



## Planning a National Nursing Quality & Safety Alliance

### PURPOSE

This 12-month project seeks to explore the interest in and feasibility of establishing a devoted, unifying “policy voice” for nursing that influences current patient safety and quality directions in the United States.

### BACKGROUND

Over the last decade, there has been a growing body of literature documenting significant gaps in quality care.<sup>1</sup> 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.”<sup>2</sup>

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<sup>3</sup> and children<sup>4</sup>. Nearly one-quarter of adult patients with acute myocardial infarction, heart failure, and community-acquired pneumonia fail to receive recommended inpatient care.<sup>5</sup> In addition to low-level performance, disparities and inequities persist.<sup>6</sup> Despite the “spotlight” that has been placed on patient safety and quality issues, current performance has remained suboptimal. Yet, an expanding body of evidence links nursing to improved patient safety and health care outcomes.<sup>7,8,9</sup>

In what ways might nurses, who represent the single largest health profession in the United States,<sup>10,11,12</sup> contribute to today’s performance measurement, public reporting, and value-based

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

<sup>2</sup> Ibid., p. 1.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> National Healthcare Disparities Report, 2006. Full Report. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nhdr06/report/>

<sup>7</sup> National Quality Forum (NQF). *National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*. Washington, DC: NQF; 2004.

<sup>8</sup> Needleman J, Buerhaus PJ, 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.

<sup>9</sup> 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.

<sup>10</sup> 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).

<sup>11</sup> 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.

purchasing directions? What activities might be undertaken by nurses—beyond those that have already been pursued—to shape transparency and accountability policies that will result in measurable improvements in performance? As the United States approaches the 10-year anniversary of the IOM’s reports on quality and safety, what further contributions might nurses make to formulate policies that result in improved quality and patient safety?

In response to these questions and with the support of the Robert Wood Johnson Foundation (RWJF), this planning grant will convene leaders of the nursing community to explore the possibility of establishing a dedicated, national Nursing Quality and Safety Alliance (NQSA). Exploration of NQSA is based on the assumption that without further activation of nurses in the nation’s policy setting, dramatic achievements in quality and safety for the American public are unlikely to be attained. The context in which this work will be undertaken 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. 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.

## **SCOPE**

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.

## **NURSING CONVENER ORGANIZATIONS**

The following nursing convener organizations will be invited to participate in this planning process:

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 League for Nursing (NLN);
8. National Organization of Nurse Practitioner Faculties (NONPF).

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<sup>12</sup> 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

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.

### **THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE AND HEALTH SCIENCES**

The George Washington University, an independent academic institution chartered by the Congress of the United States in 1821, dedicates itself to furthering human well-being. The University values a dynamic, student-focused community stimulated by cultural and intellectual diversity and built upon a foundation of integrity, creativity, and openness to the exploration of new ideas. The School of Medicine and Health Sciences offers programs leading to the degrees of Bachelor of Science in Health Sciences, Master of Science in Health Sciences, and Doctor of Medicine. The George Washington University Medical Center will improve the health and well-being of our local, national and global communities by:

- developing tomorrow's leaders;
- delivering high-quality healthcare;
- advancing scientific discovery and translating discoveries into action;
- harnessing new technology;
- fostering multidisciplinary collaboration; and
- pursuing alliances unique to our location.

### **FUNDING**

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