Goal setting: Establishing consumer-centered health care quality and safety goals that are relevant to the nursing profession.

Measurement: Strengthening the visibility of nursing in performance measurement and public reporting activities.

Quality Improvement: Identifying evidence-based models of consumer-centered, high-quality nursing care and launching national improvement campaigns that unite this evidence with clinical practice.

Scholarship: Promoting educational initiatives to ensure that nurses have the knowledge and skills to lead or effectively contribute to consumer-centered, high quality health care.

Advocacy: Serving as a resource to federal partners and stimulating policy reform that supports the adoption of evidence-based, best practices and advancement of consumer-centered, high quality health care.

Leadership: Building nursing's capacity to serve in leadership roles that advance consumer-centered, high quality health care.

Attachment 2: Existing Quality Alliances' Management and Oversight Arrangements

Alliance	Oversight/Management Arrangement
Alliance for Pediatric Quality (APQ)	The Alliance is not a legal entity. There is an informal, hand-shake agreement among the four partners (i.e., American Academy of Pediatrics, The American Board of Pediatrics, Child Health Corporation of America, and the National Association of Children's Hospitals and Related Institutions). They do not incur overhead expenses or complications of supporting another organization.
AQA	AQA is an informal alliance, not a legal entity. Services are provided in-kind. Some (limited) revenue is produced from registration fees which cover some meeting costs (e.g., transcriptionist).
Hospital Quality Alliance	HQA is an informal collaboration, not a separate legal entity. Each Principle organization pays dues, based on a sliding scale. The range is approximately \$10,000-\$50,000. Additionally, all members are expected to provide in-kind services. There is a full-time, budgeted position for Managing Director. All other staff are from the principals' organizations. One of the principal organizations provides office space for the Managing Director.
Kidney Care Quality Alliance (KCQA)	Kidney Care Partners is a nonprofit 501 (c) (4) organization and parent organization for KCQA. KCQA is funded exclusively out of its parent (KCP) as a line item in the annual budget.
Pharmacy Quality Alliance (PQA)	AHIP was a founding member that provided infrastructure services, which allowed PQA to get off the ground in an expedient fashion. Initially, PQA was "housed" within AHIP with a separate operating budget, for the first two plus years. Currently, it is totally separate - PQA, Inc., a Delaware-based non-profit organization and will be seeking 501c3 status. The PQA operating budget is \$1,000,000+. The PQA received seed money from about 2/3 of the initial Board (\$35,000 each). It is now self-sustaining through dues.

Attachment 3: Common Governance Practices

(NOTE: This information and data are derived from BoardSource.)

On strategy and challenges:

- 99% of nonprofits have a written mission statement
- 78% of nonprofits have a written vision statement
- 79% of organizations have a written strategic plan
- Strategic planning ranks #3 among areas of board performance needing improvement

On size and terms:

- Board size averages 16 voting members
- 47% of boards have fewer than 15 members
- The average length of a board term is 3.1 years
- Board members can serve an average of 2.3 consecutive terms
- 14% of chief executives are voting members of their boards
- 4% of chief executives are also board chair

On motivation and criteria:

- 80% of board members say mission fit is their top motivation for joining
- 61% of chief executives say commitment to mission is the top criteria for board recruiting
- 3% of organizations pay board members a fee or honorarium
- 29% of organizations reimburse board members for travel and other meeting expenses

On meetings:

- Boards meet an average of 6.9 times per year
- An average board meeting lasts 3.3 hours
- Boards meet an average of 16.5 hours per year
- 79% of boards average 75% to 100% attendance at board meetings
- 48% of boards have an annual retreat

On committees:

- Boards have an average of 5.4 committees
- 78% of boards have written committee charters
- 27% of organizations have an advisory council

Attachment 4: Potential NQSA Members (Nursing and Consumer/Patient/Family)

Nursing Organizations

1. American Association of Diabetic Educators
2. American Association of Nurse Anesthetists
3. American Association of Neuroscience Nurses
4. Academy of Medical Surgical Nurses
5. Air & Surface Transport Nurses Association
6. Alliance for Psychosocial Nursing
7. American Academy of Ambulatory Care Nursing
8. American Assembly for Men in Nursing
9. American Assisted Living Nurses Association
10. American Association for the History of Nursing
11. American Association of Critical-Care Nursing
12. American Association of Heart Failure Nurses
13. American Association of Legal Nurse Consultants
14. American Association of Managed Care Nurses
15. American Association of Nurse Attorneys
16. American Association of Occupational Health Nurses
17. American Association of Spinal Cord Nurses
18. American College of Health Association
19. American College of Nurse Practitioners
20. American College of Nurse-Midwives
21. American Forensic Nurses
22. American Holistic Nurses' Association
23. American Medical Informatics Association
24. American Nephrology Nurses Association
25. American Nursing Informatics Association
26. American Psychiatric Nurses Association
27. American Radiological Nurses Association
28. American Society for Pain Management Nurses
29. American Society of Peri-Anesthesia Nurses
30. Association of Perioperative Registered Nurses
31. Association of Camp Nurses
32. Association of Child and Adolescent Psychiatric Nurses
33. Association of Nurses in AIDS Care
34. Association of Pediatric Oncology Nurses
35. Association of Rehabilitation Nurses
36. Association of Women's Health, Obstetric and
37. Neonatal Nurses
38. Canadian Nurses Association
39. Coalition of Geriatric Nursing Organizations
40. Dermatology Nurses' Association
41. Developmental Disabilities Nurses Association
42. Emergency Nurses Association
43. Hospice and Palliative Nurses Association
44. International Society of Nurses in Genetics
45. Intravenous Nurses Society
46. National Association of Neonatal Nurses
47. National Association of Orthopaedic Nurses
48. National Association of Pediatric Nurse Associates and Practitioners
49. National Association School of Nurses
50. National Black Nurses Association
51. National Gerontological Nursing Association
52. National Nurse Staff Development Organization
53. National Nurses Society on Addictions
54. National Organization for Associate Degree Nursing
55. Navy Nurse Corps Association
56. Nurses Christian Fellowship
57. Nurses Organization of Veterans Affairs
58. Oncology Nurses Society
59. Organization of Nursing Directors of Nursing Homes
60. RNs Working Together
61. Sigma Theta Tau
62. Society for Gastroenterology Nurses and Associates
63. Society for Pediatric Nurses
64. Society for Vascular Nursing
65. Society of Otorhinolaryngology and Head/Neck Nurses
66. Society of the Urologic Nurses and Associates
67. The National Association of Nurse Massage Therapists
68. Transcultural Nursing Society
69. Visiting Nurse Associations of America
70. Wound, Ostomy and Continence Nurses Society

DO NOT CITE OR QUOTE

Consumer/Patient Organizations

76. AARP
77. Center for Medical Consumers
78. Center for Science in the Public Interest
79. Childbirth Connection
80. Coalition for Patients Rights
81. Consumers Advancing Patient Safety
82. Consumer Federation of America
83. Consumer's Union
84. Consumer-Purchaser Disclosure Project
85. Consumer's Coalition for Quality Healthcare
86. Everybody In Nobody Out
87. Mother's Against Medical Error
88. National Institute for Patient's Rights
89. National Patient Advocate Foundation
90. Society for Health Care Consumer Advocacy (of the AHA)
91. National Consumer's League
92. National Patient Safety Foundation
93. National Research Center for Women and Families
94. National Women's Health Network
95. Patient Advocate Foundation
96. Public Citizen's Health Research Group