



‘Planning a National Nursing Quality and Safety Alliance’ Strengthening Nursing’s Policy Voice

Background

The health care policy environment is changing rapidly. Quality is subpar, costs are skyrocketing, coverage is declining, and consumer satisfaction with the level of service is dismal. Nurses, who represent the single largest health care workforce and are in closer proximity to patient care than any other health professional, must be viewed, at least in part, as a solution to our nation’s problems. Yet, far too often the nation fails to turn to its nursing workforce.

The current environmental shifts and political tides create a natural momentum to evaluate nursing’s influence on health care policy and determine effective approaches to strengthen its policy ‘voice.’ This paper provides a brief overview of the environment, federal responses to that environment which are likely to impact nursing, and possible functions and benefits of a devoted nursing quality policy ‘voice’ – referred to as the Nursing Quality and Safety Alliance (NQSA). Finally, the paper lays out a structured brainstorming activity to envision NQSA more fully and explore its possible role and contribution in more detail.

Environmental Context

While substantial investments have been made over the past decade to improve health care quality and reduce costs, the result has been largely trivial. Current evidence paints a grim picture of 21st century health care quality in America:

- The Agency for Healthcare Research and Quality’s 2007 Health Care Quality¹ and Disparities² Reports have routinely shown sub par performance. Based on hundreds of metrics, AHRQ reports that while quality and safety have been improving over the last five years, the rate of improvement appears to be slowing, variation still exists in many areas, safety lapses continue to be measurable, and the number of areas in which disparities exists has grown.
- For the past two years, The Joint Commission has published an annual hospital quality report, *Improving America’s Hospitals*. Findings from its most recent report suggest, “While national performance on some measures nears 100 percent,

¹ Agency for Healthcare Research and Quality. *2007 National Healthcare Quality Report*. Rockville, MD: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality; February 2008. AHRQ Pub. No. 08-0040.

² Agency for Healthcare Research and Quality. *2007 National Healthcare Disparities Report*. Rockville, MD: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, February 2008. AHRQ Pub. No. No. 08-0041.

performance of other measures is in the 50 to 70 percent range. And so the work to improve care continues.”³

- The Commonwealth Fund’s annual report card, *National Scorecard on U.S. Health System Performance*⁴ paints a similarly mediocre picture of health care quality:

“Across 37 core indicators of performance, the U.S. achieves an overall score of 65 out of a possible 100 when comparing national averages with U.S. and international performance benchmarks. Overall, performance did not improve from 2006 to 2008. Access to health care significantly declined, while health system efficiency remained low. Quality metrics that have been the focus of national campaigns or public reporting efforts did show gains.”
- In independent empirical studies,^{5,6,7} researchers conclude that care is substandard for patients with many conditions (e.g., 76% of recommended care among acute myocardial infarction, heart failure, community-acquired pneumonia patients) and among vulnerable subpopulations (e.g., fewer than 50% of children receive recommended care in ambulatory settings and fewer than 52% receive recommended care for chronic and acute conditions and for disease prevention⁸).
- Lapses in quality care for long term care patients are especially notable. In 2001, the IOM reported that while some aspects of nursing home care had improved over the past decade, serious and persistent quality of care problems persist⁹—a finding that is echoed in AHRQ’s 2007 quality report, which confirmed the absence of substantial improvements in performance and reductions in variation among nursing homes, home health care agencies, and hospices had not been realized.¹⁰

Taken together, these findings portray a system that continues to show tremendous variation, fragmentation, and opportunity for improvement.

³ The Joint Commission. *Improving America’s Hospitals*. 2008. Oakbrook Terrace, IL: The Joint Commission, November 2008.

⁴ The Commonwealth Fund. *Why Not Be the Best? Results from a National Scorecard on U.S. Health System Performance, 2008*. New York, NY: The Commonwealth Fund; July 2008.

⁵ McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. *NEJM*. 2003; 348(26):2635–2645.

⁶ Landon BE, Normand SLT, Lessler A, et al. Quality of care for the treatment of acute medical conditions in US hospitals. *Arch Intern Med*. 2006;166:2511-2517.

⁷ 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.

⁸ Asch SM, Kerr EA, Joan K, Adams J, Setodji CM, Malik S, and McGlynn EA. Who is at greatest risk for receiving poor-quality health care? *NEJM*. 2006; 354(11):1147-1156.

⁹ Institute of Medicine (IOM). *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: National Academies Press. 2008.

¹⁰ Agency for Healthcare Research and Quality. *2007 National Healthcare Quality Report*. Rockville, MD: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality; February 2008. AHRQ Pub. No. 08-0040.

Federal Response

Federal policymakers have responded to these decade-long accounts by promulgating regulations and sponsoring activities intended to increase value.¹¹ The policies that have had the most impact and sustainability include:

- Public reporting through government-sponsored “compare” websites (e.g., Hospital Compare, Dialysis Facility Compare);
- Pay-for-reporting initiatives such as the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) and Physician Quality Reporting Initiative (PQRI);
- A plan, expressed in a 2007 report to Congress, to establish a Medicare hospital pay-for-performance program;
- Public-private alliances (e.g., Hospital Quality Alliance, AQA) that have assumed roles in performance measure development and testing, implementation, and quality improvement; and
- The promise of health reform under the new Administration.

Although these policy directions have been informed by a diverse group of stakeholders with broad and sometimes conflicting perspectives (e.g., consumer groups, labor organizations, hospital trade associations, private insurers), nursing’s perspective has been, for the most part, under utilized in developing this political agenda. Yet nurses have been found to be effective advocates for patient care and are significantly affected by the very rules being generated to improve value. For example, in two separate qualitative studies in which investigators conducted interviews with nurses who had chosen to become politically active, findings suggest that while nurses’ vivid anecdotes from first-hand involvement in health care were reported to be extremely powerful, significant barriers (e.g., lack of time, inadequate socialization to the political process) exist that impact nurses’ abilities to participate in the political process.^{12,13}

Simply put, nurses are vital to solving the nation’s health care quality and safety problems but are largely untapped by policymakers in developing their solutions.

Functions and Benefits of a Dedicated Nursing Policy ‘Voice’

As envisioned, a dedicated Nursing Quality and Safety Alliance (NQSA) will enhance nursing’s voice in federal policymaking and strengthen its credibility among policymakers and other diverse constituencies (e.g., consumers, private payers). To achieve this aim, the following primary functions are proposed for NQSA:

1. establishing goals for high performing nursing care across settings and episodes of care;

¹¹ Value and efficiency are terms that relate the cost of care or resource utilization to a specified level of quality of care. In simple terms, value is the quality of health services provided for the cost of obtaining those services. (National Quality Forum (NQF). *Measurement Framework: Evaluating Efficiency Across Episodes of Care*. Washington, DC: NQF. November 2007.)

¹² Winter MK, Lockhart JS. From motivation to action: understanding nurses’ political involvement. *Nurs Health Care Perspect*. 1997 Sep-Oct;18(5):244-50.

¹³ Gebbie KM, Wakefield M, Kerfoot K. Nursing and health policy. *Journal of Nursing Scholarship*. 2000; 32(3):307-315.

2. identifying and/or contributing to the development of performance measures that reflect nursing's contribution to health care quality and safety and advocating for their endorsement and implementation in public reporting and value-based purchasing activities;
3. promptly responding to federal legislation and regulation that impacts nursing care that is related to quality and safety; and
4. disseminating information about federal policies that relate to health care quality and safety and developing national responses including, but not limited to, national campaigns aimed at improving nursing care.

Based on these proposed functions, the primary benefits of a dedicated Nursing Quality and Safety Alliance (NQSA) will include:

1. enhanced influence on health care policymaking that is related to quality, safety, and value;
2. credible, unified voice for nursing on issues related to quality, safety, and value;
3. establishment of national goals which reflect nursing's contribution to quality and safety;
4. portrayal of nursing's contribution to quality and safety through performance measures and reports;
5. service to the nursing community as a central repository for information regarding health policy related to quality and safety;
6. translation of policy for purposes of adoption into nursing practice, education, and research;
7. influence in enhancing policymaker's recognition of nursing's contribution to quality, safety, and value.

Group Discussion Topic:

1. *What 2-3 primary functions might a dedicated nursing quality alliance (i.e., NQSA) undertake?*
2. *What are the benefits of a stronger nursing policy voice?*

Group Brainstorming

In order to envision NQSA, thoroughly vet its establishment, and contemplate its aims, allies and competitors, and deliverables, meeting participants will be assigned to one of four groups for brainstorming:

- Group 1 – How will NQSA's success be defined?
- Group 2 – What are the potential sources for this funding?
- Group 3 – Who are likely supporters of NQSA and what roles might they play?

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- Group 4 – Who are likely detractors and what might their objections be? How might these organizations be engaged/converted?

Each group will:

- include a mix of conveners and reactors;
- be assigned a facilitator who will assist the group with its brainstorming process;
- be assigned a specific question (see above) to explore;
- name a 'recorder' and a 'reporter';
- brainstorm possible responses/solutions/answers to the key questions;
- use a democratic process to arrive at 3-5 key responses/solutions/answers; and
- share through a 'report back' to the full group each group's responses/solutions/answers.

By exploring the unique aspects of NQSA along with the opportunities, challenges, and operational considerations, a richer sense of interest in and support NQSA will emerge.

Conclusion

The policy climate is changing rapidly. In light of mounting pressures to reform health care and ensure value, nurses must be conversant in issues related to performance measurement, transparency, and accountability. One strategy to explore is the establishment of a dedicated Nursing Quality and Safety Alliance. Establishment of NQSA requires careful consideration of current trends, capacities, expertise and interests. This paper describes the climate, proposes primary functions for and benefits of NQSA, and describes a democratic process for soliciting feedback about NQSA's possible role and contribution.