

DEPARTMENT OF NURSING EDUCATION

**'Planning a National Nursing Quality and Safety Alliance'  
SWOT Analysis: The Environment for NPQA**

**Background**

The 'quality enterprise' has been defined as the building blocks that enable the delivery and improvement of evidence-based care.<sup>1</sup> This enterprise is dependent on a series of inter-related building blocks and investments that include:

- national quality improvement goals and priorities;
- standard and consensually developed performance measures that enable evaluation of progress against the goals and priorities;
- public reporting of health care performance to motivate improvements, hold providers accountable, and drive consumer and purchaser selection;
- translational evidence-based practice to stimulate rapid improvement;
- education and workforce preparation; and
- value-based purchasing programs that align payment with performance and incentivize stakeholders to achieve higher levels of value.

The primary aim of the health care quality enterprise is the provision of care that is safe, effective, patient-centered, timely, equitable, and efficient. Enormous potential exists in garnering the influence of nurses, in full partnership with patients, consumers, and their families, to improve patient safety and advance health care quality goals.

It is within this context that the role and function of the Nurse-Patient Quality Alliance (NPQA) has been contemplated. (See complementary documents, Items D and E, *The Promise of Patient Partnerships* and *The Nurse-Patient Quality Alliance (NPQA) Pathway*.) This environmental scan assumes that the proposed mission of a dedicated nurse-patient quality alliance is to advance person-centered, high value health nursing care through partnership, innovation, and leadership.

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<sup>1</sup> The Strategic Framework Board's Design for a National Quality Measurement and Reporting System. *Med Care*. 2003;41(1) Supplement:I-87-I-89, January 2003.

\* The web domain, "NPQA" is available for sale. See <http://www.sedo.com/search/details.php4?domain=npqa.com&partnerid=14460&language=e>

In developing a SWOT analysis for the Nurse-Patient Quality Alliance (NPQA), three primary purposes emerge:

1. Inspire continued trust and confidence in the nursing profession among patients, their families, And the American people;
2. Leverage nurses, the single largest health care workforce, together with patients, partners in their care, in accelerating performance improvement; and
3. Stimulate reform through shared perspectives, knowledge, and values among nurses and patients, their families, and consumer stakeholders.

A SWOT analysis focuses on internal strengths and weaknesses and external opportunities and threats. In this instance, these concepts have been applied to a proposed alliance that serves these three proposed purposes. Additionally, the following consumer organizations have been considered in the development of this SWOT analysis<sup>2</sup>:

Physician/hospital supported:

- Society for Health Care Consumer Advocacy (of the AHA)

Health professional (non-physician) supported:

- Coalition for Patients Rights

Consumer supported:

- AARP (Public Policy Institute, Health Team and Center to Champion Nursing in America)<sup>3</sup>
- Center for Medical Consumers
- Center for Science in the Public Interest
- Childbirth Connection, Consumer's Coalition for Quality Healthcare
- Consumers Advancing Patient Safety (CAPS)<sup>3</sup>
- Consumer Federation of America
- Consumer-Purchaser Disclosure Project (hosted by the National Partnership for Women & Families)<sup>3</sup>
- Consumer's Union (health ratings and Stop Hospital Infections/Patient Safety Campaign)<sup>3</sup>
- Mother's Against Medical Errors

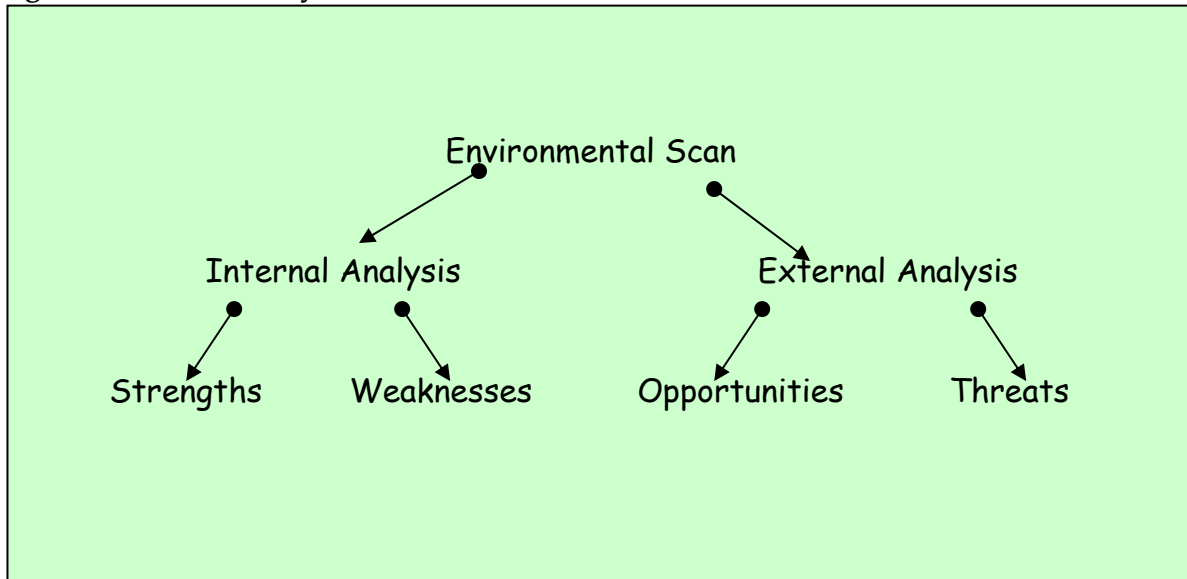
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<sup>2</sup> A number of consumer organizations identified through this initial scan have been excluded from this SWOT because of their limited focus, capabilities, or level of contribution (e.g., Americans Mad and Angry ["the other AMA"], Kentucky watch, Everybody In Nobody Out, and ENDEMIC (END Egregious Medicine and Injustice in Health Care).

<sup>3</sup> Based on existing information, appears to be a 'good fit' as an alliance partner.

- National Consumer’s League
- National Institute for Patient’s Rights<sup>3</sup>
- National Patient Safety Foundation<sup>3</sup>
- National Patient Advocate Foundation (Patient Advocate Foundation)<sup>3</sup>
- National Research Center for Women and Families
- National Women’s Health Network (Advisory Council, Resource Center)
- Public Citizen’s Health Research Group

**Figure 1. SWOT Analysis Framework**



Typically, SWOT analyses are presented in tabular formats and entries are listed in one of four quadrants in the table (i.e., strengths, weaknesses, opportunities, threats). The SWOT analysis is presented in Table 1. Each section of the SWOT is color coded to match the three primary purposes listed above.

**Table 1. SWOT Table**

<b>Strengths</b>	<b>Weaknesses</b>
<b>Purpose 1. Inspire continued trust and confidence</b>	<b>Purpose 1. Inspire continued trust and confidence</b>
a. Existing nurse workforce is the largest segment of the health care workforce	a. Existing, numerous professional nursing organizations and specialty groups result in fragmentation and diffusion of the expertise and resources among nursing as a whole. May be confusing/distracting to consumers group(s) who join an alliance
b. Living up to nursing’s promise to represent the patient voice	b. Creating a new “fancy” alliance may not change nursing’s image from that of a profession that “takes orders.” We may remain unable to gain access to high levels of policy making and policy makers
c. Expanding consumer recognized success (e.g., number of hospitals, evidence-based link to quality/safety) of the Magnet program	c. Funding source for sustained support is unknown
d. Expanding and maturing evidence-base that establishes nursing-quality-value linkages	d. Participation would be voluntary (e.g., What incentive would organizations have to provide technical time and support for NPQA?)
e. Operating consumer advocacy groups is a well known skill for several of the major groups with which we could partner	e. Nursing lacks experience in constructing or operating a national alliance. Additional complexity exists in partnering with consumer groups
f. Convener organizations have a proven track record in working together (e.g., areas of education, competency development, leadership)	f. Practicing registered nurses are not well represented by the Convener groups which may limit NPQA ability to speak for that constituency and/or require active recruitment of bedside nurses
g. Practicing NPs are well represented by the Convener groups (see weaknesses 1.f. and 1.g.)	g. Practicing licensed practical nurses are not well represented by the Convener groups which may limit NPQA ability to speak for that constituency and/or require active recruitment of LPN leaders
h. Competing/similar nurse-patient/dedicated organizations to proposed NPQA do not exist	
i. Influencing consumer leaders and far-reaching consumer media will be more likely with the engagement of patients/consumers/families in the alliance	
j. Continuing interest in advancing patient-centered care--willing to ask, “What is best for the patient?”	
k. Ratings of nurses by consumers reveal communication gaps and other performance issues which could be mitigated through a patient-nurse alliance.	
l. Avoiding the appearance of being self-serving or advocating only for its own profession is more likely with the establishment of a	

patient-nurse organization than a nurse alone structure	
m. Concentrating nurses on their role as healers in care rather than merely as advocates for their own profession	
<b>Purpose 2.. Accelerate performance improvement</b>	<b>Purpose 2.. Accelerate performance improvement</b>
a. Expanding and maturing evidence-base that establishes nursing-quality-value linkages	a. Representation of VANOD, CalNOC, MilNOD is lacking in the convener group gathering under the planning grant
b. Partnering to expand and accelerate current and future measurement sets (examples follow):	b. Lacking sufficient nursing-sensitive outcome measures and resulting data to address all patients in all settings across an episode of care limits how comprehensively nursing care quality can be portrayed and might limit partnerships with certain consumer groups
b.1. Experience with, and advancement of, measure development and data collection (i.e. NDNQI, AWHONN EDGE™ Database, etc)	c. Developing standard language may be necessary prior to creating additional standard measures (e.g., birth date or date of birth)
b. 2. Existing national, regional, and state nursing performance measures databases (e.g., NDNQI, CalNOC, Maine and Massachusetts)	d. Adding/changing billing codes (e.g., G-codes, E-codes) to document nursing care is not in the realm of influence for nurses or consumers but together we may have more success
b.3 Existing national quality measurement and reporting infrastructure (e.g., Compare websites)	e. Consumer group(s) and nurse group(s) may have diverging opinions on measurement priorities. How will this be reconciled?
b.4. Continuing and expanding nursing-sensitive measures in public reports of performance (e.g., Consumer Assessment of Healthcare Providers and Systems [HCAHPS], Hospital Compare)	f. Historic health professional tendency to paternalism (e.g. “we know what’s best for you”)
c. Emerging national quality improvement goals via the National Priorities Partnership	
d. Enabling the measurement of nursing care performance as guided by, supported by and perceived by consumer organization(s)	
e. Sharing the lessons learned from existing national and regional databases portraying nursing care quality (e.g., NDNQI system)	
f. Launching national quality improvement campaigns that unite evidence with clinical practice and that engage nurses and patients as equal partners in quality (e.g. TCAB, Safe Needles Save Lives, Evans and Strumpf on restraints)	

<b>Purpose 3. Stimulate reform</b>	<b>Purpose 3. Stimulate reform</b>
a. Existing nurse leaders with strong organizational skills and credible backgrounds	a. Nursing is not typically a 'target' of federal policies because of employee-employer relationship (rather than direct contractors with payers for services)
b. Threats by existing nursing and nurse faculty shortages are widely recognized by policy makers and health care stakeholders.	b. Existing consumer and nursing organizations approach policy makers with multiple requests: lack of unity
c. Patients and nurses, each individually, make strong advocates; together, their combined effectiveness will likely be transformative	c. Nursing inclusion within existing alliances may be viewed as duplicative
d. Reviewing the evidence suggests that nurses make effective policy advocates	d. Insufficient positioning of nursing performance among policy maker's source materials (e.g., need to penetrate <i>NEJM</i> , <i>JAMA</i> and <i>Health Affairs</i> )
e. Establishing partnership with consumers links nursing to long established consumer advocacy in this area and provides ready-made credibility and strengthened relationships with policy makers	e. Data collection, reporting and timing by nurses are not yet geared to meet policy makers' needs and interests. Consumer groups seem more attuned to pace of policy maker needs
f. Political involvement and advocacy may be more acceptable to "altruistic" nurses if patients/consumers are also served	f. Nursing research does not often ask "What to policy makers need and want" (e.g. NINR)
	g. Nurses and nurse professional organizations have historically lacked consistent messages or a cohesive approach to policymakers and regulators (as per J. Miller MPH, RN of CMS). The addition of consumer groups to the 'mix' may further complicate the lack of a unified message
	h. Nursing workforce is not engaged in the political process and impaired from doing so by powerful barriers (e.g. lack of time, inadequate socialization to the process, lack of "relevance")

Opportunities	Threats
<b>Purpose 1. Inspire continued trust and confidence</b>	<b>Purpose 1. Inspire continued trust and confidence</b>
a. Build upon nursing social capital with consumers as the most trusted among health care professions	a. Consumer partners may overwhelm nursing. Nursing may be subordinate to consumer leadership.
b. Identify (empirically, anecdotally) and enhance the value-added of nursing with consumer participation and support	b. Potential to be barraged or criticized by special patient advocacy groups and specialty nursing groups who are not included in membership
c. Improve consumer understanding about the quality of nursing care	c. Partnership adds complexity to operational aspects of an alliance such as leadership, governance, membership dues, etc
d. Improve nursing's knowledge of consumers' experience of professional nursing	d. Physician and hospital groups have great influence or control over some consumer and nurse groups (e.g., providers and physicians are disproportionately represented on the National Patient Safety Foundation)
e. Reward nurses and institutions for excellent performance in conjunction with consumers	e. Consumers may not know/understand the scope of nursing practice
f. Explore the Hospital Compare website or other "like" vehicles as a competitive tool for institutions to provide information about outstanding nurse performance. What is most consumer friendly?	f. "New" health professionals (health advocates, patient navigators, health coaches) may want to partner with consumers (e.g. Sarah Lawrence College master's degree in health advocacy)
g. Explore partnering with nursing unions	g. . Googling "Consumers and Nursing" leads to nursing home ratings only. Is nursing invisible to consumers?
h. Strengthen nurse-led recognition programs by providing comparative effectiveness data (e.g. nursing has received much traction around Magnet recognition)	h. Partnership with consumers might distract from internal, professional issues that deserve attention (e.g. work environment)
i. Build partnership with health care's ultimate beneficiaries -- consumers	i. Partnership model requires effort and resources to identify suitable and like-minded consumer, patient, family groups
j. Recognize the dual role of consumers as patients and purchasers	j. Partnership results in necessary conformance to shared/collaborative policy positions rather than nurse-only positions
k. Recognize that an essential component to health care reform is dependent on activating and engaging consumers.	k. Longstanding positions that nursing has taken might need to be revisited (e.g. staffing ratios)
l. Patient partnership will enhance effectiveness, authenticity, persuasiveness and honor of alliance	l. Partnership may require alliance to diverge from positions held by nurse-only groups. Will this put nurse-group membership within NPQA in jeopardy?
m. . Combine concerns with patients as full partners because it is strategically persuasive	m. Expanding definitions of patient satisfaction or perception (e.g., CAHPS® has little that is directly relevant to nurses)

n. Synthesize what is known about nurse-patient relationships and their importance in achieving care that is safe, effective, patient-centered, timely, efficient, and equitable	
o. Impact searches for “consumers and nursing” or “consumer health care” on the WWW. (e.g. the Consumer Health Alliance is an org. of the discount health care industry rather than a source of information about health care)	
p. Identify full range of possible partners and explore relationships	
q. Disseminate and communicate nursing’s contribution to quality to consumer, purchaser, and policymaker audiences through such vehicles as nursing care quality performance reports, public information campaigns, and policy white papers.	
r. Leverage existing nurse research and support the translation of scientific findings into bedside practice.	
s. Disseminate practice-based questions/issues to researchers and funders.	
t. Establish an agenda for measure development by identifying performance measures that would be high value to patients and capture nurses’ contributions to the national goals and priorities	
<b>Purpose 2. Accelerate performance improvement</b>	<b>Purpose 2. Accelerate performance improvement</b>
a. Continue quid pro quo to various alliances (i.e. HQA, KCA, QASC) providing entry into these policy discussions	a. Current national practice specialty organizations (AORN, AANA, ONS, AWOHNN, AACN, ACNM) have limited resources and will have to decide where to invest (e.g., choices will need to be made that could result in weakening NPQA)
b. Dedicates significant, shared resources to improving quality, safety and value	b. Data may portray low quality nursing performance with subsequent unintended consequences for nursing
c. NPQA could serve as a neutral reporting entity to achieve economies of scale and scope by moving performance measurement reporting from various nursing organizations to a central source.	c. Established boards of both large nursing organizations and consumer organizations may refuse to support or may change support as leadership and resources fluctuate
d. NPQA sets agenda for measure adoption and collection	d. Alliances with whom nursing has a quid pro quo relationships have not universally welcomed nursing participation and have rationed our involvement (e.g., don’t recognize different nursing groups)
e. Influence national surveys that address health care quality to gather information relative to nursing practice (e.g., National	e. Consumer group(s) may not recognize a need to measure nurse performance in the same manner in which nurses do. Conflict may

Ambulatory Medical Care Survey)	result (e.g. consumers may think, “Did the nurse carry out the order?”)
f. Learn from Patient First initiative in Massachusetts (MHA driven) and other state initiatives	
g. Link nursing performance with costs and cost savings	
h. Build relationships with Centers of Excellence	
i. Partner with the Hospital Compare, Quality Check, and other performance reporting vehicles	
j. Improve public reporting of nursing-sensitive outcomes	
k. Establish an agenda for measurement development by identifying nurses’ contributions to the national goals and priorities	
l. Identify areas of low-level performance, significant variation, or suboptimal care for which nurses are accountable and which are viewed by patients as high impact	
m. Launch national quality improvement campaigns that unite evidence with clinical practice and that engage nurses and patients as equal partners in quality improvement transformation	
n. Leverage existing nursing research and support the translation of scientific findings into bedside practice	
o. Identify and disseminate nursing-led best practice guidelines to achieve widespread improvements in care.	
p. Encourages attention to bundling safety defenses by combining two perspectives	
q. Concept of measuring quality and safety is becoming widely accepted. The concept of “no measurement” is unacceptable to patients who must make decisions about their health care and provider	
<b>Purpose 3. Stimulate reform</b>	<b>Purpose 3. Stimulate reform</b>
a. Disseminate practice-based questions/issues to policy makers and thought leaders to guide funding of research or studies	a. Absence and inattention to nursing issues/strengths in health care reform proposals
b. Recognize evidence that suggests that nurses, APRNs and consumer groups have opportunities to strengthen their policy voice	b. Presence of a strong medical lobby and physician advocacy groups linked with consumers
c. Vision for proactive, forward thinking policy agenda that can Push (e.g. What do <u>we want</u> decision makers know about nursing performance? ), Pull (e.g. What do decision makers <u>already know</u>	c. Established alliance landscape and inconsistent/‘unwelcoming’ nature among existing alliances to nursing

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about nursing performance ?) and/or Partner (e.g. What do decision makers <u>want/need to know</u> about nursing performance ?)	
d. Shared nurse-patient response to policymakers' requests for data, information, and exemplars	d. Lack of awareness by policymakers of the necessity to engage nursing to realize dramatic and sustainable improvements in quality and safety
e. NQF endorsement of national voluntary consensus standards for nursing-sensitive care verifies the importance of nursing's contribution to inpatient care quality	
f. Laws requiring transparency of information including cost, prices, and quality may initiate a demand for nurse performance information (required in Florida, Delaware, Georgia, Minnesota, New Mexico, Vermont, Wisconsin)	
g. Advance nursing in the policy arena by systematically being engaged in achieving specific patient safety and quality health care goals	
h. Build upon new economic stimulus funding (.e.g., get in on ground floor of electronic data system building in healthcare)	
i. Identify a strategic policy roadmap that addresses those issues that affect both patients and nurses (e.g., public reporting of staffing levels) and proactively advocate with policy makers for this agenda	
j. Serve as a resource to federal departments including the Department of Health and Human Services, Department of Veterans Affairs, Office of Personnel Management, and their reporting agencies (e.g., CMS, AHRQ, Health Resources and Services Administration, Veterans Health Administration) on accountability and transparency policy directions	
k. Identify nurse- and patient-experts and build capacity to serve in leadership roles (e.g., committees, advisory boards)	
l. Write and deliver testimony, public comments, policy white papers, and other opinion pieces (e.g., editorials) on related issues	
m. Identify a strategic roadmap that addresses those issues that affect both patients and nurses (e.g., public reporting of staffing levels) and proactively advocate with policy makers for this agenda	

## **Key Questions**

In its review and deliberation, the group may wish to consider the following key questions:

1. *What general reactions does the group have to the NPQA SWOT analysis?*
2. *What specific additions, revisions, and enhancements are suggested?*
3. *What specific action steps should be pursued to best position the developing Alliance based on the SWOT?*
4. *What method might be used (e.g., criteria) to identify suitable patient/consumer organization with which to partner? What organizations/groups should be approached?*

## **Next Steps**

Project staff will revise the SWOT analysis based upon the convener group's reactions, suggestions, revisions, etc. Additional efforts will be taken to identify and consider partnerships with other possible patient/consumer organizations. Ultimately, the final SWOT will serve as both a tool for future planning (e.g., soliciting funding for any launch of NPQA activities) and a deliverable to the Robert Wood Johnson Foundation (RWJF).