



**'Planning a National Nursing Quality and Safety Alliance'
Progress in Establishing NQSA's Organizing Structures**

Background

During the last conference call, conveners of the Nursing Quality and Safety Alliance (NQSA) contemplated key issues in the Alliance's organizing structure. Oversight and management, governance and leadership, and membership structures were all contemplated. The group was able to make some rapid decisions and recommendations about certain structural aspects but sought additional clarification, refinement, and discussion on others. Additionally, time was insufficient to resolve all issues making future discussion helpful and necessary.

Lastly, since its May conference call, project staff have had an opportunity to further discuss NQSA implementation with program staff at the Robert Wood Johnson Foundation (RWJF) and there have been more concrete exchanges about the Foundation's willingness to support NQSA. This paper summarizes the group's progress to date, the nature of the exchanges between GW and RWJF staffs, outstanding issues, and next steps.

Progress to Date

Over the course of the last few months in contemplating the need for, role of, and commitment to NQSA, the nursing conveners have wrestled with significant conceptual and organizational issues. Several significant decisions have been made:

- shared mission, purpose, and set of priorities (attachment 1);
- direction of NQSA as a nursing-oriented and nursing-driven collaborative with support from patient and consumer groups as well as other key stakeholders (e.g., CMS);
- overall management arrangement as an affiliate of an existing, established organization without any specific decision about the "host"; and
- leadership by a single Steering Committee chair.

RWJF's Potential Support

In the last month, GW project staff have met with RWJF program staff to discuss progress under the planning project, likely outcomes and directions, and the extent that RWJF might support NQSA's implementation. While in the past, RWJF staff shared the Foundation's support, these have been explicit conversations about possible levels and duration of funding:

- RWJF remains very interested in supporting NQSA implementation.
- The national economic downturn is necessitating the Foundation to take a much more conservative path. As was reflected in a recent correspondence from Risa Lavizzo-Mourey, MD, MBA, "We will need to make fewer new grants than we had hoped this year and in coming years. Therefore, we will reduce our programming budget for approvals for 2009. Approvals for new programming and renewals are likely to be even lower in 2010."

- As a result, RWJF program staff are optimistic about NQSA being funded for \$900,000 over two years – a figure that is incredibly generous but unlikely to fund the full scope of activities initially envisioned for NQSA.
- Although lower than hoped, this level of funding for NQSA’s implementation does not prohibit the conveners from requesting subsequent grants from RWJF (or other funding sources) for this or other, related activities.

These conversations are essential in enabling us to determine next steps and effectively plan NQSA’s launch and sustainability.

Outstanding Issues

Based on the progress to date and the discussions that have materialized in recent weeks, on their June 10th conference call, the conveners will return to the issue of NQSA’s organizing structure and focus on the following outstanding issues:

1. impact of likely funding level and duration;
2. organization(s) that are best suited to ‘host’ NQSA;
3. size and composition of the Steering Committee;
4. structure and function of standing committees;
5. membership benefits and dues structure; and
6. personnel and staffing needs.

Recommendations in each of these areas follows.

1. Impact of Funding

Based on the envisioned mission, purpose, and priorities, initial budget estimates were sufficiently higher than the funding level that is currently being discussed with RWJF staff. While a detailed, revised budget is under development, it is expected that funds (\$900,000 over 2 years) will be sizable enough to execute some of the key functions envisioned. However, it is unlikely that the quality improvement (i.e., identifying evidence-based models of consumer-centered, high-quality nursing care and launching national improvement campaigns that unite this evidence with clinical practice) and scholarship (i.e., promoting educational initiatives to ensure that nurses have the knowledge and skills to lead or effectively contribute to consumer-centered, high quality health care) activities can be supported under this scenario. To account for these shifts, project staff recommend the following:

- retain the envisioned mission, purpose, and priorities but recognize that initial support will effectively limit the quality improvement and scholarship activities;
- from NQSA’s onset, engage a development professional to expand the funding base and position the Alliance for growth and sustainability; and
- seek additional funding (e.g., grants) to support specific project-oriented activities in these areas.

2. Host Organizations

During its May 14th conference call, the convener organizations contemplated four options for NQSA's management and oversight—ranging from simple and dependent to complex and independent (attachment 2). In previous discussions, the group raised significant concerns about the simpler, dependent model and quickly arrived at consensus that NQSA should operate as an affiliate of an existing, established organization (Option 3).

Furthermore, because placement of the Alliance will influence its early success and likely be controversial, the group established objective criteria to guide the selection of a suitable 'host' organization with which to affiliate. These criteria follow (Box 1).

Box 1: Host Criteria

NQSA's host organization should meet the following criteria:

1. be an established, independent, and incorporated non-profit organization;
2. be involved in nursing (practice, scholarship, research, or policy) or represents the nursing profession;
3. have a mission, vision, and values that are compatible with and add value to those of NQSA;
4. possess a history of achievement in convening diverse constituencies and facilitating consensus;
5. be 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);
6. be financially stable (as evidenced by audited financial statements);
7. have an ability to provide in-kind administrative support (e.g., legal services, internet access, human resources and benefits) to NQSA;
8. have a capacity to provide adequate space for a minimum of 2 years to NQSA;
9. be viewed as relatively impartial and objective by consumers, policymakers, funders, and other key stakeholders;
10. be tolerant of diversity of opinion and is non-interfering with NQSA's tactical and strategic operations, mission, purposes, and priorities;
11. not be dependent on NQSA funding or staffing for its own continuing viability;
12. not assume any leadership of NQSA nor will NQSA's leadership be simultaneously engaged in the host mission/work; and
13. have consensus support among all convener organizations for such placement.

With criteria established, the lingering question is what organization(s) meet these criteria and emerge as obvious choice(s) for host? To answer this question and serve as examples, project staff have applied the agreed upon criteria to several organizations (table 1). The conveners should contemplate options and be prepared to discuss suitable 'host' organizations during their conference call on June 10th.

Key Question: What host organization(s) best meet the criteria and become obvious, suitable host(s)?

Table 1: Application of the Host Criteria

#	Criteria	Nursing org/professional group (e.g., AAN, AAN, AONE)	nursing education organization (e.g., AACN, NLN)	advance practice nursing org (e.g., AANP, NONPF)	nursing scope of practice/regulation/oversight (e.g., NCSBN)	academic institution (e.g., GW)	quality org (e.g., IHI, ASQ)	health policy org (e.g., APHA, AcademyHealth)
1	established/independent non-profit	Y	Y	Y	Y	Y	Y	Y
2	involved in nursing	Y	Y	Y	Y	Y	N	N
3	compatible mission	Y	Y	Y	Y	Y	N	N
4	hx of achievement in convening	Y	Y	Y	Y	Y	Y	Y
5	favorable reputation	Y	Y	Y	Y	Y	Y	Y
6	financially stable	Y	Y	Y	Y	Y	Y	Y
7	in-kind admin support	UN	UN	UN	UN	Y	UN	UN
8	adequate space	UN	UN	UN	UN	Y	UN	UN
9	neutral	N	N	N	N	Y	N	N
10	tolerant	Y	Y	Y	Y	Y	Y	Y
11	not be dependent on NQSA	Y	Y	Y	Y	Y	Y	Y
12	not assume leadership role	Y	Y	Y	Y	Y	Y	Y
13	have consensus support	TBD	TBD	TBD	TBD	TBD	TBD	TBD

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3. Steering Committee

In May, the group contemplated a ‘straw man’ structure for NQSA’s primary governing structure – its Steering Committee. While elements of what was proposed were supported (e.g., nature and involvement of conveners, role of consumers), there was strong agreement that the overall size was too large and the structure too complex. Taking these concerns into consideration, the following revised principles are intended to provide structure while resolving these concerns:

- So as to not be too large or unduly bureaucratic or burdensome, the number of Principals 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 Principles (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.

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.

4. Work Group Structure

In reaction to last month’s conference call, the group sought more information regarding the proposed committee structure. Because of the smaller size, composition, and nimbleness of the Steering Committee, the group opposed establishing an Executive Committee. Instead, the group saw the benefits of establishing several work groups to address discrete tasks.

Standing work groups will include those that serve two primary purposes:

- Operational – including, but not limited to, membership, nominating, and finance 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 presents the nature, associated purpose, and function of these committees.

Table 2: NQSA’s Work Groups

Work Group	Purpose	Examples of Possible Function(s)
Operational Work Groups		
Membership	NQSA operations.	Identifies, cultivates, recruits, and retains potential NQSA members.
Nominating	NQSA operations.	Identifies, cultivates, and nominated potential NQSA members for leadership positions (e.g., Steering Committee and Work Groups).
Finance	NQSA operations.	Recommends financial policies, reviews and presents the annual budget to the Steering Committee, and monitors NQSA’s financial position.
Development	NQSA operations.	Strategically identifies and supports ongoing efforts to fundraise on behalf of NQSA.
Strategic Work Groups		
Consumer	Patients receive the right care at the right time by the right professional.	<ul style="list-style-type: none"> • Identifies and engages consumers as Alliance champions. • Establishes communications strategies and messages for external consumer, patient, family member audiences related to nursing’s contribution to quality and safety. • Undertakes efforts to inspire continued trust in nursing among the public. • Translates national priorities (e.g., NPP) for their relevance to nurses.
Performance Measurement and Improvement	Nurses actively advocate and are accountable for consumer-centered, high quality health care.	<ul style="list-style-type: none"> • Formulates Alliance policy/recommendations on performance measures for use in transparency and accountability policy. • Reviews and comments on NQF-related activities/standards. • Advocates for the adoption of the NQF15 • Supports the work of NDNQI and other nursing outcomes databases. • Promotes the use of nursing-sensitive performance measures in public reporting and value-based purchasing. • Support the development of an agenda for measure development. • Oversees and drives quality improvement campaigns.
Policy	Policymakers recognize the contributions of nurses in advancing consumer-centered, high quality health care.	<ul style="list-style-type: none"> • Formulates Alliance policy/recommendations on policy issues related to quality, safety, and value. • Monitors, influences, and advocates for nursing on these issues. • Reviews and submits comments on proposed regulations. • Reviews written testimony and other

5. Membership Benefits/Dues Structure

As was discussed in May, 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. Based on conservative estimates, nearly 100 organizations would be eligible for membership.

Primary funding for NQSA's launch will be from private philanthropy; therefore, significant contributions from members – at least initially – will not be required. However, to achieve an investment in NQSA, contribute small, additional resources, and meaningfully engage the broader nursing community, the conveners agreed that a symbolic contribution from each member was appropriate and desirable. The group also agreed that a significant differential between the dues for Principals and non-Principals be established.

While the Finance Work Group should formally make recommendations to the Steering Committee regarding dues, the following annual dues structure is proposed for discussion:

Principal organizations - \$2,500/year

Non-principal organizations - \$750/year

Conservatively, and estimating 25 initial members, this would generate > \$30,000 in annual revenue.

6. Personnel and Staffing

Initial estimates of 5-7 staff were based on the full scope of work envisioned via NQSA's mission, purpose, and priorities. Recognizing that the funding and activity levels have been downsized, new estimates suggest the following likely staffing scenario:

- 1 FTE director;
- 1 PT deputy director;
- 1 PT development professional; and
- 1 PT membership coordinator/administrative assistant.

Additional, dedicated staff resources for communications, policy, and quality improvement will not be practical under assumed funding levels.

Conclusion

Under the planning grant, considerable progress has been made in envisioning and designing NQSA. Decisions regarding a small number of outstanding issues must be made to inform a grant proposal. Next steps include:

- effectively narrowing and selecting NQSA's 'host' organization;

- confirming start-up and personnel needs and finalizing NQSA's annual budget;
- soliciting from the conveners and consumer organizations letters of support/collaboration for NQSA's implementation (*NOTE: Letters of support will be due to GW project staff no later than noon on June 26, 2009*);
- drafting, reviewing, and submitting a grant proposal to RWJF (*NOTE: The proposal draft will be shared with the conveners on/around June 22. Comments will be due to GW project staff no later than noon on June 26, 2009*);
- contemplating and formalizing the alliance's name, logo, and other branding elements; and
- disseminating information and continuing to popularize knowledge about NQSA through publications, presentations, and a web site.

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, families, and 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: Proposed Management Options

Degree of Simplicity/ Independence	Degree of Simplicity/ Independence	Description	Example
highly simple and dependent	<u>Option 1</u>	NQSA operates as a “virtual” organization in which resources are entirely provided by its founding/convening organizations. Each organization offers in-kind services to the extent that it is feasible including funding its own travel, participating in meetings, and contributing talent and expertise to advance the Alliance’s mission. No separate budget or staff exist to support NQSA.	Hospital Quality Alliance (HQA) -- circa 2002
simple and semi-dependent	<u>Option 2</u>	NQSA operates as a near virtual organization in which resources are mostly provided by its founding/convening organizations. The Alliance has a distinct budget for which it is accountable and generates its own funds to cover limited expenses (i.e., 1 FTE = Director/Managing Director). Programmatic activities are supported through membership fees paid by the convening organizations along with in-kind contributions of its founders. The Alliance staff is physically housed within one of the Alliance’s founding organizations and salary, overhead, and direct expenses are paid for by the Alliance’s budget. Sources of revenue include membership and sponsorship.	Hospital Quality Alliance (HQA) -- circa 2007
complex and semi-independent	<u>Option 3</u>	NQSA operates semi-independently as a separate, but affiliated, entity of a ‘parent’ or ‘host’ organization. The Alliance has a distinct budget for which it is accountable and generates its own funds for programmatic activities; however, some benefits (e.g., accounting, human resource, information technology support services) are provided in-kind by the parent/host organization. NQSA is self-governing but is not separately incorporated. A dedicated staff, appropriate for scale, is hired by the parent/host organization to drive NQSA’s mission and priorities.	Kidney Care Quality Alliance (KCQA) <i>NOTE: The example is not precise but most similar to Option 3.</i>
complex and independent	<u>Option 4</u>	NQSA operates independently as a separate, incorporated entity (e.g., 501c3, 501c6). It has a board of directors, bylaws, and other, official governing structures. It receives little/no in-kind services from its founding organizations and is not affiliated with a host/parent organization. A dedicated staff, appropriate for scale, are employees of the Alliance.	Pharmacy Quality Alliance (PQA)

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