Bringing the Nursing Profession’s Voice to the Table

National nursing alliance works to strengthen the profession’s ability to influence health care quality, safety, and transparency

SUMMARY

How do you bring an entire profession’s voice to the proverbial table to ensure health care quality, safety, and transparency? Though nurses are the largest profession in the health care workforce, they have been underrepresented in the national debate on measuring and reporting on performance.

From 2008 to 2013, staff at George Washington University’s School of Nursing planned and launched the Nursing Alliance for Quality Care to provide a stronger and more unified nursing voice in efforts to improve patient care and ensure accountability among providers.

Key Results

- As of March 2013, 25 nursing and consumer organizations had joined the Nursing Alliance for Quality Care, including AARP and an umbrella organization of 15 pediatric nursing groups.

- The alliance promoted 24 candidates for appointment to national boards on health care quality and performance measurement and reporting, where many are now active.

- The alliance issued public comments on federal rules for implementing the Affordable Care Act, and on national strategies and standards for ensuring health care quality, including performance measures for coordinating care and engaging patients.

- The alliance published reports, articles, position papers, and editorials on the role of nursing in measuring and reporting on performance, coordinating care, and engaging patients in their care. (See the Bibliography.)

- To help ensure its long-term sustainability, the Nursing Alliance for Quality Care moved to the American Nurses Association in April 2013.
Funding

The Robert Wood Johnson Foundation (RWJF) supported this project with three grants totaling nearly $1.5 million.1 The federal Agency for Healthcare Research and Quality provided $50,000 for a national conference and report on nursing contributions to patient engagement. The Nursing Alliance for Quality Care also tapped membership dues and fees from its national conferences to support this project.

CONTEXT

In October 2008, the Centers for Medicare & Medicaid Services announced that it would no longer pay hospitals for treating 10 conditions that patients did not have when first admitted, including pressure ulcers, injuries from falls, and urinary tract infections from the use of catheters.2 As nurses are key to preventing those conditions, the new policy highlighted the critical role of nursing in measuring and paying for performance and ensuring high-quality care.

Alliances such as the National Quality Forum (NQF)3 and the Quality Alliance Steering Committee (QASC)4 had formed to advise the public and private sector on performance measurement and reporting. However, researchers at George Washington University Hospital, working under another RWJF grant, found that despite nursing’s acknowledged role in patient safety and outcomes, nurses had been largely absent from efforts to set policy on performance measurement and reporting and value-based health care. (Read the Program Results Report.5)

THE PROJECT

As a first step in creating a national nursing alliance, staff at the George Washington University School of Nursing recruited two representatives from each of eight major nursing organizations to serve on a planning committee.6 These representatives agreed on

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1 ID# 64663 ($319,172, September 1, 2008 to December 31, 2009); ID# 66729 ($899,770, January 1, 2010 to March 31, 2012); ID# 69927 ($200,000, April 1, 2012 to March 31, 2013)
2 The other seven conditions are (1) infections at surgical sites after bariatric surgery for obesity, some orthopedic procedures, and bypass surgery; (2) infections associated with vascular catheters; (3) administration of incompatible blood; (4) air embolisms; (5) foreign objects unintentionally retained after surgery; (6) thrombosis and emboli from knee and hip replacements; and (7) some manifestations of poor glycemic control.
3 For more information on NQF, read the Program Results Report.
4 For more information on QASC, read the Program Results Report.
5 Grant ID# 59410 ($324,203, June 2007 to September 2009)
6 The eight nursing organizations are the American Academy of Nurse Practitioners, the American Academy of Nursing, the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives, the National Council of State Boards of Nursing, the National League for Nursing, and the National Organization of Nurse Practitioner Faculties.
the need for a nursing quality and safety alliance and expressed their willingness to support it.

Led by Ellen Kurtzman, RN, MPH, assistant professor in the university’s Department of Nursing Education, project staff then shared information about the potential alliance with nearly 70 nursing and consumer organizations, and recruited several dozen more representatives to help plan it.7

In a second phase of the project, staff worked with these representatives to develop a structure for the alliance, create a board of directors, and set dues of $20,000 per year per organization. Led by Jean Johnson, PhD, senior associate dean at the university’s School of Medicine and Health Sciences, the alliance aimed to recruit more than 30 organizations as members.

Leaders of the alliance agreed that it would focus on four key goals:

- Strengthen the visibility of nurses in efforts to make health care more transparent and accountable.
- Spur policy reform on consumer-centered, high-quality health care and evidence-based nursing; and serve as a resource for partner organizations in that work.
- Develop nursing-relevant goals for safe, effective, patient-centered, timely, efficient, and equitable care.
- Build the capacity of nurses to serve in leadership roles in efforts to advance consumer-centered, high-quality care.

In a third phase of the project, led by Mary Jean Schumann, DNP, MBA, and Nancy L. Falk, PhD, MBA, RN, assistant professors in the School of Nursing, the alliance took steps to ensure its own sustainability.

RESULTS

Project staff cited these results in reports to RWJF and in interviews for this report:

- As of March 2013, 25 nursing and consumer organizations had joined the Nursing Alliance for Quality Care, including AARP and an umbrella organization of 15 pediatric nursing groups. (See the Appendix for a list of members.)

7 Kurtzman also served as principal investigator of the RWJF-funded project on nursing engagement in performance measurement and public reporting noted in footnote 4 on p. 2 of this report. She also had previously directed a National Quality Forum project that developed consensus on nursing-related quality measures (ID# 47479 [$200,000, February 1, 2003 to November 20, 2004]). The results of this project are described in a Special Report, Measuring the Contributions of Nurses to High-Value Health Care.
The alliance promoted 24 candidates for appointment to national boards on health care quality and performance measurement and reporting. Nearly 50 percent of these candidates were appointed. For example, they are active in the National Quality Forum’s Measure Applications Partnership and National Priorities Partnership.

The alliance issued public comments on federal rules for implementing the Affordable Care Act, and on national strategies and standards for ensuring health care quality, including performance measures for coordinating care and engaging patients. See the Bibliography for details.

The alliance convened three conferences on the role of nursing in ensuring high-quality care:


— “Nursing Leadership in Accountable Care Organizations,” with 89 attendees from 73 organizations, and participants from 23 groups via a webcast, March 27, 2012, Washington.


The alliance published reports, articles, position papers, and editorials on the role of nursing in measuring and reporting on performance, coordinating care, and engaging patients in their care. Examples include:

— Guiding Principles for Patient Engagement. “Patient engagement is a critical cornerstone of patient safety and quality,” this 2012 report noted, highlighting the “primary importance of relationships between engaged patients and families and their providers.”

“These principles are a building block to spur nurses and other providers to ensure the full engagement of patients in the care they receive, and will be key as hospitals, clinics, and long-term care settings seek to improve the quality and safety of care,” said Schumann.

— Fostering Successful Patient and Family Engagement: Nursing’s Critical Role. The report calls for emphasizing nursing’s role in patient and family engagement in nursing education and also for aligning payment incentives to foster such engagement. According to this report, “Nurses at all levels of education and across all health care settings must play a central role in fostering successful patient and family engagement,” stressing that “advocacy for patients who are unable to participate fully is a fundamental nursing role.”
Articles and editorials in journals such as Health Affairs, the Journal of Nursing Administration, and the Journal of Nursing Administration.

For a complete list of publications, see the Bibliography.

- To help ensure its long-term sustainability, the Nursing Alliance for Quality Care moved to the American Nurses Association in April 2013. This move gave the alliance a permanent home while allowing it to maintain its membership and dues structure.

- In 2010, alliance staff launched a website to host public comments, conference videos, webinars, case studies, and other publications. After the alliance moved to the American Nurses Association, the website relocated to a new online address.

**SIGNIFICANCE OF THE PROJECT**

Before this project, “nursing was always trying to assert itself on national policy and standards and find a way in the door,” noted Schumann. One challenge was that nursing organizations lacked a unified voice. “Nursing organizations are often criticized for not playing in the sandbox together. Each organization has its own mission and needs. An alliance was not their top priority, and probably not their second.”

What’s more, “while most nursing organizations are very patient-oriented, they had not partnered with consumer groups to promote the needs of patients,” said Schumann. “The alliance created a safe, neutral environment for organizations to come together and develop trust around a mission—nursing’s role in health care quality and safety—that everyone believed in.”

The alliance is “not about nursing—it’s about patients,” she added. “I think that is a pretty bold way to conceive of it.”

**LESSONS LEARNED**

1. A new organization cannot ensure its long-term sustainability in one year or even two. “We knew that controversies would result from simply convening the largest national nursing organizations to discuss the profession’s role in transparency and accountability policy. They did not have uniform attitudes and positions regarding nursing’s contributions in these arenas,” Kurtzman wrote in a report to RWJF.

The project required “building relationships, negotiating controversial outcomes, achieving trust and mutual respect, and finding common ground. We underestimated the time required to fulfill those aims.”

What’s more, during the 16-month time frame for planning the alliance, “We had to balance speed with the more deliberate manner in which nursing organizations reach
a decision,” she noted. To make the process work, project staff established clear ground rules for meetings and relied on transparent decision-making.

2. **A short time frame for planning a new organization can hinder its ability to hire top staff.** “It was difficult to attract high-level staff without a longer commitment and time horizon,” Kurtzman wrote. To meet that challenge, “We relied on existing staff [at the university] who could devote some time to the project.”

**AFTERWARD**

In continuing its work, the Nursing Alliance for Quality Care promotes performance measures for patient engagement and coordinated care. It is led by Cheryl Peterson, MSN, RN, senior director of nursing programs, American Nurses Association. The George Washington University School of Nursing remains an active participant in the alliance.

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APPENDIX

Member Organizations of the Nursing Alliance for Quality Care
(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

AARP
Washington, D.C.

American Academy of Ambulatory Care Nurses
Pitman, N.J.

Hospice and Palliative Care Nurses Association
Pittsburgh, Pa.

Infusion Nurses Society
Norwood, Mass.

American Academy of Nursing
Washington, D.C.

Institute of Pediatric Nursing
Gaithersburg, Md.

American Academy of Nurse Practitioners
Austin, Texas

Mothers Against Medical Error
Columbia, S.C.

American Association of Colleges of Nursing
Washington, D.C.

National Association of Clinical Nurse Specialists

American College of Nurse-Midwives
Silver Spring, Md.

National Association of Orthopaedic Nurses
Chicago, Ill.

American Nurses Association
Silver Spring, Md.

National Council of State Boards of Nursing
Chicago, Ill.

American Organization of Nurse Executives
Washington, D.C.

National Gerontological Nursing Association
Lexington, Ky.

Association of Nurses in AIDS Care
Akron, Ohio

National League for Nursing
Washington, D.C.

Association of periOperative Registered Nurses
Denver, Colo.

National Organization of Nurse Practitioner Faculties
Washington, D.C.

Association of Rehabilitation Nurses
Chicago, Ill.

National Quality Forum
Washington, D.C.

The George Washington University School of Nursing
Washington, D.C.
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*Comments on Medicare and Medicaid Programs: Reform of Hospital and Critical Access Hospital Conditions of Participation*. Washington; Nursing Alliance for Quality Care, December 2011. Available online.


Comments on Medicare Program: Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates. Washington: Nursing Alliance for Quality Care, 2011. Available online.


Environmental Scan of Performance Measures: Care Coordination and Patient Engagement. Washington: Nursing Alliance for Quality Care, 2011.


*The Role of Nurses in Accountable Care Organizations*. Washington: Nursing Alliance for Quality Care. Available online.


*Stories from the Field: Small, Independent, and Out in Front: Life Long Care, PLLC*. Washington: Nursing Alliance for Quality Care, April 2011. Available online.


**Communication or Promotion**


*Making a Difference* (video). Posted on the alliance website and available on YouTube.