



'Planning a National Nursing Quality and Safety Alliance' Project Overview

History and Background

Over the last decade, there has been a growing body of literature documenting significant gaps in quality care.¹ In its 2001 landmark report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, the Institute of Medicine (IOM) reported that,

"Quality problems are everywhere, affecting many patients. Between the health care we have and the care we could have lies not just a gap, but a chasm."²

While more than five years has elapsed, a growing body of evidence demonstrates that widespread problems in health care quality continue to exist in the United States. Current performance levels are substandard among both adults (i.e., only 54% receive recommended care³) and children (i.e., fewer than 50% receive recommended care in ambulatory settings⁴) as well as in hospitals (e.g., 75.9% of patients with acute myocardial infarction, heart failure, and community-acquired pneumonia received recommended care⁵). In addition to low-level performance, disparities and inequities persist. Based on findings from the Agency for Healthcare Research and Quality's (AHRQ) 2007 National Healthcare Disparities Report,⁶ *"across all core measures and for all priority groups, the number of measures of quality and access where disparities exist grew larger from 2000-2001 and 2004-2005."* Despite the "spotlight" that has been placed on patient safety and quality issues for nearly a decade, current performance has remained suboptimal.

In response to these documented lapses and supported by a growing evidence base that public reporting stimulates improvement and choice,^{7,8,9} health care stakeholders have made substantial investments in garnering public and private resources to establish health care quality priorities, identify and endorse performance measures for public reporting, and incentivize providers to achieve high, sustained levels of performance. Efforts of several

¹ Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press. 2001.

² *Ibid.*, p. 1.

³ McGlynn EA, Asch SM, Adams J., et al. The quality of health care delivered to adults in the United States. *NEJM*. 2003; 348(26):2635-2645.

⁴ Mangione-Smith R, DiCristofaro AH, Setodji CM, et al. The quality of ambulatory care delivered to children in the United States. *N Engl J Med*. 2007; 357:1515-23.

⁵ Landon BE, Normand ST, Lessler A, et al. Quality of care for the treatment of acute medical conditions in US hospitals. *Arch Intern Med*. 2006;166:2511-2517.

⁶ U.S. Department of Health and Human Services. (2007). National Healthcare Disparities Report, 2007. Full Report. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nhdr07/nhdr07.pdf>

⁷ President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry 1998.

⁸ The Strategic Framework Board's Design for a National Quality Measurement and Reporting System. *Med Care*. 2003; 41(1)suppl.

⁹ Hibbard JH, Stockard J, Tusler J. Does publicizing hospital performance stimulate quality improvement efforts? *Health Affairs*. 2003; 22: 84-94.

voluntary quality alliances (e.g., Hospital Quality Alliance [HQA], AQA,¹⁰ Pharmacy Quality Alliance, Kidney Care Quality Alliance, etc.) and a Quality Alliance Steering Committee (QASC)—a uniting structure for these alliance-activities—are notable in championing these investments.

Although progress has been made, it should be noted that the composition of these alliances is largely replete of nursing expertise. With the exception of the HQA, on which the American Nurses Association (ANA) holds a seat, and the QASC, for which nursing participation was only recently added, limited nursing leadership has been garnered to support these efforts. Yet, nursing has its own agenda and interests with respect to the quality agenda:

- Nursing is the single largest health profession in the United States.^{11,12,13} Over three million registered nurses (RNs) and licensed practical nurses (LPNs/LVNs) currently hold licenses.
- An expanding body of evidence links nursing's contribution to patient safety and health care outcomes.^{14,15,16}
- The existing nursing and nursing faculty shortages place quality issues in peril.¹⁷
- The nursing work environment and significant insufficiencies in that environment have an impact on patient safety.¹⁸
- Current national policy directions that accelerate performance measurement, public reporting, and value-based purchasing directly affect nurses but have not been informed, for the most part, by nurses.
- Under existing circumstances, an entity that is devoted to nurses' influence on and contribution to patient safety, health care quality, and the work environment does not exist.

¹⁰ Formerly referred to as the Ambulatory Quality Alliance.

¹¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2006-07 Edition*, Registered Nurses, on the Internet at <http://www.bls.gov/oco/ocos083.htm> (visited July 06, 2007).

¹² U.S. Department of Health and Human Services. *The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses*. Washington, DC: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing; February 22, 2002:6. Available at <ftp://ftp.hrsa.gov/bhpr/workforce/0306rnss.pdf>. Last accessed July 6, 2007.

¹³ U.S. Department of Health and Human Services. *Supply, Demand, and Use of Licensed Practical Nurses*. Washington, DC: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance. Available at <ftp://ftp.hrsa.gov/bhpr/nationalcenter/lpn.pdf>. Last accessed July 6, 2007

¹⁴ National Quality Forum (NQF). *National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*. Washington, DC: NQF; 2004.

¹⁵ Needleman J, Buerhaus PI, Mattke S, Stewart M, Zelevinsky K. *Nurse Staffing and Patient Outcomes in Hospitals*. Boston, Mass: Health Resources Services Administration; 2001. HRSA Report No. 230-99-0021.

¹⁶ Needleman J, Kurtzman ET, Kizer KW. Performance measurement of nursing care: state of the science and the current consensus. *Med Care Res Rev*. 2007 Apr; 64(2 Suppl):10S-43S.

¹⁷ [Buerhaus PI](#), [Donelan K](#), [Ulrich BT](#), [Norman L](#), [DesRoches C](#), [Dittus R](#). Impact of the nurse shortage on hospital patient care: comparative perspectives. *Health Aff (Millwood)*. 2007 May-Jun;26(3):853-62.

¹⁸ Institute of Medicine (IOM). *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington, DC: National Academies Press; 2004.

Because of the convergence of these issues, with the support of the Robert Wood Johnson Foundation (RWJF), the nursing community began discussing the possibility of establishing a dedicated, national Nursing Quality and Safety Alliance (NQSA) in the autumn of 2007. The establishment of NQSA is based on the assumption that without nursing engagement, dramatic and sustainable achievements in quality and safety for the American public are unlikely to be achieved. NQSA is not envisioned as an entity devoted to an internal dialogue about nursing or a venue for protesting inequalities affecting the profession. The context in which NQSA will be contemplated is based on an explicit knowledge that the relationship between patients and nurses is intimate, unique, and critical to achieving improved health and well-being.

In short, as a national fulcrum for nursing quality activities, a dedicated ‘policy voice’ for nursing quality and safety will:

- Inspire continued trust and confidence among the public in the nursing profession¹⁹;
- Leverage the single largest health care workforce in quality and the national policies that underpin quality; and
- Motivate policies that accelerate nursing-directed improvements in quality and safety.

Project Objectives and Key Activities

This project is an exploratory effort to facilitate a dialogue among leaders of selected professional nursing organizations regarding the possibility of establishing a dedicated, national Nursing Quality and Safety Alliance (NQSA). This 12-month planning grant seeks to determine the interest and value in establishing a national community devoted to influencing policy that enhances nursing’s contribution to quality and safety. Through application of a democratic process, the role, value, and priorities, along with an optimal structure and a sustainability model for translating NSQA from concept into reality will be explored.

Objectives

This project will:

- Identify current policy directions that will be most meaningfully impacted by a unified nursing “voice”;
- Determine opportunities for nursing to contribute to the public policy dialogue;
- Enhance nursing leadership’s influence on emerging transparency and accountability agendas;
- Assess the current interest in, appetite for, and sustainability of a national Nursing Quality and Safety Alliance including possible functions, roles, priorities, and organizing structures;
- Determine, with insight, support, and consensus from key nursing convener organizations, the feasibility of launching NQSA.

¹⁹ The Gallup Poll®. Available at <http://www.gallup.com/poll/112264/Nurses-Shine-While-Bankers-Slump-Ethics-Ratings.aspx>. Last accessed December 1, 2008.

Key Activities

In order to achieve consensus, over the grant period, project staff will undertake the following activities:

- Identifying nursing “convener” organizations that represent key audiences/constituencies, have the greatest vested interest, and have existing activities devoted to nursing quality and safety;
- Inventorying other nursing organizations that will be interested – centrally and peripherally – to these discussions and soliciting their input informally and formally, as appropriate;
- Gathering representatives from these convener organizations through regular meetings to discuss key issues and resolve outstanding matters;
- Identifying and analyzing the functions, roles, priorities, structures, and operational configurations of “like” organizations (e.g., HQA, AQA, QASC);
- Identifying major issues in convening NQSA and outlining possible approaches to resolving these issues. Proposed functions, roles, and priorities will be proposed. Models for leadership, governance, participation, financial sustainability, and other structural components will be presented for discussion;
- Preliminarily identifying strengths, weaknesses, threats, and opportunities of NQSA through an environmental scan and SWOT analysis;
- Gathering informal information from the involved nursing convener organizations and other key stakeholders to assess perspectives on particular approaches to NQSA’s function, governance, structure, funding model, etc. Preferences and conflicts will be documented and resolved to the extent practical;
- Applying democratic decision making and negotiation processes to finalize NQSA’s role and structural components; and
- Engaging experts in such disciplines as governance and communications to best position NQSA for future impact.

During this planning project, up to six meetings will be held to engage key nursing convener organizations, articulate NQSA’s role, function, and priorities; define governance and operational structures; and explore and resolve financial sustainability issues. The following issues will be explored and resolved during this planning process:

- Key functions, roles, and scope of NQSA activities;
- Mission, vision, values;
- Short- and long-term priorities;
- Risks, threats, and mitigation approaches;
- Collaborators, vested parties, competitors, obstacles and approaches to relationship building;
- Membership, structure, and governance;

- Detailed plan for startup and ongoing operations;
- Funding and financial sustainability models;
- Strategic planning approaches; and
- Measures of success.

A detailed list of key questions to address is provided (attachment 1).

Nursing Conveners and Participation

Participation in this first, planning project will include two representatives of each of nine different nursing convener organizations:

1. American Association of Colleges of Nursing (AACN);
2. American Academy of Nursing (AAN);
3. American Academy of Nurse Practitioners (AANP);
4. American Nurses Association (ANA);
5. American Organization of Nurse Executives (AONE);
6. National Council of State Boards of Nursing (NCSBN);
7. National Coalition of Ethnic Minority Nurse Associations (NCEMNA)²⁰;
8. National League for Nursing (NLN);
9. National Organization of Nurse Practitioner Faculties (NONPF).

These convener organizations as well as representatives from RWJF and GW as well as the representative who has been appointed by nursing to the Quality Alliance Steering Committee (QASC) will begin to explore these issues, contemplate solutions, and design a future roadmap.

In recognition of the diversity of the nursing community and the constituencies that are represented by the dozens of formal nursing organizations, efforts will be made, within reason and as practical, to solicit feedback from and participation by the broader nursing community. This could include ‘public’ sections of the agenda to which all professional nursing organizations and related institutions are invited to participate, listening sessions to brief the broader community on project happenings, engagement of nurses and/or the nursing community as respondents on key issues and/or areas of concern, or informal data gathering to gauge perceptions about key issues and/or resolve differences of opinions.

Deliverables

At the end of this planning project, the following deliverables will be produced:

- A formal internal and external environmental scan and an analysis of the competitive environment;
- Consensus about the importance of establishing NQSA;

²⁰ Outreach to NCEMNA has been ongoing. At this time, its participation in the project is pending.

- An articulated set of functions, roles, and priorities for the NQSA to assume;
- A governance structure that is suitable for executing the priorities and amenable to the key nursing conveners; and
- An operational budget and models for long-term sustainability.

Conclusion

As a new Administration looks to reform the U.S. health care system, in what way do nurses want to portray their contributions to quality, safety, and efficiency? How might nurses be actively engaged in the crusade for better health care quality and safety? Answers to these questions rest in this planning project, *Planning a National Nursing Quality and Safety Alliance*. Over the next few months, with funding support from RWJF, nursing leaders will examine approaches to unifying nursing's 'policy voice' and contemplate the role of a national Nursing Quality and Safety Alliance.

Attachment 1: Key Questions to Address

Key Questions to Address
Key functions, roles, and priorities
1. What role does the Alliance serve?
2. What are the primary functions served by this Alliance? What secondary roles might it serve?
3. What are the “boundaries” of the Alliance and what scope of services/activities should be undertaken?
4. What are its mission, vision, and values?
5. What are the short- and long-term priorities?
6. To what extent are these priorities unique versus duplicative with existing entities/organizations?
7. How will its success be defined?
Challenges, risks/threats, and benefits
1. What are the pros and cons of establishing a dedicated nursing-focused infrastructure?
2. What and who is likely to support this endeavor?
3. How might we activate this support and amplify it beyond its natural limits and impacts?
4. What are the risks and threats? What are the most likely sources of these risks/threats?
5. To what degree and in what ways are the imminent threats likely to limit its success?
6. How might those threats be mitigated?
Current collaborators and key relationships
1. Who are the vested parties? What roles might they play?
2. Which organizations are most affected and to what degree are their roles complementary versus competitive?
3. What key collaborators should be engaged in early stages?
4. What relationship building needs to be accomplished?
5. What key support functions would these organizations provide?
6. Which organizations are likely to be obstacles?
7. How might these organizations be engaged/converted?
Structure and governance
1. What formal or informal governance structure exists to support the Alliance’s mission, vision, and values?
2. How are the existing nursing/quality organizations and alliances “fused” into this governance structure?
3. What purpose does this structure serve?
4. How does the governance system function (e.g., convening activities, etc.)?
Resources, support, and funding
1. What is the funding model for the Alliance?
2. To what degree might it be self-supporting versus needing new, dedicated funding?

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Key Questions to Address
3. What are the potential sources for this funding?
4. How might budget projections be estimated for start-up and ongoing operations?
Operational considerations
1. How is the Alliance staffed?
2. To what extent might staff from existing organizations devote portions of existing time to these activities versus new, dedicated staff being necessary?
3. How is strategic and operational planning accomplished?
4. How are ongoing operations supported?
5. What specific targets and measures will demonstrate success?
6. What is the long-range view of sustainability and service?